ARMY STRONG:
STIGMATIZING CONCEPT FOR THOSE THAT DO NOT FIT THE
“SUPER SOLDIER/MACHO MAN” MOLD OR CONCEPT OF GREATNESS?

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CHAPTER 1

INTRODUCTION

Americans like to perceive the United States Army as a well-oiled machine that does not have any flaws; and the soldiers that make up the Army are the best of the best. Americans also like to perceive that the soldiers that make up the Army are “Army Strong.” With this point of view soldiers could almost never have any psychological issues related to Army life. Which leads to the dilemma of the concept of “Army Strong,” what does it mean and is it a good or a bad concept? Some Americans and most Army officials believe that the concept of “Army Strong” is a good concept. On the other hand though you have some Americans and some healthcare professionals believing that the concept of ‘Army Strong” is a bad concept. This is a dilemma, because both sides have evidence to support their side of the argument and who really is to say that one side is better than the other?

When it comes to the Army, they train their soldiers to be tough and to not show emotions, basically be a machine or “Super Soldier.” Being a “Super Soldier” or a machine is a good thing in their eyes, in the sense that you need to be in that mind set in the heat of combat, to make sure that the outcome is ideal. But having to be a machine all the time is not ideal because with constant repression of feelings and emotions that builds up over time, one day it will cause a malfunction or worse an explosion. Even machines sometimes breakdown and
how you choose to fix the problem is what is important. The two options are to either try to save the machine by fixing the problem or just replace the machine with a new one. What happens if a soldier does not fit the “Super Soldier” mold? When a soldier does not fit the “Super Soldier” mold the Army does not like to try to fix the soldier, instead they just want to get a new one. The Army tends to see the soldier as a damaged machine that would cost too much to repair so instead of fixing the problem they just replace the soldier with a new machine, which in their eyes is a better option. According to Hoge, C., Castro, C., Messer, S., McGurk, D., Cotting, D., Koffman, R. (2004) and Vogt (2011), all of the red tape that a soldier must go through before they can seek treatment for a mental issue is troublesome and most time the soldier is sent to civilian facilities for the treatment. This is due to the fact that the Army thinks that it would be easier for the soldier to seek mental help outside the Army because then the problem is placed on the soldier and not on the Army as a whole.

Army life is stressful and there are many psychological issues that arise from the Army’s way of life. It is normal for the average American to feel stressed, worried, fearful, and exhausted as some point due to their lifestyle, and no one thinks twice about the average American being weak or unfit to do their job. So why is there a double standard/stigma placed on a soldier for feeling the same emotions? This is a problem, how the Army chooses to handle the psychological issues (or “malfunctioning machine.”) The stressful events are what help to fuel the stigmas placed on soldiers for needing psychological help. The
Army stigmatizes the soldier when they do not fit into the Army culture because they do not fit the mold of being “Army Strong”, “Super Soldier.” In the following pages I will show how the Army is its own culture within a culture and how they choose to fix/ not fix the “malfu nctioning machine” further separate them from American culture and fuels the stigmas placed upon the soldiers by American society and themselves.

**Defining Subculture**

Most Americans will say that the Army does things that separate themselves from mainstream American society or “culture.” The Army’s way of life with all the rules and regulations on how to manage everything makes it a culture within a culture. One item that the Army follows that separates them from mainstream American society is that the Army splits from the social norm of being an individualistic culture and is instead a collectivistic culture. Another way that the Army likes to separate themselves from the rest of Americans is how the Army deals with psychological issues. How civilians’ handle a person with psychological issues and how the Army handles a person with psychological issues are quite different. These items of difference give reasons for the Army to be classified as a culture within a culture or as anthropologists like to call it, a subculture. First before someone can understand what a subculture means we need to define culture.

What exactly is culture and how is it defined? A good definition as of late that anthropologists have produced is, “*culture- everything that people have,*
think, and do as members of a society” (Ferraro, 2008, p.45). The next logical question would be how does one go about defining the term “American Culture.” This can be quite a daunting task because everyone’s version of what “American Culture” is would be different, and no matter what your version is it would be correct. One thing that is easy to define is that the United States Army is an American subculture. So what does subculture mean? Anthropologists define a subculture as “a subdivision of a national culture that shares some features with the larger society and also differs in some important respects” (Ferraro, 2008, p.30). The military in general is an American subculture; all the branches of the service have similar values and beliefs that American civilians do. So you could make the argument that the Army is a subculture of a subculture, which is true but for all intensive purposes in this paper I describe the Army as a subculture of American culture. The differences between the average American and a soldier are the lifestyles, the sense of camaraderie and group cohesion, and the sense of living your job twenty four hours a day seven days a week and most importantly how they handle psychological issues and stress.

To ensure that my research, assumptions, and thoughts about the Army were valid I distributed a questionnaire to several soldiers. Only two of the several soldiers agreed to talk about their experiences in the Army. To ensure their privacy I have labeled them as Specialist A and B. When asked if they would define the Army as a subculture of American culture Specialists A and B both said “yes.” According to Specialist A “Absolutely, we do things differently than
the outside world. We don’t work a 9 to 5 job, we live our jobs.” According to Specialist B

“Yes, I suppose you can. We still interact with civilians usually everyday, and we may enjoy a bit of civilian activities on our off time. But we are owned by the government. We have to ask for permission to leave a 250 mile perimeter, and can be denied, even if it is to spend time with family. Our punishments are harsh, for as simple as being late 3 times; they can give you extra duty on top of your regular 6 am to 5 pm work load. Making you work till 11 pm on the weekdays and 1 a.m. on the weekends, never with a day off up to 45 days. Doing anything from picking up garbage, shoveling rocks, mowing grass, or scraping paint off the sidewalk. Also taking 85% of your paycheck, barely leaving you with enough to pay your bills. And even on top of all that, demote you. Instead of getting fired, when some would rather be fired.”

As you can see the Army does things differently than American society does and these responses show this concept perfectly. Activities that civilians takes for granted like going to visit friends and family or not having to work weekends are things that the soldiers in the Army have to get permission for. Soldiers are basically owned by the government and if you do not fit into the Army’s life style then the punishments are harsh. If a civilian does not fit into their job they are just reprimanded and then sent on their way with little punishment and the choice to leave the environment. That is not the case for the soldiers, their punishments are harsh and they can not leave the environment like a civilian can. This is another way that the Army differs from American civilians.
The Army considers themselves to be a subculture of American culture. The Army understands that their way of life and the rules and regulations that they enforce make them different than the average American and they embrace the fact. To insure that the Army stays a subculture, the core principles for military culture are implemented. The core principles are rules and regulations on how to behave to fit into the military culture and if you don’t fit these guidelines then there are issues.

**Core Principles for Military Culture**

1. *Military organizations demand service members possess particular values. There is a military culture that transcends national boundaries, as well as differences between militaries from different nations.*

2. *Military values influence the actions and behaviors of service members, as well as how service members from different nations interact with each other. Values influence the development of identity as service members, which then influence military performance. Value differences between nations can lead to inadvertent conflict during multinational operations when the behavioral consequences of the values clash.*

3. *The more a subgroup within the military deviates from the current military culture, the greater the necessity for formal policy and training strategies to ensure successful integration and cohesion. As service members fully incorporate military values (e.g. respect for others, the golden rule) into their identity, the integration of subgroups committed to the goals of the military will be facilitated.*

4. *An effective military organization assumes responsibility for supporting the health and well-being of service members and their families. This*
responsibility spans both work and non-work factors that influence service member quality of life.

5. The ultimate success of the military is a function of how the military is perceived by society. Attitudes toward the military are influenced by how the message of the military is communicated through the media and advertising. (Britt, Adler, Castro, 2006).

These core principles explain the rules and regulations that make up the Army’s way of life. All of the core principles are important to what make the military the military, but number three is the most important for our purposes. The third core principle explains why the military is a subculture and why they have all the training programs and rules and regulations. The third core principle basically states that to have an intergraded cohesive group you need to have rules and training strategies to insure that the members of the group accept the military values and incorporate them into their identity within the group. If a person can accept the core principles then they are on their way to becoming an intergraded member of the subculture.
CHAPTER 2
YOU ARE IN THE ARMY NOW

Now I will explain each step of the process of becoming a soldier and all the different stressors that happen at each stage to show how the Army handles stressors differently than civilians. All branches of the military have a similar form of basic training for new recruits. The amount of time and extent of training that one endures depends on the branch of the service. For the Army their basic training is called indoctrination. “Indoctrination has three specific goals (1) to remove characteristics that are detrimental to military life (that is, to subordinate self-interest to follow orders), (2) to train individuals to kill when necessary, and (3) to enable recruits to view themselves in collective terms” (Adler, Castro, & Britt, 2006, p.14). The process of indoctrination is long and has four separate stages that one must complete before they are considered finished with the training. Each of the four stages has a few steps included that must be completed before the recruit is allowed to move on to the next stage. Table one explains the stages of indoctrination.
Table 1 Stages of indoctrination

<table>
<thead>
<tr>
<th>Stage of Indoctrination</th>
<th>Critical Features</th>
<th>Military Application</th>
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<tr>
<td>Stage 1: Softening-up</td>
<td>- isolation from family/friends</td>
<td>- service member (SM) isolated from outside world</td>
</tr>
<tr>
<td></td>
<td>- exposure to stress (physical, psychological)</td>
<td>- SM trains for long, intense hours</td>
</tr>
<tr>
<td></td>
<td>- instigation of fear</td>
<td>- some emphasis on fear of drill instructor</td>
</tr>
<tr>
<td>Stage 2: Compliance</td>
<td>- recruit tries our new behaviors</td>
<td>- SM quickly “falls into line” and performs expected behavior, even if for fear of reprisal</td>
</tr>
<tr>
<td></td>
<td>- done for extrinsic reasons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- social pressure may be primary motivator</td>
<td></td>
</tr>
<tr>
<td>Stage 3: Internalization</td>
<td>- identity of recruits incorporates new values</td>
<td>- SM incorporates military values into value system</td>
</tr>
<tr>
<td></td>
<td>- behaviors performed out of intrinsic desire to please group members</td>
<td>- role of SM takes on central importance</td>
</tr>
<tr>
<td>Stage 4: Consolidation</td>
<td>- recruit allegiance to group solidified</td>
<td>- SM completely committed to values of service</td>
</tr>
<tr>
<td></td>
<td>- recruit totally accepts new values/beliefs</td>
<td>- SM willing to kill and be killed in service of unit and country</td>
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Source: Baron, 2000.

The first stage of the indoctrination is ironically called “softening-up.” This is where the new recruits are put through grueling tasks that expose them to both physical and psychological stressors that are meant to cause the recruits to forget their individual identity and focus on the group identity (Adler et al., 2006). Also in this stage the recruits are forced to get rid of anything that sets them apart from the other recruits, they are all supposed to look the same and identify with the group identity. This is the reason for the males having to get hair cuts so that they all look as close to the same as possible, also this is why everyone wears the same uniform. In this first stage fear and respect for you drill instructor and officers is ingrained into the recruit’s brain. According to Adler et al. (2006), what is believed to be the hardest part of this stage for most recruits is the rule about no contact with the outside world. This includes communicating with family and friends and learning about what is happening in the world. As the training
continues the isolation from family and friends gets slightly easier to deal with. According to Stahelski (2004), as part of the softening-up process one must complete the following five phases.

*Figure 1 Stahelski’s Five phases of Social Psychological Conditioning*

![Diagram of Stahelski’s Five phases of Social Psychological Conditioning]

*Source: Stahelski, 2004.*

The five phases of Stahelski’s social psychological conditioning happen rather quickly. The recruits learn that they need to strip away all the personal things that separate them from the group, for a while, until they learn to accept and incorporate the group’s identity and all the group’s beliefs. During this stage of indoctrination and these five phases of social psychological conditioning is here the Army tries to force a recruit to get rid of the individualistic cultural norms that they lived by before they joined the Army. The Army wants the new recruits to
accept the collectivistic culture, which is doing things for the betterment of the group not the individual. All five of these phases can and usually are done rather quickly. Figure one shows the different phases in a systematic way that does not mean that you start at the first phase and then move on to the next phase and so on. It is just the way that most recruits do it and it happens rather quickly. It should only take about a few days to a week to complete.

Once you have completed Stahelski’s five phases you move on to the next stage of indoctrination. The second stage of indoctrination is called the “compliance” stage where most of the shaping of wanted behaviors happens. This stage is when the recruits learn new behaviors that are required to be an army soldier. They are learning instrumental skills that will be crucial in combat, for example what to look out for when on patrol, how to use and clean a gun, and many other important skills (Adler et al., 2006). All of the training exercises and activities are done by all the individuals in the group to make sure that the recruits avoid disapproval or punishment for doing things wrong.

The third stage of indoctrination is called “internalization.” According to Adler et al., (2006) this is when the recruits are internalizing the belief system of the group and start really feeling like they are part of the group or subculture. The recruits start performing behaviors for the reason that they want to satisfy their intrinsic desire to want to appease the other members of the group. The thought of doing an activity or drill correctly not only helps me more but it helps out others. They learn that their personal identity is less important than the identity of the
group, a key concept to collectivistic culture. The very basic principle is if I help others it not only makes their life easier it makes my life easier too. This concept is very important for the recruits to learn and sometimes can be hard for some people to come to terms with. Some people are very individualistic and do not want to accept the collectivistic society’s ideals because that means changing their way of life and some people can not come to terms with the new way of thinking and lifestyle.

The fourth and final stage of indoctrination is called “consolidation” stage. This stage is similar to the internalization stage. In this stage, this is when all the activities and training that the recruits are going through is done for the best interest of the group and not their personal interest. The difference between the third and the fourth stage is that the fourth stage is about completely accepting the identity of the group and doing the activities for intrinsic value, where the third stage is about starting to incorporate the identity and doing the activities for intrinsic value. Social identification theory is one of the important concepts of this stage. Social identification theory is when people feel the need to belong to a group and favor being in groups instead of not being in a group. This sense of belonging enhances their self-esteem (Brehm, Kassin, Fein, 2005). In other words, people can increase their self-esteem by either their affiliation with a successful group or from personal achievements. Bettering the self in this situation is by making an individual part of a distinguished group which leads to great pride in the social identity which is what this whole stage of indoctrination
is all about. The sense of collectivism and social solidarity helps bring a person to feel like they belong to a part of a collective whole. According to Britt et al. (2006), “social identification theory may capture an intrinsic element of military indoctrination: its emphasis on bettering the self.”

Once the recruit has successfully completed all stages of the indoctrination they are considered a United States Army soldier and then the major stressors begin. Once they become a soldier, then the soldier must learn to live by and uphold the code of conduct set up by the members of the United States Armed Forces. The code of conduct has six sections to it and each of the sections explains how one should conduct themselves in certain situations. The first two articles talk about how one should conduct oneself in normal combat situations. The last four articles explain how one should act if one is captured and made a prisoner of war (POW). Following are the first two articles of the code of conduct the last four will be discussed later.

**Code of Conduct**

*Article I*

*I am an American, fighting in the forces which guard my country and our way of life. I am prepared to give my life in their defense.*

*Article II*

*I will never surrender of my own free will. If in command, I will never surrender the members of my command while they still have the means of resist.* (Adler, Castro, and Britt, 2006).
These two articles of the code of conduct depicted the mentality of how a soldier is supposed to feel about protecting our country. The soldier is supposed to be able to come to terms with the fact that if the need be that he/she give their life for the cause of freedom. These are the rules that the code of conduct portray and a soldier in the Army is supposed to embody these rules.
CHAPTER 3
DEPLOYMENT STRESSORS

Pre-Deployment

From the minute one signs up for the Army the stress of military life is placed upon you and one must learn to deal with major stressors, both physical and psychological. One of the main causes of stress while a soldier is home is the threat of deployment at anytime (Adler et al, 2006). The soldiers never know when the orders for their unit to be sent overseas will come. Once the orders are in place the time from when the soldier finds out about the orders and the actual deployment could be a few days or a few months. It is a big guessing and waiting game which takes it toll on everyone involved. The soldiers are always on edge because they do not know when they are leaving, where they are going, and for how long and this becomes emotionally draining. The same goes for the family and friends, the constant state of being unsure of what will happen next, causes major psychological strain. Plus the anxiety of getting all your affairs in order before the loved one is deployed, for example childcare for single parents and living wills can be very time consuming and stressful to deal with.

Amongst all the stress and anxiety before deployment there is a particular figure that brings a sense of assurance and comfort to both soldiers and their families. This figure is the military chaplain. To get a better understanding of
what it is like to be a Army chaplain and what they do on a regular basis I sent a questionnaire to a military chaplain. This too was to make sure that the literature that I have been reading about military chaplains is validated and to get a first hand account. The chaplains’ job before deployment is to help make sure that the soldiers and their families have everything they need to make the deployment as easy on everyone involved as possible. He or she is there to listen to issues of stress and anxiety and provide ways of dealing with these anxieties and stressors.

Each unit is assigned a chaplain who is there for only their unit. The chaplain is an officer in the Army and the chaplain, essentially a military chaplain is both a soldier in a unit, in a non-combatant role, as well as the chaplain for that group. When the troops are deployed the chaplain goes with the soldiers and another chaplain is assigned for the family and friends. This chaplain is called a “Rear-Detachment Chaplains” (Army chaplain). According to the Army Chaplain, “There ARE resources outside of the units that provide various counseling services (such as through Military One Source, Military Family Life Consultants, and Family Life Chaplains—chaplains in the Army whose sole job is to provide counseling to soldiers and families).” For the most part though, the Army chaplain is the one that handles the stresses of the unit and their families. Although the Army chaplain is there for the family of the soldier the chaplain is mainly there for the soldier and other chaplains provide support of the families of the soldiers.
Due to all the pre-deployment stressors it is often hard for the soldiers to handle, which puts them in a bad state of mind to be sent to a combat zone.

Most of the time the soldiers are fighting a losing battle before they even get to the place of deployment. They are emotionally drained and do not have time to recover from this emotional and physical exhaustion before they are thrown right into the heat of combat. So it is no wonder why so many soldiers exhibit signs of exhaustion after such a short amount of time and they are coming down with medical problems right off the bat. According to Specialist B the biggest stress that she experienced before deployment was the stress of leaving her comfort zone and the stress from anticipation of going into a hostile environment.

**Deployment – Combat**

Combat is an extremely stressful experience. Combat is a scary and confusing place to be, the constant threat of attack plus the extreme weather conditions takes a heavy toll on the soldiers both mentally and physically. Deployment to a combat zone is a place like no other. What you see, hear, smell, and taste are not easily forgotten. It takes a strong person both psychologically and physically to survive in a combat zone. According to Army captain Bret Moore, PsyD, “Just living in this environment (combat) can be overwhelming” (Adler et al, 2006). Once a soldier has experienced a combat zone it changes them forever. Some soldiers are better at coping and dealing with the stressor of combat
and others are not good at dealing with combat stressors at all. No matter which type of stress manager the soldiers are, the stresses of combat will affect them whether they like it or not. This is where the Army chaplain plays a very important role because he/she becomes the social support network and the one that soldiers go to if they are having an issue. The chaplain is there with the soldiers twenty four seven to provide support for dealing with the stresses of combat, for the most part they are experiencing all the same events that the soldier does so it makes it easier for the soldiers to talk to the chaplain because they understand what is going on better than family and friends because they are there with you to experience everything. According the Army chaplain having people to talk to while in a combat zone makes the tour more bearable and is one of the many ways to deal with the stresses of combat. One of the many ways to help deal with the stresses of combat is through group cohesion.

**Cohesion among soldiers**

The cohesion of a unit is vital for survival. Life in the army is stressful and the better one can get along with the people that one works with the less stress one will have. Cohesion is important for the safety of soldiers, if you know that someone is going to have your back and pick up the slack for you when it is needed that increases both of your chances of survival in a combat zone. According to Specialist B cohesion is one of the biggest things stressed in the army.
She states, “the man on your left and on your right when you are standing in formation back in your home station is the one who is going to be watching you back in the combat zone. They are the ones who are going to be clearing the building with you, who are driving the truck when you are sitting in the gunners hatch keeping an eye on the road. You have to be able to trust those people with your life.”

Specialist A states that “of course cohesion is important you can not win a war with just one man you need several that work together as one unit. When you are constantly around someone and you do not get along this can cause a safety issue for everyone involved.” When one can just look at a person and understand what they want you to do without even saying anything that is what cohesion is all about. Once you form a bond with your particular unit there is nothing that can tear you apart. The people in your unit, especially your squad are the people that best understand you and have your back. These people become so close to you that most people treat them as if they were family. The members of your unit are your main social support network.

According to Adler, Castro, & Britt, (2006), “Military group cohesion is a special type of cohesion in that typically the group exists as part of a large, long-lived, somewhat isolated, highly regulated, hierarchical organization from which the group members cannot easily leave or travel about.” The sense of group cohesion is a bond that is needed for healthy coping with the stressors of combat and peace time. Robert L. Koffman is a military psychiatrist who was stationed in Afghanistan. He experienced all the same things that the average soldiers
experienced. He believes that the healthiest and most effective way to mitigate stress in combat is through demolishing the enemies sense of eliteness and their core beliefs/ morale, or how the military puts it the “esprit de corps” (Adler et al, 2006). By demolishing the enemy’s esprit de corps this helps to increase their own esprit de corps.

Koffman also believes that the key to a healthy organization is cohesion. By sharing things in common with others in your units makes cohesion much easier. Doctor Koffman believes that one of the best ways to bring people closer together is through laughter. Humor along with leaving your mark on some object is very common to help pass the time and help keep a soldier healthy. Some of these healthy coping strategies could be seen in what the troops that were involved in Operation Iraqi Freedom (OIF) call “helmet art” (Adler et al. 2006). This is when soldiers, to set themselves apart from the rest, draw pictures and sayings onto their helmets. The pictures were a wide range of things from aces to actual targets that dared the enemy to attack them. This is similar to soldiers in World War II painting the nose section of their airplanes to express themselves and to add a little humor into their stressful lives (Adler et al., 2006). This form of individual expression is harmless to the soldiers; it actually is one of the best forms of a defense mechanism against anxiety and depression that seems to work. Another form of expression that some soldiers do is to acquire a symbol of protection to help keep the soldier in the mindset that they are safe and have
something watching over them to keep them safe. An example of this protection symbol is what other cultures call totemism.

Group cohesion is so important to soldiers that they will do anything to protect it. Soldiers sometimes have an object that represents their unit. For example they might call themselves the screaming eagles, the symbol of an eagle or the actual animal brings them a sense of protection. This is what many other cultures do as well to represent their particular clan; it is called totemism (Ferraro, 2008). Anything that serves as a mystic symbol or emblem is a totem. The totem for one clan could be a goat, so the members of that clan are not allowed to eat goats and they must protect goats so that in turn the goats will protect them spiritually. So the members of that clan will have symbols of that totem that they will carry around with them to protect themselves. This is like what the symbol of the cross is to Christians. So soldiers whether they are religious or not like to have religious or totems symbols with them before they deploy because like other culture it brings them a great source of comfort in times of trouble (Adler et al., 2006). Having a totem with you is believed to increase your safety. It is like a source of good luck, fortune, and protection without it they feel unsafe and this is not good for morale. Although other cultures use totemism, how the soldiers use totemism is different since they do not take it to extremes like other some cultures do. Soldiers use the totem as just a sign of protection they do not protect the symbolic animal like other cultures do. The Soldier uses the totem as only a
protection symbol nothing else, it is not a religious symbol or form of a religion it is just used as a good luck charm.

Some cultures go to extremes that if you do not protect your totem then severe consequences will happen to you that are not pleasant. Soldier just use it as a form of protection and safety more than anything and do not take it to extremes as a religious practice. The military does not have a problem with soldiers finding items that make them feel safer in an unsafe environment. The Army thinks it could be a good thing because it increases cohesion and cohesion is important and they have several valid reasons.

The military in general has three reasons why they look for cohesion. The first reason is it is needed to maintain unit integrity in battle formations. The second reason is cohesion enhances unit performance. The third and final reason is that it creates a strong sense of “we are all in this together” motivation (Adler et al., 2006). According to Marshall (1947), “I hold it to be one of the simplest truths of war that the thing that enables an infantry soldier to keep going with his weapons is the near presence or presumed presence of a comrade.” This quote shows perfectly how group cohesion is important and how it helps soldiers psychologically and spiritually. Cohesion is not something that is innate or something you have or do not have. Cohesion is something that is learned, something that increases and decreases over time.
Figure 2 Group cohesion over time

![Figure 2 Group cohesion over time](image)

Source: Adler, Castro, Britt, 2006

Figure 2 is a graph of what cohesion looks like over an extended amount of time. The graph shows a U-shaped pattern that shows that cohesion increases and decreases at different points in time. At the beginning cohesion is high and stays at a high level for several months. These several months act sort of like a honeymoon stage where things are good then after the honeymoon stage is over cohesion starts to decrease. After about sixty to ninety day’s the cohesion of the groups start to decrease slowly for about a year. This is due to the fact that the soldiers are starting to come to odds with each other and this causes friction that leads to a decrease in group cohesion. Then once it seems that cohesion is at the all time low it starts to increase steadily for awhile. Then it would seem that the whole process starts all over again. This is due to the fact that this process is
cyclic. It would seem that cohesion increase after a while again because the group
starts to get over all the little annoying things that bother one another and learn to
deal and understand that group cohesion is quite important. It kind of is you do
not understand how important it is until you lose it.

It is no surprise cohesion amongst peers and cohesion with leaders would
have a slightly different pattern. Cohesion with peers does not tend to decrease as
much as it does with leaders because your peers are closer to you than your
superiors. Plus the longer you are with your leaders, whether it is overseas or at
home, the less you believe in them and want to trust what they say. According to
both Specialists it is a lot easier to have cohesion with your peers because you
have more in common with them than you do with your superiors. Also the Army
regulations state that you can not hang out with your superiors outside of work
related activities. On the other hand you can hang out with your fellow soldiers at
any time after work, go have drinks, go to the beach, so on and so forth.

Another thing that is really important for group cohesion is morale. The
higher the morale the better off all the soldiers will be. The higher the spirits of all
the soldiers the more alert they will be and the safer they will be. According to
Specialist A morale is very important. He states “when morale is low, it shows.
People are in bad moods, they don’t get along with each other they don’t want to
help each other. It just brings everyone down.” There are so many different
aspects to take into account for morale. If all of the individuals in the unit and the
leaders of that unit get along then the morale will be high. But if one item like the
unit does not like the leadership of their unit then there will be low morale and this could cause problems for everyone involved. According to Specialist B when you have your superiors yelling at you and expecting you to give your all, all day everyday for 15 hours a day it takes a toll on you.” The superiors do not understand that to help increase the morale and the productivity of the unit the soldiers need a morale boost. This causes so many soldiers to feel so depressed and have extremely low morale that it causes them to take drastic measures because they feel like they have no other options. This is one of the reasons why the army has a high rate of suicide. Figure four is a diagram of what influences morale.
CHAPTER 4

COMBAT STRESSORS

Today there are so many different kinds of stressors, whether they be combat related or not, that our soldiers are facing on a daily basis. There are so many different combat stressors; this is due to the fact that almost anything can be a combat stressor because part of what makes it a stressor is that each individual has to perceive the event or stimulus as stressful. So to one person being in a hostile unsafe environment is a major combat stressor while to another person that is not a major stressor losing a close friend in combat is more of a major combat stressor. So it all depends on the person and how they perceive things that make almost anything a combat stressor. Not all of the combat stressors have a long lasting affect on the soldiers, some of the combat stressors are acute stressors that do not last very long. But the constant exposure to these acute stressors can cause severe problems. For example, sleep deprivation can cause severe problems for not just the soldier that is sleep deprived but the entire unit by not being as alert as possible.

According to the Department of the Army (2004), “MHAT (Army’s Mental Health Advisory Team) noted that combat stressors included: seeing destroyed homes and villages, seeing dead bodies or human remains, engaging in firefights or coming under small arms fire, engaging in hand-to-hand combat, being attacked or ambushed, personally knowing someone who was seriously injured or killed, being wounded or injured oneself, and being
directly responsible for the death of an enemy combatant.”

According to Adler et al. (2006), other psychological stressors of combat are “making decisions under time pressure, taking action under pressure, and concern of failing the group.” On top of the combat stresses that the soldiers’ face they also have to deal with the same stressors that civilians deal with like occupational stressors. As you can see there are a many stressors that soldiers are dealing with that make life in a combat zone very stressful. According to both Specialists the most stressful thing that they experienced during combat was the thought that “I could be shot and killed at any moment” it really gets you.

It should, therefore, not be surprising when some soldiers from all the combat stress develop psychological disorders like depression, anxiety, and Posttraumatic Stress Disorder (PTSD). “In the mortal danger of daily combat, soldiers enter into a dazed condition that can best be described as physically exhausted and mentally drained. When in this state, they can be caught up in the fire of communal ecstasy and forget about the reality of death by losing their individuality and function” (Britt et al., 2006). According to Glass (1973), American army forces in World War II had wounded in action rates ranging between 10% -48% which contributes to combat stress reactions.
Figure three is a graph of the different types of traumas that a soldier faces and the level of effect that event has on the soldiers typically. For instance, the size of the concentric circles in the middle of the graph roughly corresponds to the risk level of exposure. The smaller the circle the more acute the affect of the trauma is on the soldier. Though injury from violence is traumatic it does not cause the soldier too much psychological turmoil. The larger the circle is the larger the magnitude of traumatic events that could potentially cause psychological effects. The plus and minus signs are also significant in depicting the risk of an event. The minus signs represent programs and exercises that can be
completed to reduce the affects of the events. The plus signs represent things that magnify the situation to make the stressful event worse. It is important to know that although this figure depicts that some experiences are more traumatic than others this is not the case for everyone. This is a depiction of what affect an event typically has on the average soldier. For example, injury from violence on the figure does not cause much trauma but it could be more traumatizing to one soldier than harsh living conditions are, which is a rather big circle. What I am getting at is that how traumatizing an event is depends on the soldier and how traumatizing they appraise it to be.

**Sleep Deprivation**

Sleep deprivation is one of the more common combat stressors that almost every soldier has at some point during deployment. Sometimes the sleep deprivation is not so severe and it does not take long to recover from it. Other times it causes severe problems that are not easily fixed by some rest and relaxation (R & R). For example, sleep deprivation decreases the brain’s utilization of glucose. This affects the areas of the brain that mediate the ability to maintain alertness, vigilance, and executive functions (Adler et al., 2006). Sleep deprivation can also decrease your cognitive abilities, making it hard to distinguish between friend and foe. This can lead to “friendly fire” with a soldier accidentally shooting a fellow soldier in the heat of the moment of combat. It can also lead to impairing the decision making skills of commanding officers.
Although there have not be many extensive studies done on sleep deprivation and combat there have been some simple studies completed. “Based on the results from the simple studies, Early call I and Early call II, Haslam and Abraham concluded that soldiers are likely to be militarily ineffective in a defensive role after 48 hours without sleep” (Haslam and Abraham, 1987). To try to fix the problem of sleep deprivation nicotine and caffeine are used by the soldiers to help alleviate the problems. But in reality nicotine does not really help the soldier out as much as they would like. Nicotine only increases the feeling of more alertness but it does not improve the soldier’s cognitive performance. Caffeine on the other hand is more effective than nicotine. According to Haslam and Abraham, caffeine not only makes the soldier feel better, it improves the soldiers self rating of things like fatigue, confusion, alertness, confidence, energy level, and sleepiness. Caffeine does help a soldier become alert and it does help sustain operationally relevant aspects of performance when sleep deprived. The only real downside to using caffeine when sleep deprived is that it does interfere with sleep habits. But, over all, caffeine helps restore complex mental operations and helps keep the soldier awake.

Ultimately the only way to fix sleep deprivation is deep sleep but taking naps can help restore some alertness. In order though for the naps to be effective the nap must consist of deep sleep. Light sleep, where you are easily awakened, is just as effective as not sleeping. Haslam and Abraham also found that the timing of sleep is important. For example, early morning before 10 a.m. and early
afternoon around 3 p.m. are the best times to fall asleep. The worst times to try to fall asleep are midmorning and early evening. Another combat stressor is the threat of being captured and tortured.

**Threat of capture**

The threat of being captured is another combat stressor that soldiers have to deal with. The thought of being a prisoner of war (POW) can cause serious psychological distress to soldiers. Some of the many psychological problems that arise from being a POW are as follows: learned helplessness, mindlessness, anticipatory anxiety, barbed-wire psychosis or barbed-wire disease, and cognitive dissonance (Britt, Castro, & Adler, 2006). Learned helplessness is when a person believes that they can not do something because all the other times they tried it they failed so they do not even try anymore. Mindlessness is when a person stops thinking for themselves and they just do nothing. Anticipatory anxiety is the idea that people catastrophize or expect the worst so it makes them anxious about what will happen in the future. Barbed-wire psychosis is the decreased tendency to escape or resist which is similar to learned helplessness, but with barbed-wire psychosis you still try to escape some of the time. Cognitive dissonance explains the dissonance that results when an individual holds two contradictory opinions or behaviors. To try to eliminate cognitive dissonance from being held captive, a soldier undergoes the following training program to help make his or her thoughts and behaviors match, thus eliminating cognitive dissonance.
According to Britt et al, (2006) there is training for soldiers called Survival Evasion Resistance Escape (SERE). This training is a formalized program that is designed around the articles of the code of conduct. The last four article of the code of conduct talked about how one should conduct them self if captured.

**Code of Conduct continued**

**Article III**
*If I am captured I will continue to resist by all means available. I will make every effort to escape and aid others to escape. I will accept neither parole nor special favors from the enemy.*

**Article IV**
*If I become a prisoner of war, I will keep faith with my fellow prisoners. I will give no information to take part in action which might be harmful to my comrades. If I am senior, I will take command. If not, I will obey the lawful orders of those appointed over me and will back them up in every way.*

**Article V**
*When questioned, should I become a prisoner of war, I am required to give name, rank, service number, and date of birth. I will evade answering further questions to the utmost of my ability. I will make no oral or written statements disloyal to my country and its allies or harmful to their cause.*

**Article VI**
*I will never forget that I am an American, fighting for freedom, responsible for my actions, and dedicated to the principles which made my country free. I will trust in my God and in the United States of America. (Adler, Castro, and Britt, 2006).*

There are psychologists that support this training and they are called SERE psychologists and they focus on helping the POWs that survive. There is not
much information on how effective this training program is but it seems to help some of the soldiers so that makes it marginally effective (Britt et al., 2006).
CHAPTER 5
MORE TRAINING

The army understands that they need to help monitor the above mentioned combat stressor and ones that I did not mention. In order to accomplish the monitoring of the stressors the Army has set up the following stress training programs and a group called the Combat Stress Control (CSC) to help aide in the process.

After the basic training is completed then more training commences. There are an abundance of training programs that are in use to try to better prepare soldiers for deployment in as many ways as possible. The army is starting to understand that stress is one of the biggest problems that are affecting our soldiers’ well being. They are realizing that stress training programs provided before, during, and after deployment might help in decreasing the amount of unwanted stress reactions that puts many soldiers’ lives in danger. One of the aforementioned training programs is called “Scenario-Based Training” (SBT). This program is used to help better prepare the soldiers for diverse forms of combat by giving real life experiences.

According to Adler and colleagues (2006), there are seven steps to Scenario-Based Training (SBT) training. Each of the individual steps is important to the training program. The seven steps are as follows: perform a skills inventory and performance history, tasks/KSAs, training objectives, exercises,
measures/assessments, feedback, and modify training program for future needs. I will not delve into the specifics of each step but it is important that you know that there are several steps and that they are important to the progression of the training program. To better understand the program and its several steps figure four is a diagram of the process of Scenario Based Training.

Figure 4 Scenario Based Training

The purpose of SBT is to help better prepare the soldiers for combat situations and how to handle them in the heat of the moment (Cannon-Bowers, J.A., Burns, J.J., Salas, E., & Pruitt, J.S., 1998). The training provides simulated scenarios of what really happens in a combat zone and the training is to help better prepare you for what to do in each scenario. The idea behind this training
program is that practices makes perfect. The more times you are exposed to a situation the more likely you will be better prepared and know what to do when the need arises. This program is not able to prepare a soldier for every kind of situation that arises because with the type of warfare is constantly changing and so it is hard to prepare for everything. But the goal is to train for as many situations as possible to help best prepare the soldiers.

Another training program that is used before and after deployments is Stress Exposure Training (SET). SET paired with SBT help decrease errors made by the soldier under stress. Similar to all the other training programs used, stress exposure training has three critical steps. The first step is the trainees are provided with information that explains the types of stressors that they may encounter in the particular work environment they are going to. They are also given information that explains how the stressors may affect them to create awareness of what they are about to partake in.

Secondly, the trainees then learn the skills, both behavioral and cognitive, that will aide them in adapting to the stressors. One of the cognitive skills the soldier learns at this stage is cognitive control by regulating emotions, distracting thoughts and maintaining task orientation (Adler et al., 2006). According to Wine (1971), “Performance may be improved by directing attention to task-relevant variables, and away from self-evaluative rumination.” Thirdly, the trainees are then given opportunities to practice and apply the skills they have learned. Some of the techniques that are used during this phase are as follows: over learning,
mental practice, physiological control, decision-making, and enhancing flexibility (Adler et al., 2006). The three goals of stress exposure training (SET) are (1) build skills that promote effective performance under stress, (2) build performance confidence, and (3) enhance familiarity with the stress environment (Adler et al., 2006).

Another stress training program is Stress Inoculation Training (SIT). Just like the rest of the training programs there are three goals and many steps to complete this program. According to Britt et al., (2006), the first goal is to change people’s maladaptive behaviors in stressful situations by making changes in behaviors and cognition. For example, changing these behaviors would help improve performances in operational settings like increased marksmanship and better decision making. The second goal of the SIT program is “self-regulatory activity.” This is making a person more aware of their personal cognitive processes. This is done by decreasing the frequency and intensity of negative thoughts and disruptive feelings of fear and anxiety while increasing the amount of adaptive thoughts, like problem solving and being optimistic. These are the tools believed to increase the ability to cope effectively with stressful situations. The third and final goal is to increase a person’s ability to cope with stressful situations by attenuating the cognitive habits that may be handicapping them.

Like all the other programs to accomplish these three goals of stress inoculation training there are three stages that must be completed to successfully complete the program. The first stage is an educational one where the trainees are
introduced to the types of stressors they are going to be dealing with in certain situations. This is where the trainees are taught a framework for understanding the nature of stress and the responses people give to stress.

The second stage is a skills acquisition and rehearsal stage where the trainees are taught strategies for coping with environmental stressors and opportunities to practice the strategies they learned. During this stage, two types of coping strategies are taught. One of the coping strategies is instrumental coping which is mainly focused on active problem solving. Examples of instrumental coping would be specific behavioral skills like time management, breaking problem into component parts, and talking to and with others. The other coping strategy is palliative coping which is more focused on the physical symptom of stress. Examples of palliative coping are taking on the perspectives of another, relaxation training, and develop and use social support networks (Britt et al, 2006). The third stage is an application and follow-through phase where all the skills and coping strategies that were learned are applied to stressful events that one encounters.

When I asked both Specialists A and B whether they received stress training and when it occurred, both said it was all the time. According to specialist A “We receive stress training all the time before, during, and after deployments. It consists of how to deal with life and family when we return home and also how to get your mind off of things when you’re deployed.” According to Specialist B “Yes I did, they do a lot of briefings on how to cope with stress. Find an outlet,
find a hobby, work out, and talk to a friend before and after deployment.” These two soldiers tend to agree on almost everything and also what other soldiers tend to believe about the stress training. They tend to not like it. When I asked them if the stress trainings that they received were helpful or a waste of time they both tended to agree, for them it was a waste of time, and it did not help them. They also both agreed that it would be helpful to others that need it. Specialist A said “For me personally it was a waste of time. But there are some people in this world who need their hands held where ever they go.”

Specialist B said “The training was mandatory; I don't think it helped me personally. A lot of the mental health doctors like to over look things, just patting you on the back and telling you, you will be ok. There has been cases where that happen and that soldier ended up pulling a gun, demanding he gets seen. This is not always the case; it just depends on who is in charge of the clinic or the soldiers’ chain of command.”

**Combat Stress Control (CSC)**

Combat Stress Control (CSC) refers to units of people that help reduce combat and operational stress reactions (COSRs) and the development of PTSD. These units are both in garrison and in combat. The Combat Stress Control units are made up of a mix of people. The people in the unit consist of both mental health care professionals and everyday soldiers that have special stress training. Combat stress control has created an activity that is based on six key principles that they have found work in treating soldiers on the battlefield and people in
crisis at home. This treatment activity is called “BICEPS” (Adler et al., 2006). BICEPS is an Acronym for the six ways that treatment needs to be conducted to help a soldier in crisis, table two shows the acronym with what each letter stands for.

Table 2 BICEPS principles of Combat Stress Control Treatment Activities

<table>
<thead>
<tr>
<th>Letter</th>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Brevity;</td>
<td>treatment services provided are brief in nature, with an emphasis on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>rapid recovery to stable level of functioning.</td>
</tr>
<tr>
<td>I</td>
<td>Immediacy;</td>
<td>treatment service are provided as soon as the soldier begins to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>exhibit maladaptive combat stress reactions.</td>
</tr>
<tr>
<td>C</td>
<td>Centrality;</td>
<td>treatment services are coordinated across the joint services with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>unity of effort providing.</td>
</tr>
<tr>
<td>E</td>
<td>Expectancy;</td>
<td>treatment services emphasize the transient nature of combat stress reactions,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with the expectation of rapid return to full duty.</td>
</tr>
<tr>
<td>P</td>
<td>Proximity;</td>
<td>treatment services are provided as close to the point of injury (or as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>close to the soldiers unit of assignment) as possible.</td>
</tr>
<tr>
<td>S</td>
<td>Simplicity;</td>
<td>treatment services are relatively simple, with an emphasis on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meeting basic needs of safety, sleep, sanitation, etc.</td>
</tr>
</tbody>
</table>

Source: Adler, Castro, Britt, 2006

The Combat Stress Control has two levels of prevention/intervention activities which they call primary and secondary prevention. Primary prevention interventions are designed to prevent the development of an illness before the actual exposure to it, for example immunization programs. Secondary prevention tries to reduce the development of long-term disabilities by catching the early signs of illness and providing services to help prevent the illness which can be
either physical or psychological. The ultimate goal of primary prevention is to reduce the number of combat veterans that will or have developed PTSD. Other goals of the primary prevention group of the CSC are to help develop resiliency to stressors and prevent the development of Combat and Operational Stress Reactions (COSRs). The activities of the primary prevention group are successful due to all the officers learning how to prevent COSRs from happening. This led to the development of the field manual that was developed specifically to help with strategies to enhance control of combat stress. Some examples of these strategies employed by the officers are as follows:

1. Command consultations where noncommissioned officers and commanders are informed of potential stressors in the deployed environment.
2. Unit surveys where information is collected from small groups of soldiers or individuals designed to identify problems specific to the unit, stressors, and provide psycho-educational information on combat stress control.
3. Psycho-educational classes and briefings are classes and briefings that CSC personal provide information about treatments and preventions of COSRs.
4. Handouts and public service announcements where CSC personnel provide brief info to soldiers about any topic from depression to combat stress control. (Department of the Army, 1994a).

Secondary prevention’s goal is to “minimize the impact of COSRs and other emotional problems on individual and unit performance.” Ultimately the secondary preventive strategies are aiming at reducing or completely eliminating
PTSD and other long-term psychological problems. Some examples of activities of the secondary prevention group of the CSC are as follows:

1. Neuropsychiatric triage where the casualties are rapidly evaluated for COSR and then are placed in the appropriate place for care.
2. Management and treatment of COSRs and other emotional problems this is where simple and brief treatment methods and crisis intervention strategies are applied.
3. Psycho-educational programs intent on normalizing combat stress reactions and providing practical advice on anxiety management and stressor appraisal.
4. Screening programs before and after deployment to identify the soldiers experiencing psychological distress to make sure they get the care they need throughout all the stages of deployment. (Department of the Army, 1994a).

Table 3 is a list of the different types of combat stress reactions that a soldier can experience. There are four different types of combat stress reactions and someone could experience one category or something from every category at once. For example a soldier could experience physical exhaustion, behavioral sleep disturbance, cognitive memory impairment, and emotional terror all at the same time. There are many combinations of combat stress reactions that anyone could experience at anytime. It is the job of the CSC to help reduce these COSRs so they do not affect the soldier so adversely.
The job of combat stress control is complex and they have to take an abundance of information into account to make sure their job is being done correctly. They take into account individual factors of the soldier in need mixed with the unit’s factors and the battlefield or peacekeeping environment. They look at these factors and then they see how the person is going to appraise and cope with the situation and then they help try to judge what type of COSRs they are going to have. This procedure is done to improve the treatment regimen that would best help the soldier deal with the Combat/Operational Stress Reactions. Taking all of these different factors into account then trying to decide what treatment regimen would work the best for each individual soldier is a hard and complicated task to undertake. The people that make up the CSC are good at it.
though, and they do their job well. You can tell that the CSC is doing their job well because there are more training and prevention programs being implemented to help reduce the issues that come up in theater whether they are mental or physical. The CSC takes feedback from the soldiers constantly and tries to adapt already existing programs and make new ones to better prepare our soldiers for as much as they can.

Figure five is a chart of what all is involved in the process of creating a combat/operational stress reaction. As you can see there are many parts that are involved in the reactions and several subcategories within each part. All of these items have to be taken into consideration by the CSC when trying to treat soldiers and their issues. This is why the Combat Stress Control has all the rules and regulations within their prevention and treatment plans because they have to taken into consideration all of the following items.
Posttraumatic Stress Disorder (PTSD)

According to the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) there are certain criteria that a person must fall under to be diagnosed with posttraumatic stress disorder. “Criterion A1, an event during which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury or faced with threat to the physical integrity of self or other, and Criterion A2, when the person reacts to the stressors with feelings of fear, helplessness, and/or horror”(APA, 1994). PTSD is composed of 17 different symptoms that are categorized into three symptom clusters. They are as follows (1) reexperiencing of events (e.g., intrusive thoughts), (2) avoidance of reminders of the event and emotional numbing (e.g., restricted range of affect)
and (3) hyper-arousal (e.g., exaggerated startle response). According to the American Psychological Association (1994), to be classified as having PTSD “a person must have experienced a traumatic event that meets both conditions of criterion A and endorse one or more reexperiencing symptoms (criterion B), three or more avoidance and numbing symptoms (criterion C), and two or more hyperarousal symptoms (criterion D). The symptoms must persist for at least one month (criterion E) and cause clinically significant distress or impairment (criterion F).”

The timeline for posttraumatic stress disorder starts in World War I when it was called “shell shock.” According to Jones (1995a), “shell shock” was the term for what is now called PTSD because the putative cause of soldiers breakdowns were from the concussions received from the constant artillery banging around during trench warfare. Then the term was changed to “psychoneurosis” somewhere between World War I and World War II. When WWII came about the term changed again from “psychoneurosis” to “combat exhaustion” because health professionals realized that the cause was from physical and emotional demands and challenges brought on by combat. Then the term PTSD was coined in the year 1984. As you can tell from all the different names for PTSD over the years that little was known about what the actual cause was of the disorder. Also it helps to create the stigmas placed on soldiers that suffered from the disorder because the names sound so life threatening and serious and people that had it were considered weak for getting it. According to
Jones (1995a), shell shock or combat fatigue in some cases sound like something that a weak soldier would get but once the name was changed it sounds more serious and a more clinical diagnosis and the stigma lessened ever so slightly.

The prevalence of risks for PTSD before service is a growing topic of interest for scientists. Familial risk is a big topic of interest because several investigations have found a link between preexisting psychopathologic conditions and the increased risk for the development of PTSD. Davidson, Swartz, Storck, Krishnan, and Hammett (1985), found that in Vietnam veterans that were diagnosed with PTSD, 66% of them had a history of familial psychopathology. These pathologies were not severe psychopathology as the most common were anxiety disorders, alcoholism, and depression. Personality factors may act as a buffer to help protect against the development of PTSD. If you have a strong “hardiness” construct (sense of control, viewing changes as a challenge, and commitment to self) then you have a better chance of not developing PTSD (Davidson et al., 1985).

Demographic variables like gender and ethnicity may influence the risk of PTSD. A study done by Wolfe, Erickson, Sharkansky, King, and King (1999), found that women were more likely than men to be diagnosed with PTSD and that gender was a risk factor for PTSD immediately following return from the Gulf War and two years later. According to Wolfe et al. (1999), women were six times more likely to meet criteria for PTSD immediately after returning home from the Gulf war and twice as likely two years later to meet the criteria than men. There
are a number of possible explanations for these findings. One explanation is that women are more likely to be the victim of sexual assaults and abuse than men and not receive help for this because the service does not believe they are telling the truth. Another explanation could be that women perceive the violence and events to more traumatizing than do men.

Studies have shown that ethnicity can play a role in posttraumatic stress disorder prevalence. For example, if an African-American goes on a peacekeeping mission to Africa and sees all the killing of Africans he or she may feel a sense of allegiance to them because they are ethnically/physically alike (Britt et al., 2006). Even though the soldier has never been to Africa before and has no family living there it is possible that the thoughts of killing these people would be like killing themselves and their family. This confusion and major cognitive dissonances can cause serious psychological problems for the soldier with one of these problems being most likely PTSD.

Age is another demographic factor that can predict a PTSD diagnosis. Wolfe et al. (1999), found that the younger the soldier when he/she is sent to combat and experiences war, the more susceptible they are to have PTSD symptoms. Also the more access to cognitive resources the better, because it acts as a buffer against the development of PTSD. Macklin et al. (1998), for instance found an association between prewar intelligence and postwar PTSD in Vietnam veterans. Veterans with lower pre-combat intelligence scores were more likely to develop PTSD. Also the level of education influences posttraumatic stress
disorder symptoms, for instance Koenen et al. (2002), reported that soldiers that did not graduate from high school before joining the military were at higher risk for PTSD. “Wolfe et al. (1999), found that enlisted soldiers, as compared to officers, were over five times more likely to develop PTSD, and that National Guard soldiers and reservists were three times more likely, as compared to enlisted soldiers, to develop PTSD.” This is due to the fact that enlisted soldiers and reservists are going to see more combat and will experience more life threatening events than officers.

The structure of the brain is also a controversial topic that can influence posttraumatic stress disorder development. Some studies have found that patients diagnosed with PTSD had smaller hippocampuses (Adler et al., 2006). However it is not clear whether this is a preexisting risk factor or if it is a consequence of high levels of the stress hormone (cortisol.) Other studies have found that cortisol may cause a decrease in the volume of the hippocampus. According to Adler et al. (2006), PTSD patients demonstrated an eight percent decrease in right hippocampal volume which was also associated with less short-term verbal memory resources. Veterans from the Vietnam War era have also been shown to have higher corticotropin–releasing factor (CRF), which is a hormone responsible for the regulation of the hypothalamic-pituitary-adrenal axis (HPA) (Adler et al., 2006).

PTSD is a complex disorder and it is very hard to fully understand every aspect of it. There are so many different risk factors for PTSD during deployment
and even after deployment. There are several post service risk factors that contribute to the development of PTSD as well. For example, the social support from family and friends, and society helps reduce the prevalence of PTSD in soldiers returning home. Fontana and Rosenheck (1994) found that the lack of support from friends and family upon returning veterans from Vietnam and societal rejection upon returning home had a strong association with PTSD.
CHAPTER 6

PEACEKEEPING STRESSORS

Peacekeeping stressors can be just as severe as combat stressors. Peacekeeping stressors are not the same as combat stressors but they have similar affects on the psyche as combat stressors do. Specialist B states that living conditions was one of her biggest stressors in peacekeeping deployment.

“When I was in Haiti, I showered in eight bottles of water, after a week of no shower at all, in 97 degree weather. No air conditioning, our tent was next to resting water, which was infested with mosquitoes which had many diseases including malaria. We did not have cots to sleep on because they had not arrived yet, so we slept on dirt floor with the tarantulas and centipedes and sand chiggers. Yes, people got stung by centipedes, yes people got Malaria, one even ending up in a coma but later survived. No one wants to live like that.” (Specialist B).

According to the Department of the Army’s 2004 MHAT report noncombatant deployment stressors include uncertainty of redeployment date, length of the deployment, and lack of privacy or personal space. According to Britt et al. (2006), separation from family and friends, exposure to potentially traumatic events, mission ambiguity, role conflict, and poor leadership are peacekeeping stressors. Another peacekeeping stressor is the culture shock that can occur do to seeing the destruction of villages and lives because of extremist
causing problems. There are an abundance of peacekeeping stressors that like combat related stressors take a toll on the soldiers just as much.

Peace support operations often lead to ethnic violence which means belligerents abandon traditional laws of armed conflict. This leads to a shifting of the rules of engagement and role ambiguity. This causes the soldier to feel frustrated or helpless because they must follow the rules of engagement (ROE’s) and often can not do anything to help solve the problem (Britt et al., 2006). The loss of control over a situation and the high sense of integrity that must be upheld by the soldiers causes major confusion and distress over what their purpose for being there really is.

Seeing the constant destruction and the extreme weather conditions can cause the mental breakdown of soldiers from thoughts like “why am I here and am I really making a difference.” These thoughts can cause serious psychological and physical damage. It can cause the soldier to not be alert and get seriously injured or even killed because they were not paying attention because their mind is somewhere else. It can also cause the soldier so much mental stress that they develop PTSD. Another problem that soldiers face is boredom. According the Military Chaplain, boredom was the big enemy, boredom can be really problematic when it allows for one to dwell on the problems going on back home (I especially dealt with marital and relationship issues while deployed). When there is free time or nothing to do the soldier almost all the time will think about problems at home and making themselves crazy.
Whether a soldier is in combat or on a peacekeeping mission the stress from events that one sees on a daily basis takes its toll. The stressors may not be the same but the effects of the stressors are definitely similar. The strain on the mind and the body is very hard and each individual will deal with the same situation differently. Tables 4 and 5 are a list of emotional, behavioral/cognitive, physiological, and course/impairment that a soldier can experience. Table 4 is the normal response to this categories and table five is the abnormal responses.

Table 4 Emotional, Behavioral and physiological responses to Traumatic events

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Behavioral/Cognitive</th>
<th>Physiological</th>
<th>Course/Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration</td>
<td>Blame</td>
<td>Tachycardia</td>
<td>Temporary symptoms</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Self-loathing</td>
<td>Headache</td>
<td>Especially prevalent in immediate aftermath of disaster</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Decreased self-efficacy</td>
<td>GI discomfort</td>
<td>Still considered normal responses to extreme events</td>
</tr>
<tr>
<td>Irritability</td>
<td>Inability to enjoy activities</td>
<td>Muscle tension</td>
<td>Subsyndromal</td>
</tr>
<tr>
<td>Discouragement</td>
<td>Interpersonal withdrawal</td>
<td>Sleep deprivation</td>
<td>Rate impairment or dysfunction</td>
</tr>
<tr>
<td>Anger</td>
<td>Interpersonal conflict</td>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>&quot;Numbness&quot;</td>
<td>Interpersonal mistrust</td>
<td>Easy startle</td>
<td></td>
</tr>
<tr>
<td>Shock/denial</td>
<td>Loss of libido</td>
<td>Appetite loss</td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td>Cognitive dulling</td>
<td>Light-headedness</td>
<td></td>
</tr>
<tr>
<td>Helplessness</td>
<td>Poor work performance</td>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Poor school performance</td>
<td>Dry mouth</td>
<td></td>
</tr>
<tr>
<td>Perceived lack of support</td>
<td></td>
<td>Hyperventilation</td>
<td></td>
</tr>
</tbody>
</table>

Table 5 Abnormal behavioral and physiological responses to traumatic events

<table>
<thead>
<tr>
<th>&quot;Abnormal&quot;</th>
<th>Behavioral/Cognitive</th>
<th>Physiological</th>
<th>Course/Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe dissociation</td>
<td>Severe insomnia</td>
<td>Persistence of symptoms listed above, with associated impairment</td>
<td>Considered pathological</td>
</tr>
<tr>
<td>Severe intrusive reexperiencing</td>
<td>Substance abuse</td>
<td></td>
<td>Associated with clear impairment and dysfunction</td>
</tr>
<tr>
<td>Severe phobic avoidance</td>
<td>Episodic violence</td>
<td></td>
<td>Symptoms follow unremitting (sometimes progressive) course</td>
</tr>
<tr>
<td>Severe depression</td>
<td>Inability to concentrate</td>
<td></td>
<td>Symptoms often cluster into definable psychiatric syndromes such as major depression, PTSD, acute stress disorder, and others</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>Severe interpersonal conflict, mistrust, withdrawn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotic symptoms</td>
<td>Preoccupation with medically unexplained symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodic panic reactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe anxiety/worry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe hypervigilance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Lacy & Benedek, 2003; Norris et al., 2002a; Ursano et al., 2003; Ursano, Fullerton & McCAbee, 1994; Weinarch & Eitinorg, 1993.

Psychological help

“Psychological injuries typically account for between 10% -50% of operational casualties, regardless of the type of mission” (Adler et al., 2006, p. 54). Although so many soldiers desperately need psychological help they will not go and seek help because they are afraid of the stigmas that are associated with seeking help. Research done by Hoge et al., (2004) revealed that soldiers returning home from Afghanistan and Iraq who reported significant mental health problem symptoms were twice as likely to report concerns about stigmatizations and other barriers to mental health care. “Only 20-40% of those soldiers who screened positively for psychological issues had subsequently sought mental health assistance” (Adler et al., 2006). “Another study found that 61% of a sample of United States soldiers returning from Bosnia believed that admitting to a psychological problem would hurt their career progression, and 45% of these
soldiers believed that admitting to a psychological problem would cause them to be ostracized by their coworkers” (Britt, 2000).

The percentages of soldiers that believe that they will suffer severe consequences from others if they seek psychological help are appalling. What is even more appalling is that there can be consequences for seeking psychological help. According to Vogt (2011), soldiers that seek psychological help can have consequences on their career. Unlike in the civilian workplace where mental health records are kept confidential and typically off limits to supervisors this is not the case in the military. “In the Military each service member’s commanding officer has access to his or her mental health records and those who are seen as “unfit” for service may be discharged or removed from duty”(Vogt, 2011). It is a sad day when a soldier that is in serious need of psychological help will rather suffer from the psychological issue instead of seeking help for it because they do not want it to ruin their career. It is appalling that a soldier feels they would be better off suffering from a psychological issue than to seek help and be labeled as psychotic, a freak, or weak. Psychologists or Psychiatrists are a person that instills so much fear and anxiety into a soldier. This is why most psychologists and psychiatrists are called the “Wizard” because they make people “disappear.”

What most civilians would find as a reward a soldier often finds as a punishment. For example, the average civilian would think that being sent home early from a combat zone would be a good thing. To a soldier this is often one of the biggest punishments there can possibly be. To a soldier leaving his or her unit
is like leaving your family. Leaving your unit because of a battle wound is not considered a big problem because most of the time you will return to them after you have healed. Leaving your unit because of a psychological problem is a huge deal. Having to go and see the “wizard” usually means you will disappear and never return to your unit because you are being sent home for psychological treatment. Some psychological problems can be treated in the combat zone and then the soldier is sent back to his or her unit. But when the soldier returns back to their unit the soldier is not treated the same and the stigma of having a psychological problem is placed upon them. Both Specialists believe that the stigma that comes with seeking help for mental illness is very much there and will never be able to be overcome. They both believe that there are people that abuse the mental health services, some solders use it just to get out of deployment and this gives the bad reputation for those that really do need to the help.

The Army chaplain has a slightly different view than the specialists. He believes that there are differences in what type of people seek help for mental issues. For example, if an excellent soldier develops a problem her/his superiors usually encourage the soldier to seek help and they will try to help that soldier as much as possible. On the other hand though, if you are a not so excellent soldier the stigma might be placed on you more severely and superiors are not going to go out of their way to help you. If the soldier is not considered an excellent soldier the army does not want to go out of their way to help you because they think that chances are they can find another soldier that might be better than you.
They would rather take their chances with getting a new soldier than spend the time to “fix” you the malfunctioning machine. This is why there is a stigma placed on soldiers that seek help because most of the soldiers fall under the good but not excellent category so the Army does not want to go out of their way to help you. Once you are labeled as having an issue then there really is no turning back, so most soldiers will try to hide their problems instead of seeking out help even from the chaplain because they do not want the consequences that come from the label.

Due to the fact that psychotherapy is considered to be a kind of taboo the next best thing is the military chaplain. Believe it or not the military chaplain is the first person a soldier will seek help from because he or she is someone the soldier trusts (Alder et al, 2006). They go seek a chaplain first before they will seek help from any other health care professional. “He is a spiritual leader, soldier’s friend, an informal counselor, the insight to commander’s pressures” (Tyson, 1991). The chaplain serves basically as the only mental health professional in the field that the soldiers trust and will come to for help. The reason for this is due to the fact that their really are not many mental health professional in a combat zone. Plus the soldiers have to deal with the stigma that is placed on them for seeking help from a mental health professional. According to the Army chaplain whatever you talk to him about is kept confidential and for all any other soldiers know you could be talking to him about family or religious issues and those issues are fine to talk about. They do not place a stigma on you
for having these kinds of conversations unlike mental issues. While on the other hand if you go and seek help from a mental health professional your superiors have the right to look at your records and determine if you are unfit to be in the military anymore (Vogt, 2011; Alder, 2006; Army Chaplain.) This is a huge violation of privacy. This is why the soldiers will talk to a chaplain first.

The chaplain has some counseling training. According to the military chaplain a chaplain has to have a bachelor’s degree and a minimum level master degree. The chaplain also has to be endorsed by a religious body/institution to be considered as a chaplain because the government can not endorse any particular religion over another and they must have two years of ministry experience. If a chaplain meets all the requirements then they must go through a chaplain basic course to get training that pertains to what a military chaplain has to provide (Military Chaplain). The presence of the chaplain is taken seriously in combat since he or she is taken as the person that is closest to God. The presence of the chaplain means that God is with them protecting the unit and keeping everyone safe. Sometimes just talking to another soldier or the chaplain helps solve the problem the soldier is facing and helps make the soldier feel better. Plus there is less of a stigma if any at all that comes with talking with the chaplain like there is when you talk to a psychologist or psychiatrist. For all anyone knows a soldier could be talking to the chaplain about religious ideals or personal problems. The advantage is that no one knows what you are talking about to the chaplain and no one really cares.
When I asked the military chaplain if he thought there was a stigma placed on soldiers for seeking out psychological help from a chaplain or a mental health care professional he said yes. According to the military chaplain sometimes just coming to him with problems soldiers can be quite reluctant. The soldiers typically will not come to him until the problems they are facing have boiled over and are starting to affect their personal and work lives. He says that it also depends on the soldier’s relationship with the chaplain if they trust him and know him or they trust their friends that say to go talk to the chaplain. Then these soldiers are more likely to seek help and are not worried about it. Then the Chaplain tries to help the soldier and if he can not he encourages them to seek the courage to psychological help.

“The Army has redoubled its mental health efforts, making psychologist and combat stress control teams more accessible to deployed soldiers, instituting more stress control training for deployed soldiers and surveying individual units for problems” (Munsey, 2006). The army is really starting to realize that to have a good sustainable military you need to make sure that your soldiers are being taken care of. They are realizing that if you want someone to do something for you, you need to treat them with respect and make sure they have access to everything they need. This is why so many training programs have been developed to help the soldiers with what they can expect during combat. The army is also understanding that there is more to being healthy than just physical health. They are realizing that taking care of soldiers mentally is also very important. They are slowly but
surely making improvements towards getting rid of the stigma of seeking help for a mental illness. The Army is starting to understand that some soldiers abuse the mental health services just to get out of service and duty, but they also understand that some people are actually sincere in their need for help. They understand that it is not fair to punish the one that do need the help and are making improvements on this point. The military chaplain said that the stigma that is placed on the soldiers is getting better at the smallest level, the relationship between soldier and superiors. At large stigma is still a problem.

This really does depend on the personalities of both peers and leaders. Also, depending on the given soldier’s performance, personality, and general position in the eyes of the command, he/she may feel a stigma or not. If they are an “excellent” trooper, depending on the supervisor, they may actually be encouraged more strongly to get the help they need. On the other hand, sometimes if they are already a poor performer in their job, and there is a history of issues (whether or not the issues may be related to a mental health problem), it comes across as “one more issue” and they could be treated as yet one more “problem soldier.” (Military Chaplain).

*Figure 6 Army Well-Being*

*Source: Britt, Castro, Adler, 2006.*
To show that the Army understands what it takes to be a healthy person and soldier they came up with the Venn diagram that is displayed in figure nine. The Army used to only like to focus on the physical part of the diagram. As of present day the Army has started to focus more attention on the other aspects of the diagram like mental health. To be part of the “well oiled machine” you need to take into consideration all the aspects of a person and for them to have a healthy disposition.
CHAPTER 7

CONCLUSION

I believed that the army is slowly making the much needed improvements that will make our military a force to be reckoned with. Many improvements have been made since World War I, with how we treat our soldiers. For example, we have a better understanding of what posttraumatic stress disorder is and how we can treat it. The Army has also made advancements since WWI in their training programs of all kinds, whether it is stress or combat related training. With the changing of the warfare styles it is forcing the Army to make the much needed changes that should be done to better help our soldiers. The Army is realizing that they need to provide better access to psychological help because this new form of psychological warfare is taking a heavy toll on our soldiers.

There are many stressors that cause problems for our men and women in uniform and they need to have better access to the types of help that they deserve without any stigma from fellow soldiers and society. The problems that soldiers face on a daily bases are extremely challenging and can be quite hard to deal with. Everyone at some point, whether you are civilian or military, has to breakdown from all the stress and anxiety placed upon them by daily life because it gets too much for them to bear. If you do not have a moment of weakness then there is something wrong with you. Seeking help should not be a problem or a sign of weakness. In fact the exact opposite is true; seeking help that they need is a sign
of bravery and strength. Seeking help is the first step to a healthy recovery according to Adler et al (2006).

So many studies have been done on the military to try and understand what it is like to be a soldier and what is needed to help when there are problems. We have learned so much about the psychological and physiological process that happen on a daily bases for the soldiers. If the contributions of these research studies were never known who know what would have come of our military. For example, we would have never learned that sleep deprivation for an extended amount of time is not good and that it can cause serious problems to the soldier’s brain and body. Also that sleep deprivation does not just affect the soldier that is sleep deprived, but affects all soldiers in his/her path. We learned that going without sleep for an extended amount of time not only affects how alert you are it can also affect the actual formation of the brain. We have learned from research that stress is a very serious problem that not only affects your mental processes it can seriously alter everyday bodily functions, that if it goes without treatment can lead to death. We have also learned that there are different coping styles that people use to deal with stressful situations. What is interesting is that the Army does not seem to notice all the studies being done that would help their soldiers be the best that they can be. What is even more interesting is that some of the studies that find important discoveries that could be useful to the Army are done by outside researchers first but are not considered important until the Army does a
similar study and finds similar results. It is like it is only helpful and important if the Army discovers it because they do not want to listen to “outsiders.”

One of the most commonly known stress related disorders is PTSD. But not much is actually known about it by the average American civilian. Most American civilians think that PTSD is just a mental disorder that all soldiers develop and that some get it worse than others. The problem is that there are so many different degrees of PTSD that can affect everyone. There is such a huge stigma that comes with the words posttraumatic stress disorder. The stigma that is placed on the soldiers that develop PTSD is placed upon them because of the lack of or skewed knowledge of the disorder. The problem is that there should not be a stigma because anyone at some point in their life could suffer from PTSD. Anyone has or could have an event that changes their life forever. This event can be either good or bad but it will change how you look at the world and how you act. For example the death of a young child changes how the parents look at life and the world. It changes their view of reality. This is a form of PTSD. It is not just a disorder that soldiers get anyone could suffer from it. The difference is how you deal with it and how severe of an event was, that determines how much the disorder will affect you. If more people understood the disorder and what it is about then maybe the stigma would be lessened or even eradicated. This would take a major culture change and I do not see that coming anytime soon.

How the military in general takes care of dealing with the stigmas placed on soldiers with PTSD and other mental issue is due to the strict “macho man”
culture. This is fueled by American society because we believe that the military especially the Army has to be strong and not let anything get to them. The problem with the “macho man” culture is that it makes it seem like everyone has to be strong at all times and that if you are not something is wrong. If you do not fit into this macho man or super solider mold then the Army does not want anything to do with you. Basically the Army decided that it would just be easier to get a new machine than to fix the old one. This is a problem because most of the time if they just took the time to fix a few little malfunctioning pieces the machine would be just fine but instead they discard machines that would have been just fine with a little tune up. This is a problem that needs to be fixed everyone has moments of weakness and it is normal. It is normal especially in combat with all the stress that comes with it to have moments where you just can not take it anymore. Everyone breaks down and when they break down everyone deal with it in different ways. The strict rules and regulations of the army make it hard to deal with stress because stress it is a sign of weakness and this does not fit the culture of “Army strong.”

When I asked both Specialists if they thought that the stigmas placed on soldiers with psychological disorders could be lessened if not eradicated they both said probably not. They said that it would be nice to lessen the stigma but getting rid of it completely would probably never happen. They said that there are to many people that abuse the system and that is what makes the stigma worse because most believe that everyone is faking just so they can get out of doing
their job. The ones that actually have legitimate psychological issues are the ones that are being affected the most because they have to go through so many hassles before they are even considered legit. Then they run the risk of their superiors ruining their careers because they have access to their mental health records. This is why most soldiers either just suffer through the problem or try to fix it by seeing the military chaplain. Even then some soldiers to try an fix the problem will go completely outside the Army to seek help because they know that at least their mental health records will be confidential and less of a stigma is placed on them.

Interestingly enough the Army chaplain had a different view on the situation. When I as the Army chaplain if he thought that the stigmas placed on soldiers could be lessened or eradicated he had amore optimistic view. He said that he thinks that it is possible to lessen the stigma but it would take a cultural change and he does not see it happening anytime soon but it could happen. But interestingly he had ideas as to how to lessen the stigmas placed on soldiers. The following quote are the ideas of the Army chaplain on how we could reduce the stigmas.

One is to continue educating AND providing mentorship. The Army is trying to do this through various programs, but as big of a “machine” the Army is makes this very challenging. The culture needs to be changed from looking at it as “weakness” and whatnot. But that means changing the minds of multiple generations, as well as the various ethnic, socio-economic, and sub-cultural backgrounds that play into how people deal with the “hard things” of life, to especially include mental
health issues. Also, while the Army is a community, it is filled with a couple generations of soldiers and families who are increasingly “individualistic” in nature (as is the condition of Western society). Everyone tries to find meaning, value, and help “on their own,” so that getting it or being integrated into a community in a way that provides a degree of “safety” and willingness to reach outside ourselves is often very limited. So any way that we can encourage soldiers and families to be plugged in, linked up with other people, and in a position to either get help or even be “noticed” to be encouraged to get help is crucial. But in many ways, to do this holistically is in some degree fighting against the American culture at large.

His ideas are great and they coincide with my ideas to lessen the stigmas placed on soldiers for having mental issues.

Although there are many things that could be done to make the Army better, they still do a great job of protecting our country. I am not saying that the Army is a horrible institution; the exact opposite is the case. I think that the Army does many awesome things I am saying that there are some issues that if were fixed would make the Army, Army Strong. Just like any institution there are things that could be done better and everyone has ideas about how that should be done and these are my ideas along with support from others. Both Specialists agree that the Army does have things that need to be improved like longer leaves and Rest and Relaxation times for each soldier during deployments. But for the most part the Army is realizing that they need to take better care of their soldiers and is working hard to implement programs to do just that. I agree that if the
Army just made some small improvements here and there over time that the Army would be a great institution. The Army is realizing this is needed but they are trying to figure out what they best way is to go about making these improvements. I think that the Army is making much needed progress in the problem areas like psychological issues but more is still need.
REFERENCES


