WOMEN VIETNAM VETERANS AND MENTAL HEALTH ADJUSTMENT:

A STUDY OF THEIR EXPERIENCES AND POST-TRAUMATIC STRESS

by
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Thesis submitted to the Faculty of the Graduate School
of the University of Maryland in partial fulfillment
of the requirements for the degree of
Master of Arts
1982

APPROVAL SHEET

Title of Thesis: Women Vietnam Veterans and Their Mental Health Adjustment: A Study of Their Experiences and Post-Traumatic Stress

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Date Approved: Nov 20, 1982

ABSTRACT

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Approximately 8,000-10,000 women served directly in the Vietnam war. Popular literature and women's self-reports suggest that by virtue of their exposure to extreme stressors resulting from war-time medical experiences women veterans are now describing their stress symptoms, and may be suffering from Post-Traumatic Stress Disorder (PTSD). The intention of this preliminary, descriptive research was to assess the nature and extent of mental health problems affecting female Vietnam veterans. Subjects were contacted through a mailing list of a veterans organization and 89 women who had served in Vietnam as medical personnel completed a written questionnaire about their experiences and reactions to them yielding a 97% return rate. The results indicated that approximately one-third of the stress symptom items were endorsed by 25% of the subjects, and of symptoms first reported as having occurred between homecoming and one year after Vietnam, approximately 70% were reported as still present. These identified symptoms represented a fairly complete picture of those specific symptoms and experiences of PTSD as defined by DSM III of the A.P.A. This investigator concluded that, (a) the current research effort has provided preliminary evidence that PTSD

may be applicable to the experiences of women Vietnam veterans, (b) there is evidence of mental health distress among the women sampled, (c) there are positive, growthful experiences for many of the women in this sample, and (d) at least as far as biographical-demographical factors are concerned, this sample of women Vietnam veterans are different from previously studied male veterans.

FOREWORD

One of the goals of research, and specifically of the researcher, is to maintain a scientific, non-personal perspective of the topic being studied. You are encouraged to be neutral, non-biased, and non-involved in order to provide the most accurate and complete information possible. While this certainly is sound advice, it tends to overlook the human issues which often motivate the researcher in the first place. My research on women Vietnam veterans is just such an issue that is difficult, if not impossible, to deal with on a scientific level only.

I chose this research topic based on the few accounts of women veterans that I read about in the popular literature. I was immediately touched by their stories, experiences, and the lack of information about, or help for them. My involvement grew as I got further into my research and received, through the questionnaires, an outpouring of emotions and events. The responses were often difficult for me to deal with emotionally and yet, I always felt compelled to read and understand them.

I feel that I have learned a great deal both personally and professionally through this research and have been especially lucky to meet a few of the women I sampled when they have approached me and identified themselves as women Vietnam veterans. Without these womens' willingness to share their very personal experiences, this study would not have been possible and I am appreciative of how difficult this was for some.

These comments have been made as a foreword because as a "good" researcher I have tried my best to remain neutral and non-biased throughout the writing of this study. As a counselor, however, I felt the need to express my personal feelings about these womens' lives and to thank them all for sharing their time, experiences, and emotions.

DEDICATION

This thesis is dedicated to my parents and my sisters. They have always been there to encourage and support me during the many difficult and often trying times as well as to celebrate with me during the successful and happy ones.

ACKNOWLEDGEMENTS

There are many people who deserve acknowledgements for their contributions to both me and my thesis.

I would like to thank my advisor, Dr. Arnold Spokane for being supportive while he continually urged me on to create the best possible research effort I could. His insights, knowledge, and availability have contributed greatly to the quality of this work. My committee members, Dr. Michael Waldo and Dr. Beverly Celotta also helped to guide and shape this project through thoughtful suggestions both before and after conducting the research. A special thanks to Dr. Celotta who took the time and showed the interest to help me deal with the often emotionally laden topic this research involved. In addition, I would like to thank the secretaries in my department who never got tired of my questions or my constant banging on the typewriter.

A special appreciation goes to Lynda Van Devanter of the Vietnam Veterans of America who provided me with perhaps the most important of contributions--the availability of the women Vietnam veterans themselves--and for her support throughout all stages of this project. I would also like to express my thanks to the other VVA staff who always showed a willingness to help and encouraged me in their own "special" way.

In a very ironic way, the women who served in Vietnam have made the greatest contribution to this research. I thank and wish for all of you, the welcoming home you all desire and deserve.

Finally, I would like to thank the most important of my supporters, my friends both here and back home. You always had faith in me, shared with me the ups and downs of these past two years, and continuously showed me your love. I will always appreciate you.

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CHAPTER I

INTRODUCTION

The Vietnam war has left its mark on America and on the women and men who fought it. This country's involvement in Vietnam ended almost a decade ago, yet, in the past few years the war in Vietnam has re-emerged as a topic of "profoundly unfinished moral and psychological business."[1] The personal, social, and historical legacies of the Vietnam war are being conveyed in television documentaries, talk shows, popular magazines, personal bibliographic accounts, professional conferences, and most recently, in scientific studies. Mental health research is also revealing personal consequences for 9 million Americans who served in the armed forces during the Vietnam Era (August 5, 1964-May 7, 1975) and 2.8 million who served directly in the Vietnam theater. When compared to their non-veteran peers, Vietnam veterans show 25 percent higher suicide rates, divorce and unemployment rates double that of non-veterans, and widespread drug abuse and alcoholism.

The Vietnam war experience has been shown to be unique and distinct from other war experiences (Bourne, 1969; Egendorf, Kadushin, Laufer, Rothbart & Sloan, 1981; Figley, 1978, 1980; and Wilson, 1978). Several researchers have pointed out that although war and its consequent suffering has occurred before in the United States, Vietnam was different in some important ways from other 20th Century wars. Wilson (1980), for example, argues that the Vietnam war was (a) the longest war in history, (b) the most politically controversial war, (c) a war in

which there was no full scale national commitment, and (d) a war lacking in overarching ideological justification. Unlike other U.S. wars, rotation and return of troops from the Vietnam war zone to the U.S. occurred quickly, with no period of decompression, and no victory parades or hero's welcomes. These research studies have also documented the existence in a large percentage of Vietnam veterans of lingering mental health problems which are connected to their military service. (A discussion of these research findings will follow.)

Among the most prominent findings reported is the discovery that many Vietnam theater veterans suffer from one of the several forms of Post-Traumatic Stress Disorder (PTSD), an anxiety disorder caused by severe externally induced stress. In a recent comprehensive study of veterans, Veterans Administration findings reveal that the detrimental effects of the Vietnam war are widespread and far from resolved (Egendorf, et al, 1981).

Post-Traumatic Stress Disorder

The most common reaction of veterans to war is called Post-Traumatic Stress Disorder. Formerly known as either Post-Traumatic Neurosis or Disorder and Delayed Stress Syndrome, this reaction has been linked with "anxiety neuroses of a major sort due to severe and external stress beyond the usual and tolerable experiences of some people."[2] Figley (1980) notes that these extraordinary events are outside the range of common, normal human experiences such as simple bereavement, chronic illness, business losses, or marital conflict. Rather, PTSD may be seen as a reaction to such events as explosions, hurricanes, floods, major fires, and airplane accidents. Most specifically it has been linked to the stressful military combat experience (Bourne, 1970;

Egendorf, et al., 1981; Figley, 1978, 1980; Wilson, 1978, 1981). It is not precisely clear how many veterans are suffering from this disorder, but estimates of acute, chronic, or cyclical PTSD incidence range from 700,000 to 800,000[3] or about 40 to 60 percent of all male Vietnam veterans.

Until the 1980 revision of the Diagnostic and Statistical Manual of Mental Disorders III of the American Psychiatric Association appeared, there was no formal diagnostic category for PTSD. It is now however, classified as a special form of an anxiety disorder. The diagnostic criteria for PTSD include (a) existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone, (b) re-experiencing of the trauma, (c) numbing of responsiveness to or reduced involvement with the external world, beginning some time after the trauma, and (d) various reactive symptoms including excessive autonomic arousal, sleep disturbances, guilt about surviving, memory impairment or trouble concentrating, non-violent impulsive behavior, and substance abuse. The disorder can range from mild to severe and in its most extreme forms can affect nearly every aspect of life.[4] Although symptoms often occur immediately following the trauma, it is not unusual for emergence to occur after a latency period of several days, many months, or even several years after the original trauma. PTSD can be diagnosed as acute, or chronic or delayed.

Research on Male Veterans and Post-Traumatic Stress Disorder

Several researchers have been examining PTSD in the male veteran. Peter Bourne (1970) explains that although fewer psychiatric casualties occurred in Vietnam, Vietnam veterans have more problems in the readjustment period. He points to the "rapid transit to and from the combat

zone," the 12-month tour and rotation that took away group support, the lack of social acceptance, and the psychological impact of ultimately losing the war.

Charles Figley (1978, 1980) has also written extensively on male veterans and PTSD. He has identified some of the unique characteristics of the Vietnam war and studied persons who developed stress reactions in an attempt to discern if PTSD was linked more with the individual's predisposing factors or was the result of the severity and nature of the external trauma experienced. Figley's data supported the prevalence of PTSD and showed that veterans with combat experience developed more pathology than those without combat experience.

In a large-scale study, John Wilson (1978) has also attempted to look at PTSD symptoms in Vietnam veterans using Erickson's (1963) model of psychosocial development. Wilson's findings provide strong evidence for the prevalence of PTSD. He is among the first to view this syndrome in a broader theoretical framework and to break down the disorder into different types and stages.

The most extensive and comprehensive study of the Vietnam veteran was commissioned by the Veterans Administration and has just been completed in March 1981 by Arthur Egendorf, Charles Kadushin, Robert Laufer, George Rothbart, and Lee Sloan of the Center for Policy Research, Inc. Designed to look at "comparative adjustment of veterans and their peers," this 900 page, 2 million dollar national study appears to be a statistically sound and thorough evaluation which looked at educational and work careers, post-war trauma, long term stress reactions, and veterans' coping with the war experience. Investigators found a wealth of specific data supporting the existence of current problems

and globally concluded that "those who actually served in Vietnam are plagued by significantly more problems than their peers."[5]

The researchers found that the war was an "undigested experience" far from resolved, pointing out that for some veterans the war's effects dissipate over time, but for others the effects endure. Egendorf, et al., (1981) used specific mental health indices such as job status, educational achievement, drug and alcohol use, arrests and stress-related symptoms and revealed mental health problems which remained pronounced, in spite of the finding that global measures of adjustment had not shown problems. Finally, they found significant variation in the war's detrimental effects on different veteran subgroups such as Hispanics and lower income veterans.

The Female Vietnam Veteran

Not one of the forgoing studies included women Vietnam veterans for study, and little if anything is known about their health and well-being. Although occasional writers have discussed the possible implications of women in the military they have tended to look only at possible participation in combat[6-8], the historical perspectives of military nursing[9-13], or the use of V.A. medical services by women[14-15].

There are approximately 188,000[16] to 197,000[17] (statistics vary) women who served in the armed forces during the Vietnam Era. Approximately 10,000 of these female veterans served in the Vietnam theater in front-line combat zones, in medical positions. Other women served in such widely varying roles as intelligence and security, air traffic control, aerial reconnaissance photography, supply and legal positions, or clerks and non-military volunteers. (For the purpose of this study,

we will only be looking at those military women who served in medical positions.) Little if any data exists on these female veterans and most of our knowledge about their plight has been gleaned from the popular literature or from self-reports of their mental health problems. The women who have begun to speak out about their experiences recount daily exposure to extreme stressors while in military service and now disclose adjustment problems that they previously kept hidden. They, like male veterans, appear to have been negatively affected by the Vietnam war in a long term fashion.

Who are these forgotten females? It is very difficult to say. Current research and available statistics do not cover female veterans. The Veterans Administration has no listing of who these women are, nor the capacities they served in. They do not systematically collect statistics on gender and military service. Neither the Bureau of Labor Statistics, The Office of Personnel and Management, nor the 1979 Census Survey (Rothman, publication pending) collect data on women veterans. Any statistics that do exist are estimates based on various other indicators such as the number of medals awarded. Most of the preliminary and informal studies show that a majority of these women were nurses and many served on the front lines in combat zones in M.A.S.H. type facilities.

None-the-less, a review of the popular literature on female veterans reveals unrelenting experiences of constant casualties, mangled bodies, 24-hour work shifts, wartime romances ended abruptly, necessity of immediate, God-like medical decisions about treatment, and a daily experience of the death of young boys (the average age of combatant was 19.2 years old[18]) who were at the prime of their physical development.

These veterans report that their role as women and nurses in the war was complex, ambiguous, and guilt ridden. In the days before their military service, they acted in the ways they had been raised and medically trained--feminine, nurturing, altruistic, passive, and reactive. In the space of a few days following their first assignment, they were far from anything remotely feminine and were called upon medically to be assertive, active, and in charge. In short, they experienced a complete role change almost overnight.

Women veterans' self-descriptions indicate that psychologically, at least, they had an experience different from the men.

> ...unlike men who are traditionally taught a certain stoicism, women are more often taught to express emotions, yet during the war, the women were forced to negate these emotions in order to attend to the higher tasks at hand.
>
> ...There's a toughness you take on. It's thought of as a masculine, macho characteristic. It's not masculine, but an attitude of strength and trying to survive.[19]

Women report having trouble maintaining both their strength and their feminity. When the women got angry, they were not able to release it as men did through the use of weapons, physical violence, or, for example, drunkenness. Because there were so many fewer of them, women felt more isolated than men did. While men and women may have been seeing the same war, women veterans appear to have reacted very differently to it.

Female Vietnam Veterans and Post-Traumatic Stress Disorder

In order to generalize the findings on male veterans and PTSD to female Vietnam veterans, the first and most important consideration is to establish the existence of a stressor; the counterpart of the combat experience for men. Wilson (1980) defines a stressor as,

> An event which taxes or exceeds the resources of the system or, to put it in a slightly different way, demands to which there are no readily available or autonomic responses...[20]

Figley (1980) also points out that these stressful experiences are not limited to combat.

The popular literature on women veterans suggests some possible stressors for women such as taking care of wounded Vietnamese civilians, women, children, psychiatric casualties and of patients who later died; making decisions about who would receive equipment or personnel if shortages existed; physical and mental exhaustion, patients' death due to lack of equipment, time or nursing errors, helping patients to wait for their death; and being under direct ground fire.

These identified stressors have also been connected with self-identified symptoms in women veterans including: depression, flash-backs, nightmares, guilt, anxiety attacks, suicidal tendencies, migraine headaches, spontaneous anger, alcohol or drug abuse, inability to sustain relationships, avoidance of intimacy, inability to hold jobs, sleeplessness, and uncontrollable persisting tears. These symptom patterns suggest the existence of PTSD in female Vietnam veterans.

Statement of the Problem

The unmistakable lack of scientific or empirical research on female veterans magnified the need for the present study. The purpose of this

study was to assess the nature and extent of mental health problems affecting female Vietnam veterans. This assessment employed a questionnaire designed to ascertain Post-Traumatic Stress Disorder symptoms in women veterans. The instrument utilized in this study includes sections covering (a) biographical information, (b) details of the respondents' Vietnam experience, (c) the respondents' current general adjustment, and (d) the respondents' reaction to the Vietnam experience.

Hypotheses

This was a descriptive study which sought to examine questionnaire responses in a sample of women Vietnam veterans. No overt hypotheses were made regarding the existence of PTSD symptoms, other than that they were expected to be roughly equivalent to patterns found in male veterans. Descriptive data (means and standard deviations) are provided.

One specific hypothesis can be generated regarding the relationship between stressors and symptoms.

H:1: A strong positive and linear relationship will be found between stressors experienced in Vietnam and PTSD symptoms experienced subsequently in women veterans.

CHAPTER II

LITERATURE REVIEW

Historical Background of Psychiatric Disorders in War

Prior to World War I little was known about the development of psychiatric disorders that result from the war experience. Since that time, however, a great many of studies have focused on combat psychiatry and the diagnosis of various combat-related stress disorders. In the years before WW I it was generally assumed that psychological casualties associated with war experiences were a result of poor discipline, cowardice or weaknesses on the part of the individual men.

During WW I, however, specific clinical syndromes began to be associated with combat duty. The label "shell shock" was given to those soldiers who were believed to be suffering from some kind of brain damage resulting from the air blasts of high explosives which left these men dazed and confused. Although shell shock was originally believed to be the result of actual physiological it eventually came to be understood as an entirely psychological disorder.

Between WW I and WW II these syndromes became known as "war neuroses" or "traumatic neuroses." Categorized as psychoneuroses, these disorders were thought to be the result of predisposing character or personality defects (Glass, 1969) even though they were considered to have been precipitated by the psychological trauma of battle. Figley (1978) notes that research, writing, and psychiatric categorization associated with war increased sharply as a result of WW II, thus adding

to the base of knowledge. New terms developed to characterize war trauma including "psycho," short for psychopathology, and "exhaustion" which set forth the belief that physical fatigue played an important precipitating role in combat psychiatric breakdown. During the early years of the war, however, psychiatric casualties had increased some 300 percent in comparison to WW I, even though the pre-induction psychiatric rejection rate was three to four times higher (Figley, 1978). This, along with the finding that psychiatric casualties were non-existent among troops who had experienced severe physical fatigue, eventually led researchers to discount the theory that physical exhaustion played the principal precipitating role in combat breakdown. Scientists began to look at other, situational factors involved.

During the Korean War clinicians attempted to utilize previous findings on war trauma to lower the rate of psychiatric casualties. This included dropping the unsuccessful screening program of WW II, providing onsite treatment, and changing the term "exhaustion" to "combat exhaustion" and later changed to "combat fatigue" to implicate the psychiatric causation. These new changes may have been responsible for the lower frequency rates of psychiatric casualties during the initial phases of the war which did not reach even one-half of the high rates of WW II. A rotation policy of nine months in combat was instituted after the first year which also may have been an influencing factor for the decreasing psychiatric casualties in the later phases of the Korean War.

Psychiatric casualties in the Vietnam War were at an all time low with a rate of 12 per 1,000 troups as compared to 37 per 1,000 for Korea and 101 per 1,000 in WW II (Bourne, 1969). This result led clinicians

to believe that the use of preventative measures learned from previous wars plus some additional manipulations, such as 12 month tour of duty, had solved the problem of psychological breakdown in combat. Williams (1980), though, points out that as the war progressed, a trend similar to that found following the end of WW II was observed. Both those who experienced acute combat reaction and many who did not began to complain of symptoms of intense anxiety, battle dreams, depression, and problems with interpersonal relationships long after their combatant role had ceased. He notes that what was unusual about the aftermath of the Vietnam War as opposed to WW II was the pattern the disorder took. For WW II and Korea, the incidence of neuropsychiatric disorder among combatants increased as the intensity of the wars increased. As these wars wound down, there was a corresponding decrease in incidence of trauma disorders until the incidence rate closely resembled the respective pre-war periods. As the Vietnam war progressed in intensity, there was no corresponding increase in neuropsychiatric casualties among combatants. He remarks that it was not until the early 1970's, when the war was winding down, that neuropsychiatric disorders began to increase and that with the end of direct American troop involvement in Vietnam in 1973, the number of veterans presenting neuropsychiatric disorders began to increase markedly.

It was about this time also, that mental health professionals began noticing the effects of plane crashes, natural disasters, fires, and other catastrophic events which yielded behavioral symptoms to these traumatic events almost identical to the Vietnam veterans' response. This eventually led to a new disorder characterization, "Post-Traumatic Stress Disorder" which can be either acute, or chronic and/or delayed.

A review of the history of psychiatric casualties in war reveals a progressive understanding of the factors and conditions associated with war induced mental states. What it also reveals is an emphasis on the role of combat experience in the incidence of psychological problems. At the same time, it shows a solitary focus on males' reactions to involvement in war.

History and Description of Post Traumatic Stress Disorder

As noted earlier, the group of symptoms now associated with the term PTSD has been recognized by mental health professionals since WW I. Even though knowledge about and labeling of this disorder has undergone many changes over the years, it is still seen as a survivor response to a traumatic stressor that is outside the range of usual human experience. The symptoms which define the PTSD syndrome among Vietnam veterans have been viewed as virtually identical to those observed in other extraordinary events such as among the survivors of the Atomic bomb at Hiroshima, Korean P.O.W. camps, the Nazi holocaust and the Buffalo Creek Dam disaster (Wilson, 1980). The original Diagnostic and Statistical Manual (1952) categorized this disorder as a gross stress reaction produced by an individual being exposed to extreme emotional and physical stress, such as combat. However, the DSM II (1968) deleted this category with combat-related stress being mentioned only in the context of adult adjustment reactions. Williams (1980) observes that the implication here was that there could be more or less appropriate resolutions of the stresses of combat. Figley (1978) hypothesizes that the dropping of the category may be due to the fact that there was no war between the publishing of DSM I and the formative stages of development of DSM II (1964-65) and that perhaps combat-related stress

reactions were ignored as war veterans of the Korean and the two World Wars were assimilated into mainstream America. The fact that DSM III (1980) was written after the Vietnam War may explain why a new category of Post-Traumatic Stress Disorder was created which listed military combat as a stressor.

In order for an individual to be diagnosed as having PTSD there must first be evidence of the existence of a recognizable stressor that would evoke significant symptoms of distress in most people. Some examples of this are rape, assault, military combat, natural disasters (floods, earthquakes), accidental man-made disasters (airplane crashes), or deliberate man-made disasters (bombing, death camps).

The first of the characteristic symptoms is voluntary or involuntary re-experiencing of the traumatic event. This can occur in various forms such as "recurrent painful and intrusive recollections of the event or recurrent dreams or nightmares."[21] In Figley's (1980) review of PTSD's new categorization by DSM III he points out that these events need not be combat-related. These episodes which are described as "fugue-like" may last from a few minutes to several hours or even days. The manual suggests that during these periods the individual relives certain components of the event and reacts to these memories like they did originally in the event.

The second major symptom noted is numbing of responsiveness to, or reduced involvement with, the external world. This is what is generally referred to as "psychic numbing" in which a person may,

> complain of feeling detached or estranged from people, that he or she has lost the ability to become interested in previously enjoyed significant activities, or that the

> ability to feel emotions of any type, especially those associated with intimacy, tenderness, and sexuality, is markedly decreased.[22]

The third major area of response is a variety of symptoms including excessive autonomic arousal, exaggerated startle response, sleep disturbances, guilt about surviving, memory impairment or trouble concentrating, avoidance of activities that arouse recollections of the traumatic event or intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

Associated features identified by the manual include symptoms of depression and anxiety, plus elevated levels of irritability which may be accompanied by explosions of aggressive behavior or non-violent impulsive behavior (sudden trips, changes in life style) as well as various forms of substance abuse. The disorder may begin soon after the event or may "occur after a latency period of several days or even months after the original trauma."[23] The more common course, however, is the remission of symptoms within six months after the onset of the trauma. Figley (1980) notes that this is an issue of controversy, believing that the time frame of six months is an arbitrarily chosen one and that the latency period is "significantly longer" than this. He believes this is due to the unique circumstances of the Vietnam war experience which taken together, forced the Vietnam veteran to deal with his memories alone. Another suggested theory of why psychiatric casualties were low initially and later increased is that veterans were self-medicating themselves in Vietnam through the easily available alcohol and drugs (Figley, 1980). Figley feels Vietnam veterans were unable to effectively integrate these troubling experiences into a

process of "working through" and therefore the veterans simply avoided it and any reminders of Vietnam.

The manual observes that not everyone is stressed in the same way or with the same degree of intensity and notes that PTSD impairment may be either mild or severe, affecting nearly every aspect of life. Impairments caused by "psychic numbing" may interfere with interpersonal relationships such as marriage or family life, emotional lability, depression, and guilt which may result in self-defeating behavior or suicidal action.

The manual states that the disorder most often occurs without predisposing factors but that pre-existing psychopathology may create a predisposition for PTSD. The population prevalence is as yet unknown.

DSM III lists five differential diagnoses of PTSD symptoms. These include; a Depressive Disorder, Generalized Anxiety Disorder, Phobic Disorder, Adjustment Disorder, and Organic Mental Disorder. Wilson (1980) describes what differentiates PTSD from other forms of human adaptation including: absence of delusions, hallucinations, and disordered thought; general absence of anti-social, ego-centric, immoral and self-destructive behavior; the general absence of exploitative interpersonal relationships; presence of strong emotional states; the general absence of the etiology of classical hysterical symptoms and mechanisms; the presence of depression which is reactive to situational stress rather than neurotic or characterological; the general absence of any pre-morbid history; the presence of cynicism, alienation and mistrust of authority; and a strong death imprint.

With the new categorization by DSM III, PTSD has achieved recognition as a legitimate disorder that has as its roots a survivor

response to a particularly traumatic or catastrophic external event. Although the manual itself does not list other military experiences aside from those involved in combat, it does define natural, accidental man-made, and deliberate man-made disasters which involve death, large scale intensive physical injuries, and war-like activities (bombing, torture) as being causitive factors in the development of PTSD. These events are similar to the ones experienced by Vietnam nurses who might be even more likely to develop the disorder by virtue of their exposure to a prolonged series of traumatic events which Figley (1980) suggests as a predisposing factor to PTSD.

What this research proposes is that the Vietnam nurse's exposure to such stressors as taking care of wounded soldiers, psychiatric casualties and patients who later died, seeing the mutilation of young bodies, and having a continual stream of casualties, supports our view that this population to be at risk to suffer from PTSD.

Research on Male Vietnam Veterans and PTSD

The knowledge gained from the increasing attention to mens' responses to past war experiences together with a clarification of PTSD by DSM III has provided a background in which to review and understand the research on male veterans and their psychological adjustment to warfare. Researchers have looked at various predictors of PTSD including the influence of combat exposure and its mediating variables, the effect of different war experiences (isolation, boredom, diet, physical illness), morale, demographic and pre-service variables, and family background, to list just a few. This research is quite extensive and the reader is referred to two good sources of review, Bourne (1969) and Figley (1978).

Bourne's review provides a historical background of military psychiatry and contains studies that focus mostly on combat effects and physiological responses to stress. It is interesting to note that Bourne's book was published in 1969, a relatively short time after the war had ended. Mental health clinicians had not yet begun to hear from clients complaining of delayed or residual effects from the Vietnam experience. At the point of writing, the author believed that the psychiatric treatment and prevention program in Vietnam had been successful in keeping psychiatric casualties down to a nearly "negligible" level and appeared not to foresee the later development of stress reactions by these service people.

Figley's review on the psychosocial adjustment of Vietnam veterans observes that the research falls into two categories with respect to readjustment: (a) the stress evaporation perspective, and (b) the residual stress perspective. The former suggests that the combat veteran probably does suffer some psychosocial readjustment problems during and immediately after military service, but that any problems disappear after returning home. In other words, time heals all wounds. The residual stress perspective holds that combat-related stress reactions among combat veterans were inevitable and that significant numbers of veterans are trying to cope with severe psychosocial readjustment problems originating years ago in Vietnam. In his conclusions based on the review of the research, Figley believes that the research supports the residual stress perspective, Figley makes the following additional observations about existing research: (a) little attention has been focused on the readjustment problems of the veterans' family, (b) pre-service factors including personality, family life, and

psychosocial variables appear to be related to in-service and post-service adjustment among Vietnam veterans, (c) Vietnam-era veterans appear, in general, not to be significantly different from non-veterans in most areas of interpersonal and intrapersonal adjustment when either service in Vietnam or combat experiences are not controlled for, (d) there is considerable evidence to suggest that veterans who experienced combat in Vietnam are significantly different from other veterans with regard to several adjustment areas, and (e) at the time of his writing, that there had been few published attempts to systematically investigate the psychological readjustment process of the Vietnam veteran.

Since that time two research efforts have been published which provide the scientifically sound investigations Figley called for. Sponsored by the Disabled American Veterans, Wilson (1978) undertook the Forgotten Warrior Project in an attempt to

> combine psychosocial theories of personality and life-span development into a framework that permits a more holistic look at how the Vietnam War affected the veterans' reentry into the mainstream of society.[24]

Wilson chose an Eriksonian (1963) model to understand the veterans' problems of identity formation, interpersonal intimacy, alienation, and intrapsychic conflict in the process of personality integration itself.

Wilson began his large-scale investigation in 1976 interviewing 400 male veterans who were selected from a potential pool of over 800. They were solicited via advertising in newspapers, television, college campuses and organizations serving veterans in the greater Cleveland, Ohio area. The researchers used statistical profiles to create the sample which included Black and White combat and non-combat Vietnam

veterans from all branches of the military who were then matched with cohorts who saw active duty during the era outside of Southeast Asia. Of the 400 interviewed, 356 men successfully completed the entire interview procedure which typically lasted between two and four hours. The veteran was questioned about himself and his experiences in the military and in addition, each completed an extensive questionnaire that included biographic and demographic information, a set of personality scales to measure moral reasoning, motivation and values, as well as a specially constructed questionnaire with 110 items designed to assess the six areas which were pertinent to the major hypothesis under investigation. Those six areas were personality characteristics and personal attributes, interpersonal relationships and adjustment, moral reasoning and ethical beliefs, military experience, political attitudes and ideology, and perception of society and its institutions. These measures utilized Likert-type scales where the veteran was asked to assess himself at three time intervals--upon entering the military, during active duty, and at the time of discharge. All of the written items were completed with the interviewer present with the intent of providing any clarification necessary.

In order to analyze the results, the researchers utilized descriptive statistics and measures of central tendency, cross-tabulated correlations and chi-square analyses, ANOVA, multiple and partial correlations, regression analysis and factor analysis which reproduced the classficatory scheme for the six areas assessed and demonstrated its internal consistency and validity.

Wilson (1980) found that 56.5% of those in the military had served in the Army, 61.9% had served in Vietnam, 39.1% were non-veterans and

the sample was 42.6% Black and 57.4% White. Looking at employment histories, 33.9% currently held white collar jobs, 22.2% held blue collar jobs, 23.7 were students, and 20.1% were unemployed. Marital status showed that 33.3% were single, 12.3% divorced, 20.7% were married prior to military service, and 33.6% were married post service. Upon entering the military only 10% were college graduates, their mean age was 20 years old and 62.8% had volunteered for military service. They also noted that 82.6% did not currently belong to any veterans' group or organization. Wilson found that a "relatively high" percentage of men were using psychoactive substances during and after military duty. From his research, Wilson estimates that about 40-60% of all male veterans suffer from acute, chronic, or cyclical PTSD. Wilson felt that the results of the research indicated that combat veterans, in total, had more problems in interpersonal relations than their cohorts and that the experience of combat was responsible for this.

The kinds of statements and questions expressed by veterans were interpreted to reflect the conflicts that Erikson describes for the developmental task of "identity vs. role confusion" that normatively occurs in late adolescence. Erikson proposed age-specific developmental stages for the entire life cycle and his fifth stage "identity vs. role confusion" has as its "task" the need to form a more stable and enduring personality structure and sense of self in order to assume the various roles of adulthood and to meet adequately the demands that accompany them. Wilson noted time in service was a period of emancipation from parents, increased responsibility, career choice, early attempts at mutual intimacy, and the recognition of one's abilities and limitations. Wilson proposed that stress producing events in war interfered with this

stage of development and caused a retrogression to earlier modes of conflict resolution and eventually led to "identity diffusion." In general, the person with a sense of identity diffusion experiences strong anxiety and, at times, alienation from age-mates against whom self-defeating comparisons are made. Wilson theorized that after the war, these veterans were motivated to move ahead and reintegrate--but several factors, such as America's "reasonable" doubt about the war, conditions of society, veterans' psychological task of finding meaning and purpose to his actions in the military, combined as factors that intensified the need to establish a firmer sense of ego-identity while actually thwarting their ability to find their niche and to process this psychosocial task. Wilson also observed that stress-inducing events could, under certain circumstances, accelerate psychosocial development.

> Wilson concluded from his research that traumatic war neuroses are, thus more than an overpowering of the ego due to a specific event or set of experiences. Rather, it must be understood as a trauma that produces retrogression and affects the core organismic processes of ego-identity, motivation, and moral judgment. In retrogression the total set of stress experiences seems to shatter a sense of self-sameness and continuity to the point of severe self-estrangement.[25]

Once returning from the interruption caused by service in Vietnam, Wilson believed a complex set of social, political, and economic factors undermined the period of psychosocial moratorium that usually permits an individual to unify elements of ego identity.

Wilson's research was among the first to provide a thorough and scientific investigation into veterans' readjustment that was well

grounded in the principles of research. While this study has as its weak points a retrospective self-report by subjects, a self-selected, non-random volunteer sample, and a speculative theoretical framework, it was conducted with careful attention to how these problems might have influenced the results observed. Wilson's work is unique in that he was one of the few who tried to understand PTSD in a broader perspective and proposed a specific psychosocial theory for understanding this phenomenon.

The most up-to-date, thorough research yet conducted, is under the auspices of the Veterans Administration titled "Legacies of Vietnam: Comparative Adjustment of Veterans and Their Peers" (Egendorf, et al., 1981). This second major research effort is an eight year study researched by the Center for Policy Research in New York which undertook a multiple site, nationwide probability survey of Vietnam veterans matched for age and race with men who were in the military but not in Vietnam during the Vietnam-era and with civilian controls. They have looked at various stages of the veterans experiences and utilized both demographic and psychological measures to assess their adjustment.

The researchers questioned a total of 1,340 men (714 veterans and 626 non-veterans) in eight U.S. cities and two rural communities in the South and Midwest. Utilizing two successive waves of data collection and various statistical sampling techniques to insure a representative sample which matched the profile of veterans and non-veterans during that era. They compiled a sample of 842 Whites, 415 Blacks, and 83 Hispanics who were sampled from representative sites in each of the four following regions of the U.S., Northeastern, Southern, Midwestern, and Western.

There were various measures used in order to tap a wide range of adjustment areas. A combat exposure scale was used as a measure of experience and degree of stressors for the veterans. Psychiatric Epidemiology Research Interview (PERI) scales which attempt to tap general dimensions of emotional well-being was revised slightly and used as a measure of psychological adjustment. In addition, a Stress scale was devised by selecting items based on a review of the literature of traumatically stressed populations (e.g. study of combat veterans from WW II, findings with P.O.W.'s from Korea, studies of concentration camp survivors, description of the survivors of the Buffalo Creek Dam Collapse, and a number of studies of Vietnam veterans). The decision to include an item on the Stress scale was made if any symptom was mentioned 75% of the time. A total of 23 symptoms were chosen and a five point Likert-type scale ranging from occurring "very often" to "never" was used to measure a response that occurred in the past 12 months and whether or not it was still present. Along with these administered scales, extensive biological, demographic and historical data was collected.

A study as extensive as this provides an enormous amount of data and many findings. This review, therefore, will only highlight the observations made and conclusions drawn. The first area explored was the education and work careers of the sample. With an overall conclusion that the military had a negative impact on educational and occupational attainment, the authors observe more specifically that the most important pre-military characteristic in explaining post-military differences is education level at the ages of entry into the military. They find that only 20% of those veterans who had served in Vietnam

completed work for college degrees. They also believe that current occupational deficiencies are largely attributable to their educational deficiencies.

Post-war trauma, which looked at social and psychological problems of Vietnam veterans in the aftermath of the Vietnam war, was the second major area studied. Specifically, the problem areas studied were alienation, psychiatric symptoms, medical problems, drug and alcohol use, and troubles with the law. This section, which utilized the Stress and PERI scales, observed significant differences between Vietnam veterans and Vietnam-era veterans, different geographic locations, and once again identified that Vietnam veterans felt different upon homecoming from previous veterans.

When using the PERI scales three items which were identified as failing to distinguish between veterans and non-veterans are, depression, recurrent thoughts of how they might die, and memory problems. Exposure to combat was found to be associated with four kinds of problems: substance abuse (self-perceived); emotional problems, trouble with the law, and medical problems. Although the majority of Vietnam veterans did not believe the war had a long-term negative effect on their personal development, the authors believed that the subjects' responses offered different insight.

> It becomes clear that combat and exposure to death and dying exerted a profound impact. While the end result of their experiences, such as becoming mature, might be viewed positively, many men acknowledge that pain and distress was associated with the process.[26]

Some of the positive effects cited were, maturity, self-confidence, positively influenced self-image and behavior, awareness and compassion. The negative effects cited were around the focus on death and brutality.

The third major area studied explored at some of the causes, consequences, and naturally occurring support systems that influenced long-term stress reactions. This volume found that lower current educational attainment, lower income, and irregular or unsatisfying employment were all associated with higher levels of stress among Vietnam veterans and especially among combat veterans. Some of the identified effects of support systems were that, married veterans were better off than unmarried, but only if they have positive social support. Also, for those who lived in cities, veteran friends made a positive difference, while those who lived in smaller communities and had veteran friends were more likely to show stress reactions.

In their examination of why some men changed in their degree of stress from the period immediately after the war to the present, some evidence was found to support suggestions that stress reactions can undergo lengthy latency or symptom-free periods before manifesting themselves. However, the authors also found some evidence to support the argument that stress reactions might diminish simply in response to the length of time that has elapsed since a man left the military, addressing the question of a stress evaporation or residual stress perspective.

The final area investigated was the extent to which veterans had "worked through" their war experiences by conducting a case by case study of 403 men. By "working through," the authors meant a reflection or process of repeated focusing of attention in a fresh and open way on

aspects of experience that are difficult to grasp. They believed this experience provided such things as new insights, lessons learned, broader post-war perspectives on themselves and their worlds, and an appreciation of life. Through various qualitative sorting judgments, the researchers found that approximately one-fifth had forestalled inner conflict through emotional avoidance, about one-half remained troubled by war experiences that are unresolved, and almost one-third had made considerable headway in coming to grips with their war experiences. They believed that most Vietnam veterans deal with the war by either avoiding troubling issues, blaming the unease they feel on others (government or politicians), or by resigning themselves to self-pity or self-blame. The researchers also felt that those veterans who had assumed responsibility for the implications of their experiences are perhaps adjusting the best. They emphasized this by observing that,

> Most noteworthy of all, we find that unresolved war experiences are a better predictor of global problems in the present than is the fact of having been in heavy combat. Thus, we conclude that these data support the view that the failure to come to grips with troubling war experiences detracts from Vietnam veterans' overall adjustment.[27]

As stated in the introduction, the researchers conclude that the war was an "undigested experience" which for a significant number is far from resolved. Their analyses were able to break down their findings to subgroups by race, ethnicity, education, combat exposure, geographic locations and many more influencing factors. While these findings serve as a major contribution to the understanding of the individual male veterans' current adjustment, this study fails to paint a similar

picture for female veterans. It does, however, serve to emphasize the fact that adjustment problems are not the same for everyone and are strongly influenced by pre-service, service and post-service factors. This research also provides some answers to the questions of dissipation or enduring effects of war,

> In terms of global measures of adjustment--mental health measures that are based on how men feel about their lives as a whole, for example--those differences between veterans and others that can be attributed to military or combat duty have ceased to be significant. When we focus, however, on a variety of more specific and delimited areas of function--job status, educational achievement, drug and alcohol use, arrests, and stress-related symptoms--differences remain pronounced.[27]

It becomes clear that the perspective observed depends on the focus of the measures, but with either view, it is clear there is much that remains to be known about the distress some veterans are experiencing.

Female Vietnam Veterans

As stated earlier, until now there have been no scientific research inquiries into women Vietnam veterans, their experiences, and their mental health adjustment that this researcher has been able to locate. What is known about these women stems from anecdotal evidence and self-reports in the popular literature which suggests that women veterans' experiences in Vietnam and their reactions to them are similar to those of male veterans. The research effort undertaken here attempted to ascertain if these experiences and reactions were restricted to a few vocal women, or whether, they were similar to the male veterans who, previously research has shown experienced a wide range of psychological readjustment problems, the most common of which is PTSD.

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CHAPTER III

METHODOLOGY

Subjects

The respondent sample for this study consisted of subjects drawn from the Vietnam Veterans of America association (VVA). This list contained women who voluntarily contacted the VVA expressing interest in the experiences of female Vietnam veterans. All of the women sampled were themselves Vietnam veterans and served in various medical positions. The respondents were all female and their age ranged from 32 to 67 years of age. They resided in various areas of the United States representing 31 states and Canada. Preliminary letters were sent to 127 women requesting their participation. An initial return rate of 88.14% was achieved yielding 97 subjects who were willing to participate. Table 1 shows the return rates.

Of the 97 surveys mailed out, 89 were returned from nurses who had served in Vietnam, four indicated they were not medical personnel, one had not been stationed in Vietnam, and three surveys were not returned. This yielded a final survey return rate of 96.91%.

Instrumentation

The instrumentation used was designed to look primarily at Post-Traumatic Stress Disorder and consisted of 6 parts: Section I--bio-demographical data; Section II--(Scale 1) identification of stressors in the Vietnam experience; Section III--(Scale 2) stress symptoms and their incidence rates; Section IV--(Scale 2) physical

Table 1

Return Rates for Research Study

N	Response
127	Preliminary letters sent
14	No Response
9	Undeliverable by Post Office
104	Returns

104/118 = 88.14% Initial Return Rate

Subsample

N	Response
104	Respondents
97	Yes's
5	No's
2	Not in Vietnam

Respondents

N	Respondents
97	Surveys Sent
89	Nurses in Vietnam - Returned
4	Not Nurses - Returned
1	Not in Vietnam - Returned
(-) 3	Not Returned
94	Returned

94/97 = 96.91% Survey Return Rate

symptoms and their incidence rates; Section V--(Scale 3 and 4) stress symptoms and their possible dates of onset and resolution; and Section VI--general questions about the effect of the Vietnam experience (see Appendix A).

Section I--Biographical data. Respondents simply filled in information and biographical data. This section consisted of 29 items.

Section II--Identification of stressors in the Vietnam Experience. In this section responses were measured on a 5 position (0-4) Likert-type scale. Responses ranged as follows: (0) Never = Experience did not occur, (1) Rarely = Experience occurred one time every month, (2) Occasionally = Experience occurred one time every two weeks, (3) Often = Experience occurred one or two times each week, and (4) Very often = Experience occurred three or more times a week. Instructions for this section read: "Below is a list of questions that are about your experiences in Vietnam and what you have thought about them. Please read each one carefully. After you have done so, circle one of the numbered spaces to the right that best describes the frequency that experience happened to you. Circle only one numbered space for each question and do not skip any items." This section consists of 38 items.

Section III--Stress symptoms and incidence rates. These responses were also measured on a 5 position (0-4) Likert-type scale. Responses ranged as follows: (0) Not at all = Problem does not occur, (1) A little bit = 1-9 times a month, (2) Moderately = 10-14 times a month, (3) Quite a bit = 15-20 times a month, and (4) Extremely = 21-30 times a month. Instructions for this section read: "Below is a list of problems and complaints that some Vietnam Era veterans sometimes have. Please read each one carefully. After you have done so, please circle

Page 33 is not missing. The pages were misnumbered by the author.

one of the numbered spaces to the right that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST SIX (6) MONTHS INCLUDING TODAY. Circle only one numbered space for each problem keeping in mind the definition of frequency for each numbered space. Do not skip any items." This section consisted of 110 items.

Section IV--Physical symptoms and incidence rates. This sections' responses were made by filling in the blank. Instructions for this section read: "How many times per month did you experience _____?" and then listed 18 items related to physical symptoms.

Section V--Stress symptoms and possible dates of onset and resolution. These responses were measured on a temporal scale: Homecoming to 1 year, 1 year to 5 years, 5 years to 10 years, 10 years to now, and still present. Instructions for this section read: "The following list contains symptoms that some Vietnam Era veterans sometimes experience. Read each symptom and if you experienced it, place a check in the year after Vietnam when you FIRST felt it begin. Place a check if you consider the symptom STILL PRESENT today. If the symptom NEVER occurred, DO NOT check any box. Keep in mind that Homecoming is the first six months after Vietnam." This section consisted of 38 items.

Section V--General Questions. This part consists of open-ended questions. The instructions read: "For the following questions, please describe your experiences in your own words. If there is not enough room, you may attach an additional page." This section consisted of 8 items.

The general format of the instrument and Sections I, III, IV, and IV were adapted with permission from the Vietnam Era Stress Inventory by

John P. Wilson and Gustave E. Krauss (1980) designed for male veterans. Most of Section II's items were adapted by permission from personal correspondence with Joan Barron, R.N., (VA Medical Center) from her informal research on female Vietnam nurses. Section V along with various items on all other sections were derived empirically as a result of literature review, in the following manner.

In the initial stages, certain items relevant only to male veterans were dropped. All other relevant items were revised to address female rather than male veterans. Language was changed in an attempt to rid the test of any discriminatory gender references. All of the items were then sorted and critiqued by two judges who discarded items that were either ambiguous or overlapping. The original instrument consisted of 213 items.

Once the first draft of the instrument was completed, it was reviewed by various judges (including 2 Vietnam nurses and a counselor who works with veterans). As a result, 2 items were dropped, 12 were added and 22 questions were changed for the sake of clarification. The new and final instrument consists of 223 items.

Reliability and Validity. Reliability and validity data for this instrument did not exist at the time of this research effort. Therefore, in the analysis, Cronbach alpha statistics were calculated in order to derive internal consistency data for the subsections of the instrument.

Procedures

The administration of the instrument was conducted in the spring and summer of 1982. All female Vietnam veterans on the VVA's mailing list received a letter from the investigator explaining the study's

intent (see Appendix B), and a letter from the National Women's Director of the VVA endorsing this project (see Appendix C).

At this point the subjects were kept blind from the investigator and given a code number. This was done to protect the individuals who did not wish to participate and to allow for follow up (via code number) on those who did not respond. The VVA sent out these first 2 letters to their mailing list, as drawn from their computer, requesting participation. This initial mailing also included a return post card addressed to the investigator for their response.

Once permission was gained, each subject received a packet containing: a questionnaire, return envelope, and a list of professional mental health referrals in the subject's state of residence (drawn together by the VVA). (See Appendix D.) If there was no response within 2 weeks, a follow-up letter was mailed requesting their participation again and reminding them about the questionnaire. (See Appendix E). After 3 weeks, a second and final reminder was mailed out. (See Appendix F).

The results were hand tallied and analyzed. Each participant received a debriefing and a summary of the findings after completion.

Arrangements were made to provide a telephone referral service and debriefing to any woman who wanted it during the time of the survey administration. Subjects were given a telephone number where the experimenter could be reached in the event that completion of the questionnaire elicited anxiety or depressive reactions, or catalyzed the need for mental health services. In the event of any unfortunate side-effects, the researcher consulted with the APGA insurance firm (Fred S. James & Co. of Texas, Inc.) and officials there indicated that

insured parties are covered if they become liable as a result of this investigation.

Design and Analysis

Descriptive data--means, standard deviations, and percentages were calculated for all items in the inventory. Other statistics used were: Section I--Stepwise multiple regression analysis (Morrison, 1976), using demographic data and symptom scores; Section II--Cronbach alpha test of internal consistency (to provide evidence that each scale is measuring events that are internally stable) and item-scale intercorrelations; Sections III, IV, and V had Cronbach alphas and item-scale intercorrelations calculated as well. In addition, intercorrelations were calculated between the stressor scale and each of the the symptom scales. Section V consisted of a content summary analysis. Finally, a correlation matrix for all variables was constructed.

CHAPTER IV

RESULTS

Sample Demographics

Several biographical questions were included in the questionnaire in order to gather information about subjects' backgrounds, experiences in Vietnam, and current lives. A frequency analysis was used to determine means, standard deviations, ranges, and/or frequencies of biographical data variables.

The current average age of the respondents was 38.3 years old. Although ages ranged from 32 to 67 years, 74.6% fell into one age group (34 to 39). (See Appendix G for all sample demographics.) The respondents' ages when first serving in Vietnam were obviously younger, ranging from 21 to 51 years of age with a mean age of 25.1 years. Seventy percent of respondents fell into one age group (22 to 25).

The sample of 87 women was 93.1% White, 2.3% American Indian/Native American, 1.1% Black, 2.3% Hispanic and 1.1% Other.

Prior to entering the military, all subjects had completed high school with 21.8% having had some college/professional school experience, 74.7% having completed college/professional school and 1.1% having completed graduate work. Of the 45.9% who specified their degrees, all held various Bachelor level degrees.

Current education level showed 14.9% having some college/professional school, 51.7% having completed college/professional school, 9.2% having some graduate work and 23.0% having completed graduate work. Of

the 55.9% who specified their degrees, 6.1% held Associate degrees; 12.2% held Registered Nurse degrees, 38.8% held Bachelor degrees, 36.7% held Master's degrees and 6.0% held various specialized certificates.

Job histories revealed that 75.9% of the women were still in nursing positions. They held an average of 4.6 jobs since leaving Vietnam and had remained in the nursing profession for an average of 9.2 years (within individual responses that ranged from 1 to 17 years).

Income levels varied considerably with 5.7% earning $0-5,000 per year, 10.3% earning $5,0001-10,000, 5.7% earning $10,001-15,000, 12.6% earning $15,001-20,000, 26.4% earning $20,001-25,000, 14.9% earning $25,001-30,000, 19.5% earning 30,000 or over, and 1.1% who were retired.

Only 2.3% of the women were married at the time they entered the military and they had been married an average of 3.5 years when they served. Present marital status revealed that of those respondents who were currently married, 40.2% had never been divorced, 5.7% had previously been divorced and 2.3% had a common law marriage. Of those women who were not married, 5.7% were separated, 20.7% were single, 20.7% were divorced and still single, 1.1% were divorced and living with a "lover," and 3.4% were living with a "lover."

Pregnancy histories showed that the mean number of pregnancies reported was 1.30; miscarriages .30; abortions .14; live births .78; still births .05; and children .86. Fifty-four percent had no children, 11.5% had one child, 28.5% had two children, 5.7% had three children.

Respondents served in several branches of the military. Ninety and eight-tenths percent were in the Army, 5.7% were in the Air Force, and 3.4% were in the Navy. Within the Army, ranks of subjects ranged from

Second Lieutenant to Lieutenant Colonel, with 44.8% and 40.2% of the total population being First Lieutenants and Captains, respectively. In the Air Force, 1.1% were Captains and 1.1% Colonels. Within the Navy, 1.1% were E-4, 1.1% Lieutenant Commander and 1.1% Commander.

The respondents held various medical positions in Vietnam. Staff nurse, emergency room nurse, head or charge nurse, intensive care unit nurse and medical surgery nurse accounted for 67.5% of all jobs held. The various positions are listed in Appendix G.

The mean number of years spent in the military was 4.8 and ranged from 1 to 24 years. The mean number of months in the military prior to serving in Vietnam was 16.5 and the mean number of months the subjects remained in the military after the Vietnam tour was 15.3. All respondents were discharged favorably from military service with 90.8% receiving a honorable discharge, 1.1% receiving a medical discharge, 2.3% receiving medical retirement and 3.4% still in military service. Some women did re-enlist after their initial Vietnam tour, but the majority, 79.3% did not. Subjects differed on how they were sent to Vietnam with 66.7% volunteering willingly, 24.1% routinely transferred, and 3.4% volunteering against own will. Six and nine-tenths percent of the women did more than one tour in Vietnam with an average first tour length of 12.1 months and average second tour length of 18.0 months. The overall mean for total months in Vietnam was 12.6.

When asked about their feelings related to going to Vietnam, 50.6% of the respondents felt very positive, 26.4% felt somewhat positive, 5.7% felt neutral, 5.7% felt somewhat negative, 6.9% felt very negative and 2.3% were not sure or did not remember how they felt (V). The majority of subjects, 65.5% felt either very well or fairly well trained

medically for Vietnam, although 18.4% felt they needed some more training and 14.9% felt undertrained or poorly trained medically.

Almost all subjects, 96.6% corresponded continuously with someone back home during their tour in Vietnam. Those who responded positively corresponded with an average of four persons.

Twenty and seven-tenths percent of these women veterans reported suffering some type of injury or disability in Vietnam.

When asked if they had sought help for any mental health problems, 48.3% responded they had, but, only 42.9% of those veterans ever discussed Vietnam.

Summary--Sample Demographics

The women sampled for this study are similar to one another in several areas. Almost all the women are White, fall within the age group of 34 to 39 and are highly educated both currently and prior to their entrance in the military (84.0% currently hold, at the minimum, a college level diploma). Slightly less than one-half of the respondents are currently married, one-quarter have been divorced, and few have children (less than 50%).

The responses seem to indicate that although incomes are fairly high (approximately 39.0% earn between $15,000-25,000 and 35.0% earn $25,000 or over) respondents have held a fairly high number of jobs since leaving Vietnam. For some responses it is unclear whether their income levels reflect joint or singular incomes.

Almost all women sampled were in the Army, served for one tour of 12 months (although they spent a longer period of time in military service) and although the women did hold various nursing positions, the

majority were related to emergency, intensive care or surgical procedures.

Very few of these women reported negative feelings about going to Vietnam. Slightly over one-third, however, felt that they needed either more medical training or believed they were under or poorly trained.

Almost one-half of the respondents reported having sought professional help for a mental health problem, but less than one-half of those seeking help ever discussed their experiences in Vietnam in counseling.

Reliability of Questionnaire Scales

Cronbach alpha statistics were calculated in order to establish internal consistency data for the subsections of the instrument. Alphas ranged from .87 to .98.

Stressor Scale--For items 30 to 67 the mean score was 72.15 with a standard deviation of 20.30. Cronbach alpha was .91.

Scale 1--(Stress symptoms and incidence rates.) For items 68 to 159 the scale mean was 82.76 with a standard deviation of 68.23. Cronbach alpha was .98.

Scale 2--(Stress and physical symptoms). For items 160 to 177 the scale mean was 35.22 with a standard deviation of 15.59. Cronbach alpha was .89.

Scale 3--(Stress symptoms and possible dates of onset). For items 178A to 215A the scale mean was 66.52 with a standard deviation of 14.14. Cronbach alpha was .94.

Scale 4--(Stress symptoms and possible dates of resolution). For items 177B to 215B the scale mean was 55.39 with a standard deviation of

Table 2

Cronbach Alpha Analyses Of Internal

Consistency For All Scales

Scale	Mean	S.D.	Grand Mean	Alpha
Stressor Scale (Items 30-67)	72.14	20.299	1.90	.91
Scale 1 - Stress Symptoms and Incidence (Items 68-159)	82.77	68.229	.90	.98
Scale 2 - Physical Symptoms and Incidence (Items 160-177)	35.22	15.588	1.96	.89
Scale 3 - Onset of Symptoms (Items 178-215)	66.52	14.143	1.75	.94
Scale 4 - Presence or Absence of Symptoms (Items 178-215)	55.395	5.931	1.46	.88

5.93. Cronbach alpha was .88. Table 2 has a summary of this information.

Summary--Reliability Analysis

The reliability analyses indicate fairly high internal consistency and evidence that each of the sub-scales is measuring events that are internally stable.

Frequencies of Stressor and Stress Responses

Item statistics were computed in order to obtain means, standard deviations, maximum and minimum values, and frequencies.

On the Stressor Scale four items were reported by more than 50% of the subjects as having occurred "Very Often" (3 or more times each week). They were:

30. Taking care of American soldiers.

31. Taking care of wounded Vietnamese soldiers.

47. Seeing the mutilation of young bodies.

48. Not knowing what happened to a patient after they left your care.

Eight items that were reported by more than 50% of the subjects in the combined categories of "Often" (1 to 2 times a week) and "Very Often" (3 or more times a week). These items were:

32. Taking care of wounded civilians.

33. Taking care of wounded children and women.

37. Taking care of Americas that later died.

41. Having personnel shortages.

42. Having equipment and supply shortages.

43. Having a continual stream of casualties.

50. Feeling tired (lack of sleep) both mentally and physically.

64. Feeling the need to negate the emotions you experienced at the time in order to get through the experience.

In contrast, two items that were reported by more than 75% of the respondents as having "Never Occurred" were:

53. Actively participating in or aiding in the death of wounded Vietnamese in order to medically assist American soldiers.

55. Actively participating in helping a patient who requested to be allowed to die.

On Scale 1 which elicits stress symptoms or responses, there were 54 symptoms that 50% or more of the women reported as having not occurred at all. These items appear in Appendix H. Percentages were considerably lower in the categories "Quite a bit" and "Extremely" which accounted for those symptoms occurring 15 to 30 times a month. The following eight items had a combined frequency rate of 25% or more among all respondents:

79. Experiencing anger.

102. Experiencing a fear of losing loved ones.

105. Getting into fights with others.

119. Feeling that you are different than you were before going to Vietnam (that your sense of identity just won't come together in the right way).

120. Feeling self-conscious as a Vietnam veteran.

129. Feeling like you are still searching for something in your life but just cannot seem to find it.

147. Having an emotional or physical reaction when you hear a helicopter.

149. Thoughts that it is hard to really believe that Vietnam happened to you.

Two items were reported by at least 25% of the subjects in the "Extremely" (21 to 30 times a month) category:

135. Feeling cynical about governmental processes, agencies, and politics.

137. The feeling that you were used by the government for serving in Vietnam.

Scale 2 which elicits physical symptoms that respondents experienced shows that although subjects' responses did range the full scale from one to 30 times a month on almost all items, fully half (50%) of these physical symptom items fell in the "Never" to "1 to 5" times a month range.

Scale 3 examined the possible dates of onset of symptoms. The 14 items that were identified by more than 50% of the sample as having first occurred sometime between homecoming and now appear in Appendix I.

Looking only at those women who reported these symptoms, there were 27 items that were reported by more than 50% of the respondents as occurring first during the time between homecoming and one year. These items are reported in Appendix J. In the response category "One to Five" years post-Vietnam, four items were reported by over 25% of the subjects. These items are presented in Appendix K.

Only one item was reported by more than 25% to have occurred first between five to 10 years after Vietnam.

205. Emotional distance from children and concern about anger alienating children, husband, and others.

Scale 4 ascertains whether the symptoms reported in Scale 3 are still present. Twenty-six items were reported as still present by over 50% of the women. They are presented in Appendix L.

Finally, frequencies for all items of the questionnaire appear in Appendix M.

Summary--Frequency Data

The frequency data showed a wide range of responses. The Stressor Scale, which tallied the type of experiences the respondents faced in Vietnam, showed that although there were a few items which were reported very high (patient care) or very low (participation in death), the majority of items were moderate and ranged between "Rarely" and "Very Often."

Scale 1 reveals quite a few symptoms as having occurred "Not at all" and similarly, very few which had high percentages in the "Quite a bit" or "Extremely" categories. It should be noted, however, that even though the percentages of respondents reporting symptoms in these categories alone is often less than 25%, when combining "Moderately, Quite a bit, and Extremely" (problem occurs from 10 to 30 times a month) approximately one-third of the items were endorsed by 25% or more of the subjects.

Scale 2 which tallied physical symptoms reported by subjects also indicated a fairly low rate of occurrence of symptoms for many of the women. It should be noted here also, that positive responses are few (but significant) in the categories which range from 6 to 20 times a month.

Scales 3 and 4 taken together examined possible dates of onset and/or resolution of symptoms. For those subjects who report having

these symptoms, approximately 70% of the items were identified as having occurred within the time between homecoming and one year. For approximately 70% of the items, symptoms were reported as still present today.

Multiple Regression Analysis on Symptoms

Four stepwise multiple regression analyses were computed regressing specific demographic data on each of the four symptom scales. Multiple regression is a statistical technique that allows an analysis of the relationship between a dependent variable--Scales 1, 2, 3, and 4; and a set of predictor variables--mental health help, number of people corresponding with, feelings toward going to Vietnam, how adequately medically trained, Stressor scale, number of tours, total number of months in Vietnam, education prior to serving, and age when sent to Vietnam. This analysis allowed a step by step inclusion of each variable, cummulatively adding them together to account for the variability of the symptom scale scores.

Table 3 is a summary of the results of the multiple regression analysis on the dependent variable Scale 1.

Table 3 includes correlations for each variable when included in the multiple regression analysis, and the r squared and the change in r squared as each variable is added. Two F ratios are presented (F and F alone). The first ratio (F) represents a test of significance for each variable when it is included with the rest of the variables in the analysis. The second ratio (F alone) represents a test of significance for each variable when it is used as the only predictor of the dependent variable in this case, Scale 1 (Stressors). The F (alone) ratio for seeking mental health help ($F=11.856$, $d.f.=1,77$, $p<.01$); feelings of how adequately medically trained for the assignment in Vietnam ($F=4.083$,

Table 3

Multiple Regression Analysis Of Independent Variables

On Stress Symptoms And Incidence Rates

Independent Variable	Multiple r	r Square	r Square Change	Simple r	F	F Alone
Seeking Mental Health Help	.3717	.1381	.1381	.3717	9.52	11.86**
Number Corresponded With	.3798	.1443	.0062	-.0921	.63	.73
Feelings Toward Going to Vietnam	.4031	.1625	.0182	.1492	.86	1.91
How Well Medically Trained	.4228	.1787	.0163	.2181	.77	4.08*
Stressor Scale	.5327	.2837	.1050	.3718	11.43	11.87**
Number of Tours In Vietnam	.5426	.2944	.0107	-.1439	3.56	1.78
Total Months In Vietnam	.5650	.3192	.0248	-.0747	2.58	.48
Education Prior To Military	.5663	.3207	.0015	-.0077	.18	.01
Age In Vietnam	.5664	.3208	.0001	-.0625	.01	.34

*p<.05
**p<.01

d.f.=1,77, p<.05) ; and the Stressor Scale (F=11.867, d.f.=1,77, p<.01) were significant as predictor variables for Scale 1.

Table 4 is a summary of the results for Scale 2 (stress symptoms). The F (alone) ratio for seeking mental health help (F=9.621, d.f.=1,77, p<.01) and the Stressor Scale (F=4.364, d.f=1,77, p<.05) were significant as predictor variables for Scale 2.

Tables 5 and 6 show the summaries of the multiple regression analysis for Scale 3 and Scale 4 respectively. There were no significant predictor variables for these scales. Table 7 shows an intercorrelation matrix among all variables.

Summary--Multiple Regression

Multiple regression analysis has been utilized as a method through which the relationship between the criterion variables of symptom scale scores and various predictor variables may be examined. This analysis allowed a summarization of the dependence of the criterion variable on the predictor variables. It indicated that seeking mental health help, feelings of how adequately medically trained and the Stressor scale are statistically significant predictors for Scale 1 and that seeking mental health help and the Stressor scale are also significant predictors for Scale 2.

Correlational Analysis

Two Pearson correlation statistics were calculated in order to examine intercorrelations among the variables. The first examines correlations between each of the following scales: Stress, Scale 1, 2, 3, and 4 and each of the demographic variables. Coefficients show a .26 correlation between the Stressor Scale and a respondent's positive

Table 4

Multiple Regression Analysis Of Independent Variables

On Physical Symptoms And Incidence Rates

Independent Variable	Multiple r	r Square	r Square Change	Simple r	F	F Alone
Seeking Mental Health Help	.3436	.1181	.1181	.3436	7.67	9.62**
Number Corresponded With	.3589	.1288	.0108	-.1164	1.19	1.10
Feelings Toward Going to Vietnam	.3992	.1593	.0305	.1888	2.23	2.90
How Well Medically Trained	.4066	.1653	.0060	.1831	.43	2.73
Stressor Scale	.4494	.2020	.0367	.23141	3.62	4.36*
Number of Tours In Vietnam	.4556	.2076	.0056	-.1117	2.01	1.08
Total Months In Vietnam	.4714	.2225	.0150	.0635	1.64	.33
Education Prior To Military	.4765	.2271	.0046	.0284	.56	.06
Age In Vietnam	.4843	.2346	.0075	.0071	.75	.00

*p<.05
**p<.01

Table 5

Multiple Regression Analysis Of Independent Variables

On Possible Onset Of Stress Symptoms

Independent Variable	Multiple r	r Square	r Square Change	Simple r	F	F Alone
Seeking Mental Health Help	.1315	.0173	.0173	.1315	2.65	1.34
Number Corresponded With	.1321	.0175	.0002	.0175	.04	.02
Feelings Toward Going to Vietnam	.1386	.0192	.0018	-.0374	.01	.11
How Well Medically Trained	.1956	.0383	.0191	.1240	1.39	1.20
Stressor Scale	.2323	.0539	.0157	.1407	1.32	1.54
Number of Tours In Vietnam	.2548	.0649	.0110	.0547	2.13	.23
Total Months In Vietnam	.2818	.0794	.0145	.0633	.72	.31
Education Prior To Military	.3080	.0949	.0154	-.1066	1.21	2.16
Age In Vietnam	.3138	.0985	.0037	.1118	.31	.88

Table 6

Multiple Regression Analysis Of Independent Variables

On Possible Resolution Of Stress Symptoms

Independent Variable	Multiple r	r Square	r Square Change	Simple r	F	F Alone
Seeking Mental Health Help	.1224	.0150	.0150	.1224	.47	1.17
Number Corresponded With	.1267	.0161	.0011	-.0284	.19	.06
Feelings Toward Going to Vietnam	.1559	.0243	.0083	-.0938	.75	.68
How Well Medically Trained	.1564	.0245	.0001	-.0425	.05	.14
Stressor Scale	.1586	.0252	.0007	.0148	.12	.02
Number of Tours In Vietnam	.2231	.0498	.0246	.1613	5.47	2.02
Total Months In Vietnam	.3073	.0944	.0447	.0807	4.05	.51
Education Prior To Military	.3074	.0948	.0000	.0103	.00	.00
Age In Vietnam	.3130	.0980	.0035	-.0172	.30	.02

Table 7

Intercorrelation Matrix Among All Variables

Variables	Education Prior To Military	Number of Tours In Vietnam	Total Months In Vietnam	Number Corresponded With	Feelings Toward Going To Vietnam	How Well Medically Trained	Seeking Mental Health Help
Education Prior To Military	1.0000						
Number of Tours In Vietnam	.1444	1.0000					
Total Months In Vietnam	-.1731	-.5898	1.0000				
Number Corresponded With	.0397	.0622	.0076	1.0000			
Feelings Toward Going To Vietnam	-.0520	.1286	-.1270	-.0308	1.0000		
How Well Medically Trained	-.0868	.1341	-.0904	.0249	.3913	1.0000	
Seeking Mental Health Help	.0377	.1893	-.0745	.0368	-.0325	-.1401	1.0000
Stressor Scale	-.0636	.0060	-.0393	.0240	.0398	.1986	-.0746
Scale 1	-.0077	-.1439	-.0747	-.0921	.1492	.2181	-.3717
Scale 2	.0284	-.1117	-.0635	-.1164	.1888	.1831	-.3436
Scale 3	-.1066	-.0547	.0633	-.0175	-.0374	-.1240	-.1315
Scale 4	-.0103	-.1613	-.0807	.0284	.0938	.0425	-.1224
Age In Vietnam	-.0846	-.1005	.2263	.1378	-.2108	-.1725	-.0367

Table 7 (Continued)

Variables	Stressor Scale	Scale 1	Scale 2	Scale 3	Scale 4	Age In Vietnam
Education Prior To Military						
Number of Tours In Vietnam						
Total Months In Vietnam						
Number Corresponded With						
Feelings Toward Going To Vietnam						
How Well Medically Trained						
Seeking Mental Health Help						
Stressor Scale	1.0000					
Scale 1	.3718	1.0000				
Scale 2	.2314	.7601	1.0000			
Scale 3	-.1407	.2206	.1170	1.0000		
Scale 4	-.0148	.5751	.4760	.2190	1.0000	
Age In Vietnam	-.0389	-.0625	.0071	.1118	-.0172	1.0000

response to corresponding with anyone back home during the Vietnam tour, .37 correlation between Scale 1 and a positive response to having sought professional help, and .31 correlation between Scale 2 and a positive response to having suffered a disability or injury in Vietnam the last of which is to be expected since Scale 2 measures physical symptoms. Table 8 shows this information.

The second Pearson correlation compares the Stressor Scale with each of the symptom scales revealing a .37 correlation between Stressors and Scale 1 and .23 correlation between Stressors and Scale 2 which can be seen in Table 9.

The effects of age while in Vietnam, medical training, and feelings toward serving in Vietnam on the relationship between stressors and symptoms were controlled (partialed out) using Partial correlations. In each case, as Table 10 shows, the correlations were not appreciably different from those found before age, training, and feelings were removed, indicating that the relationship between stressors and symptoms is not moderated by the demographics included in this study.

Open-Ended Questions

The last part of the questionnaire consisted of open-ended, general questions. Subjects were asked to describe their experiences in their own words. Question #216 asked, "Aside from Vietnam, what other important events have had a major influence in your life? Please describe."

In response to this question, most women listed common life markers or transitions such as marriage, having/or raising children, career, significant relationships, geographic relocation, death of father,

Table 8

Pearson Correlation Between

All Scales And Demographic Variables

Variables	Stressor Scale	Scale 1	Scale 2	Scale 3	Scale 4
Current Age	-.0582	-.0309	.0058	.1377	.0092
	p=.296	p=.388	p=.479	p=.102	p=.466
Race	.1214	.1713	.1155	.0042	.0631
	p=.131	p=.056	p=.143	p=.484	p=.281
Education Prior To Military	-.0636	-.0077	.0294	-.1066	-.0103
	p=.279	p=.472	p=.397	p=.163	p=.462
Type of Degree Held	-.1741	-.0820	-.0010	-.0523	-.1874
	p=.053	p=.225	p=.496	p=.315	p=.041
Education Since Military	.1740	-.0305	.0599	-.0645	-.2183
	p=.053	p=.390	p=.291	p=.277	p=.021
Type of Degree Currently Held	.1622	-.0619	-.0721	-.0881	-.2143
	p=.067	p=.284	p=.254	p=.208	p=.023
Still in Nursing	.1500	.0001	.0546	.1058	.0753
	p=.083	p=.500	p=.308	p=.165	p=.244
Number of Jobs Held Since Vietnam	.0832	.1874	.1883	-.0009	.0937
	p=.222	p=.041	p=.040	p=.497	p=.194
Years In Nursing	-.0839	-.0732	-.1574	-.0434	.0456
	p=.220	p=.250	p=.073	p=345	p=.338
Income Level	.0411	-.1462	-.0499	-.0164	-.1670
	p=.353	p=.088	p=.323	p=.440	p=.061

Table 8 (Continued)

Variables	Stressor Scale	Scale 1	Scale 2	Scale 3	Scale 4
If Married Prior to Vietnam	-.0977	.0249	.0615	-.1528	-.0366
	p=.184	p=.409	p=.286	p=.079	p=.368
Number of Years Married Prior Vietnam	-.2479	.0464	.0880	.1669	.1025
	p=.010	p=.335	p=.209	p=.061	p=.172
Marital Status Prior to Vietnam	.2377	.0189	.1831	-.0223	.0831
	p=.013	p=.431	p=.045	p=.419	p=.222
Marital Status Since Vietnam	.0602	.1669	.1228	.1973	.0892
	p=.290	p=.061	p=.129	p=.034	p=.206
Number of Years Since Vietnam Divorce Occurred	-.0609	-.0319	-.0171	.2192	-.1233
	p=.288	p=.385	p=.438	p=.021	p=.128
Number of Pregnancies	-.0447	.0484	.0880	-.1168	.1335
	p=.341	p=.328	p=.209	p=.141	p=.109
Number of Miscarriages	-.0476	.0068	-.0463	.0685	.0743
	p=.331	p=.475	p=.335	p=.264	p=.247
Number of Abortions	.1304	.1955	.2351	-.1711	.1593
	p=.114	p=.035	p=.014	p=.057	p=.070
Number of Live Births	-.0969	-.0207	.0715	-.0557	.1467
	p=.186	p=.424	p=.255	p=.304	p=.088
Number of Still Births	.0591	.0099	.1010	.0571	.1124
	p=.293	p=.464	p=.176	p=.300	p=.150
Number of Children	-.0533	.0408	.0503	-.0229	.0341
	p=.312	p=354	p=.322	p=.417	p=.377

Table 8 (Continued)

Variables	Stressor Scale	Scale 1	Scale 2	Scale 3	Scale 4
Branch of Service	-.0156	.0549	.0827	-.0604	.0594
	p=.443	p=.307	p=.223	p=.289	p=.292
Rank in Military	.0296	.1875	.2152	.0835	.2233
	p=.393	p=.041	p=.023	p=.221	p=.019
JOBS HELD IN MILITARY					
First Job	.1590	.1520	.0980	.1843	.0200
	p=.071	p=.080	p=.183	p=.044	p=.427
Second Job	.2851	.1507	.1688	-.0863	.0176
	p=.004	p=.082	p=.059	p=.213	p=.436
Third Job	-.1197	.0405	.0070	.0646	.0360
	p=.135	p=.355	p=.474	p=.276	p=.370
Fourth Job	.0676	.0609	.0412	.0005	.0048
	p=.267	p=.287	p=.352	p=.498	p=.482
Fifth Job	-.1236	.0361	.0028	.0117	.2025
	p=.127	p=.370	p=.490	p=.457	p=.030
Years in Military	-.0952	-.0190	-.0186	.1560	.0503
	p=.190	p=.431	p=.432	p=.075	p=.322
Months in Military Prior to Vietnam	-.0690	.1004	.1026	.1525	.2376
	p=.263	p=.177	p=.172	p=.079	p=.013
Months in Military Since Vietnam	-.0077	-.0093	-.0014	.2189	.0454
	p=.472	p=.466	p=.495	p=.021	p=.338

Table 8 (Continued)

Variables	Stressor Scale	Scale 1	Scale 2	Scale 3	Scale 4
Military Discharge	-.1452	.0036	-.1008	.2469	-.0034
	p=.090	p=.487	p=.176	p=.011	p=.488
Re-Enlisted	-.0892	-.1949	-.1434	.0362	-.1179
	p=.206	p=.035	p=.093	p=.370	p=.138
How Sent to Vietnam	-.0292	-.1098	-.1023	-.1378	.0028
	p=.394	p=.156	p=.173	p=.101	p=.490
Number of Tours In Vietnam	.0060	-.1439	-.1117	.0547	-.1613
	p=.478	p=.092	p=.151	p=.307	p=.068
How Sent for Second Tour	.0081	.2466	.1876	.1268	.3003
	p=.470	p=.011	p=.041	p=.121	p=.002
Length of First Tour	.0878	-.0081	-.0064	.1310	-.0914
	p=.209	p=.470	p=.477	p=.113	p=.200
Length of Second Tour	.0038	-.0570	-.0245	-.0411	.1141
	p=.486	p=.300	p=.411	p=.353	p=.146
Total Months In Vietnam	-.0393	-.0747	-.0365	.0633	-.0807
	p=.359	p=.246	p=.279	p=.280	p=.229
Feelings Toward Going To Vietnam	.0398	.1492	.1888	-.0374	.0937
	p=.357	p=.084	p=.040	p=.365	p=.194
Perceived Adequacy of Medical Training	.1986	.2181	.1831	-.1240	.0425
	p=.033	p=.021	p=.045	p=.126	p=.348

Table 8 (Continued)

Variables	Stressor Scale	Scale 1	Scale 2	Scale 3	Scale 4
Correspond with Anyone	-.2655	.0327	-.0240	-.0161	.1510
	p=.006	p=.382	p=.413	p=.441	p=.081
Number of People Corresponded With	.0240	-.0921	-.1164	-.0175	.0284
	p=.413	p=.198	p=.142	p=.436	p=.397
If Only One Person, Who Corresponded With	.0344	.0431	-.1361	-.0655	.1408
	p=.376	p=.346	p=.104	p=.273	p=.097
Suffer Any Disability in Vietnam	.0292	.2365	.3078	.1035	-.1751
Seek Mental Health Help	.0746	.3716	.3436	.1315	-.1224
	p=.246	p=.000	p=.001	p=.112	p=.129
If Yes, Ever Discuss Vietnam	.0235	.1564	.1623	-.0634	-.1127
	p=.029	p=.074	p=.067	p=.280	p=.149
Type of Help Sought	-.0128	.1714	.2169	.0652	.1751
	p=.453	p=.056	p=.022	p=.274	p=.052
Age in Vietnam	-.0389	-.0625	.0071	.1118	.0172
	p=.360	p=.283	p=.474	p=.151	p=.437

Table 9

Pearson Correlation Between

Stressor Scale And Scales 1 Through 4

	Scale 1	Scale 2	Scale 3	Scale 4
Stressor	.3718	.2314	.1407	-.0148
Scale	p=.000	p=.016	p=.097	p=.446

husband or others, education, divorce and separation. They also listed problem or difficulty areas such as medical problems or illnesses, psychological or emotional distress, and more specifically individual concerns such as suicide attempts, rapes, death of children, pregnancy difficulties, and abortions. In both the life markers and problem areas cited, respondents seemed to have judged these events as either successes or failures and as either positive or negative. The event itself did not seem to carry this value alone, but rather, how the subject viewed it. Thus, for some, it was possible that marriage was seen negatively and divorce positively. This was true also for their experiences in Vietnam. Some women described Vietnam as the only major event in their life and even among these, some viewed it positively and others negatively. Respondents also reported some of the coping methods they used to deal with these experiences, such as exercise, therapy or counseling, religion, and family support. (A complete transcript of all open-ended questions is available from the researcher.)

Table 10

Partial Correlation Of Stressor Scale
With Scales 1 Through 4 By Age In Vietnam,
Feelings Toward Going To Vietnam And
Perceived Adequacy Of Medical Training

	Scale 1	Scale 2	Scale 3	Scale 4
Controlling For Age In Vietnam				
Stressor	.3704	.2319	.1373	-.0141
Scale	p=.000	p=.016	p=.104	p=.449
Controlling For Feelings Toward Going to Vietnam				
Stressor	.3703	.2292	.1394	-.0186
Scale	p=.000	p=.017	p=.100	p=.433
Controlling For Perceived Adequacy Of Medical Training				
Stressor	.3435	.2024	.1194	-.0237
Scale	p=.001	p=.031	p=.100	p=.414

Question #217 asked "Do you feel you have gained or benefited anything from your experiences in Vietnam? Please describe."

Responses to this question seemed very optimistic and positive. Gains appeared to fall into the personal and professional areas of the women's lives. Some of the personal gains cited included newly gained maturity and appreciation of life, valuing of people and the "simple" things in life, learning own potential, strengths, and capabilities, sense of contribution, and building of warm, intimate relations that still continue today. Professional gains listed were extraordinary nursing education and experience which led them to increased confidence in themselves in current jobs, sense of accomplishment in nursing in Vietnam, and knowledge of ability to handle themselves in emergency or crisis situations. A small group, however, felt they had experienced no benefits and reported only seemingly negative outcomes. They reported learning their own inadequacies, learning to hate, becoming more cynical, and indicating that Vietnam had an unpleasant effect on their lives.

Overall, this question yielded responses which seem to indicate that despite the negative conditions of their experience in Vietnam, most of the women may have drawn upon these experiences to strengthen themselves both professionally and personally.

Question #218 asked, "If you volunteered for Vietnam, why did you do so?"

Responses to this question seemed to fall into two categories: how they volunteered--actively or passively, and why they volunteered--moving toward or away from something. Respondents listed such reasons as, love of medicine and nursing, for nursing experience, promise of

promotion or to better their career, feeling needed, patriotism, excitement, adventure, curiosity, challenge, to be a heroine, idealistic expectations, for GI benefits, and to support a war they believed in, all of which may be described as moving toward doing or achieving something. Responses which seemed to indicate a moving away or escape from something included, escape from love affair or significant relationship, escape from hometown, and to get away from the military base where stationed.

In many of these positive and negative reasons, actions appeared to be passive, active, or against one's will. Some passively allowed themselves to be transferred or joined the military knowing they would be sent to Vietnam, but didn't think much about it. Those who volunteered actively seemed to be making conscious decisions about their service in Vietnam and wanted to be there. Some reported not really knowing what to expect in Vietnam, but others said they knew exactly what they were getting into and were seeking just that. A few women reported that they were either coerced into going or transferred after they had been promised that women could not be sent to Vietnam against their will.

Question #219 asked, "What were your hopes and expectations about serving in Vietnam? Please describe."

Many subjects responded in similar ways to their answers in the previous question. Some women reported being young or naive and having idealistic expectations such as being "Super Nurse," "having fun," or having "had no real expectations at all." For others it seemed to be an expectation of testing themselves and their abilities such as, to be a hero, to see if they could survive, and for a feeling of worth. Many

respondents seemed to indicate a need to benefit personally through growth or maturity for self. Some of the responses made were, to make a difference, adventure, travel, philosophical search--looking for answers, becoming a better person, to test self, to be stronger, romance, being in the thick of things, to make own judgment about the war, or, to increase their income. Still others hoped to gain professionally citing such expectations as, to learn about nursing, save lives, be a "Florence Nightingale," give physical and emotional care, and to support the war. Finally, others reported not really having any hopes or expectations at all.

Question #220 asked, "How do you think your Vietnam experience has affected your life?

Most subjects responded to this question by either listing (what might be judged as mostly negative comments (32%) or mostly positive comments (45%) while only a few (8%) reported both positive and negative effects of Vietnam. Those who had positive comments wrote such things as, a sifting out of priorities, new insights into self and others, now being tougher, stronger and more mature, more present oriented and realizing the importance of now, not easily upset by trivia, growing professionally, trusting self and realizing strengths, acquiring self discipline, becoming less prejudiced, making significant relationships, and being appreciative of what they have in life. Comments which were more negative included finding nursing experiences outside of Vietnam as unsatisfactory, emotionally inappropriate--still over emotional or emotionally numb, impulsive, feeling Vietnam ruined their life, lost "old self," afraid of dying, hate of Vietnamese people, being a nervous wreck, distrustful, angry, and depressive. Some other comments were not

judged to be positive or negative (14%) including a changed perception of the world, changed perception of people, never think about it or talk about it, total personality change, affects everything, and feel differently from others.

Responses to this questions then, seem to indicate that most women felt that Vietnam has affected their lives in ways which they had identified and formulated, for some this was positive, for others negative, but very few responded with both positive and negative effects.

Question #221 asked, "Were there any specific events during your tour in Vietnam that were especially difficult for you to cope with emotionally? Please describe."

In this item the women seemed to respond mostly by relating events that had to do with death, mutilation, maiming, and the preparation and tagging of dead bodies and body parts. Approximately 40% of the subjects identified a specific incident in which a particular person or battle was named. The incidents seem to be related to some of the following: a particularly ironic death, an extremely gross casualty, an atrocious human act either witnessed or heard about, or seeing the dead body of someone who had been a personal friend or lover. These incidents were very specific, individual, and are not easily grouped. They are therefore reproduced in Appendix N.

Question #222 asked, "Has this survey stimulated any further thoughts or feelings that may lead you to want to explore these issues further? Please describe."

This question also brought a variety of responses. Several women expressed a long-felt desire to know other women veterans, how they coped, what they were experiencing and some stated that would be interested in meeting others if they could. Several other women were already in rap or counseling groups and were either looking forward to going there to express their feelings, or felt that they had already dealt with many of these emotions. Other women expressed specific feelings such as, that no one cares, that they feel they are well adjusted, their feelings are still too painful to deal with, sadness, bitterness, and wanting to be recognized for their participation in Vietnam. For some it stimulated thoughts and feelings that they reported they thought they had already resolved and found had not been. Some reported that they would actually try to deal with their stimulated thoughts while others said they were still too difficult to deal with and would continue to put them aside.

Several women commented specifically about the questionnaire with a fair amount saying either that the questions asked were not the right ones to allow them to express their feelings or, that the questionnaire exactly matched their thoughts and feelings. These opposing viewpoints may indicate that these subjects are not a single type of woman, but rather, a diverse sample that should not be grouped together with too many generalizations.

Question #223 asked, "It is often difficult for a form such as this to explore all areas of importance to you. Please feel free to comment on any part of this questionnaire or express any feelings you may have that were not covered by these questions."

Response to this item once again yielded a wide variety of comments. Many women expressed attitudes about the questionnaire here as in the previous question. While some felt it was accurate and complete, reflecting their experiences, others felt it to be negative, male-oriented, or not providing them with an opportunity to express what they experienced. Many expressed a concern that the positive, growthful ideas of their experience be discussed with equal weight to the negative. They seem to have felt the "stigma" of being a Vietnam veteran who people believe could go crazy at any given moment and they want to be careful not to be portrayed in the same way. Others still found writing about their experiences very painful, but of these, many felt it was important and worthwhile to discuss and were glad that women veterans were finally being recognized. Along with this however, was the frequently stated and less optimistic notion that they believed a non-veteran could not really understand their experiences. With this was a sense of some futility in attempting to accomplish this communication. Finally, many simply expressed thanks for an opportunity to express themselves and to be recognized.

Summary--Open-Ended Questions

These set of questions seemed to elicit a great deal of interest from the respondents. It appeared that the women found this section to be a place to expand on their thoughts and feelings and many did so by writing additional pages to their questionnaires in order to fully express themselves. The responses were so lengthy and varied that further analyses will be undertaken at a future date in order to gather as much information about the data as possible. (The researcher will identify major categories of responses and three judges will sort

subject's responses into those identified areas.) Through a simple summary process some observations have been made.

Insight was gained into subject's life histories and priorities by looking at the question which asked about important life events that had a major influence in their lives. Respondents seemed to react very positively to the question which asked about gains or benefits from their experiences in Vietnam. They were eager to discuss the positive side to their experiences instead of the usual one-sided inquiry. The answers seemed to indicate that significant gains and growth had occurred for many of the women.

The questions which asked about why subjects volunteered for Vietnam and about their hopes and expectations also allowed some insight into what these womens' lives were like prior to Vietnam and what motivated them to go. Once again, responses were varied but many spoke about idealistic or unreal expectations and beliefs which led them to try to flee one situation or yearn for another. The responses also revealed several women who went to Vietnam knowing the reality of war and what their experiences would be like.

One question showed some of the ways that the Vietnam experience affected the respondent's lives revealing both positive and negative responses and also seemed to indicate for some, a processing through of their experiences and the impact they had.

One hypothesis for why responses were one extreme or the other for this and other questions was generated by the researchers who did clinical interviews with male veterans. They found that subjects often offered this type of one-sided response when completing the written parts of questionnaires yet, once they were involved in the personal,

one-to-one interviews the respondents often opened up and discussed both positive and negative aspects of their experiences. This suggests that perhaps the women veterans did not only have one type of experience but, rather, that the written format of the questionnaire might have influenced their responses.

The question about specific events that occurred which were especially difficult to deal with also brought about long and involved responses. Many women seemed to hold a specific incident vividly in their memories and used this individual tragedy to globally symbolize the horror and trauma of their entire war experience. Some even responded by saying that there had been an incident to relate, but they would not discuss it because it was still so difficult or painful to deal with.

The last two questions allowed the subjects to comment about the questionnaire itself and their feelings about it. This information was most useful in helping to focus on future research and what changes may be appropriate to be made.

Overall, this section allowed insight into subjects' personalities, how they did or did not cope with their experiences, what methods they might have used to deal with or avoid feelings, and how to guide future research efforts.

CHAPTER V

DISCUSSION

This research effort was designed to assess the nature and extent of mental health problems, specifically Post-Traumatic Stress Disorder, affecting female Vietnam veterans. In this preliminary, descriptive study, a total of 89 women veterans serving in medical positions in Vietnam completed a written questionnaire that included biographical-demographic characteristics, stressors or experiences which in Vietnam, mental health and physical symptoms related to that experience, and the respondent's general reaction to the Vietnam experience.

Summary

In order to summarize the responses, several statistical analyses were computed including descriptive statistics, multiple regression analyses, measures of internal consistency, and item-scale intercorrelations. In addition to this, eight open-ended questions were analyzed through a simple content summary process.

The first part of the questionnaire, which drew information about the subjects' biographical, demographical, and military history revealed that there were many similarities among the women in several areas including race, age, pre- and post-military education, and military service.

The Stressor scale looked at the women's experiences in Vietnam and revealed that a few of the stressors were listed as very high (nursing duties, seeing the mutilation of young bodies, having equipment or

personnel shortages, having a continual stream of casualties, feeling tired, and feeling the need to negate emotions). Likewise, a few items were reported very low (participation in death). The majority of responses ranged between "rarely" and "very often."

Scale 1 which looks at the occurrence of symptoms showed that those thoughts and feelings that were reported highly had to do with anger, fear, feeling different or self-conscious, and feeling cynical about governmental processes and policies. When looking at the categories that account for a problem occurring between 10 and 30 times a month, approximately one-third of the items were endorsed by 25% or more of the subjects.

Scale 2 which elicits physical symptoms that respondents experienced showed that every item had a frequency of 50% or more in the combined categories of "Never" and "1 to 5 times a month," although subjects' responses did range the full scale from one to 30 times a month on almost all items.

Scales 3 and 4 together looks at possible dates of onset of symptoms and whether or not they are still present today. The symptoms women reported here represent a fairly complete picture of those specific symptoms and experiences associated with PTSD as defined by DSM III. For those symptoms reported as occurring first between homecoming and one year, approximately 70% were reported as still present today.

The multiple regression analyses indicated that seeking mental health help, feelings of how adequately medically trained, and the Stressor scale were statistically significant predictors for the first symptom scale. That is, that respondents who experienced symptoms were more likely to seek mental health help, felt they were not well trained

medically, and experienced more stressors in Vietnam. It also indicated that seeking mental health help and the stressor scale are significant predictors for Scale 2 or physical symptoms.

The Pearson correlation analysis validated the correlations between the Stressor scale and the first two symptom scales supporting the hypothesis of a strong and linear relationship between stressors experienced in Vietnam and PTSD symptoms experienced subsequently.

The second Pearson correlation which looked at the inter-correlations among the demographic variables and each of the scales basically did not support the expectation that background or demographic data will have some relation to subsequent reports of symptoms with the exceptions of, a .26 correlation between the Stressor scale and respondent's positive response to corresponding with anyone back home during the Vietnam tour, a .37 correlation between Scale 1 and a positive response to having sought professional help with any mental health problems, a .34 correlation between Scale 2 and seeking professional help and a .31 correlation between Scale 2 and a positive response to having suffered a disability or injury in Vietnam (this final correlation is to be expected since Scale 2 measured physical symptoms.)

The open-ended questions provided a more information format for the subjects response which allowed a broader and more subjective context within which to understand the experiences and reactions of women Vietnam veterans.

Methodological Limitations

There are inherent limitations in this type of research which is preliminary and descriptive. Some of the limitations are due to a

biased, non-randomized sample group who had previously and voluntarily identified themselves with a veterans' organization, lack of comparison or control groups, no population baseline rates, and a self-report taken many years after the event.

The decision not to include a comparison or control group was based on the belief that for a preliminary study of this limited scope, it was untenable to identify a group that could appropriately serve as a comparative population since so many of the questions included were applicable only to people with both war-time and medical experience. Some interesting comparison groups to explore in the future would be, male Vietnam veteran nurses, all military, medical personnel serving in Vietnam, female veterans nurses who served during the Era but outside of the Vietnam theater, both overseas and in the United States, and civilian medical personnel who were in Vietnam. The wealth of background information attained in this study will be able to serve as comparison data for future research and as a guide in beginning to know more about who these women veterans are and what they are like.

The limitations of a biased sample was dictated by the reality of what population was identified as women veterans and which was accessible. Even though 97% of subjects we could locate responded, we do not know how many we could not locate or how representative the present sample is of the whole population of women Vietnam veterans. Research such as this present effort may help to encourage the compilation of a list of women veterans, or support the development of a large scale study similar to the V.A.'s mandated research on male veterans which will have the person-power and financial resources to select a truly randomized, representative sample of women Vietnam veterans and their

peers. For the present, we examined the only available sample of women Vietnam veterans.

Information about the instrument itself was gained by examining the women's responses to it, their comments on the open-ended question which asked about the questionnaire itself, and the statistical analyses that were computed. One of the findings was that Scale 2, which looked at physical symptoms, was a confusing section to the women and that without a reference to any current medical or physical health problems, the women's responses were difficult to put into context. The inclusion of questions about physical symptoms is supported by the past research findings and should not be dropped, but rather inquired about more clearly and within the context of their general physical health.

It was also indicated that an examination of the response categories used for the items is needed since several women commented that they had difficulty with the numerical representations of categories, citing for example that they had difficulty saying "a little bit" when referring to something occurring one to nine times a month. It may be that these categories are too broad and influenced the respondents to respond inaccurately.

A final limitation had to do with additional areas to be explored that were not fully tapped by this questionnaire. These included issues around sexuality, sexual harrassment, and romantic involvements in Vietnam, their possible role change and/or conflicts as women prior, during, and post-Vietnam, and more specific questions about suicidal attempts and feelings. Several women perceived this instrument as "male-oriented" and seemed to indicate that further attempts should be made to more fully address the womens' experiences rather than mens'.

Due to the types of limitations cited, this researcher believes that broad generalizations about all women veterans should not be made. Rather, any findings reported or conclusions drawn should address this particular sample group and their characteristics specifically keeping these limitations in mind. This investigator assumed, of course, that the experience of the female veteran in her medical duties qualifies as an extreme stressor that could be considered to have evoked significant symptoms of distress in almost everyone.

Conclusions and Implications

This research has provided preliminary evidence that Post-Traumatic Stress Disorder may be applicable to the experiences of women Vietnam veterans. The instrument employed in this study has been found to be both reliable statistically, and valid in that there was a significant correlation between stressors and symptom scales for this sample. The highest identified stressors (involving nursing duties, experiencing shortages, continual streams of casualties, negating emotions, and seeing the mutilation of young bodies) together with the types of symptoms identified by the women veterans which are associated with PTSD support the notion that further studies are indicated and justified to look more closely at women Vietnam veterans and their mental health adjustment. These new research efforts will have an open field to explore because so much is yet unknown and needs to be tapped.

Secondly, this research has found that there is evidence of mental health distress among the women sampled. When asked about symptoms during the past six months the following was observed: 27.6% reported having suicidal thoughts between one and nine times a month, 19.5% reported feeling alienated from other people between 15 and 30 times a

month, 19.2% reported feeling depressed between 15 and 30 times a month, 16.1% reported feeling an inability to be close to someone they care about between 15 and 30 times a month, and 10.3% reported feeling numb or nothing inside between 15 and 30 times a month. These are just a few examples of the problems that a "significant" minority of women veterans are experiencing and might be applicable to the larger sample of women veterans.

Thirdly, there were positive, growthful aspects associated with the Vietnam experience for many of the women in this sample. Judging from the responses to the open-ended questions, both personal and professional gains were made that need to be more fully explored and understood. This positive aspect is a rarely examined aspect of both women and men veterans' experiences whose influence would be interesting to explore to determine if the awareness or recognition of growthful aspects of the Vietnam experience has any mediating effects on current adjustment. In addition, attention to this side of the veterans' experience may provide an additional source of pride to the veteran which might allow them and others to accept and view their experience more fully.

Fourthly and finally, this sample has indicated that at least as far as biographical-demograghic factors are concerned, women Vietnam veterans in this sample were different than men Vietnam veterans in other large scale studies. This is true for such factors as age in Vietnam, racial background, education level, income level, and for symptoms of substance abuse and survivor guilt which have been identified by the research on men as important mediating and/or predicting variables but have not stood out in this research as significant

predictors of PTSD's symptoms. These variables need to be more closely examined to see if they actually do not serve as predicting or mediating factors in the development or existence of symptoms and if so, why. One possibility is that the present, limited sample group is too homogeneous to allow these variables to stand out.

Findings from this investigation may provide necessary and useful information for the clinician who works with female veterans in either group or individual counseling. Those mental health professionals who work in V.A. settings need to be aware of the women veterans' strongly felt cynicism toward governmental agencies and be prepared for the possible distrust, distancing, or anger that might occur. Professionals working outside of V.A. settings should bear in mind that for the women who have sought mental health help, less than one-half have ever discussed Vietnam with their counselor. While it certainly may be true that their distress is unrelated to the women's Vietnam experience, clinicians need to be more careful and sensitive in drawing out this information and keeping in mind that women did serve in Vietnam and that their experiences were probably profound and life-altering in both positive and negative ways. Counselors may want to use the assessment instrument employed in this study once a therapeutic relationship has begun to be established. The best method would probably involve going over the questions in the instrument face-to-face while in the counseling session, since many respondents reported reacting strongly to it. Utilization of the instrument serves several purposes, two of which being that it allows the counselor to demonstrate a knowledge of the kinds of experiences and emotions a Vietnam veteran might have and it allows the veteran to realize that there are other veterans who have

similar feelings and reactions. Asking the open-ended, more general questions might be a particularly good way to help the client to begin to open up and share their experiences more fully. Utilizing this type of assessment tool would be especially helpful to non-veteran counselors.

When deciding between group and individual counseling, new issues arise. Although the popular literature suggests that women would benefit greatly from participation in a therapy group consisting of women Vietnam veterans, there are often not enough of women veterans in any one area to conduct this kind of group. When deciding to place a female veteran in an otherwise all male veteran therapy group, careful attention must be paid to insure that the female veteran's issues are dealt with with the same centrality offered to the men's experiences. This always leaves the option of individual therapy which may be indicated in some cases, but does not allow the female veteran to compare and relate her experiences to others who share a common history. The results also seem to indicate that therapists in all settings need to do outreach to women veterans and familiarize themselves with the types of experiences the women had in Vietnam and the receptions they have received, since as women they appear to feel a double stigma of being a Vietnam veteran and a woman.

The counseling implications are important for several reasons. Mental health distress among this sample was evident for a small, but what this investigator believes, is a significant minority. Combined with the observation that approximately 70% of the items were reported as still present today, the majority of which began first between homecoming and one year, we see a small group of women who have been in

distress for a long time. The 97% return rate also seems to serve as an indicator that women veterans in our select sample want and need to discuss their experiences. Sensitive clinicians may be able to help the women veterans to resolve their issues and distress and to understand their experiences. Perhaps some preventative measures could also be taken so that we are not facing future women veterans who, 10 years after their war-time experience, are still in distress. One respondent's comment which seemed to capture the essence of many of the subjects' responses offers particular insight into the female Vietnam veteran. She wrote,

> ...Vietnam was the ultimate of everything good and bad. It was, in short, painfully delightful.

This research then, serves an indicator which cautions mental health professionals not to treat or view female Vietnam veterans exactly like male veterans when conducting research or in counseling. It substantiates the original conception that women veterans may be suffering mental health problems which appear to be related to their Vietnam experience. Until more is known about women Vietnam veterans, their experiences, and their reactions to them, we as researchers and clinicians have a responsibility to keep an open mind in exploring their lives and experiences.

Appendix A

Questionnaire For Women Vietnam Veterans

INSTRUCTIONS

Here is the questionnaire that you have agreed to complete about your experiences and adjustment to your Vietnam experience. The questionnaire contains 5 parts, and takes about one hour to complete. We believe that you will find this questionnaire to be both interesting and valuable in learning more about yourself.

It is best if you complete the questionnaire in one sitting. However, if it is more convenient for you, you may choose to complete the questionnaire one part at a time being careful not to allow too long a period of time to elapse between parts. Please complete all items on this survey. Each section contains specific instructions, so be sure to read them carefully.

Remember - DO NOT WRITE YOUR NAME on the questionnaire. This information will be kept strictly confidential and is being used to learn more about women Vietnam veterans.

Often, other veterans have reported that after filling out a questionnaire such as this, lots of questions and thoughts come to mind about their experiences that they would like to discuss with someone. Therefore, we are enclosing a referral list of possible mental health agencies, veterans groups, and counselors you may wish to contact if you so desire. You may also call me at (301) 454-4269 if you need further assistance.

Once again, we would like to remind you that your participation is entirely voluntary. If at any time you would rather not complete this, you are under no obligation to do so. However, we would greatly appreciate your participation and we thank you for your cooperation and speedy reply in this important endeavor. Please return your completed questionnaire in the enclosed pre-paid envelope.

After completion you will receive a summary of our findings that will be mailed to all participants through the VVA.

Thank you,

Jenny Schnaier

Jenny Schnaier
Graduate Student,
University of Maryland

1. Date of birth: _____
   Mo Day Yr

2. Race or ethnicity:
   American Indian/Native American _____
   Black, not of Hispanic origin _____
   Asian or Pacific Islander _____
   Hispanic _____
   White, not of Hispanic origin _____

3. How much education did you have prior to entering the military?
   Some high school _____
   Completed high school _____
   Some college/professional school _____
   Completed college/professional school _____
   Some graduate work _____
   Completed graduate work _____
   Please specify type of degree(s) held, if any _____

4. How much education do you currently have?
   Some high school _____
   Completed high school _____
   Some college/professional school _____
   Completed college/professional school _____
   Some graduate work _____
   Completed graduate work _____
   Please specify type of degree(s) held, if any _____

5. Since leaving Vietnam, what is your work history? Please list your current job first and specify any within job changes (i.e. from surgical to pediatric nurse).

Kind of business or organization	Job Title	Length of Employment	Reason for Leaving

6. What is your approximate present annual gross (before taxes) income?
   0 - 5,000 _____ 20,001 - 25,000 _____
   5,001 - 10,000 _____ 25,001 - 30,000 _____
   10,001 - 15,000 _____ 30,001 or over _____
   15,001 - 20,000 _____

7. Were you married at the time you entered the military? Yes _____ No _____

8. If yes, how long had you been married? _____

9. If no, were you?
   Single _____ Divorced _____ Separated _____ Widowed _____

10. Present marital status?
    Married (never divorced) _____ Divorced and still single _____
    Married (previously divorced) _____ Divorced (living with 'lover') _____
    Married (previously widowed) _____ Living with 'lover' _____
    Separated _____ Common law marriage _____
    Single _____

11. If divorced, in what year(s) were you divorced? _____

12. What is your pregnancy history?
    Number of pregnancies _____ Number of live births _____
    Number of miscarriages _____ Number of still births _____
    Number of abortions _____ Number of children _____

13. What branch of the service did you serve in?
    Marines _____ Navy _____
    Army _____ Coast Guard _____
    Air Force _____

14. What was your rank in the military? _____

15. What was your job in the military? (Please list specific jobs)

_____

_____

_____

16. Active service dates? From: _____ To: _____
Mo Day Yr Mo Day Yr

17. Type of discharge? (Honorable, general, dishonorable, etc.)

_____

18. Did you ever re-enlist? Yes _____ No _____

19. How were you sent to Vietnam?
Routine transfer _____ Volunteered (willingly) _____
Other (specify) _____ Volunteered (against my will) _____

20. Did you do more than one tour in Vietnam? Yes _____ No _____

21. If yes, how did that happen? _____

_____

22. Dates of service in Vietnam?
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

23. In general how did you feel about going to Vietnam?
Very positive _____ Somewhat negative _____
Somewhat positive _____ Very negative _____
Neutral _____ Not sure/don't remember _____

24. How adequately do you feel you were medically trained for your assignment in Vietnam?
Very well trained _____ Undertrained _____
Fairly well trained _____ Poorly trained _____
Needed some more training _____

25. Did you correspond with anyone back home continuously during your tour in Vietnam?
Yes _____ No _____

26. If yes, who?
Mother _____ Father _____
Brother(s) _____ Sister(s) _____
Husband _____ Relative _____
Boyfriend _____ Friend _____
Other _____ Child _____

27. Did you suffer any disability or injuries in Vietnam?
Yes (please describe) _____
No _____

28. Have you ever sought professional help with any mental health problems?
Yes _____ No _____

29. If yes, did you ever discuss your experiences in Vietnam?
Yes _____ No _____

Please describe the type of help sought. _____

_____

_____

INSTRUCTIONS

Below is a list of questions that are about your experiences in Vietnam and what you have thought about them. Please read each one carefully. After you have done so, circle one of the numbered spaces to the right that best describes the frequency that experience happened to you. Circle only one numbered space for each question and do not skip any items.

Frequency for Numbered Spaces

Never - Experience did not occur
Rarely - Experience occurred one time every month
Occasionally - Experience occurred one time every two weeks
Often - Experience occurred one or two times each week
Very Often - Experience occurred three or more times a week

		Never	Rarely	Occasionally	Often	Very Often
30.	Taking care of wounded American soldiers?	0	1	2	3	4
31.	Taking care of wounded Vietnamese soldiers?	0	1	2	3	4
32.	Taking care of wounded civilians?	0	1	2	3	4
33.	Taking care of wounded children and women?	0	1	2	3	4
34.	Taking care of wounded P.O.W.'s?	0	1	2	3	4
35.	Taking care of psychiatric casualties?	0	1	2	3	4
36.	Taking care of a patient who reminded you of someone close to you?	0	1	2	3	4
37.	Taking care of Americans who later died?	0	1	2	3	4
38.	Preparation of American bodies for evacuation?	0	1	2	3	4
39.	Taking care of Vietnamese who died?	0	1	2	3	4
40.	Preparation of Vietnamese bodies for evacuation?	0	1	2	3	4
41.	Having personnel shortages?	0	1	2	3	4
42.	Having equipment and supply shortages?	0	1	2	3	4
43.	Having a continual stream of casualties?	0	1	2	3	4
44.	Having to make decisions about who would receive equipment or personnel if shortages existed?	0	1	2	3	4
45.	Having to make decisions in triage about who would get treatment?	0	1	2	3	4
46.	Having to watch patients die because of equipment or personnel shortages?	0	1	2	3	4
47.	Seeing the mutilation of young bodies?	0	1	2	3	4
48.	Not knowing what happened to a patient after they left your care?	0	1	2	3	4
49.	Feeling underprepared or undertrained to help?	0	1	2	3	4
50.	Feeling tired (lack of sleep) both mentally and physically?	0	1	2	3	4
51.	Having patients die because of medical or nursing errors?	0	1	2	3	4
52.	Making nursing errors due to tiredness and/or overwork, and/or overload?	0	1	2	3	4

Frequency for Numbered Spaces

Never - Experience did not occur
Rarely - Experience occurred one time every month
Occasionally - Experience occurred one time every two weeks
Often - Experience occurred one or two times each week
Very Often - Experience occurred three or more times a week

	Never	Rarely	Occasionally	Often	Very Often
53. Actively participating in or aiding in the death of wounded Vietnamese in order to medically assist American soldiers?	0	1	2	3	4
54. Passively participating in or aiding in the death of wounded Vietnamese in order to medically assist American soldiers?	0	1	2	3	4
55. Actively participating in helping a patient who requested to be allowed to die?	0	1	2	3	4
56. Passively participating in helping a patient who requested to be allowed to die?	0	1	2	3	4
57. Having to use heroic attempts to resuscitate a patient when you felt they would be better off if allowed to die?	0	1	2	3	4
58. Having to sit with a patient who was waiting for their death?	0	1	2	3	4
59. Having to communicate with the family and friends of patients who died?	0	1	2	3	4
60. Being under direct mortar or ground fire?	0	1	2	3	4
61. Being in situations in which you thought you would not survive?	0	1	2	3	4
62. Feeling personally responsible for a death?	0	1	2	3	4
63. Feeling personally responsible for life and death decisions?	0	1	2	3	4
64. Feeling the need to negate the emotions you experienced at the time in order to get through the experience?	0	1	2	3	4
65. Feeling like a failure in your job (Unable to provide support, comfort or easing of pain)?	0	1	2	3	4
66. Adapting to drastic or unexpected role changes both professionally and personally?	0	1	2	3	4
67. Having to cope with sexual harassment?	0	1	2	3	4

INSTRUCTIONS

Below is a list of problems and complaints that some Vietnam Era veterans sometimes have. Please read each one carefully. After you have done so, please circle one of the numbered spaces to the right that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST SIX (6) MONTHS INCLUDING TODAY. Circle only one numbered space for each problem keeping in mind the definition of frequency for each numbered space. Do not skip any items.

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	Not at all	A little bit	Moder-ately	Quite a bit	Ex-tremely
68. Feeling anxious or nervous?	0	1	2	3	4
69. Suicidal thoughts?	0	1	2	3	4
70. Problems of concentration?	0	1	2	3	4
71. Feeling depressed (down, bummed out)?	0	1	2	3	4
72. Thoughts of a friend(s) killed in Vietnam?	0	1	2	3	4
73. Asking yourself why others died in Vietnam and not you?	0	1	2	3	4
74. Feeling guilty that you survived the war when others didn't?	0	1	2	3	4
75. Feeling guilty that certain patients survived who you felt probably shouldn't have?	0	1	2	3	4
76. Feeling like isolating or withdrawing yourself from others?	0	1	2	3	4
77. Having problems going to sleep?	0	1	2	3	4
78. Experiencing nightmares of the war?	0	1	2	3	4
79. Experiencing anger?	0	1	2	3	4
80. Experiencing rage?	0	1	2	3	4
81. Experiencing sadness over lost friends that you cannot express?	0	1	2	3	4
82. Experiencing explosive anger?	0	1	2	3	4
83. Trying to get rid of unpleasant thoughts about Vietnam when they come into your head?	0	1	2	3	4
84. Feeling numb or nothing inside?	0	1	2	3	4
85. Feeling that all of your problems are caused by other people doing things to you?	0	1	2	3	4
86. Mistrusting what others say or do?	0	1	2	3	4
87. Memories of Vietnam which just seem to pop into your head in an unpredictable way?	0	1	2	3	4
88. The fear of losing control of your impulses (e.g. feelings, emotions)?	0	1	2	3	4
89. Using alcohol to help you feel better?	0	1	2	3	4

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	Not at all 0	A little bit 1	Moder-ately 2	Quite a bit 3	Ex-tremely 4
90. Using alcohol to help you sleep?					
91. Using hard drugs to help you feel better (e.g. speed, heroin)?	0	1	2	3	4
92. Using hard drugs to help you sleep (e.g. speed, heroin)?	0	1	2	3	4
93. Using marijuana to help you feel better?	0	1	2	3	4
94. Using marijuana to help you sleep?	0	1	2	3	4
95. Responding reflexively, using military-like survival tactics when under stress?	0	1	2	3	4
96. War related thoughts (e.g. memories of Vietnam)?	0	1	2	3	4
97. Taking drugs prescribed by a doctor for your emotional upset?	0	1	2	3	4
98. Feeling an inability to be close to someone you care about?	0	1	2	3	4
99. Experiencing sexual problems?	0	1	2	3	4
100. Feeling alienated from other people?	0	1	2	3	4
101. An inability to talk about the war?	0	1	2	3	4
102. Experiencing a fear of losing loved ones?	0	1	2	3	4
103. Feeling like you lost your romantic, sexual sensitivity in Vietnam?	0	1	2	3	4
104. Getting into fights or conflicts with loved ones?	0	1	2	3	4
105. Getting into fights with others?	0	1	2	3	4
106. Feeling unable to express your real feelings to others?	0	1	2	3	4
107. "Flying off the handle" in frustration when things don't go right?	0	1	2	3	4
108. Losing your temper and getting out of control?	0	1	2	3	4
109. Experiencing problems with your husband or lover?	0	1	2	3	4
110. Arguing with your husband or lover?	0	1	2	3	4
111. Having a problem trusting others for fear of something bad happening to you?	0	1	2	3	4
112. Getting nervous around other people who are not Vietnam veterans?	0	1	2	3	4
113. Experiencing problems being close to your family?	0	1	2	3	4
114. Your husband or lover complaining that Vietnam has messed up the relationship?	0	1	2	3	4
115. Worrying that Vietnam is affecting the way you relate to your children?	0	1	2	3	4
116. Feeling that you are no good and worthless?	0	1	2	3	4

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	Not at all	A little bit	Moder-ately	Quite a bit	Ex-tremely
117. Problems remembering things you know you should remember?	0	1	2	3	4
118. Feeling that you have no real goals that matter?	0	1	2	3	4
119. Feeling that you are different than you were before going to Vietnam, (that your sense of identity just won't come together in the right way)?	0	1	2	3	4
120. Feeling self-conscious as a Vietnam veteran?	0	1	2	3	4
121. Experiencing self-doubt and uncertainty?	0	1	2	3	4
122. Feeling that you cannot control the important events in your life?	0	1	2	3	4
123. Feeling like you are just a walking "shell" of your old self?	0	1	2	3	4
124. Not feeling really satisfied with yourself?	0	1	2	3	4
125. Not feeling proud of the kind of person you are?	0	1	2	3	4
126. Feeling that you are not a person of worth?	0	1	2	3	4
127. Feeling that Vietnam took away your "soul" (dehumanized you)?	0	1	2	3	4
128. Feeling that you just cannot get a hold on things?	0	1	2	3	4
129. Feeling like you are still searching for something in your life but just cannot seem to find it?	0	1	2	3	4
130. Feeling like you've been a failure since leaving military service?	0	1	2	3	4
131. Having fantasies of retaliation for what happened to you in Vietnam?	0	1	2	3	4
132. Feeling out of touch (alienated) from the government?	0	1	2	3	4
133. The feeling that you are stigmatized for being a Vietnam veteran?	0	1	2	3	4
134. The feeling that you are stigmatized for being a Vietnam veteran who is a woman?	0	1	2	3	4
135. Feeling cynical about governmental processes, agencies, and policies?	0	1	2	3	4
136. Feeling like you lost your faith in people after Vietnam?	0	1	2	3	4
137. The feeling that you were used by the government for serving in Vietnam?	0	1	2	3	4
138. Having problems with persons in authority positions?	0	1	2	3	4
139. Feeling that your work is menial and below your capabilities?	0	1	2	3	4
140. Feeling uneasy in a crowd such as at a party or movie?	0	1	2	3	4

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	Not at all	A little bit	Moder-ately	Quite a bit	Ex-tremely
141. Experiencing conflicts with co-workers?	0	1	2	3	4
142. Legal problems?	0	1	2	3	4
143. The feeling of quitting your job because the work was less than you could do?	0	1	2	3	4
144. Feeling that life has no meaning for you?	0	1	2	3	4
145. Feeling the need to find more purpose in life?	0	1	2	3	4
146. Feeling jumpy or jittery, especially when sudden noises occur?	0	1	2	3	4
147. Having an emotional or physical reaction when you hear a helicopter?	0	1	2	3	4
148. Walking in the woods and listening carefully to the sounds around you?	0	1	2	3	4
149. Thoughts that it is hard to really believe that Vietnam happened to you?	0	1	2	3	4
150. Thoughts that Vietnam is something you still cannot accept in your life?	0	1	2	3	4
151. Thoughts that Vietnam was just one great big nightmare?	0	1	2	3	4
152. Feeling the need to have a weapon on or near you?	0	1	2	3	4
153. Feeling that you drive too fast or recklessly?	0	1	2	3	4
154. Feeling the need to recreate in your work here, the kind of sensations you experienced in your work in Vietnam?	0	1	2	3	4
155. Feeling the need to engage your self in dangerous or highly risky adventures in which you feel that you "live" on the edge"?	0	1	2	3	4
156. The need to seek out high degrees of "sensation" that are inherently risky?	0	1	2	3	4
157. The feeling that you are not free to make your own choices which are important to your life?	0	1	2	3	4
158. The feeling that your personal existence (life) is without meaning?	0	1	2	3	4
159. The feeling that you should be achieving something, but you don't know what?	0	1	2	3	4

HOW MANY TIMES PER MONTH DID YOU EXPERIENCE?

160. Headaches? _____

161. Nervousness or shakiness inside? _____

162. Faintness or dizziness? _____

HOW MANY TIMES PER MONTH DID YOU EXPERIENCE?

163. Pains in heart or chest? _____
164. Feeling low in energy or slowed down? _____
165. Trembling? _____
166. Poor appetite? _____
167. Overeating? _____
168. Heart pounding or racing? _____
169. Nausea or upset stomach? _____
170. Trouble getting your breath? _____
171. Hot or cold spells? _____
172. Numbness or tingling in parts of your body? _____
173. A lump in your throat? _____
174. Feeling weak in parts of your body? _____
175. Awakening in the early morning? _____
176. Unable to fall asleep at night? _____
177. Feeling that nothing matters anymore? _____

INSTRUCTIONS

The following list contains symptoms that some Vietnam Era veterans sometimes experience. Read each symptom and if you experienced it, place a check in the year after Vietnam when you FIRST felt it begin. Place a second check if you consider the symptom STILL PRESENT today. If the symptom NEVER occurred, DO NOT check any box. Keep in mind that Homecoming is the first six months after Vietnam.

		Home-Coming to 1 Year	1 to 5 Years	5 to 10 Years	10 Years to Now	Still Present
178.	Emotional numbing?	____	____	____	____	____
179.	Depression - feelings of helplessness, hopelessness, apathy, dejection?	____	____	____	____	____
180.	Anger-rage, hostility (feeling like a walking time bomb)?	____	____	____	____	____
181.	Anxiety-nervousness?	____	____	____	____	____
182.	Emotional constriction and unresponsiveness to self and others?	____	____	____	____	____
183.	Tendency to react under stress with military "survival tactics"?	____	____	____	____	____
184.	Sleep disturbances and recurring nightmares of the war experience?	____	____	____	____	____
185.	Loss of interest in work and activities, fatigue, lethargy?	____	____	____	____	____
186.	Hyper-alertness, startle easily?	____	____	____	____	____
187.	Avoidance of activities that arouse memories of trauma in war zone or medical experiences?	____	____	____	____	____
188.	Seeking out experiences that are risky, dangerous, and exciting in ways similar to Vietnam?	____	____	____	____	____
189.	Seeking out work that tends to recreate your work experiences in Vietnam?	____	____	____	____	____
190.	Suicidal feelings and thoughts; self-destructive behavior tendencies?	____	____	____	____	____
191.	Survivor guilt - wondering why you survived and a friend(s) or patient(s) didn't?	____	____	____	____	____
192.	Flashbacks to traumatic events experienced in war, intrusive thoughts?	____	____	____	____	____
193.	Guilty feelings associated with acts participated in or done in Vietnam?	____	____	____	____	____
194.	Fantasies of retaliation and destruction?	____	____	____	____	____
195.	Ideological changes and confusion in value system?	____	____	____	____	____
196.	Cynicism and mistrust of government and authority?	____	____	____	____	____
197.	Alienation - feeling estranged?	____	____	____	____	____
198.	Feelings of meaninglessness; search for meaning in life?	____	____	____	____	____

		Home-Coming 1 Year	to 1 to 5 Years	5 to 10 Years	10 Years to Now	Still Present
199.	Negative self-image, low self esteem?	____	____	____	____	____
200.	Memory impairment, especially during times of stress?	____	____	____	____	____
201.	Hypersensitivity to issues of equity, justice, fairness, equality and legitimacy?	____	____	____	____	____
202.	Impulsive - abrupt changes (quick) in lifestyle (job, relocation, etc.)?	____	____	____	____	____
203.	Problems in establishing or maintaining intimate relationships?	____	____	____	____	____
204.	Tendency to have difficulty with authoritative figures (challenging and testing authority, rules and regulations)?	____	____	____	____	____
205.	Emotional distance from children and concern about anger alienating children, husband, and others?	____	____	____	____	____
206.	Inability to talk about war experiences and personal emotions?	____	____	____	____	____
207.	Fears of loss of others?	____	____	____	____	____
208.	Secretly wanting to return to Vietnam?	____	____	____	____	____
209.	Tendency to explode in fits of rage and anger especially when disinhibited by drugs/alcohol?	____	____	____	____	____
210.	Withdrawal from others, isolation?	____	____	____	____	____
211.	Mistrust of others?	____	____	____	____	____
212.	Uncontrollable, persisting tears?	____	____	____	____	____
213.	Guilt over the inability to heal both physical and psychological wounds?	____	____	____	____	____
214.	Reluctance to have children because of the atrocities seen in war?	____	____	____	____	____
215.	Fear of having children because of possible exposure to unknown chemicals?	____	____	____	____	____

INSTRUCTIONS

For the following questions, please describe your experiences in your own words. If there is not enough room, you may attach an additional page.

216. Aside from Vietnam, what other important events have had a major influence in your life? Please describe.

217. Do you feel you have gained or benefited anything from your experiences in Vietnam? Please describe.

218. If you volunteered for Vietnam, why did you do so?

219. What were your hopes and expectations about serving in Vietnam? Please describe.

220. How do you think your Vietnam experience has affected your life?

221. Were there any specific events during your tour in Vietnam that were especially difficult for you to cope with emotionally? Please describe.

222. Has this survey stimulated any further thoughts or feelings that may lead you to want to explore these issues further? Please describe.

223. It is often difficult for a form such as this to explore all areas of importance to you. Please feel free to comment on any part of this questionnaire or express any feelings you may have that were not covered by these questions.

* Adapted in part with permission from Vietnam Era Stress Inventory (V.E.S.I.) copyrighted by John P. Wilson and Gustave Krauss, 1980, and parts suggested by Joan Barron, R.N., V.A. Medical Center.

Appendix B

Investigator's Letter Requesting

Respondent's Participation

UNIVERSITY OF MARYLAND
DIVISION OF HUMAN AND COMMUNITY RESOURCES
COLLEGE OF EDUCATION
COLLEGE PARK 20742
TELEPHONE (301) 454-2026
COUNSELING AND PERSONNEL SERVICES

May 28, 1982

Dear Veteran,

I am a master's student in the department of Counseling and Personnel Services at the University of Maryland and am currently investigating the topic of women Vietnam veterans for my thesis. As you may know there have been several well conducted, extensive inquiries into male veterans and adjustment, but none of these to date have included women veterans. We feel that this is both an important and necessary area to study in order to understand more about your experiences and how they have affected you.

We are, therefore, requesting your participation in this study to further our knowledge about women veterans in order to guide future developments in research, mental health interventions, government policies, and for the future women involved in the military. What this participation will involve is responding to a series of written questions about your personal background, events that happenned to you in Vietnam, and how you have reacted to them. In addition to this there will be some questions that will allow you to tell us more about your experiences and feelings in a less structured format.

All information will be kept strictly confidential and the questionnaires will be filled out anonymously. If you agree to participate, you will be given a code number by the VVA who will be the only ones to have your names and who are supporting this study. We will then mail out your questionnaire.

We appreciate the fact that recalling some of these events and feelings may be a difficult experience for you, but we feel that it is a worthwhile effort because it will provide some of the first accurate information about the experiences of women Vietnam veterans and allow us to know more about how to address your needs. Because of the difficulty in locating many of you, each person's participation is vital. We need your help in completing these materials and sending them back to us.

If you are willing to participate, please fill in the enclosed pre-paid postcard, marking YES, and filling in your correct address. If you are not willing to participate, please also return your postcard marking NO, so that we will know that you received this and will not send further mailings. Each participant will receive a summary of our findings in about 3 months.

Thank you for your cooperation in this most important inquiry. If you have any questions please contact me at (301) 454-4269 Mondays through Fridays between 8:30 and 4:30. I will be happy to answer them.

Sincerely,

Jenny Schnaier

Jenny Schnaier
Graduate Student,
University of Maryland

Appendix C

Cover Letter From

Vietnam Veterans Of America

VIETNAM VETERANS OF AMERICA
329 EIGHTH STREET NE, WASHINGTON, DC 20002 ★ 202/546-3700

Dear Veteran,

I am sending this note as a cover to a letter from Jenny Schnaier, of the University of Maryland. She is in the process of working on a pilot study of readjustment issues related to women Vietnam veterans who served in the war zone in medical positions.

As you know, since you contacted us, we have been working hard on this issue. Several pilot projects designed to address women who serve in war and in the military are now in the planning stages, and we are doing our best to work in a clearinghouse manner to facilitate these programs. Ms. Schnaier's proposal is one we have tried to assist as well as possible, and that is why I am writing you.

Her letter describes the study she is doing fairly comprehensively. A detailed questionnaire has been prepared, and we would like to send it to you if you would be willing to participate. We have enclosed a stamped, self addressed post card for you to return, and you will then be sent the questionnaire within the month.

Your name will be held in the strictest confidence, if you decide to participate in the project.

I truly hope you will decide to join in this work. It has taken us years to get to the point at which we are even recognized as a veteran population, and now is the time to begin asking the question, "What did and does it all mean?".

Thank you for your help.

Sincerely,

Lynda Van Devanter

Lynda Van Devanter
National Women's Director

Appendix D

Example Of Mental Health

Referral List

NEW YORK

Gary Williams
Vet Center
875 Central Avenue
WEst Mall Office Plaza
Albany, NY 12206

Walter Sampson, M.S.W.
Vet Center
226 East Fordham Road
Rooms 216/217
Bronx, NY 10458
(212) 367-3500

James Duffy, M.S.
Vet Center
165 Cadman Plaza, East
Brooklyn, NY 11201
(212) 330-2825

David Kowalewski, M.S.W.
Vet Center
114 Elmwood Avenue
Buffalo, NY 14201
(716) 882-0500

Nicholas Pascucci, M.S.
Vet Center
148-43 Hillside Avenue
Jamaica Hills, NY 11435
(212) 658-6767

Angel Almedina
Vet Center
166 West 75th Street
Manhatten, NY 10023
(212) 944-2917

Kenneth Abramcyzk, M.S.W.
Oneida Co. Depart. of Mental Health
800 Park Ave
Utica, NY 13501
(315) 798-5990

Jerry Bowman
122 Moselle
Buffalo, NY 14209
(716) 893-2361

Benjamin Brody, Ph.D.
26 W. 9th
New York, NY 10011
(212) 473-2722

Harold Clingerman, M.A.
20 Bidwell Pkwy
Buffalo, NY 14222
(716) 882-0505

John Costello, M.S.W.
V.A.M.C.
3495 Bailey Ave
Buffalo, NY 14215
(716) 834-9200 Ext. 2409

Victor DeFazio, Ph.D.
16 E. 79th
New York, NY 10021
(212) 744-2200

Arthur Egendorf, Ph.D.
22 Riverside Dr
New York, NY 10023
(212) 362-3904

Gasper Falzone, M.S.W.
314 Decatur Ave
Shirley, NY 11967
(516) 399-5544

David Forrest, M.D.
155 W. 68th
New York, NY 10023
(212) 873-7750

David Hollingsworth, M.S.W.
The Neighborhood Center
615 Mary
Utica, NY 13501
(315) 733-4509

Lawrence Kolb, M.D.
V.A.M.C.
113 Holland Ave
Albany, NY 12208
(518) 463-5716

Jeffrey Long, M.A.
23 Sunset Rd
Bayshore, NY 11706
(516) 665-4129

Clifford Mahler, Ph.D.
15 Danebrook Dr
Eggertsville, NY 14226
(716) 837-8793

NEW YORK (cont)

Thomas Miller, Ph.D.
V.A.M.C.
Buffalo, NY 14215
(716) 834-9200 Ext. 434

Mike Peter, Ph.D.
Counseling Center
SUNY - Binghamton
Binghamton, NY 13901
(607) 798-2772

Florence Volkman Pincus, M.S.S.
311½ W. 20th
New York, NY 10011
(212) 924-7104

Stanley Rustin, Ph.D.
154 E. 71st
New York, NY 10021
(212) 861-5649

Robert Shapiro, Ph.D.
115 E. 87th
New York, NY 10028
(212) 289-1799

Chaim Shatan, M.D.
415 Central Park W.
New York, NY 10025
(212) 865-9482

Richard Sullivan, M.S.W.
V.A.M.C.
Alcohol Treatment Unit
3495 Bailey Ave
Buffalo, NY 14215
(716) 834-9200 Ext. 544

John Talbott, M.D.
525 E. 68th, Rm 163
New York, NY 10021
(212) 472-6272

John Theilmann, M.A.
115 Phyllis Ave
Buffalo, NY 14215

Gary Williams, C.S.W.
Garden Terrace
Oriskany, NY 13424
(315)736-4657

Appendix E

First Follow-Up Letter Requesting

Subject's Completion Of Questionnaire

UNIVERSITY OF MARYLAND
DIVISION OF HUMAN AND COMMUNITY RESOURCES
COLLEGE OF EDUCATION
COLLEGE PARK 20742
TELEPHONE (301) 454-2026

COUNSELING AND PERSONNEL SERVICES

July 1, 1982

Dear Veteran,

This letter is a reminder that we have not yet received your completed questionnaire about your experiences as a women Vietnam veteran.

Due to the small number of reachable women Vietnam veterans, it is vital that we receive a response from each and every one of you. We are depending on your cooperation to make this a scientifically sound and significant study of women Vietnam veterans and their experiences.

Please help us by returning your questionnaire as soon as possible. We have enclosed a pre-paid return postcard in case you need a new questionnaire or never received our first one. Just fill it out and we will send you a new packet of information. If, by chance, you have just mailed your packet back, please disregard this letter.

Please contact me if you have any questions at (301) 454-4269 Mondays through Fridays from 8:30 to 4:30. Once again, thank you for your time and consideration.

Sincerely,

Jenny Schnaier

Jenny Schnaier
Graduate Student,
University of Maryland

Appendix F

Second Follow-Up Letter Requesting

Subject's Completion Of Questionnaire

UNIVERSITY OF MARYLAND
DIVISION OF HUMAN AND COMMUNITY RESOURCES
COLLEGE OF EDUCATION
COLLEGE PARK 20742
TELEPHONE (301) 454-2026

COUNSELING AND PERSONNEL SERVICES

July 15, 1982

Dear Veteran,

This letter is the second reminder that we have not yet received your completed questionnaire about your experiences as a woman Vietnam veteran.

Once more, we request your valuable participation in our research study. In order to make this study truly representative of each woman veteran's experience, it would be helpful to have a response from each of you. We would appreciate your completing the questionnaire and returning it as soon as possible. If you have any questions or need help of any kind, please feel free to contact me at the above address or at (301) 454-4269 Mondays through Fridays from 8:30 to 4:30.

If you have already mailed your questionnaire, please disregard this letter. We thank you for your cooperation.

Sincerely,

Jenny Schnaier

Jenny Schnaier
Graduate student
University of Maryland

Appendix G

Summaries Of All Biographical And

Demographical Information For All Respondents

Age Of Respondents

Age In Vietnam	N	%
21	2	2.3
22	23	26.4
23	25	28.7
24	7	8.0
25	6	6.9
26	4	4.6
27	3	3.4
28	1	1.1
29	3	3.4
30	3	3.4
33	2	2.3
35	2	2.3
36	1	1.1
37	1	1.1
39	1	1.1
51	1	1.1
No Response	2	2.3
Total	87	100%

Mean = 25.1

Standard Deviation = 4.82

Current Age	N	%
32	1	1.1
33	1	1.1
34	10	11.5
35	15	17.2
36	17	19.5
37	8	9.2
38	9	10.3
39	6	6.9
40	2	2.3
41	1	1.1
42	3	3.4
43	4	4.6
45	2	2.3
47	1	1.1
50	2	2.3
51	1	1.1
53	1	1.1
56	1	1.1
67	1	1.1
No Response	1	1.1
Total	87	100%

Mean = 38.3

Standard Deviation = 5.55

Race Of Respondents

Race	N	%
American Indian/Native American	2	2.3
Black, not of Hispanic origin	1	1.1
Asian or Pacific Islander	0	0.0
Hispanic	2	2.3
White, not of Hispanic origin	81	93.1
Other	1	1.1
Total	87	100%

Educational Attainment Of Respondents

Prior To Entering The Military

Education	N	%
Some high school	0	0.0
Completed high school	1	1.1
Some college/professional school	19	21.8
Completed college/professional school	65	74.7
Some graduate work	0	0.0
Completed graduate work	1	1.1
No Response	1	1.1
Total	87	100%

If Stated, Type Of Degree Held	N	%
R.N., Diploma R.N., or 3-yr graduate	24	58.5
B.S. or B.S.N.	15	36.6
B.A.	1	1.1
C.R.N.A. (Certified R.N. Anesthesist)	1	1.1
Total	87	100%

Current Educational Attainment

Of Respondents

Education	N	%
Some high school	0	0.0
Completed high school	1	0.0
Some college/professional school	13	14.9
Completed college/professional school	45	51.7
Some graduate work	8	9.2
Completed graduate work	20	23.0
No Response	1	1.1
Total	87	100%

Current Educational Attainment

Of Respondents (Continued)

Type Of Degree Held	N	%
R.N., Diploma R.N., or 3-yr graduate	6	12.2
A.A.	3	6.1
B.S. or B.S.N.	15	30.6
B.A.	4	8.2
M.Ed.	3	8.2
M.S.Ed.	1	2.0
M.A.	2	4.1
C.E.N. (Certified Emergency Nurse)	1	2.0
M.S.N.	4	8.2
M.B.A.	1	2.0
C.R.N.A. (Certified R.N. Anesthesist)	1	2.0
M.S.	7	14.3
M.S.T. (Massage Therapist)	1	2.0
Total	87	100%

Number Of Jobs Held By Respondents

Since Leaving Vietnam

Number Of Jobs Held	N	%
0	1	1.1
1	2	2.3
2	8	9.2
3	14	16.1
4	19	21.8
5	18	20.7
6	13	14.9
7	2	2.3
8	3	3.4
9	1	1.1
11	1	1.1
12	2	2.3
No Response	3	3.4
Total	87	100%

Mean = 4.6

Standard Deviation = 2.17

Number Of Years In Nursing

Profession Of Respondents

Number Of Years	N	%
0	1	1.1
1	1	1.1
2	2	2.3
3	3	3.4
4	4	4.6
5	7	8.0
6	3	3.4
7	4	4.6
8	9	10.3
9	9	10.3
10	6	6.9
11	7	8.0
12	9	10.3
13	6	6.9
14	7	8.0
15	1	1.1
16	2	2.3
17	2	2.3
No Response	4	4.6
Total	87	100%

Mean = 9.2

Standard Deviation = 3.92

Current Annual Income Of Respondents

Current Income	N	%
$ 0-5,000	5	5.7
5,001-10,000	9	10.3
10,001-15,000	5	5.7
15,001-20,000	11	12.6
20,001-25,000	23	26.4
25,001-30,000	13	14.9
30,000 or over	17	19.5
Retired	1	1.1
No Response	3	3.4
Total	87	100%

Marital Status Of Respondents

Marital Status When Entering Military

Status	N	%
Married	2	2.3
Single	80	92.0
Divorced	3	3.4
Separated	0	0.0
Widowed	1	1.1
No Response	1	1.1
Total	87	100%

Present Marital Status

Status	N	%
Common Law Marriage	2	2.3
Married (Never Divorced)	35	40.2
Married (Previously Divorced)	5	5.7
Married (Previously Widowed)	0	0.0
Separated	5	5.7
Single	18	20.7
Divorced and Still Single	18	20.7
Divorced (Living with Lover)	1	1.1
Living with Lover	3	3.4
Total	87	100%

Pregnancy Histories Of Respondents

Number Of Pregnancies	N	%
0	37	42.5
1	16	18.4
2	18	20.7
3	8	9.2
4	5	5.7
5	3	5.7
Total	87	100%

Mean = 1.3

Standard Deviation = 1.42

Number Of Miscarriages	N	%
0	69	79.3
1	13	14.9
2	4	4.6
5	1	1.1
Total	87	100%

Mean = .30

Standard Deviation = .73

Pregnancy Histories (Continued)

Number Of Abortions	N	%
0	76	87.4
1	10	11.5
2	1	1.1
Total	87	100%

Mean = .14

Standard Deviation = .38

Number Of Live Births	N	%
0	53	60.9
1	7	8.0
2	21	24.1
3	5	5.7
4	1	1.1
Total	87	100%

Mean = .78

Standard Deviation = 1.07

Pregnancy Histories (Continued)

Number Of Still Births	N	%
0	82	94.3
1	4	4.6
No Response	1	1.1
Total	87	100%

Mean = .05

Standard Deviation = .21

Number Of Children	N	%
0	47	54.0
1	10	11.5
2	25	28.7
3	5	5.7
Total	87	100%

Mean = .86

Standard Deviation = 1.03

Respondents' Branch Of Military Service In Vietnam

Branch	N	%
Marines	0	0.0
Army	79	90.8
Air Force	5	5.7
Navy	3	3.4
Coast Guard	0	0.0
Total	87	100%

Respondents' Rank In Military In Vietnam

Rank	N	%
Army - 2nd Lieutenant	4	4.6
1st Lieutenant	39	44.8
Captain	35	40.2
Major	2	2.3
Lt. Colonel	1	1.1
Specialist-5	1	1.1
Air Force - Captain	1	1.1
Colonel	1	1.1
Navy - Lt. Commander	1	1.1
Commander	1	1.1
E-4	1	1.1
Total	87	100%

Types Of Positions Respondents

Held In Vietnam

Position	N	%
Staff Nurse	36	17.7
Medical Surgery	19	9.4
Orthopedics	9	4.4
P.O.W., Civilians or Vietnamese Wards	8	3.9
Emergency Room	26	12.8
Head or Charge Nurse	24	11.8
Pre-Op	6	3.0
Psychiatric Wards	5	2.5
Operating Room	5	2.5
Pediatric	1	.5
Intensive Care Unit	32	15.8
Female Medical	1	.5
Burn Unit	3	1.5
Anesthesist	3	1.5
Medic	1	.5
Sick Officer Quarters	1	.5
Evacuation Hospital	3	1.5
Medical Specialist	1	.5
Air Evacuation	1	.5
Field--Immediate Care	1	.5

Types Of Positions Respondents

Held In Vietnam

Position	N	%
Recovery Room	15	7.4
Critical Care	1	.5
Physical Therapist	1	.5
Total	203*	100%

*Respondents listed up to five positions

Total Years Respondents Spent In The Military

Years	N	%
1	5	5.7
2	37	42.5
3	19	21.8
4	7	8.0
5	4	4.6
6	1	1.1
10	2	2.3
12	2	2.3
13	1	1.1
17	1	1.1
18	1	1.1
19	1	1.1
21	1	1.1
22	2	2.3
24	2	2.3
No Response	1	1.1
Total	87	100%

Mean = 4.8

Standard Deviation = 5.71

Number Of Months In Military

Prior To Respondents' Vietnam Service

Number Of Months	N	%
0	1	1.1
1	4	4.6
2	9	10.3
4	3	3.4
5	7	8.0
6	4	4.6
7	10	11.5
8	7	8.0
9	6	6.9
10	2	2.3
12 (1 year)	11	12.6
13	1	1.1
14	2	2.3
17	1	1.1
18	1	1.1
19	2	2.3
22	2	2.3
24 (2 years)	2	2.3
26	1	1.1
31	1	1.1

Number Of Months In Military

Prior To Respondents' Vietnam Service (Continued)

Number Of Months	N	%
36 (3 years)	1	1.1
45	1	1.1
84 (7 years)	3	3.4
Greater than 8 years	4	4.6
No Response	1	1.1
Total	87	100%

Mean = 16.5

Standard Deviation = 24.16

Number Of Months In Military

After Respondents' Vietnam Service

Number Of Months	N	%
0	16	18.4
1	3	3.4
3	7	8.0
4	2	2.3
5	7	8.0
6	5	5.7
7	5	5.7
8	3	3.4
9	1	1.1
10	2	2.3
11	2	2.3
12 (1 year)	8	9.2
13	1	1.1
15	4	4.6
16	3	3.4
19	1	1.1
20	1	1.1
21	1	1.1
24 (2 years)	4	4.6
26	1	1.1
33	1	1.1

Number Of Months In Military

After Respondents' Vietnam Service (Continued)

Number Of Months	N	%
36 (3 years)	1	1.1
60	1	1.1
84 (7 years)	1	1.1
Greater than 8 years	5	5.7
No Response	1	1.1
Total	87	100%

Mean = 15.3

Standard Deviation = 24.39

Respondents' Military History

Type Of Discharge	N	%
Honorable	79	90.8
General	1	1.1
Medical	1	1.1
Medical Retirement	2	2.3
Still in Service	3	3.4
No Response	1	1.1
Total	87	100%

Re-Enlistment History	N	%
Re-enlisted	14	16.1
Did not Re-Enlist	69	79.3
No Response	4	4.5
Total	87	100%

Respondents' Military History (Continued)

How Assigned To Vietnam	N	%
Routine Transfer	21	24.1
Volunteered (Willingly)	58	66.7
Volunteered (Against my will)	3	3.4
Other	4	4.6
No Response	1	1.1
Total	87	100%

Number Of Tours In Vietnam And How Sent For Additional Tour	N	%
One Tour Only	77	88.5
Volunteered Twice	4	4.6
Extended Tour in Vietnam to Get Out of Military Early	4	4.6
Extended Tour	1	1.1
Coerced into Continuing	1	1.1
Total	87	100%

Respondents' Military History (Continued)

Length Of Service In Vietnam (In Months)

Tour 1	N	%
3	1	1.1
9	2	2.3
10	1	1.1
11	2	2.3
12 (1 year)	68	78.2
13	6	6.9
14	1	1.1
15	3	3.4
18	1	1.1
20	1	1.1
No Response	1	1.1
Total	87	100%

Mean = 12.1

Standard Deviation = 1.68

Tour 2	N	%
12 (1 year)	1	1.1
24 (2 years)	1	1.1
No Response	85	97.7
Total	87	100%

Mean = 18.0

Standard Deviation = 8.49

Respondents' Military History (Continued)

Total Months In Vietnam	N	%
3	1	1.1
9	2	2.3
10	1	1.1
11	2	2.3
12 (1 year)	66	75.9
13	6	6.9
14	1	1.1
15	3	3.4
18	1	1.1
20	1	1.1
24 (2 years)	1	1.1
36 (3 years)	1	1.1
No Response	1	1.1
Total	87	100%

Mean = 12.56

Standard Deviation = 3.32

Respondents' Attitudes Toward Going To Vietnam

In General, How Did You Feel About Going To Vietnam?		
Response	N	%
Very Positive	44	50.6
Somewhat Positive	23	26.4
Neutral	5	5.7
Somewhat Negative	5	5.7
Very Negative	6	6.9
Not Sure/Don't Remember	2	2.3
Other	1	1.1
No Response	1	1.1
Total	87	100%

Mean = 2.02

Standard Deviation = 1.46

Respondents' Perceived Adequacy Of

Medical Training For Vietnam

How Adequately Do You Feel You Were Medically Trained For Your Assignment In Vietnam?

Response	N	%
Very well trained	25	28.7
Fairly well trained	32	36.8
Needed some more training	16	18.4
Undertrained	9	10.3
Poorly trained	4	4.6
No Response	1	1.1
Total	87	100%

Mean = 2.24

Standard Deviation = 1.13

Respondents' Correspondence With Others

During Tour In Vietnam

Did You Correspond With Any One Back Home Continuously During Your Tour In Vietnam

Response	N	%
Yes	84	96.6
No	2	2.3
No Response	1	1.1
Total	87	100%

If Yes, Number Of People Correspond With

Number Of People	N	%
1	6	6.9
2	9	10.3
3	17	19.5
4	19	21.8
5	17	19.5
6	11	12.6
7	5	5.7
No Response	3	3.4
Total	87	100%

Mean = 4.01

Standard Deviation = 1.60

Respondents' Correspondence With Others

During Tour In Vietnam (Continued)

If Corresponded With Only One Person, Who?

Who	N	%
Mother	4	4.6
Friend	1	1.1
No Response	82	94.3
Total	87	100%

Did Respondent Suffer Any Disability In Vietnam?

Response	N	%
Yes	18	20.7
No	68	78.2
No Response	1	1.1
Total	87	100%

Respondents' Seeking Professional Help For Any Mental Health Problems

Have You Ever Sought Professional Help With Any Mental Health Problems

Response	N	%
Yes	42	48.3
No	44	50.6
No Response	1	1.1
Total	87	100%

If Yes, Did You Ever Discuss Your Experiences In Vietnam?

Response	N	%
Yes	21	42.9
No	28	57.1
Total	49	100%

Respondents' Seeking Professional Help For Any Mental Health Problems (Continued)

If Described, Type Of Help Sought

Type	N	%
Help for Vietnam	11	27.5
Help other than Vietnam	12	30.0
Help other than Vietnam, but discussed or related to Vietnam	12	30.0
Alcoholism	1	2.5
Suicide Attempt	3	7.5
Other	1	2.5
Total	40	100%

Appendix H

Items Reported By 50% Or More On Scale 1 Of The Respondents As Having "Not Occurred At All"

69. Suicidal thoughts.

73. Asking yourself why others died in Vietnam and not you.

74. Feeling guilty that you survived the war when others didn't.

75. Feeling guilty that certain patients survived who you felt probably shouldn't have.

78. Experiencing nightmares of the war.

80. Experiencing rage.

81. Experiencing sadness over lost friends that you cannot express.

82. Experiencing explosive anger.

84. Feeling numb or nothing inside.

85. Feeling that all of your problems are caused by other people doing things to you.

88. The fear of losing control of your impulses (e.g. feelings, emotions).

89. Using alcohol to help you feel better.

90. Using alcohol to help you sleep.

91. Using hard drugs to help you feel better (e.g. speed, heroin).

92. Using hard drugs to help you sleep (e.g. speed, heroin).

93. Using marijuana to help you feel better.

94. Using marijuana to help you sleep.

95. Responding reflexively, using military-like survival tactics when under stress.

97. Taking drugs prescribed by a doctor for your emotional upset.

99. Experiencing sexual problems.

103. Feeling like you lost your romantic, sexual sensitivity in Vietnam.

105. Getting into fights with others.

108. Losing your temper and getting out of control.

109. Experiencing problems with your husband or lover.

111. Having a problem trusting others for fear of something bad happening to you.

112. Getting nervous around other people who are not Vietnam veterans.

113. Experiencing problems being close to your family.

114. Your husband or lover complaining that Vietnam has messed up the relationship.

115. Worrying that Vietnam is affecting the way you relate to your children.

116. Feeling that you are no good and worthless.

118. Feeling that you have no real goals that matter.

122. Feeling that you cannot control the important events in your life.

123. Feeling like you are just a walking "shell" of your old self.

125. Not feeling proud of the kind of person you are.

126. Feeling that you are not a person of worth.

127. Feeling that Vietnam took away your "soul" (dehumanized you).

128. Feeling that you just cannot get a hold on things.

130. Feeling like you've been a failure since leaving military service.

131. Having fantasies of retaliation for what happened to you in Vietnam.

139. Feeling that your work is menial and below your capabilities.

142. Legal problems.

143. The feeling of quitting your job because the work was less than you could do.

144. Feeling that life has no meaning for you.

145. Feeling the need to find more purpose in life.

148. Walking in the woods and listening carefully to the sounds around you.

150. Thoughts that Vietnam is something you still cannot accept in your life.

151. Thoughts that Vietnam was just one great big nightmare.

152. Feeling the need to have a weapon on or near you.

153. Feeling that you drive too fast or recklessly.

154. Feeling the need to recreate in your work here, the kind of sensations you experienced in your work in Vietnam.

155. Feeling the need to engage yourself in dangerous or highly risky adventures in which you feel that you "live" on the edge.

156. The need to seek out high degrees of "sensation" that are inherently risky.

157. The feeling that you are not free to make your own choices which are important to your life.

158. The feeling that your personal existence (life) is without meaning.

Appendix I

Items Reported By 50% Or More Of The Respondents On Scale 3 As Having First Occurred Between "Homecoming And Now"

178. Emotional numbing.

179. Depression--feelings of helplessness, hopelessness, apathy, dejection.

181. Emotional constriction and unresponsiveness to self and others.

185. Loss of interest in work and activities, fatigue, lethargy.

186. Hyper-alertness, startle easily.

192. Flashbacks to traumatic events experienced in war, intrusive thoughts.

195. Ideological changes and confusion in value system.

196. Cynicism and mistrust of government and authority.

197. Alienation--feeling estranged.

199. Negative self-image, low self-esteem?

201. Hypersensitivity to issues of equity, justice, fairness, equality and legitimacy.

203. Problems in establishing or maintaining intimate relationships.

206. Inability to talk about war experiences and personal emotions.

Appendix J

For Respondents Positively Reporting

Symptoms On Scale 3, Items Reported By 50%

Or More As Having First Occurred Between

"Homecoming And One Year"

178. Emotional numbing.

179. Depression--feelings of helplessness, hopelessness, apathy, dejection.

181. Anxiety--nervousness.

182. Emotional constriction and unresponsiveness to self and others.

183. Tendency to react under stress with military "survival tactics."

184. Sleep disturbances and recurring nightmares of the war experience.

186. Hyper-alertness, startle easily.

187. Avoidance of activities that arouse memories of trauma in war zone or medical experiences.

188. Seeking out experiences that are risky, dangerous and exciting in ways similar to that in Vietnam.

189. Seeking out work that tends to recreate your work experiences in Vietnam.

191. Survivor guilt--wondering why you survived and a friend(s) or patient(s) didn't.

192. Flashbacks to traumatic events experienced in war, intrusive thoughts.

193. Guilty feelings associated with acts participated in or done in Vietnam.

194. Fantasies of retaliation and destruction.

195. Ideological changes and confusion in value system.

196. Cynicism and mistrust of government and authority.

197. Alienation--feeling estranged.

201. Hypersensitivity to issues of equity, justice, fairness, equality and legitimacy.

203. Problems in establishing or maintaining intimate relationships.

204. Tendency to have difficulty with authoritative figures (challenging and testing authority, rules and regulations).

206. Inability to talk about war experiences and personal emotions.

207. Fears of loss of others.

208. Secretly wanting to return to Vietnam.

210. Withdrawal from others, isolation.

211. Mistrust of others.

213. Guilt over the inability to heal both physical and psychological wounds.

214. Reluctance to have children because of the atrocities seen in war.

Appendix K

For Respondents Positively Reporting

Symptoms On Scale 3, Items

Reported By 50% Or More As Having

First Occurred Between

"One To Five Years"

180. Anger-range, hostility (feeling like a walking time bomb).

185. Loss of interest in work and activities, fatigue, lethargy.

189. Seeking out work that tends to recreate your work experiences in Vietnam.

207. Fears of loss of others.

Appendix L

Items From Scale 3 That Were Reported As "Still Present" By Over 50% Of The Respondents

178. Emotional numbing.

181. Anxiety-nervousness.

182. Emotional constriction and unresponsiveness to self and others.

186. Hyper-alertness, startle easily.

187. Avoidance of activities that arouse memories of trauma in war zone or medical experiences.

192. Flashbacks to traumatic events experienced in war, intrusive thoughts.

193. Guilty feelings associated with acts participated in or done in Vietnam.

195. Ideological changes and confusion in value system.

196. Cynicism and mistrust of government and authority.

197. Alienation--feeling estranged.

198. Feelings of meaninglessness; search for meaning in life.

200. Memory impairment, especially during times of stress.

201. Hypersensitivity to issues of equity, justice, fairness, equality and legitimacy.

202. Impulsive--abrupt changes (quick) in lifestyle (job, relocation, etc.).

203. Problems in establishing or maintaining intimate relationships.

204. Tendency to have difficulty with authoritative figures (challenging and testing authority, rules and regulations).

205. Emotional distance from children and concern about anger alienating children, husband, and others.

206. Inability to talk about war experiences and personal emotions.

207. Fears of loss of others.

208. Secretly wanting to return to Vietnam.

209. Tendency to explode in fits of rage and anger especially when disinhibited by drugs/alcohol.

210. Withdrawal from others, isolation.

211. Mistrust of others.

213. Guilt over the inability to heal both physical and psychological wounds.

214. Reluctance to have children because of the atrocities seen in war.

215. Fear of having children because of possible exposure to unknown chemicals.

Appendix M

Frequencies, Means, And Standard Deviations

For All Questionnaire Items

FREQUENCIES, MEANS, AND STANDARD DEVIATIONS

FOR SECTIONS II, III, IV, & V

SECTION II

Never - Experience did not occur
Rarely - Experience occurred one time every month
Occasionally - Experience occurred one time every two weeks
Often - Experience occurred one or two times each week
Very Often - Experience occurred three or more times a week

	No Response	Never	Rarely	Occasionally	Often	Very Often	MEAN	STANDARD DEVIATION
30. Taking care of wounded American soldiers?		2.3	3.4	2.3	2.3	89.7	3.74	.86
31. Taking care of wounded Vietnamese soldiers?		6.9	4.6	11.5	26.4	50.6	3.10	1.20
32. Taking care of wounded civilians?		5.7	8.0	18.4	24.1	43.7	2.92	1.21
33. Taking care of wounded children and women?		6.9	9.2	23.0	17.2	43.7	2.82	1.28
34. Taking care of wounded P.O.W.'s?		9.2	26.4	35.6	14.9	13.8	1.98	1.16
35. Taking care of psychiatric casualties?		20.7	27.6	26.4	10.3	14.9	1.71	1.32
36. Taking care of a patient who reminded you of someone close to you?		16.1	33.3	26.4	16.1	8.0	1.67	1.17
37. Taking care of Americans who later died?	2.3	1.1	10.3	14.9	33.3	37.9	2.99	1.04
38. Preparation of American bodies for evacuation?		44.8	13.8	10.3	11.5	19.5	1.47	1.61
39. Taking care of Vietnamese who died?	1.1	19.5	19.5	20.7	19.5	19.5	2.00	1.41
40. Preparation of Vietnamese bodies for evacuation?		56.3	19.5	4.6	12.6	6.9	.94	1.32
41. Having personnel shortages?		1.1	10.3	31.0	31.0	26.4	2.71	1.01
42. Having equipment and supply shortages?		2.3	8.0	27.6	33.3	28.7	2.78	1.03
43. Having a continual stream of casualties?		2.3	4.6	13.8	34.5	44.8	3.15	.98
44. Having to make decisions about who would receive equipment or personnel if shortages existed?		21.8	26.4	29.9	13.8	3.0	1.60	1.21
45. Having to make decisions in triage about who would get treatment?		28.7	21.8	17.2	17.2	14.9	1.68	1.44
46. Having to watch patients die because of equipment or personnel shortages?		36.8	37.9	14.9	6.9	3.4	1.02	1.06
47. Seeing the mutilation of young bodies?		2.3	5.7	5.7	9.2	77.0	3.53	.99
48. Not knowing what happened to a patient after they left your care?		2.3	1.1	5.7	11.5	79.3	3.64	.84
49. Feeling underprepared or undertrained to help?		11.5	34.5	28.7	16.1	9.2	1.77	1.14
50. Feeling tired (lack of sleep) both mentally and physically?		0.0	10.3	26.4	32.2	31.0	2.84	.99
51. Having patients die because of medical or nursing errors?		32.2	49.4	13.8	4.6	0.0	.91	.80
52. Making nursing errors due to tiredness and/or overwork, and/or overload?		25.3	47.1	21.8	3.4	2.3	1.10	.91

Frequency for Numbered Spaces

Never - Experience did not occur
Rarely - Experience occurred one time every month
Occasionally - Experience occurred one time every two weeks
Often - Experience occurred one or two times each week
Very Often - Experience occurred three or more times a week

		No Response	Never	Rarely	Occasionally	Often	Very Often	MEAN	STANDARD DEVIATION
53.	Actively participating in or aiding in the death of wounded Vietnamese in order to medically assist American soldiers?		82.8	10.3	6.9	0.0	0.0	.24	.57
54.	Passively participating in or aiding in the death of wounded Vietnamese in order to medically assist American soldiers?		66.7	21.8	9.2	2.3	0.0	.47	.76
55.	Actively participating in helping a patient who requested to be allowed to die?		79.3	13.8	5.7	1.1	0.0	.29	.63
56.	Passively participating in helping a patient who requested to be allowed to die?		71.3	17.2	11.5	0.0	0.0	.40	.69
57.	Having to use heroic attempts to resuscitate a patient when you felt they would be better off if allowed to die?		25.3	21.8	33.3	13.8	5.7	1.53	1.18
58.	Having to sit with a patient who was waiting for their death?		18.4	34.5	17.2	21.8	8.0	1.67	1.24
59.	Having to communicate with the family and friends of patients who died?		59.8	20.7	14.9	4.6	0.0	.64	.90
60.	Being under direct mortar or ground fire?	1.1	13.8	27.6	24.1	20.7	12.6	1.91	1.25
61.	Being in situations in which you thought you would not survive?		23.0	32.2	26.4	11.5	6.9	1.47	1.17
62.	Feeling personally responsible for a death?		48.3	35.6	11.5	4.6	0.0	.72	.85
63.	Feeling personally responsible for life and death decisions?		16.1	23.0	13.8	25.3	21.8	2.14	1.42
64.	Feeling the need to negate the emotions you experienced at the time in order to get through the experience?		3.4	12.6	18.4	29.9	35.6	2.82	1.16
65.	Feeling like a failure in your job (Unable to provide support, comfort or easing of pain)?		14.9	31.0	20.7	13.4	14.9	1.87	1.30
66.	Adapting to drastic or unexpected role changes both professionally and personally?		4.6	19.5	29.9	23.0	23.0	2.40	1.18
67.	Having to cope with sexual harassment?		23.0	37.9	14.9	12.6	11.5	1.52	1.29

SECTION III

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	No Response	Not at all	A little bit	Moder-ately	Quite a bit	Ex-tremely	MEAN	STANDARD DEVIATION
68. Feeling anxious or nervous?		17.2	46.0	14.9	13.8	8.0	1.50	1.17
69. Suicidal thoughts?		66.7	27.6	3.4	1.1	1.1	.43	.73
70. Problems of concentration?		31.0	39.1	13.4	4.6	6.9	1.17	1.13
71. Feeling depressed (down, bummed out)?		19.5	41.4	19.5	12.6	6.9	1.46	1.15
72. Thoughts of a friend(s) killed in Vietnam?		48.3	34.5	10.3	4.6	2.3	.78	.97
73. Asking yourself why others died in Vietnam and not you?		80.5	12.6	4.6	1.1	1.1	.30	.72
74. Feeling guilty that you survived the war when others didn't?		75.9	18.4	2.3	2.3	1.1	.35	.74
75. Feeling guilty that certain patients survived who you felt probably shouldn't have?		66.7	23.0	8.0	2.3	0.0	.46	.74
76. Feeling like isolating or withdrawing yourself from others?		36.8	28.7	13.8	12.6	8.0	1.26	1.30
77. Having problems going to sleep?		36.8	36.8	13.8	6.9	5.7	1.08	1.14
78. Experiencing nightmares of the war?		59.8	26.4	8.0	4.6	1.1	.61	.91
79. Experiencing anger?		10.3	49.4	14.9	16.1	9.2	1.64	1.15
80. Experiencing rage?		52.9	25.3	9.2	4.6	8.0	.90	1.24
81. Experiencing sadness over lost friends that you cannot express?		55.2	24.1	6.9	10.3	3.4	.83	1.15
82. Experiencing explosive anger?		65.5	17.2	8.0	4.6	4.6	.66	1.11
83. Trying to get rid of unpleasant thoughts about Vietnam when they come into your head?		40.2	34.5	12.6	8.0	4.6	1.02	1.13
84. Feeling numb or nothing inside?		59.8	19.5	10.3	2.3	8.0	.79	1.22
85. Feeling that all of your problems are caused by other people doing things to you?		74.7	17.2	1.1	3.4	3.4	.44	.95
86. Mistrusting what others say or do?		40.2	35.6	10.3	11.5	2.3	1.00	1.10
87. Memories of Vietnam which just seem to pop into your head in an unpredictable way?		18.4	44.8	14.9	19.5	2.3	1.43	1.07
88. The fear of losing control of your impulses (e.g. feelings, emotions)?		52.9	16.1	9.2	9.2	12.6	1.13	1.46
89. Using alcohol to help you feel better?		63.2	16.1	11.5	8.0	1.1	.68	1.04

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	No Response	Not at all	A little bit	Moderately	Quite a bit	Extremely	MEAN	STANDARD DEVIATION
90. Using alcohol to help you sleep?	2.3	65.5	21.8	4.7	4.7	1.1	.51	.88
91. Using hard drugs to help you feel better (e.g. speed, heroin)?		96.6	2.3	1.1	0.0	0.0	.05	.26
92. Using hard drugs to help you sleep (e.g. speed, heroin)?		97.7	1.1	1.1	0.0	0.0	.03	.24
93. Using marijuana to help you feel better?		88.5	5.7	3.4	0.0	2.3	.22	.72
94. Using marijuana to help you sleep?		93.1	1.1	3.4	1.1	1.1	.16	.65
95. Responding reflexively, using military-like survival tactics when under stress?		63.2	26.4	5.7	3.4	1.1	.53	.85
96. War related thoughts (e.g. memories of Vietnam)?		14.9	41.4	19.5	19.5	4.6	1.58	1.11
97. Taking drugs prescribed by a doctor for your emotional upset?		92.0	5.7	1.1	0.0	1.1	.13	.52
98. Feeling an inability to be close to someone you care about?		40.2	27.6	16.1	9.2	6.9	1.15	1.24
99. Experiencing sexual problems?		54.0	24.1	11.5	6.9	3.4	.82	1.11
100. Feeling alienated from other people?		40.2	27.6	12.6	11.5	8.0	1.20	1.30
101. An inability to talk about the war?	1.1	46.0	24.1	10.3	11.5	6.9	1.08	1.30
102. Experiencing a fear of losing loved ones?		34.5	29.9	9.2	12.6	13.8	1.41	1.43
103. Feeling like you lost your romantic, sexual sensitivity in Vietnam?		65.5	17.2	4.6	4.6	8.0	.72	1.25
104. Getting into fights or conflicts with loved ones?		40.2	39.1	6.9	6.9	6.9	1.01	1.18
105. Getting into fights with others?		56.3	36.8	3.4	2.3	1.1	.55	.77
106. Feeling unable to express your real feelings to others?		32.2	29.9	12.6	12.6	12.6	1.44	1.39
107. "Flying off the handle" in frustration when things don't go right?		41.4	33.3	8.0	8.0	9.2	1.10	1.29
108. Losing your temper and getting out of control?		59.8	21.8	6.9	3.4	8.0	.78	1.22
109. Experiencing problems with your husband or lover?	2.3	54.0	24.1	5.7	4.6	9.2	.88	1.29
110. Arguing with your husband or lover?	2.3	49.4	33.3	5.7	4.6	4.6	.79	1.07
111. Having a problem trusting others for fear of something bad happening to you?		54.0	17.2	11.5	10.3	6.9	.99	1.31
112. Getting nervous around other people who are not Vietnam veterans?		72.4	14.9	6.9	3.4	2.3	.48	.94
113. Experiencing problems being close to your family?		50.6	20.7	8.0	11.5	9.2	1.08	1.37
114. Your husband or lover complaining that Vietnam has messed up the relationship?	1.1	92.0	5.7	1.1	0.0	0.0	.08	.32
115. Worrying that Vietnam is affecting the way you relate to your children?	1.1	83.9	8.0	1.1	1.1	4.6	.33	.94
116. Feeling that you are no good and worthless?		65.5	12.6	9.2	9.2	3.4	.72	1.17

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	No Response	Not at all	A little bit	Moder-ately	Quite a bit	Ex-tremely	MEAN	STANDARD DEVIATION
117. Problems remembering things you know you should remember?		37.9	40.2	6.9	10.3	4.6	1.03	1.14
118. Feeling that you have no real goals that matter?		55.2	23.0	4.6	11.5	5.7	.89	1.26
119. Feeling that you are different than you were before going to Vietnam, (that your sense of identity just won't come together in the right way)?	2.3	37.9	17.2	12.6	12.6	17.2	1.53	1.54
120. Feeling self-conscious as a Vietnam veteran?		39.1	24.1	11.5	14.9	10.3	1.33	1.40
121. Experiencing self-doubt and uncertainty?		33.3	33.3	9.2	13.8	10.3	1.35	1.35
122. Feeling that you cannot control the important events in your life?		50.6	25.3	8.0	8.0	8.0	.98	1.29
123. Feeling like you are just a walking "shell" of your old self?		66.7	12.6	3.4	10.3	6.9	.78	1.31
124. Not feeling really satisfied with yourself?		33.3	34.5	8.0	11.5	12.6	1.36	1.38
125. Not feeling proud of the kind of person you are?		54.0	19.5	6.9	8.0	11.5	1.03	1.41
126. Feeling that you are not a person of worth?		60.9	16.1	6.9	6.9	9.2	.87	1.34
127. Feeling that Vietnam took away your "soul" (dehumanized you)?		67.8	16.1	5.7	6.9	3.4	.62	1.09
128. Feeling that you just cannot get a hold on things?		60.9	17.2	6.9	9.2	5.7	.81	1.24
129. Feeling like you are still searching for something in your life but just cannot seem to find it?		35.6	29.9	9.2	6.9	18.4	1.43	1.49
130. Feeling like you've been a failure since leaving military service?	1.1	71.3	10.3	5.7	5.7	5.7	.63	1.19
131. Having fantasies of retaliation for what happened to you in Vietnam?		82.8	9.2	6.9	1.1	0.0	.26	.64
132. Feeling out of touch (alienated) from the government?		40.2	25.3	10.3	9.2	14.9	1.33	1.46
133. The feeling that you are stigmatized for being a Vietnam veteran?		49.4	18.4	9.2	12.6	10.3	1.16	1.42
134. The feeling that you are stigmatized for being a Vietnam veteran who is a woman?		49.4	14.9	9.2	8.0	18.4	1.31	1.58
135. Feeling cynical about governmental processes, agencies, and policies?		11.5	25.3	16.1	13.8	33.3	2.32	1.45
136. Feeling like you lost your faith in people after Vietnam?		49.4	16.1	13.8	11.5	9.2	1.15	1.39
137. The feeling that you were used by the government for serving in Vietnam?		42.5	13.8	10.3	8.0	25.3	1.60	1.67
138. Having problems with persons in authority positions?		43.7	28.7	12.6	5.7	9.2	1.08	1.28
139. Feeling that your work is menial and below your capabilities?		70.1	12.6	6.9	4.6	5.7	.63	1.16
140. Feeling uneasy in a crowd such as at a party or movie?		42.5	26.4	11.5	10.3	9.2	1.17	1.33

Frequency for Numbered Spaces

Not at all - Problem does not occur
A little bit - 1 to 9 times a month
Moderately - 10 to 14 times a month
Quite a bit - 15 to 20 times a month
Extremely - 21 to 30 times a month

HOW MUCH WERE YOU BOTHERED BY:	No Response	Not at all	A little bit	Moderately	Quite a bit	Extremely	MEAN	STANDARD DEVIATION
141. Experiencing conflicts with co-workers?	1.1	43.7	44.8	5.7	2.3	2.3	.73	.86
142. Legal problems?		85.1	11.5	2.3	0.0	1.1	.21	.59
143. The feeling of quitting your job because the work was less than you could do?		70.1	17.2	5.7	3.4	3.4	.53	.99
144. Feeling that life has no meaning for you?		66.7	17.2	5.7	4.6	5.7	.66	1.15
145. Feeling the need to find more purpose in life?		36.8	32.2	10.3	10.3	10.3	1.25	1.33
146. Feeling jumpy or jittery, especially when sudden noises occur?		36.8	25.3	18.4	8.0	11.5	1.32	1.35
147. Having an emotional or physical reaction when you hear a helicopter?		19.5	27.6	11.5	18.4	23.0	1.98	1.48
148. Walking in the woods and listening carefully to the sounds around you?		51.7	25.3	8.0	6.9	8.0	.94	1.27
149. Thoughts that it is hard to really believe that Vietnam happened to you?		32.2	29.9	10.3	16.1	11.5	1.45	1.39
150. Thoughts that Vietnam is something you still cannot accept in your life?		66.7	9.2	6.9	9.2	8.0	.83	1.35
151. Thoughts that Vietnam was just one great big nightmare?		57.5	21.8	4.6	9.2	6.9	.86	1.27
152. Feeling the need to have a weapon on or near you?		83.9	10.3	1.1	3.4	1.1	.27	.76
153. Feeling that you drive too fast or recklessly?		63.2	21.8	9.2	3.4	2.3	.59	.96
154. Feeling the need to recreate in your work here, the kind of sensations you experienced in your work in Vietnam?		55.2	24.1	5.7	8.0	6.9	.87	1.25
155. Feeling the need to engage your self in dangerous or highly risky adventures in which you feel that you "live" on the edge"?		66.7	19.5	8.0	3.4	2.3	.55	.95
156. The need to seek out high degrees of "sensation" that are inherently risky?		72.4	16.1	5.7	3.4	2.3	.47	.93
157. The feeling that you are not free to make your own choices which are important to your life?		57.5	23.0	10.3	2.3	6.9	.78	1.17
158. The feeling that your personal existence (life) is without meaning?		63.2	18.4	5.7	4.6	8.0	.76	1.25
159. The feeling that you should be achieving something, but you don't know what?	1.1	39.1	27.6	9.2	8.0	14.9	1.31	1.45

SECTION IV

HOW MANY TIMES PER MONTH DID YOU EXPERIENCE?	No Response	TIMES PER MONTH 0	1-5	6-9	10-14	15-20	21-25	26-31	MEAN	STANDARD DEVIATION
160. Headaches?	1.1	18.4	43.7	14.9	11.5	8.0	0.0	2.3	2.26	1.37
161. Nervousness or shakiness inside?	1.1	46.0	26.4	2.3	12.6	4.6	1.1	5.7	2.26	1.74
162. Faintness or dizziness?	0.0	75.9	13.8	4.6	3.4	2.3	0.0	0.0	1.43	.91

HOW MANY TIMES PER MONTH DID YOU EXPERIENCE?	No Response	0	1-5	6-9	10-14	15-20	21-25	26-31	MEAN	STANDARD DEVIATION
	TIMES PER MONTH									
163. Pains in heart or chest?	1.1	70.1	18.4	4.6	1.1	3.4	0.0	1.1	1.51	1.10
164. Feeling low in energy or slowed down?	1.1	12.6	40.2	8.0	13.8	9.2	5.7	9.2	3.17	1.88
165. Trembling?	1.1	71.3	13.8	3.4	5.7	2.3	0.0	2.3	1.60	1.29
166. Poor appetite?	1.1	74.7	9.2	5.7	4.6	1.1	2.3	1.1	1.52	1.23
167. Overeating?	3.4	41.4	19.5	6.9	8.0	10.3	2.3	8.0	2.61	1.98
168. Heart pounding or racing?	1.1	55.2	26.4	8.0	2.3	4.6	0.0	2.3	1.81	1.32
169. Nausea or upset stomach?	1.1	48.3	26.4	11.5	9.2	2.3	0.0	1.1	1.92	1.23
170. Trouble getting your breath?	1.1	73.6	13.8	4.6	2.3	3.4	0.0	1.1	1.49	1.13
171. Hot or cold spells?	1.1	74.7	13.8	2.3	3.4	3.4	0.0	1.1	1.48	1.14
172. Numbness or tingling in parts of your body?	1.1	72.4	11.5	3.4	3.4	5.7	0.0	2.3	1.64	1.39
173. A lump in your throat?	1.1	69.0	16.1	4.6	6.9	1.1	0.0	1.1	1.56	1.13
174. Feeling weak in parts of your body?	1.1	72.4	12.6	5.7	1.1	2.3	1.1	3.4	1.62	1.42
175. Awakening in the early morning?	1.1	43.7	21.8	8.0	2.3	10.3	0.0	12.6	2.61	2.10
176. Unable to fall asleep at night?	1.1	36.8	29.9	10.3	11.5	9.2	0.0	1.1	2.28	1.43
177. Feeling that nothing matters anymore?	2.2	57.5	16.1	5.7	3.4	4.6	1.1	9.2	2.17	1.94

SECTION V	Home-Coming to 1 Year	1 to 5 Years	5 to 10 Years	10 Years to Now	Still Present Yes	Still Present No
178. Emotional numbing?	85.2	9.8	3.3	1.6	50.0	50.0 *
179. Depression - feelings of helplessness, hopelessness, apathy, dejection?	51.7	23.3	15.0	8.3	45.0	53.3
180. Anger-rage, hostility (feeling like a walking time bomb)?	35.7	38.1	16.7	9.5	48.8	51.2
181. Anxiety-nervousness?	59.6	17.0	19.1	4.3	51.0	46.9
182. Emotional constriction and un-responsiveness to self and others?	59.6	23.4	12.8	4.3	55.3	44.7
183. Tendency to react under stress with military "survival tactics"?	82.4	5.9	5.9	5.3	40.6	59.4
184. Sleep disturbances and recurring nightmares of the war experience?	73.2	14.6	7.3	4.3	46.5	51.2
185. Loss of interest in work and activities, fatigue, lethargy?	41.7	31.3	14.6	12.5	36.7	63.3
186. Hyper-alertness, startle easily?	86.8	3.8	5.7	3.3	53.7	44.4
187. Avoidance of activities that arouse memories of trauma in war zone or medical experiences?	69.8	16.3	4.7	9.3	59.5	40.5
188. Seeking out experiences that are risky, dangerous, and exciting in ways similar to Vietnam?	57.7	19.2	15.4	7.7	44.0	56.0
189. Seeking out work that tends to recreate your work experiences in Vietnam?	60.0	31.4	0.0	8.6	48.6	51.4
190. Suicidal feelings and thoughts; self-destructive behavior tendencies?	41.0	20.5	25.6	12.8	39.5	60.5
191. Survivor guilt - wondering why you survived and a friend(s) or patient(s) didn't?	71.4	14.3	4.8	9.5	33.3	66.7
192. Flashbacks to traumatic events experienced in war, intrusive thoughts?	70.9	12.7	12.7	3.6	57.9	40.4
193. Guilty feelings associated with acts participated in or done in Vietnam?	60.0	17.1	20.0	2.9	50.0	50.0
194. Fantasies of retaliation and destruction?	63.6	0.0	18.2	18.2	38.5	53.8
195. Ideological changes and confusion in value system?	70.6	13.7	7.8	7.8	62.7	37.3
196. Cynicism and mistrust of government and authority?	72.7	9.1	10.9	7.3	82.8	17.2
197. Alienation - feeling estranged?	66.7	15.6	8.9	6.7	59.6	38.3
198. Feelings of meaninglessness; search for meaning in life?	45.2	23.8	19.0	9.5	52.4	45.2

*Note-Percentages shown are for only those subjects who positively reported symtpoms.

		Home-Coming to 1 Year	1 to 5 Years	5 to 10 Years	10 Years to Now	Still Present Yes	No	
199.	Negative self-image, low self esteem?	41.7	20.8	25.0	10.4	41.2	56.9	*
200.	Memory impairment, especially during times of stress?	39.4	15.2	27.3	15.2	64.9	27.0	
201.	Hypersensitivity to issues of equity, justice, fairness, equality and legitimacy?	69.6	8.9	16.1	3.6	76.6	21.9	
202.	Impulsive - abrupt changes (quick) in lifestyle (job, relocation, etc.)?	48.5	24.2	18.2	9.1	50.0	50.0	
203.	Problems in establishing or maintaining intimate relationships?	57.7	23.1	13.5	5.8	52.7	45.5	
204.	Tendency to have difficulty with authoritative figures (challenging and testing authority, rules and regulations)?	53.7	17.1	14.6	14.6	69.0	31.0	
205.	Emotional distance from children and concern about anger alienating children, husband, and others?	33.3	9.5	38.1	19.0	70.8	25.0	
206.	Inability to talk about war experiences and personal emotions?	75.6	13.3	2.2	8.9	54.2	45.8	
207.	Fears of loss of others?	64.3	26.2	4.8	4.8	76.5	21.6	
208.	Secretly wanting to return to Vietnam?	65.7	11.4	5.7	17.1	50.0	50.0	
209.	Tendency to explode in fits of rage and anger especially when disinhibited by drugs/alcohol?	33.3	33.3	20.0	13.3	55.6	44.4	
210.	Withdrawal from others, isolation?	59.0	12.8	12.8	12.8	57.1	42.9	
211.	Mistrust of others?	61.8	17.6	8.8	11.8	71.8	28.2	
212.	Uncontrollable, persisting tears?	41.0	28.2	15.4	15.4	31.0	69.0	
213.	Guilt over the inability to heal both physical and psychological wounds?	54.8	16.1	12.9	16.1	61.8	38.2	
214.	Reluctance to have children because of the atrocities seen in war?	61.5	23.1	7.7	7.7	73.3	26.7	
215.	Fear of having children because of possible exposure to unknown chemicals?	26.7	0.0	33.3	40.0	80.0	20.0	

*Note-Percentages shown are for only those subjects who positively reported symptoms.

SECTION V	Home-Coming to 1 Year	1 to 5 Years	5 to 10 Years	10 Years to Now	No Response	MEAN	STANDARD DEVIATION
178. Emotional numbing?	59.8	6.9	2.3	1.1	29.9	1.21	.58
179. Depression - feelings of helplessness, hopelessness, apathy, dejection?	35.6	16.1	10.3	5.7	31.0	1.77	1.02
180. Anger-rage, hostility (feeling like a walking time bomb)?	17.2	18.4	8.0	4.6	51.7	2.00	.96
181. Anxiety-nervousness?	32.2	9.2	10.3	2.3	46.0	1.68	.94
182. Emotional constriction and unresponsiveness to self and others?	32.2	12.6	6.9	2.3	46.0	1.62	.87
183. Tendency to react under stress with military "survival tactics"?	32.2	2.3	2.3	2.3	60.9	1.35	.85
184. Sleep disturbances and recurring nightmares of the war experience?	34.5	6.9	3.4	2.3	52.9	1.44	.84
185. Loss of interest in work and activities, fatigue, lethargy?	23.0	17.2	8.0	6.9	44.8	1.98	1.04
186. Hyper-alertness, startle easily?	52.9	2.3	3.4	2.3	39.1	1.26	.74
187. Avoidance of activities that arouse memories of trauma in war zone or medical experiences?	34.5	8.0	2.3	4.6	50.6	1.54	.96
188. Seeking out experiences that are risky, dangerous, and exciting in ways similar to Vietnam?	17.2	5.7	4.6	2.3	70.1	1.73	1.00
189. Seeking out work that tends to recreate your work experiences in Vietnam?	24.1	12.6	0.0	3.4	59.8	1.57	.88
190. Suicidal feelings and thoughts; self-destructive behavior tendencies?	18.4	9.2	11.5	5.7	55.2	2.10	1.10
191. Survivor guilt - wondering why you survived and a friend(s) or patient(s) didn't?	17.2	3.4	1.1	2.3	75.9	1.52	.98
192. Flashbacks to traumatic events experienced in war, intrusive thoughts?	44.8	8.0	8.0	2.3	36.8	1.49	.85
193. Guilty feelings associated with acts participated in or done in Vietnam?	24.1	6.9	8.0	1.1	59.8	1.66	.91
194. Fantasies of retaliation and destruction?	8.0	0.0	2.3	2.3	87.4	1.91	1.30
195. Ideological changes and confusion in value system?	41.4	8.0	4.6	4.6	41.4	1.52	.95
196. Cynicism and mistrust of government and authority?	46.0	5.7	6.9	4.6	36.8	1.53	.96
197. Alienation - feeling estranged?	34.5	8.0	4.6	3.4	48.3	1.51	.94
198. Feelings of meaninglessness; search for meaning in life?	21.8	11.5	9.2	4.6	51.7	1.88	1.06

		Home-Coming to 1 Year	1 to 5 Years	5 to 10 Years	10 Years to Now	No Response	MEAN	STANDARD DEVIATION
199.	Negative self-image, low self esteem?	23.0	11.5	13.8	5.7	44.8	2.00	1.10
200.	Memory impairment, especially during times of stress?	14.9	5.7	10.3	5.7	62.1	2.12	1.19
201.	Hypersensitivity to issues of equity, justice, fairness, equality and legitimacy?	44.8	5.7	10.3	2.3	35.6	1.50	.92
202.	Impulsive - abrupt changes (quick) in lifestyle (job, relocation, etc.)?	18.4	9.2	6.9	3.4	62.1	1.88	1.02
203.	Problems in establishing or maintaining intimate relationships?	34.5	13.8	8.0	3.4	40.2	1.67	.92
204.	Tendency to have difficulty with authoritative figures (challenging and testing authority, rules and regulations)?	25.3	8.0	6.9	6.9	52.9	1.90	1.14
205.	Emotional distance from children and concern about anger alienating children, husband, and others?	8.0	2.3	9.2	4.6	75.9	2.43	1.16
206.	Inability to talk about war experiences and personal emotions?	39.1	6.9	1.1	4.6	48.3	1.44	.92
207.	Fears of loss of others?	31.0	12.6	2.3	2.3	51.7	1.50	.80
208.	Secretly wanting to return to Vietnam?	26.4	4.6	2.3	6.9	59.8	1.74	1.17
209.	Tendency to explode in fits of rage and anger especially when disinhibited by drugs/alcohol?	5.7	5.7	3.4	2.3	82.8	2.13	1.06
210.	Withdrawal from others, isolation?	26.4	5.7	5.7	5.7	55.2	1.74	1.14
211.	Mistrust of others?	24.1	6.9	3.4	4.6	60.9	1.71	1.06
212.	Uncontrollable, persisting tears?	18.4	12.6	6.9	6.9	55.2	2.05	1.10
213.	Guilt over the inability to heal both physical and psychological wounds?	19.5	5.7	4.6	5.7	64.4	1.09	1.16
214.	Reluctance to have children because of the atrocities seen in war?	9.2	3.4	1.1	1.1	85.1	1.62	.96
215.	Fear of having children because of possible exposure to unknown chemicals?	4.6	0.0	5.7	6.9	82.8	2.87	1.25

Appendix N

Responses To The Question, "Were There Any Specific Events That Were Especially Difficult For You To Cope With Emotionally? Please Describe."

For All Respondents

Being under attack constantly - being trapped in one place with no escape. The people I was forced to associate with - the lack of contact with my own kind.

My first day in the F.R. I saw my first of a conveyer belt of amputated legs. heard the first of one continuous pain filled scream. Smelled blood, sweat. guts and mud - a smell I can bring back today. A year of hell awaited me and I knew I could not hide.

Triaging of patients.

Yes. Our morality was totally different than stateside. We took one day at a time and were much freer sexually.

Sexual harrassment and the ratio of men to women. Not having any close women friends. Feeling I was an incompetent nurse.

Watching young men 'boys' die for nothing - realizing the futility of their deaths.

Having to see U S. GI's so badly wounded that they were not even treated, just bandaged, and put to wait till their hearts stopped. Badly burned GI's especially one, 95% burns, we were waiting for him to die and promising him he was on his way to Japan. When my fiance was in Khe

Sahn I worried. When my fiance returned home 3 mo. before me - I was happy for him, but missed him - but had much to look forward to.

1. Extremely wounded mutilated parts.

2. The filth, dishonesty and bad morals of the Vietnamese population.

I had surgery there - appendectomy. I thought I too may die there - having surgery alone made me realize how my patients felt.

1 Talking to young soldiers about their critical injuries (ex. loss of extremity, eyes, paralized). 2. Discharging soldiers back to their units after recouperation from malaria or minor surgery. I felt guilty about their return to duty and had nightmares about them all being maimed or killed I wanted all GI's to come in with at least a bad enough injury to get them sent home.

The beauracratic (chain of command) B.S. that kept us from getting adequate supplies. The nonessential 'rules' that prevented us from doing what had to be done.

Violent death of such young men It seemed at times for no reason at all.

Sending children whom we cared for over long periods to orphanage.

Not really

Yes, but I'd rather not talk about it.

Expectant patients - sitting with them, not being able to stop the death. Mutilation and death. Hate for Vietnamese - still very much there even now.

The death of so many young innocent men. The waste of lives - the government 'I don't give a shit attitude' racism. The negative attitude of our men against Vietnamese women.

Having to take care of sick and wounded V.N. infants without the equipment, training, or personnel. The ward M.D. was a drafted pediatrician who was trying to gain experience at our expense. We reveived no backing from nursing service to stop this practice.

Boyfriend going home six months before I. They wouldn't let me go with him. Became ill without any positive physical findings - sent to psychiatrist in country.

Having to terminate lives because of lack of medicines.

Tagging of mutilated bodies (GI) and having to search their remains for I.D.; taking care of burn casualties.

1. We received survivors from a Coast Guard ship that the U S. Air Force had shot up by mistake. 2. The marines were not allowed to advance in some situations by orders from Washington when they were advancing.

Seeing and nursing, caring for guys I knew and cared for, as friends-critical dying, - not being able to save physically or emotionally.

The fact I didn't care for actual battle wounds, i.e. GSW, mines etc. but that I did care for war wounds on the mind. I also saw the effect of a foreign environment on the mind and body, but people only see war as overt injuries.

1. Bagging 100 - 200 dead G.I.s after mass casualties - identifying parts and dog tags. 2. Having children die in my arms.

When alot of dead were brought in and were stacked on the heli pad full of maggots swollen or charred. bothered me a little.

Yes, lack of ethics on physicians part resulting in loss of life. Having to treat Viet Cong in same ward with injured G.I.'s. Hundreds of children Vietnamese died and seriously wounded.

Death and dying. uncaring-unfeeling lifers.

The endless procession of mangled limbs began to bother me even more than seeing a corpse with all its body parts, i.e. helicopters would land with 15 - 20 legs, or unattached heads, or 30 - 40 arms.

The wealthy Vietnamese grafters. the starving and malnourished children, the little that the Vietnamese people had to look forward to. the lack of concern, in general, that they seemed to exhibit for each other (a survival of the fittest), the lack of character in some American authority.

The day in and day out struggle to maintain personal hygiene, hoping to get creme rinse from home, etc. can be depleting. This may not sound "emotional" but you cannot imagine what it's like as an American woman in a place where you can absolutely nothing that you need -- what culture shock. Consider trying to maintain your daily routine with the closest shopping about 15,000 miles away.

I'm sure there were many, none however that were so lasting.

Yes - sitting with dying patient - burned 100% - 100% conscious and oriented - talking to him. I still remember his name - only knew him for 5 hours.

The death of a dear friend who was killed in a helicopter crash. He was so full of life. I found it difficult to deal with the reality of his death. Also, 2 young fellows, severely wounded - we saved their lives (real miracles) - but very little quality of life was left and I often think of them and how they survived!!

Yes. The death of many of my patients who were so young and who died for absolutely nothing. We accomplished nothing by being involved in the war in Vietnam except the loss of tens of thousands of lives; the maiming of hundreds of thousands of others, both physically and emotionally; the corruption of the South Vietnamese people and their land; and the singular distinction of giving the South Vietnamese a taste of what freedom was all about and then turning our backs on them and leaving the country. All of that does not make me particularly anxious to stand up and shout hip-hip-hooray America, and emotionally that's

hard because I've always been proud to be an American citizen.

I unplugged a respirator on an old woman so that a GI could have it.

Battle of Dac Toe Multiple casualties. TET offensive. Some deaths

Yes - the Koreans held a POW (NVA) in our ED for several hours while they interpreted for their wounded. Eventually, they left, stopped outside the barbed wire, pulled the POW from the jeep, threw him on the ground, shot him, and left him. I still, when I think of it, can't really believe I saw it. I've told people that story, and somehow I don't think they really believe me.

I was frequently sent by the commanding people to "parties" for officers at other camps. I was raped and sexually harassed constantly. I was forced to have an abortion without anesthesia and almost bled to death afterwards and on one would help me. My best friend (since we were 5 yrs old) was injured and crippled for life I tried to kill myself several times in the next 10 years.

Pilot I was dating was "blown up" in front of me (grenade); rape and mutilation of women; care of POW's.

One of our physicians was killed in a plane crash on his way home from Vietnam. We were deluged by casualties, burned badly from the crash It was hard to cope

Yes, getting a 'Dear Jane' from my fiance, having to take bodies to the morgue, having to amputate a young GI's hand myself and seeing that the tiny body was the remains of a person I had just talked to the night before.

Triage. Seeing a 19 year old shot to heck and having so little preparation for what they had to face.

A newly married GI - face blown away, severe head injuries, vegetable - where are you John - what's happenned to you? A POW I almost strangled to death in hate and rage - I am terrified of losing control like that again. Living thru a mortar attack where I knew I would never see the next day.

Losing a fiance - He was killed in action and I opened his bag in the F.F. Working in orphanages seemed so hopeless.

1. One young man lost both legs, 1 arm, had track and 3 chest tubes. Had maggots crawling down chest tubes. Never stabilized enough to evacuate. Alert until he died. Still remember his name. 2. Another kid had half his head blown away by a flare which exploded in his chopper (accident). After 8 hours or so in the OR (neurosurgery, maxillofacial, ophtalmalogical etc), he returned to post-op (SICU/RR) where I worked with orders to check his vital signs. Died next morning - never had a chance. Remember his name too. 3. Burns. Hate them. Kids, pilots, soldiers, Vietnamese, Montagnards - can't stand to care for burns to this day, but I love ICU s. It's the smell. 4.. We always knew when we were going to be hit because mama-sans would leave work early.

Found the VN to be two-faced and snotty - much like the French. Yards were very warm. 5. First kid who died on me was 19 years old, wearing a peace medal. Cried in IU room for a while - then cleaned him up. First and one of the few times I cried.

Yes - death and bodies blown to hell. Vietnam Vets fighting the enemy and our country as well. A government that put us there and forget us. A press that only told the bad things. The sight of an American spitting on a newly returned Viet - the Viet beat the hell out of him. The war coming to an end as the politicians from America toured it resurfaced after they left. And Lady Bird Johnson's (?) trucks trucking down the roads in Vietnam. The mother who came to Viet Nam and sat by her son's bed in intensive care - he died. The 18 year old who was shot to hell and as he saw my tears said, 'Don't cry nurse, everything will be fine' his last words. The blood we put into POW's only to have the South Vietnamese questioning then kill them in 30 minutes. GI's coming in with rotten combat boots that pulled their skin off when you pulled the boot off - no clothes, no food, no rest, no shelter, no gratitude. no job well done no nothing but hell!! The body bags filled with assortments of ears, hands, legs. etc. - I never could figure out how they decided that this arm was previously GI Joe Smith. I believe to answer your question in just a few words - You don't go to Hell without suffering some kind of emotional conflicts. And, you don't return without scars.

My brother, Tommy a (?)-off medivac Helicopter pilot, died while I was there - I was his escort officer to home and we lost his body temporarily in S.F.

A child died during my shift - Mamasan fed her pineapple juice and she aspirated - I should have realized the child was too lethargic. A soldier with the bottom half of his body blown away. A dear John letter. After working on orthopedic unit had dreams of arms and legs laying in a pile in a dump. A family coming from U.S. to visit a dying son. Young nurses falling in love with older, married physicians. etc.

One of our GI's died because his endotrach tube became deflated and we couldn't replace it fast enough I can still see this fellow. 2 days after I had been at a party with a fellow he came in to the E.R. with both legs blown off.

Yes! I felt because of an extremely close relationship (asexual) that I established with another female officer - I was now a Lesbian and damn near committed suicide in VN because of this.

Two specific deaths of young American soldiers were especially difficult for me to cope with.

There were 3 times when I found it very hard to cope with my feelings. The first occurred a month or so after I arrived in VN, while I was working on a medical unit. Our ward got all psych casualties that came in because one of our ward doctors had volunteered to take them. (We had no psychiatrists, psychologists, or psych nurses). Early one evening we got a young Special Forces guy in from Bet Het. The SF camp there had been under seige for some time and he had cracked under the strain. All evening he kept begging me to give him his uniform - kept saying he had to get back, that his buddies needed him. I felt

totally helpless, totally unprepared to help him. We sent him out to a hospital that had a psych unit the next day I still wonder what happenned to him.

The second occurred while I was a head nurse on a surgical unit A young black soldier was transferred up to our unit from post-op. He had a head wound that our neurosurgeon wouldn't touch - had refused to operate on him. Without surgery he had virtually no chance of survival (he wouldn't have had much of a chance even with surgery) and they needed the space in post-op. He lived about a week, and during that time some of his mail was forwarded to the hospital. One of the corpmen gave me a whole stack of letters and I was putting them away, I noticed the return addresses. All the letters were from people at a small predominantly black school near my hometown. It really upset me and I had to go outside to compose myself and I think even the patients realized I was upset that afternoon. I think it upset me for a number of reasons - he was from near home and that suddenly made it very personal. I thought he might have been drafted out of school, or possibly goofed off a bit too much. flunked out, and got drafted; but for some reason I had the distinct feeling he had been in school. And it seemed like such a waste - And I kept thinking that none of his friends knew he was dying. A few daysafter that he arrested. We tried to resuscitate him - we knew it was futile, but we always tried. The surgeon who had refused to operate was transferred out and we had a new neurosurgeon by then.

The third episode occurred shortly before I went home. One of our majors who had gone out to Japan for surgery returned unexpectedly and since they couldn't assign a major as a staff nurse (she wouldn't have been able to cope anyway). it was decided that she would be my replacement - I would remain HN for my remaining month and she was to take it

easy. That didn't work out very well and she was driving me crazy. so I asked to be reassigned to post-op. We were losing nurses and not getting replacements and they were very short, and I wanted to be busy for my last few weeks. About a week after I went to post-op, I had an absolutely horrendous night. When I went in to work I had 3 patients - 2 not real bad, but the third was a VN child who had come in for some elective eye surgery (we did corrective type surgery on VN when we weren't real busy).. Something had happenned during surgery and the child was brain dead. We had him on a ventilator and right after I came on duty, the chief of surgery came by and told me that when the kid's BP got down to 40/0 I could shut off the ventillator. Not long after that 2 Montagnard kids who had been herding their water buffalo when one of the buffalo stepped on a mine. The little girl came out of OR a while later. She wasn't too bad and I was able to keep up with all 4 patients pretty well. Several hours later they finally brought her brother over. He was a mass of bandages over his abdomen, had 3 cutdowns, all with blood being pumped in had an unregisterable temp because of all of the cold blood he'd been given was being bagged, had a head wound they hadn't touched because he couldn't take any more surgery, and his pupils were fixed and dilated. We got him on a ventilator and I was left with instructions to pump in blood and fresh frozen plasma until his BP became audible at 100. After the kid's surgeon left, 2 other doctors came in. They both kind of shook their heads, more or less told me I was wasting my time and made a few comments about wasting the plasma (which was like pure gold). A corpsman came over to help with my 2 not so bad patients, but he was new and couldn't do much that would help with the other 3, and everyone else was tied up with their own patients. I got into a routine - I would pump up the blood bags on the montagnard boy, suction him, take his vitals, check

his pumps and dressings, go to the VN kid, suction him and take his vital, go to the girl check her vitals, and dressings and irrigate her NG because she was full of rice - and about every other time I got to her I had to replace her NG because she kept pulling it out even though I had her hands restrained. The chief of surgery came by in the middle of this and told me to go ahead and pull the plug on the VN kid - I remember telling him I didn't have time to do post-mortem care and it would have to wait. Finally the Montagnard boy's BP became audible for the first time, but I was having trouble suctioning him - he had a small E tube in and we didn't have small catheters. We got the surgeon in and he got angry when I told him I thought the kid's tube was plugging up. He said he'd change it - so he pulled it out and then couldn't get another one in. When he finally gave up trying and admitted the kid was dead he pulled me aside and told me I had killed the child. I remember wondering how much I was supposed to be able to do - I literally had not stopped moving for hours, that one child would have been a handful for one person full-time and I had 2 other patients for direct care, although one (the VN child) got minimal attention, and 2 more to keep an eye on, I just couldn't believe he had said that to me. I listened to him said "Is that all?. walked back to the patients checked the 3 live ones, pulled the plug on the VN kid and then did post mortem care on those 2. Later, after one of our other surgeons (whom I respected very much) told me that the kid should have been pronounced dead in the OR, I got angry. I felt abused - that he had blamed me for a child's death when probably nothing would have kept him alive Angry that he had wasted so much blood and plasma - we constantly worried that we would suddenly get an influx of casualties, when we were low on supplies or had a houseful of VN patients. That night devastated me.

The death of a patient with malaria that I felt responsible for. Another patient died from rabies. I had become too close to him. The orphans were always so loving and cheerful, but I knew they had no future. Their fathers were GI's and nobody wanted them. We went on Medcaps frequently to treat these kids. I felt good about the Medcaps, but there was so much that needed to be done for them. I still think about them. I asked for my grandmother and her church group to get together some old clothes for me to give them. She wrote back that the postage was too high. We offered to pay it, but they dropped the subject.

Taking a young head trauma to another hospital - air evac (we were on call at noc). I was the last person he saw and he didn't even know me. I had to get another E.T. tube to take back with me and I cried for hours.

Working in ICU as PRN with no orientation. Watching sacks of dead bodies taken off ship. Listening to our pilots and soldiers, etc. tell of having to hold off engaging the enemy seeing Americans killed as a result. Listening to patient tell of his buddy being drawn and quartered.

The wounds suffered. Being told, 'Naam, my leg is on the other stretcher'. Drug addiction of a cousin, who I arranged to have sent home. The crying out of guys in their sleep.

A friend (a corpsman) who overdosed on heroin and died - Falling in love with married men - watching GI's die every day from Horrible injuries - the poverty and hopelessness and destruction all over the country and the worst was having to leave it all.

TET offensive - Real mind boggling experience. Never worked harder in my life.

I think death was always hard - Mutilation of 'handsome' and young bodies - Having to see and deal with the dead (either whole bodies or parts) brought in by chopper to our helipad to later be picked up by Graves Registration - very hard! When Pres Johnson stopped the bombing of the North - The big question was "Why? Being rocketed and mortared with some frequency was so terrifying - death seemed ever present! The Anti-war demonstrations at home were so very hard to comprehend and deal with - We truly felt no one cared about us - It made things we did and saw so futile - so difficult!

Having to stand close by to wait for a GI to die, so I could put date and time of death on the card. having to go to the shed to attempt to find ID on the dead GI's brought in by helicopter, then if no ID, having to tag them "GI #1 GI #2, etc, etc, until I thought I would scream.

I don't think there were any specific events. Each casualty, whether GI ARVN or Vietnamese national was emotionally wretching - especially the children. The deaths of so many fine young American kids was such a waste. I do remember one specific event that was especially traumatic - a crew of GI's from an APC was brought in, all DOA - the medi evac also brought in a small child. about 10 that had a (pseunotherax) from a frag wound. The medi evacs said the little boy was the one who had triggered the command-detonated mine that killed all the GI's. I still remember that child's face to this very day.

Only day 1 to now. Yes there was - I remembered it for the first time since it happened two years ago around July 4. I ended up on a psych ward. I still haven't discussed it.

One time I had to change some dressings on a Korean patient who had lost both legs above the knees. He was a very brave man and didn't want any pain medication. We gave him a large dose of morphine and then removed his dressings while he was yelling the entire time. It was one of the hardest things I had every done. When the dressings were off his stumps were filled with maggots. To this day I can smell the stench from his stumps.

When death rate increased following TFT (for GI's), AnKhe Hamburger Hill, etc. to about 300/week in country, usually less than 100/week.

The young boys blown to pieces. The Air Force pilot I had been going with for 5 months was killed when his plane crashed in the South China Sea.

Yes - during the TFT offensive of 1968 one particular incident always comes to mind - A young Marine having his fingers cut off at the bedside and his looking at me and there was nothing I could do to help him.

Death of a friend - a helicopter pilot - five days before he was to meet his wife in Hawaii on R&R. Death of a Vietnamese baby on our ward - the feeling that more could have been done in the states.

I guess there were quite a few events that were harder than hell to cope with emotionally, but some of these I have managed to block completely. For example, I remember that I had to work one day in the eye clinic - I remember arriving there and opening the door and that's it. No recollection, just a feeling of horror.

Some things I haven't blocked and these are the things that frequently flash, unhidden, in my minds eye. Ironically one of these things happenned in the states but pertains to Nam and is so ugly and flashes so often that I will relate it.

My very first duty day in Nam I was assigned to "special" a 19 yr old with encephalitis. We worked 12 hour shifts, so I spent a lot of time with him. Next day I specialed him again and he was comatose. I knew he was going to die and inside I felt anger, horrible anger. He had 7 days to go in country and he would have gone home. He was just a kid, he should have been home having a good time. Instead, he was going to die in that stinking hell-hole. I specialed him for 2 more days -- I wanted him to live so bad I couldn't stand it - even gave him mouth to track. And when he died I couldn't even let his family know how, or let them know we'd tried so hard and taken such good care of him - it was frustrating and heartbreaking. Welcome to Vietnam. I'd been in country one week and my first and only patient was dead.

One time I had to work recovery and there was this guy 20 or 21 who had stepped on a mine. Both legs gone - completely - not even any stubs. He just ended at the bottom of his pelvis. I hoped he wouldn't wake up (from anesthesia) while I was there but he did. He kinda raised up and looked down and threw himself back on his pillow and didn't cry or anything. He just got this ironic look on his face and said "I've really been wanting to go home, but sure wanted to go with both my legs".

My last day in country, this young, good looking guy - maybe 20-22, came limping in to E.R. He's packing all of his gear and weapons and wearing his steel pot. He was wearing a tee shirt and his fatigue pants were cut off like shorts and he was wearing thongs. His right leg was about 2½ times as large as his left leg (from foot to thigh) and it was so red it looked like it would glow in the dark. I asked him "My God, what happenned to you" and he replied quite calmly "I stepped on a fucking pungi stick 3 days ago and it's taken me that long to get here. I had to walk". I asked him what he was wearing on his feet when he stepped on it and he replied, "These thongs, my damn jungle boots rotted off my feet a month ago and I couldn't get anymore. I know I'm dead". I knew he was too. How are you supposed to respond to something like that? Smile brightly and say 'Oh me, they'll just cut your leg off at the thigh, give you some outdated antibiotics and you'll be fine?"

Stateside I had a psych patient 23 year old "battle fatigue". Very handsome, well-mannered, pleasant guy prone to outbursts of rage. He was comfortable with me and would talk for hours, but could never bring himself to tell what had happenned in Nam that so destroyed him. Then one day, shortly after he'd received a package, he walked into my office, up to my desk and said "You know that thing that happened that I've never been able to talk about?" and I said 'Yes' and he said "Well, now I can show you and tell you" and threw something down on my desk in front of me. So I looked to see what it was and it was pictures. The one on top showed three GI's heads atop 2 ft sticks which had been shoved in the ground. I almost vomited. One of the heads belonged to his very best friend - they'd been close friends all their lives, had gone in the Army on the buddy system and had been on patrol (S & D) together the

the day his buddy was killed. They'd come to a fork in the trail and the group split up and ten minutes later my patient and his group rounded a bend in the trail and voila - the heads. I have a hard time emotionally handling this one to this day. Sometimes that picture will flash and I cry.

I worked in the E.R. 100% of the time and occassionally the sheet madness of gross wounds and mangled bodies put me on "emotional overload" - solitude and sleep usually helped.

Some of the personal relationships - both with patients and with other personnel.

Yes, of course. The desperately wounded and shattered bodies as seen in triage and the operating room. We were a neurological center for head wounds.

The initial exposure to the physical maiming had an impact after a few flights with patients I finally coached myself into being more objective - had to - to survive!

Yes - I can't and won't describe them. I don't mean to be uncooperative but that's the way I feel. I put alot of this away along time ago. I will say that I sure lost my "innocence".

Yes, the whole bloody mess. Lack of support from the American people to win once the country had been committed.

Yes - the loose attitudes regarding relationships between single nurse's and married Dr.s. It was the "eat, drink, and be merry attitude..." Maybe that helped everyone cope.

Death, dying, suffering, negative attitude of some physicians and command. No training to protect ourselves against the enemy as during TET 1968. Fear.

1. Being separated from the friends I made in Nam. 2. Seeing young soldiers being wounded for a cause not supported by the American public in general.

The intensive care unit was particularly difficult to work in as many patients died, especially under one incompetent head nurse.

The first time I saw a wounded American GI - talked it out with a college classmate who was also there.

Sending healed patients back to field and getting them back dead, dealing day in and out with a people who kicked, hit, bit, and threw shit on you while you were trying to get them well, only 2% of my patients were American, mickey mouse games from the brass.

The pressure situations, as in TET, which I don't handle well A brief stint on the head wound ward. The later realization that I was prejudiced against all Vietnamese. The casual social relationships which were too short-lived yet intense.

A fellow I was dating rotated home and I was terribly depressed without him, but in time that passed and I became grateful that I was lucky enough to have ever known him - we are still friends, but the love was meant only for one place and one time in our lives. I learned from that. 1. I was not accustomed as a female (U.S.) to being treated, attacked (verbally) like flies on a piece of meat in the hot sun - the degree of sexual harrassment by the troops was incredible and unnerving - I found it disturbing to believe that sex was more important to most of the guys than even life itself. 2. The degree of drug abuse, even among hospital personnel was incredible! Even with the knowledge, the Hosp. C.O. chose to do nothing so as not to blemish his own military record - even doctors were selling and smoking pot, sentrys were stoned on duty (I had my own weapon for protection in the event of a ground attack by the V.C. - I knew we couldn't count on anyone in my compound for protection) and one of our OR team committed suicide (we think, or was murdered) on my anesthesia machine - drugs were everywhere and I hated any one on them.

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