

Journal of Women & Aging

ISSN: 0895-2841 (Print) 1540-7322 (Online) Journal homepage: <http://www.tandfonline.com/loi/wjwa20>


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To cite this article: Anica Pless Kaiser, Joyce Wang, Eve H. Davison, Crystal L. Park & Jeanne Mager Stellman (2017) Stressful and positive experiences of women who served in Vietnam, *Journal of Women & Aging*, 29:1, 26-38, DOI: [10.1080/08952841.2015.1019812](https://doi.org/10.1080/08952841.2015.1019812)

To link to this article: <http://dx.doi.org/10.1080/08952841.2015.1019812>

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Stressful and positive experiences of women who served in Vietnam

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ABSTRACT

Experiences of women who served during the Vietnam War have been described in interviews/anecdotal reports but rarely in empirical literature. Potential positive (versus negative) aspects of service or its impact on well-being are seldom considered. We describe stressful and positive experiences reported by approximately 1,300 female military personnel, Red Cross workers, and others deployed to Vietnam. Prominent stressful (e.g., negative living/working conditions) and positive (e.g., interpersonal relationships) themes and differences based on trauma history, Vietnam experiences, and group membership are explored. We evaluate associations between themes and psychological well-being. Findings provide insight into experiences of this understudied group of women.

KEYWORDS


Older women; qualitative; stressful and positive experiences; Vietnam

Introduction

Precise numbers of women who were in the military, Red Cross, and Army Special Services in Vietnam are unknown. Estimates of military women range from 5,500 to 11,000 (Thomas, Kang, & Dalager, 1991). There is little research on the American women who served in Vietnam during the war; most of what exists is either anecdotal or personal interview data. Understanding the experiences of women who served in Vietnam affords a rich historical perspective on an understudied group and also furthers understanding of how women's wartime experiences may affect long-term outcomes.

Most of the deployed American military women in Vietnam were in the Army or Navy Nurse Corps, with fewer serving in the Air Force Nurse Corps. Civilian women were primarily in the Red Cross or Army Special Services. Despite not being formally assigned to combat duty, many were still exposed to combat conditions. Army Nurse Corps deployments were usually one-year tours in surgical or field hospitals and convalescent centers where the women could be exposed to enemy rockets and mortars. Navy Nurse Corps tours were usually 90-day stretches on one of the two hospital ships stationed off the coast of Vietnam. Air Force Nurse Corps women generally had prior nursing and military training. They were not stationed in Vietnam but could land in as many as 10 to 14 airfields in Vietnam in a single day to pick up wounded soldiers and accompany them to Japan or elsewhere for further treatment (Pless Kaiser, Kabat, Davison, Spiro III, & J. M. Stellman, 2016). Red Cross women were often flown into combat zones for a few days to deliver their recreational programs to combat troops.

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 Supplemental data for this article can be accessed at <http://dx.doi.org/10.1080/08952841.2015.1019812>

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Previous qualitative research has reported on military nurses describing the “disorienting strangeness” of the environment—the smell, heat, mildew, and sound of bullets (LeVasseur, 2003). Warzone nurses from all eras report that they retain vivid memories of specific sounds of war, like missiles, drilling, helicopters, as well as smells like that of blood, antiseptics, and vomit (Stanton, Dittmar, Jezewski, & Dickerson, 1996). Work stress has been associated with high casualty rates, long hours, and the nurses’ inexperience (Biedermann, Usher, Williams, & Hayes, 2001).

The nurses of Vietnam also faced difficult triage and ethical decisions, such as having to treat both American soldiers and enemy Vietnamese patients (Norman, 1990). Several reported difficulty reconciling the injuries of soldiers with their beliefs about the war, noting that their political beliefs changed in response to wartime experiences (LeVasseur, 2003). Military women from all eras experienced discrimination and faced stereotypes, such as the perception that all single women in the military were either lesbians or husband-seekers.

Women have described common coping mechanisms for survival and adjusting to the circumstances, such as forming intense friendships, denying or repressing their experiences, using drugs or alcohol, or more positively, having creative outlets for adjusting both to Vietnam and to their lives after returning to the United States (Stanton et al., 1996). In Vietnam, some nurses wore makeup and perfume and dressed in fashionable civilian attire to emphasize femininity (which they reported to be positive and helpful), while others described inappropriate treatment of nurses and their perceived sexual roles. Still other accounts described the nurses’ role as asexual or gender neutral, depending on the context (Biederman, 2004).

Women from all eras have described rewards that include a sense of belonging and of helping others, of personal and professional growth, as well as forming close relationships with the patients and having a general sense of camaraderie with other nurses and medical servicemen (Stanton et al., 1996). Scannell-Desch (2005) focused on advice that would be helpful to future military nurses and described preparatory and coping strategies used by female nurses who served in Vietnam. These strategies emphasized having emotional training in addition to clinical preparation and the importance of caring for oneself and maintaining a social support system. Additionally, women in focus groups mentioned the importance of being able to speak with others about their experiences (Feldman & Hanlon, 2012).

Within the literature on the psychosocial effects of deployment stress on military health care providers, Gibbons, Hickling, and Watts (2012) identified several major domains: experience, protective factors, risk factors, and meaning. Studies of posttraumatic stress disorder (PTSD) and other functional impairments have shown that despite the negative psychological impact of deployment to Vietnam for some nurses, the level of functioning and use of coping strategies remained high overall (Carson et al., 2000; Gibbons et al., 2012). Carson et al. (2000) reported positive educational, employment, and healthy living habits of nurses, despite the high levels of PTSD symptomatology. Almost half of the nurses with PTSD in their sample had an advanced college degree, over 80% were still employed in the nursing profession, and over 70% were currently in a long-term relationship.

Trauma exposure and the related negative sequelae of wartime service in Vietnam in males are well documented (King, King, Foy, Keane, & Fairbank, 1999; Koenen, Stellman, Sommer, & Stellman, 2008; S. D. Stellman, Stellman, & Sommer, 1988; J. M. Stellman, Stellman, & Sommer, 1988), with few studies focusing on women with Vietnam service (Baker, Menard, & Johns, 1989; Norman, 1995; Ravella, 1995; Wolfe, Schnurr, Brown, & Furey, 1994). Some studies have examined perceived positive benefits of stressful or traumatic life experiences on self-concept, interpersonal relationships, and personal growth (e.g., Taylor, 1983), while other studies have examined positive aspects of wartime service (Larner & Blow, 2011; Maguen, Vogt, King, King, & Litz, 2006). Positive beliefs, like hope and optimism in the face of trauma, have been associated with well-being and may be protective against psychopathology (see review in Ai & Park, 2005). Very little examination of the positive aspects of wartime service has been conducted with women.

In the current study we used a qualitative approach to identify both stressful and positive experiences of midlife and older women as they reflected back upon their wartime service in Vietnam. We classified respondents into natural groups based on military and nursing status, length of service, and age, and explored group differences, including between those who chose to write about their experiences and those who chose not to respond. Despite the exploratory nature of qualitative study, we anticipated that we might observe relationships between particular themes that emerged from the questions regarding participants' most stressful and positive experiences and their endorsement of perceived stressfulness of Vietnam, general happiness, overall satisfaction, and psychological health outcomes. We theorized that, based on literature on the benefits of being able to identify positives in the face of trauma, that positive experiences reported here would be related to greater well-being (see Ai & Park, 2005).

Method

Participants

The study sample was drawn from the Vietnam Women's Memorial Project (VWMP) mailing list. VWMP (now the Vietnam Women's Memorial Foundation) is a nonprofit organization with the mission of honoring women who served in Vietnam and promoting healing among both veterans and civilians. Three rounds of survey mailings (in 1998–1999) achieved a 66% response rate ($N = 2,443$) with 1,374 reporting service in Vietnam, of whom 1,255 completed one or both open-ended questions described in the following. A group of 118 deployed women who did not respond to either open-ended question was included for comparison. Demographic characteristics of the sample are presented in Table 1.

Measures

Background

We used a median split of *age*, assessed in years, for some analyses (younger ≤ 57 ; older > 58). For some analyses, *length of service* groups were created (see Table 1).

Table 1. Demographic characteristics of the sample.

	<i>N</i>	Percent
Age at survey	1,364	
57 and younger		55.8
58 and older		44.2
Ethnicity %	1,357	
White		96.2
Non-White		3.8
Education	1,365	
Some college or less		17.2
College graduate		39.1
Professional degree		43.7
Marital status	1,360	
Never married		36.0
Married		44.7
Divorced/widowed		19.2
Length of service	1,292	
Short-term ($M = 4.3$ years)		45.7
Long-term ($M = 20.3$ years)		36.8
Red Cross ($M = 3.9$ years)		17.5
Group membership	1,374	
Military nurse		71.4
Military nonnurse		6.2
Nonmilitary		22.4

Table 2. Stressful experiences.

Themes	N	Subcategories	Significant qualitative comparisons
Negative living and working conditions	345 (34%)	Living conditions (heat, noise, lack of privacy) Working conditions (long hours, lack of supplies) Lack of experience (unprepared or too young) Emotional problems (difficulty coping) Pregnancy (self or others, includes abortions)	Overall stressfulness of Vietnam: $t(961) = 3.25; d = .22$ Work stress: $t(985) = 2.93; d = .20$ Happiness: $t(971) = -2.62; d = .18$
Exposure to consequences of war	335 (33%)	Death/injury of someone close Consequences of war (severity of casualties, sorrow) Role distress (not being able to help enough, sense of hopelessness, emotional burden) Interaction with Vietnamese Suicide, G.I. violence (against respondent or others) Concern for soldiers (youth, concern for futures)	Overall stressfulness of Vietnam: $t(961) = 2.92; d = .20$ Work stress: $t(985) = 3.60; d = .24$ Combat exposure: $t(983) = 4.65; d = .31$
Physical threat	227 (23%)	Direct threat (exposure to enemy attack) Perceived threat (fear of death or enemy attack) Fear for others' safety Uncertainty about who enemy was	Overall stressfulness of Vietnam: $t(961) = 3.05; d = .23$ Nonnurse vs. nurse: $\chi^2(1, N = 992) = 9.95$ Nonnurse military & nonmilitary vs. other: $\chi^2(1, N = 992) = 14.32$
Ethical/moral problems	211 (21%)	Ethical/moral problem: Direct involvement (being asked to assist with suicide, sense of responsibility); indirect involvement (hearing about intentional friendly fire, atrocities) Ethics of war (sending injured soldiers back into field, disillusionment with government) Systemic power-related problems (racism, sexism, officer/enlisted power differential); lack of support	Childhood trauma: $F(1, 983) = 10.27; d = .25$ Adulthood trauma: $F(1, 979) = 9.56; d = .24$ Overall stressfulness of Vietnam: $t(961) = 4.22; d = .33$ Work stress: $t(985) = 2.82; d = .23$ Combat exposure: $t(983) = 3.87; d = .30$ Sexual harassment: $t(985) = 3.33; d = .26$
Negative interpersonal experiences	183 (18%)	Rape—to self and others (attempted, assaults/attacks) Harassment (sexual, abuse of power, emotional labor) Negative personal/romantic, work relationships Separation from loved ones and home	Childhood trauma: $F(1, 983) = 10.85; d = .27$ Adulthood trauma: $F(1, 979) = 24.40; d = .41$ Overall stressfulness of Vietnam: $t(961) = 3.64; d = .30$ Work stress: $t(985) = 4.52; d = .38$ Sexual harassment: $t(985) = 7.05; d = .58$ Satisfaction: $t(971) = -3.15; d = .26$
Drug/alcohol use	40 (4%)	Personal use and others' use	Work stress: $t(985) = 3.22; d = .52$

Note. Negative t and F values = those who wrote about the theme had lower scores; positive chi square values = group listed first wrote about theme more often; for all comparisons, $p < .01$.

Experiences in Vietnam

We assessed *work stress* using the total score of a 7-item scale (Cronbach's alpha = .76) (Kulka et al., 1990; Wolfe, Brown, Furey, & Levin, 1993). A sample item was, "have to perform at a level significantly exceeding your level of training." Items were rated on a 5-point Likert scale, with responses ranging from 1 (*never*) to 5 (*very often*).

Sexual harassment was assessed using the total score of a 4-item scale (Cronbach's alpha = .82). A sample item was, "feel that your role was perceived as sexual rather than professional." Response options ranged from 1 (*never*) to 5 (*very often*). An additional item with the same response options assessed how often participants felt mistreated because they were women (*discrimination*).

Table 3. Positive experiences.

Themes	N (%)	Subcategories	Significant qualitative comparisons
Positive interpersonal relationships	616 (49%)	Camaraderie with peers, teamwork (includes all medical staff) Camaraderie with troops (feeling protected, treated well, appreciated) Friendships made in Vietnam Personal/romantic (includes meeting future spouse, adopting children, family in Vietnam)	Adulthood trauma: $F(1,1210) = 6.17$; $d = .14$ Younger vs. older: $\chi^2(1, N = 1221) = 15.47$
Helping others	490 (39%)	Helping medically (U.S. soldiers) Helping emotionally (comforting men) Helping Vietnamese (civilians, nurses, children) Making a difference (doing something important)	Overall stressfulness of Vietnam: $t(1191) = -2.47$; $d = .15$ Younger vs. older: $\chi^2(1, N = 1221) = -26.81$ Shorter vs. longer & Red Cross service: $\chi^2(1, N = 1154) = -17.79$
Growth	323 (26%)	Personal growth (maturity, coping, decision making) Professional growth (experiences not learned in school, professionally rewarding)	Nonnurse vs. nurse: $\chi^2(1, N = 1229) = -6.51$ Younger vs. older: $\chi^2(1, N = 1221) = 19.15$
Travel/new experiences	178 (14%)	Travel, beauty of country/landscape Exposure to new cultures and people (foreign and American)	Nonnurse vs. nurse: $\chi^2(1, N = 1229) = 53.86$ Younger vs. older: $\chi^2(1, N = 1221) = 9.88$ Shorter vs. longer & Red Cross service: $\chi^2(1, N = 1154) = -68.07$
Patriotism	85 (7%)	Pride, patriotism, serving country Specific pride in U.S. troops	Nonnurse vs. nurse: $\chi^2(1, N = 1229) = 8.43$ Shorter vs. longer & Red Cross service: $\chi^2(1, N = 1154) = -11.09$
Other	50 (4%)	Surviving Going home or leaving No plus positive endorsement of experiences Acknowledgement of positive experience (without saying no)	

Note. The last two examples under "Other" were responses to the stressful question that were recategorized as positive due to content. Negative t and F values = those who wrote about the theme had lower scores. Positive chi square values = group listed first wrote about theme more often. For all comparisons, $p < .01$.

Combat exposure was assessed with an average of a 9-item scale based on Figley (1978), modified to be more reflective of women's roles in Vietnam. A sample item was, "see someone being wounded." Response options ranged from 1 (*never*) to 5 (*very often*).

Two open-ended questions within the survey were used to facilitate further understanding of stressful and positive experiences in Vietnam. After responding to questions about the environment, their roles in Vietnam, working conditions, potentially traumatic events, PTSD symptoms, and the extent of their exposure to casualties, participants were asked to respond to the following questions:

Stressful question: *Is there anything else you might have experienced in Southeast Asia that was extremely difficult or stressful?*

Positive question: *What would you say was your most positive experience in Southeast Asia?*

Other traumatic experiences

Traumatic experiences in childhood, adulthood, and in the service were assessed. Response options were 0 (*no*) and 1 (*yes*) for childhood trauma (e.g., separation from mother or father, having a parent with alcohol/drug/emotional problems, or experiencing physical or sexual abuse by a caregiver) and adulthood trauma (natural disaster, separation from or death of child, physical or sexual assault, witnessing an assault, death of someone close). For the adulthood items, participants indicated whether or not the event occurred during their service. We created two types of trauma variables: (a)

a total count of the types of each trauma (*childhood, adulthood, and service trauma*), and (b) a dichotomous yes/no variable (e.g., experienced adulthood trauma or didn't experience adulthood trauma) for each type of trauma.

Psychological health

PTSD symptomatology was measured using the total score of an 18-item scale (Cronbach's alpha = .94) (Foy, Sippelle, Rueger, & Carroll, 1984; Lund, Foy, Sippelle, & Strachan, 1984; S. D. Stellman et al., 1988), which follows the diagnostic criteria for PTSD as defined by the *Diagnostic and Statistical Manual for Mental Disorders–Version 3* (DSM-III-R; APA, 1987); these items were used in the parent study to facilitate comparisons. A sample item was, “had dreams or nightmares about your service.” Response options ranged from 1 (*never*) to 5 (*very often*).

General happiness was assessed with one question: “Taking all things together, how happy are you these days?” Responses were given on a 4-point scale from *not at all happy* to *very happy*. Similarly, *overall satisfaction* was assessed with a single item: “In general, how satisfying is your life?” Responses were given on a 4-point scale and ranged from *not at all satisfying* to *very satisfying*.

Physical and mental health functioning and well-being were measured with the SF-36 (Ware, Kosinski, & Keller, 1994). Two scores summarizing physical (PCS) and mental (MCS) health were computed. These scores were standardized to a U.S. national population with a mean of 50 and standard deviation of 10; higher scores indicate better health.

Procedure

Initial themes were developed by research staff during transcription of the open-ended responses. Using a small set of responses, these categories were expanded and clarified through consensus by two main coders (a doctoral-level psychologist and a bachelor's-level research assistant). Each open-ended response was assigned to appropriate themes that were not mutually exclusive. Many responses were coded as belonging to several themes. After independently coding a second small set of responses, the two coders validated a final coding rubric that included six types of broad stressful experiences, six types of broad positive experiences, and subcategories within each theme. The rubric was used to code the remainder of the responses. The coders met regularly to discuss discrepant codes, and when consensus could not be reached, a third, doctoral-level expert on qualitative research was consulted in the decision-making process. Several entries that were especially difficult to code were resolved through consultation with the larger research team, which included a Vietnam combat veteran and a Vietnam-era nurse.

Analyses

Frequencies were calculated for each theme. Differences between respondents and nonrespondents were examined using ANOVA with Bonferroni correction. Student *t*-tests and effect sizes (Cohen's *d*) were used to characterize those who responded to each theme versus those who didn't with respect to scores on perceived stressfulness of the Vietnam experience, general happiness, and overall satisfaction. Student *t*-tests were also used to examine mean differences in Vietnam experiences (work stress, combat, and sexual harassment) by stressful theme. Given the multiple comparisons, a conservative $p < .01$ limit was set. We explored the relationships between prior trauma and the themes in two ways. We used one-way ANOVAs with correction for multiple comparisons to compare the summed scores for childhood, adulthood, and service trauma by theme. We also used chi-square tests to examine the presence or absence of trauma (by type) with each theme. Group differences (nurse vs. nonnurse, military nurse vs. nonnurse military vs. nonmilitary, older vs. younger, shorter vs. longer time in service vs. Red Cross) were examined by theme using chi square analyses.

Results

Experiences in Vietnam

We examined descriptive statistics for experiences in Vietnam reported by participants. On average, participants responded to work stress items by indicating that they engaged in such tasks *rarely* during deployment ($M = 12.5$, $SD = 4.1$). They also answered questions about sexual harassment ($M = 6.3$, $SD = 2.9$); average item responses corresponded to reporting these experiences *rarely*. Participants indicated exposure to combat situations, on average, *rarely* ($M = 2.0$, $SD = 0.5$). PTSD symptoms were assessed; in this sample the average item score indicated experiencing symptoms *rarely* ($M = 36.0$, $SD = 13.9$). Item-level frequencies for Vietnam experiences are available in the online supplement.

Frequencies of stressful and positive themes

A total of 1,255 women (91%) answered at least one of the two open-ended questions. Interestingly, 96% ($n = 1,205$) of those answering at least one question provided a positive experience, and 68% ($n = 858$) described a stressful experience. A majority (66%; $n = 831$) answered both questions. Table 2 provides details about the stressful experiences reported by women, and Table 3 provides details about the positive experiences reported. Those who responded to at least one of the open-ended questions were younger and had higher PTSD scores than those who didn't respond to either question ($p < .01$). Respondents who reported at least one stressful experience had lower MCS scores ($M = 47.84$, $SD = 11.89$) than those without a stressful response, $M = 52.01$, $SD = 9.55$; $t(1365) = 6.75$, $p < .001$; $d = .38$.

Stressful experiences

Negative living and working conditions

About a third (34%) of respondents reported a stressful living or working experience. The physical environment, including heat, dust, humidity, and insects was problematic: "During monsoon season never had dry clothes, socks, boots, etc." The male-dominated and male-oriented environment was also difficult. Necessary supplies like feminine hygiene products were in short supply. Being one of a few women or the only woman on base led participants to describe a "fishbowl" effect of being constantly observed. Lack of privacy and close living quarters were issues: "Living and working with coworkers 24 hours/day ... no privacy ... often seeing people at their worst."

Others found their job duties overwhelming: "I had not prepared myself for the amount of stress I would be under or the trauma I would see." Additionally, other participants experienced emotional problems such as difficulty coping with or expressing emotion: "I finally became numb like the combat soldiers." During their Vietnam service, women were sent home if they became pregnant. Several women commented on their own or others' decisions about having abortions or children.

Exposure to consequences of war

Many women cited the death or injuries of close friends or colleagues as stressful experiences. Nurses faced the difficulty of caring for wounded and dying soldiers (33% wrote about this theme): "I cared for young soldiers on a unit with 100% mortality rate ... knowing our new transfers were going to die—despite everything we did—was most stressful." The sense of hopelessness or helplessness, or of not being able to help enough, was a burden to many nurses: "The constant stream of wounded young men wears on me more now than it did then. As a mother of two boys I wonder how mothers lived through losing their sons in such a faraway place." The youth of the soldiers was a cause of concern. The women worried about the troops' future upon their return to the United States: "Seeing boys younger, or the same age as I (22), and knowing they would be maimed for life." An infrequent subtheme was citing incidents of suicide, as well as G.I. violence. Some nurses, who volunteered in orphanages or through organizations such as Medical Civic Action Program (MEDCAP), also had to

handle the stress of working with Vietnamese civilians and children. They witnessed very distressing conditions and provided descriptions such as, “volunteering at Vietnamese orphanages and seeing children die for lack of proper care.”

Physical threat

One of the most acute threats the women faced was direct attack, such as shelling, on their hospital or living quarters (22% reported these experiences): “During Tet the rounds were so close I woke up screaming sometimes and heard the shrapnel [other times] hit the wall of my bedroom.” There was a pervasive worry about the threat of enemy attack, or fear for personal safety. Uncertainty about who the enemy was also instigated fear: “Vietnamese that you worked with and taught (i.e., cleaning, etc.) during the day could have been the ones with guns killing people during the night.” Sometimes women had friends or family who were also in physical danger: “I had two younger brothers, two younger nephews and a brother-in-law all in RVN [Republic of Vietnam]. . . . I constantly worried that one or more of them would be brought in wounded or KIA [killed in action].” For some of these women, the stressful effects of this trauma lingered for years afterwards: “I was very afraid all the time but we had to disregard that and get our job done. It took me 12 years to get in touch with how afraid I was.”

Ethical or moral problems

Some of the women reported grappling with moral dilemmas (21%): “Many young men asking me to help them die. ‘Don’t send me home like this.’” There were also ethical problems endemic to wartime, such as when nurses had to “[send] patients back to the field when we knew they were going back to bad situations,” which could create a sense of guilt or responsibility. Several nurses also commented about difficulties in treating both Vietnamese and Americans. Sometimes participants were unintentional witnesses to traumatic events, such as when one woman “saw a young child killed because a mother loaded him with explosives and told him to go to the Americans.” Other times they heard about friendly fire, or fragging, when American men conspired to kill their officers.

Institutionalized sexism was also cited as a stressor, such as when female nurse officers were not allowed the same freedoms as male officers: “Male nurses being able to do more, go more [places] than female nurses.” Finally, participants felt there was a lack of support from people back home or that the troops were not welcomed upon their return to the States: “Feeling that the people back home (U.S.) did not support the men or realize or take an interest in what was going on. They turned their back on them.”

Negative interpersonal experiences

Loneliness and isolation, separation from loved ones and home, often at a young age, were frequently cited (18%): “Being thousands of miles away from home for the first time in my life following college.” Participants also described negative coworker relationships, problematic friendships and romantic relationships, as well as demanding/inattentive supervisors. Negative attention from the troops could be a problem (4.2% wrote about experiencing harassment): “As the months went by, the treatment from the men was more harassing than supportive. When we were on duty, we were angels of mercy. Off duty we were pieces of meat to grope and verbally abuse.” All nurses were officers, which precluded them from socializing with enlisted men, despite being of a similar age. They were expected to attend social events with officers: “It was assumed we nurses belonged to the doctors. In my first briefing in VN I was told that if I became pregnant, it better be by an officer.” The Red Cross recreation workers, often referred to as “Donut Dollies,” also faced the emotional labor of their expected role in the service: “We were trained to always have a smile. . . . We were constant reminders of the girlfriend, sister, etc. back home—so we were always ‘on.’” Other women described significantly worse interpersonal experiences: Several women (2.8%) reported being raped or attacked or knowing about this experience happening to another woman.

Drug/alcohol use

Drugs and alcohol were also a source of stress:

I was in-country when the drug epidemic hit. It seems as if I went on duty one morning and found that I was tripping over OD'ed soldiers. I hated the way I resented having to use scarce resources for the "druggies" when we had so many "real" injuries/illnesses.

Positive experiences

Positive interpersonal relationships

A sense of camaraderie with their peers and the troops was cited by half of the participants as a positive experience: "Camaraderie. I have never experienced such dedicated teamwork in medicine in all my years of nursing as I did in Vietnam." Others spoke of Vietnam as a singular experience that bound together those who went through it: "Making some lifelong friends. As a retiree from the Air Force we get together occasionally with people all over the States. Our Vietnam friends are the most special." A number of women also experienced personal and romantic satisfaction by meeting their spouses in Vietnam.

Helping others

Providing medical care to others was the second-most-frequent positive response (39%): "the daily sense of being needed by these young men so severely wounded—their gratitude, how we were able to comfort and help them cope with fear and not die or suffer alone." They described feeling like their work was important and truly made a difference in the lives of their patients. Those who volunteered off-base also mentioned their experiences: "Getting to know some very special Vietnamese. I really enjoyed being on MEDCAP teams which took medical services to the villages."

Growth

A fourth of the women (26%) said their experience in Vietnam helped them grow, both personally and professionally. Nurses were given more responsibility in Vietnam than they ever had or would have working in the United States, such as performing procedures, triaging, and completing other kinds of intense duties. One woman described her deployment as, "Medically, most challenging in my life. Quick decision-making skills. Prioritization. Saw things I never would have in civilian life." Another nurse also described her experiences as "professionally the most rewarding year" of her life. Besides professional duties, the women deployed to Vietnam also experienced a sense of personal growth: "I learned to live under very trying circumstances. It taught me to be tolerant of others, to appreciate life on all levels, and that I have an inner strength which will carry me through." For many, Vietnam served as a kind of crucible: "I returned a more positive, resilient, independent, confident and self-assured person. The experience was a test of one's fortitude, and I passed the exam."

Travel and new experiences

Although the climate was stressful for many women, some also spoke of the beauty of Vietnam: "The breathtaking beauty of the central Highlands and non-polluted beaches." Fourteen percent cited the opportunity to travel, see new places, and meet new people. Others mentioned their exposure to new people and cultures as positive: "Visiting and working in orphanages and visiting Montagnard [an indigenous Vietnamese group] community." Others who had spent time volunteering closely with the Vietnamese described the perspective they gained and how the experience influenced their future behavior: "An appreciation and love for the people of Southeast Asia. Returned to work as a medical missionary to Thailand for 15 years." Further, women also found that in Vietnam they gained a new perspective on their fellow countrymen: "The opportunity to meet and get to know Americans from every walk of life and from every corner of our country."

Patriotism

Some participants (7%) described their sense of patriotism and pride in volunteering to go to and serving in Vietnam: “A great feeling of doing my part to serve my country and do everything I could possibly do to take care of the men and boys that were sent there.” Additionally, some described a specific sense of pride about the U.S. troops they supported: “Getting to work with some of the finest men in the world. Our best were there.”

Other

Four percent of the positive responses were categorized as “other.” Some women wrote about “surviving,” or “getting out of there alive!” Some described their stressful experiences in conjunction with a positive sense of meaning and validation:

During the mortaring we were required to run from the hooches [temporary living quarters] down to look out for the men. . . . Just to be with the wounded and to protect them was reason enough to make the run.

Quantitative comparisons

Writing about each stressful theme (except drug/alcohol use) was significantly related to higher levels of overall stress in Vietnam, compared to stress reported by those who did not write about the theme. Participants who wrote about stressful themes reported experiencing more difficulty during deployment (e.g., work stress, combat exposure). Those who reported negative interpersonal experiences, ethical dilemmas, and/or the consequences of war also scored worse on the quantitative psychological health outcomes. Those who wrote about negative interpersonal experiences and ethical or moral problems also reported more past trauma. Women who reported fear of rape or attempted/completed rape reported more trauma exposure in adulthood and during their service, more difficult experiences in Vietnam, and poorer long-term psychological health. Those who reported harassment were younger, had more childhood and adulthood trauma, reported higher stressor exposures in Vietnam, and had more severe PTSD symptoms. Women who commented on the beneficial nature of interpersonal relationships in Vietnam were younger and reported more trauma in adulthood, while those who wrote about the importance of helping others were older, had more years of military or civilian service, and described their experience of Vietnam as less stressful overall. Those who wrote about growth during their time in Vietnam were younger and more likely to be nurses.

Discussion

Our article expands upon the literature on women who served in Vietnam by including a large sample with a wide range of respondents, such as Nurse Corps and other military women, Red Cross workers, and civilian Army Special Services. These groups represent understudied populations. An examination of their Vietnam experiences, as well as associations between their responses and later-life outcomes and characteristics, offers rich insight into their history, coping mechanisms, and views of their Vietnam experiences. The data described in this article give voice to the range of stressful and positive Vietnam experiences recalled by these women. These findings may also have implications for future research on the effects of warzone experiences in current and future conflicts. Answers to the open-ended questions speak to the importance of allowing research participants the opportunity to respond in a less-structured format, given that some experiences are not captured with existing measures. Additionally, having participants describe their experiences in their own words may yield unexpected answers that offer valuable information about the impact of these experiences and may provide unexpected directions for future research.

This study promotes further understanding of the experiences of women who served in Vietnam during the Vietnam War and provides insight into their appraisals of these experiences approximately 25 years after they returned from wartime service. The recollections provided in response to

open-ended questions about stressful and positive experiences are particularly interesting because the time interval may have allowed the respondents to think about their time in Vietnam, to examine the meaning of their experiences, and to reflect upon how these events affected their post-Vietnam lives. Their responses reveal that these women found both stressful and positive aspects to the Vietnam experience. The most prominent stressful themes written about were environmental factors: negative living and working conditions and experiencing the consequences of war. The positive themes most frequently written about were relational: interpersonal relationships and helping others.

Interestingly, almost all the women who decided to respond to at least one of the two open-ended questions indicated having at least one positive experience in Vietnam. Of course, the respondents had ample time to reconstruct their memories of trauma and to think about how their time in Vietnam impacted them. Some evidence suggests that greater positivity and emotional complexity are associated with the aging process (Charles & Carstensen, 2010), outlooks which may have contributed to the high rate of positive experiences described by these women, in spite of the fact that they often also reported negative aspects of their wartime service. In any case, despite the length of time since their experiences in Vietnam, many of the women's memories appear to have remained vivid and painful, especially regarding consequences of warfare and negative living conditions.

Findings of the current study are consistent with those reported in much smaller studies of nurses and other women who served in Vietnam (e.g., Scannell-Desch, 2000) and support hypotheses regarding factors associated with stressful themes. Associations found with stressful themes are also consistent with research demonstrating the cumulative impact of trauma (e.g., Littleton, Grills-Taquechel, Axsom, Bye, & Buck, 2012).

In contrast, fewer group differences and associations with outcomes emerged for the positive themes, but those that did emerge appear to be important and may have helped buffer the negative impact of cumulative stress. Women who focused on the value of their service, on positive relationships, or on the skills they gained may have had the ability to frame their experiences in a more positive and meaningful way. Alternately, these women may simply have had less stressful experiences and therefore found it easier to identify positive aspects of their time in Vietnam. It is interesting that many women who reported PTSD symptoms were nonetheless able to find and comment on positive aspects of their experiences. It is also noteworthy that younger, nonnurse, and Red Cross women commented more frequently on the beauty of the country and about enjoying meeting people from new cultures or different backgrounds. This observation could be associated with a level of openness to new experiences in these groups.

Positive experiences were not as strongly associated with health outcomes as stressful ones. It is possible that being able to identify positive aspects of their experiences helped some women buffer the impact of their negative memories. Consistent with this hypothesis, results of a recent study of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans found that most of these Veterans report more positive than negative outcomes from their wartime experiences, and many who are initially distressed overcome their difficulties and go on to live improved lives (Schok, Kleber, Elands, & Weerts, 2008). This hypothesis is also consistent with the dual nature of the Vietnam experience, which was filled with many stressors but also provided support and many opportunities for growth, as evidenced by the 91% of the sample who chose to report at least one positive experience. In terms of stressors reported, the close physical proximity meant that the women rarely had privacy and that they felt they had to be with and attentive to others at all times. Thus, support from coworkers was not necessarily an unmitigated benefit for participants, as sometimes it appeared to have been stifling. Yet this very intimacy often developed into intense, immediate friendships with others and a strong sense of camaraderie and closeness.

No matter the positive or negative outlook women had—and even for those who saw Vietnam as a largely negative experience—their deployment represented an important and life-changing time in their lives. Even 25 years later, Vietnam remained a unique experience for these women, many of whom were in their late 50s at the time of the survey. As Norman (1990) discusses, “Nothing before or after compared with the stresses and rewards of serving overseas.... ‘Nothing,’ said a former Army nurse, ‘can ever be the same after you’ve been in that environment’” (p. 155).

Limitations of the current study must be acknowledged. The cross-sectional and retrospective nature of the data limits the ability to make causal connections. However, the time interval between the war and survey completion allowed us to capture a unique perspective these women had when looking back upon their wartime experiences. Additionally, the larger project from which data for this article were drawn was not conceptualized as a qualitative study; consequently, the open-ended questions were limited in nature and scope, and we were not able to probe respondents for additional information or context. It may have been more informative had the open-ended question about stressful experiences asked participants to identify their most stressful experience overall rather than additional stressful experiences beyond what had already been queried in the questionnaire (see online supplement). Additionally, collection of more specific and detailed information regarding trauma history may have allowed us to examine associations between trauma, themes, and long-term outcomes more fully. Another limitation relates to the scales used in the current study; since data were collected in 1998–1999, many standardized measures that would be used in a more current study were not available. In addition, the limited racial and ethnic diversity of both the sample and the population of women who served in Vietnam limit, to some extent, generalizability to current military conditions. Despite these limitations, this study gives voice to an understudied group of women and provides valuable insight into their experiences in Vietnam and the associations between these experiences and long-term psychological well-being. The findings can help inform modern-day policies and practices to minimize adverse effects of service and to maximize opportunities for positive experiences even in difficult situations.

Acknowledgments

The views expressed in this article are those of the authors and do not necessarily represent the official viewpoint of the U.S. Department of Veterans Affairs. The authors express appreciation to the Vietnam Women's Memorial Foundation for its collaboration and to their colleagues in the Stress, Health, and Aging Research Program (SHARP), VA Boston Healthcare System.

Funding

This research was supported in part by the National Academy of Sciences Subcontract NAS-VA-5124-98-001.

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