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A Comparative Investigation of Survivor Guilt Among Vietnam Veteran Medical Personnel

Maurice E. Kaufman
Loyola University Chicago

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A COMPARATIVE INVESTIGATION OF SURVIVOR GUILT AMONG
VIETNAM VETERAN MEDICAL PERSONNEL

by

Maurice E. Kaufman

A Dissertation Submitted to the Faculty of the
Graduate School of Education of Loyola University of Chicago
in Partial Fulfillment of the Requirements
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VITA

The author, Maurice Edward Kaufman, is the son of George C. Kaufman and Gwendolyn V. (Fisher) Kaufman. He was born June 25, 1948 in Chicago, Illinois.

His elementary education was completed at St. Thomas the Apostle School in Chicago, Illinois. His secondary education was obtained at Hyde Park High School in Chicago, Illinois.

In August, 1971, Mr. Kaufman entered Olive-Harvey College where he matriculated until receiving the degree of Associate of Arts in Liberal Arts in January, 1973. In January, 1973, Mr. Kaufman entered Chicago State University which he attended until receiving the degree of Bachelor of Arts in Psychology in December, 1974. In July, 1976, Mr. Kaufman entered the Master of Science in Education program, which he completed earning a degree in Counseling and Guidance in April, 1978.

As a graduate student in the Department of Counseling and Educational Psychology, Loyola University of Chicago, Mr. Kaufman was granted an assistantship in the Counseling Center in partial fulfillment of the requirements for the degree of Doctor of Education. He was inducted as a member of Alpha Sigma Nu, the National Jesuit Honor Society, May 2, 1988.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	11
VITA	111
LIST OF TABLES	vi
LIST OF FIGURES	viii
 Chapter	
I. INTRODUCTION	1
Purpose of the Study	2
Assumptions	3
Statement of the Problem	4
Definition of Terms	6
Limitations	8
II. REVIEW OF LITERATURE AND RELATED RESEARCH	9
Post Traumatic Stress Disorder	12
Medical Personnel and P.T.S.D.	17
Survivor Guilt	21
III. RESEARCH METHOD	27
Subjects	28
Procedure	29
Instrumentation	30
Hypotheses	33
IV. ANALYSES AND DISCUSSION	36
Demographic Variables	36
Missing Data	36
Characteristics of the Sample	41
Characteristics of the Sample by Group	58
Treatment of Data	62

TABLE OF CONTENTS Continued

Chapter	Page
V. SUMMARY AND CONCLUSIONS	81
Overview	81
Restatement of the Problem	81
Results and Conclusions	84
Recommendations for Further Research	95
REFERENCES	97
APPENDIX A	107
Correspondence from Dr. Parson	108
Letter of Introduction, Stating the Nature and Purpose of the Study	109
Follow Up Letter to Non-Respondents	110
APPENDIX B	111
History of Combat Exhaustion (Battle Fatigue)	112
APPENDIX C	113
Combat Exposure Scale	114
Beck Depression Inventory.	115
Selected Laufer-Parson Guilt Inventory Questions	118
Laufer-Parson Guilt Inventory.	119
APPENDIX D	122
Written Responses to Section V on Questionnaire.	123
APPENDIX E	147
Survey Instrument	147

LIST OF TABLES

Table	Page
1. Total Number and Percentages of Each Group Group in Sample Population in the State of Illinois	28
2. Summary of Characteristics of Sample Population	37
3. Summary of Demographic Data by Group	42
4. Chi Square Statistics of Selected Variables	63
5. Means of the Laufer-Parson Guilt Inventory Totals Score by Group	65
6. Means of the Beck Depression Inventory Total Scores by Group	65
7. Means of the Vietnam Combat Exposure by Group	67
8. Means of Laufer-Parson Guilt Inventory Survivor Guilt Questions	68
9. Means of the Laufer-Parson Guilt Inventory Total Scores by Age at Time of Service	69
10. Means of the Beck Depression Inventory Total Scores by Age at Time of Service	70
11. Means of the Laufer-Parson Guilt Inventory by Level of Vietnam Combat Exposure	72
12. Means of the Beck Depression Inventory Scores by Level of Vietnam Combat Exposure	73

LIST OF TABLES Continued

Table		Page
13.	Means of Laufer-Parson Guilt Inventory Total Scores by Tours and by Group	75
14.	Means of the Beck Depression Inventory Total Scores by Tours and by Group	76
15.	Mean Total Scores for Medical and Combat Groups on Selected Laufer-Parson Guilt Inventory Questions	77
16.	Themes and Examples of Written Responses on Questionnaire	78

LIST OF FIGURES

Figure		Page
1.	Bar Graph and Frequency Table of Group Assigned	59
2.	Bar Graph and Frequency Table of Branch of Service	60
3.	Crosstabulation of Group Assigned by Ethnicity	61
4.	Crosstabulation of Exposure by Group Assigned	62
5.	Graph of Mean Laufer-Parson Guilt Inventory Total Scores by Level of Exposure by Group	74

CHAPTER I

INTRODUCTION

Studies documenting psychological distress among Vietnam veterans have increased dramatically over the past ten years, beginning as early as 1981. A major epidemiological study conducted by the Center for Policy Research (Egendorf, Kadushim, Laufer, Rothbart & Sloan, 1981) found that Vietnam veterans exhibited a wide variety of stress related problems when compared with non-Vietnam veteran cohorts.

Recently, there has been a more careful analysis of immediate and long-term psychological effects of the war. For example, it has been documented that combat exposure is the most powerful predictor of Post Traumatic Stress Disorder (P.T.S.D.) in Vietnam veterans. Political, moral, and ethical confusion reportedly produced the special characteristics of the Vietnam combat veteran. Shatan (1978) listed several of those characteristics: (1) delayed stress reactions, (2) guilt feelings and self-punishment, (3) feelings of being scapegoated, (4) rage and other violent impulses against indiscriminate targets, (5) psychic

numbing, (6) alienation, and (7) doubt about continued ability to love and trust others. Those special characteristics are considered to have considerable importance with respect to selection of a treatment plan (Walker & Nash, 1981). In addition, bitter Post Vietnam experiences may have reinforced many Vietnam veterans' beliefs that they have been betrayed and exploited by the country they served (Brown, 1984).

Purpose of the Study

The study to be reported here was designed to explore levels of survivor guilt among Vietnam veteran medical personnel. A comparative examination was made of the Vietnam veteran's experience with respect to levels of combat exposure, current levels of depression and levels of current guilt.

The possible value of such a study is that it would:

1. add to our overall body of knowledge by identifying major themes related to survivor guilt;
2. add to knowledge in the field of Post-Traumatic Stress Disorder by examining it at a personal level;

3. provide insight into this population's concerns which will allow practitioners to better understand the experiences of the client; and
4. stimulate further research into the area of survivor guilt with respect to the effects on Vietnam veteran medical personnel.

Hopefully, the added information will contribute to our planning and treatment efforts with respect to providing services for those who suffer from Post-Traumatic Stress Disorder (Survivor Guilt).

Assumptions

1. Few of the medical persons who went to Vietnam were prepared for the number and severity of casualties nor were they prepared in terms of the threat to their own safety.
2. Combat Exhaustion (P.T.S.D.) is a normal adaptive failure to function in combat environments, and has probably been seen in all the wars America fought.
3. There are special characteristics of post-traumatic stress syndrome, including sleep disturbances, survival guilt, intrusive thoughts, and depression, as it exists in the Vietnam combat veteran.

4. The Vietnam War was unique in that:
 - a. Political confusion created doubt for everyone.
 - b. On returning home, the combat-weary veteran was spat on and cursed.
5. Experiencing profound feelings of guilt by people who survive massive trauma is a frequent occurrence.

Statement of the Problem

Exposure to combat may result in an array of disturbances, the most common of which is combat stress reaction, also known as combat exhaustion or battle shock. It has been estimated (Roberts, 1988) that, for as many as half a million Vietnam veterans, war related anxiety and problems associated with the war are a way of life. United States military involvement in Southeast Asia ended over a decade ago; however, for many veterans, the war and the psychological impact of this involvement are not over.

The residual effects of the Vietnam War experience for these veterans are manifested in a variety of actions and behaviors symptomatic of Post-Traumatic Stress Disorder (P.T.S.D.). They include "reexperiencing the traumatic event;" numbing of responsiveness to, or reduced involvement with, the external world; depression; isolation; rage;

avoidance of feelings; alienation; survival guilt; anxiety reactions; sleep disturbances; nightmares; and intrusive thoughts.

The study reported here was designed to focus on Survival Guilt, a symptom of chronic or delayed post-traumatic stress disorder, in the Vietnam Veteran. In a number of veterans, all other symptoms of P.T.S.D. have been reported to diminish with time, whereas the conflict with survival guilt persists (Williams, 1980). Medical personnel in Vietnam served in various capacities, twelve or more hours a day, working seven days a week, dealing on a daily basis with events far beyond the range of normal human experience. Medical professionals suffering from P.T.S.D. are hampered within their professions as well as inside the treatment system. They are reluctant to admit psychological problems for fear of professional censure, or worse. P.T.S.D. may affect one's ability to function under stress, and for some who served in Vietnam, certain medical situations recall the war in vivid and still unsettling ways; flashbacks and nightmares may be exacerbated when one works in a medical setting (Shovar, 1987).

This study was designed to explore levels of survivor guilt among Vietnam veteran personnel and should provide some insight with respect to survivor guilt behavior. The population was stratified into three groups: (1) Vietnam

Era; (2) Vietnam Combat; and (3) Vietnam Veteran Medical Personnel. Seven hundred fifty veterans were randomly selected from rosters of Vietnam veterans from Northern Illinois. Five self-administered questionnaires were used to assess levels of depression, combat exposure, and survivor guilt among the respondents.

Definition of Terms

Bush - The outer field areas where infantry units operated.

Combat Fatigue - Intense weariness or mental illness caused by continued exposure to hostile fire sufficiently severe to render a soldier incapable of continuing in active combat. Also called Battle Fatigue. In World War I it was called Shell Shock.

DEROS - Date of Expected Return from Overseas

Grunt - Slang for combat soldiers fighting in Vietnam.

Hospital Corpsman - Naval Personnel with primary responsibility of caring for the sick and injured. In addition to this, the corpsman must assist in prevention of disease as well as treating it. The hospital corpsman deals with the patient's physical and psychological needs. In Vietnam the hospital corpsman provided primary and emergency medical care to U. S. Naval and Marine personnel in the field and at field hospitals.

K.I.A. - Killed in action.

Med-evac - A term for medically evacuating the wounded by chopper or plane.

Medic - Army field medical personnel, similar to hospital corpsman.

Post Traumatic Stress Disorder (P.T.S.D.)- An anxiety disorder produced by an uncommon, extremely stressful event (e.g., assault, rape, military combat, flood, earthquake, death camp, torture, car accident, head trauma), and characterized by (a) reexperiencing the trauma in painful recollections or recurrent dreams or nightmares, (b) diminished responsiveness (emotional anesthesia or numbing), with disinterest in significant activities and with feelings of detachment and estrangement from others, and (c) such symptoms as exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, guilt about surviving when others did not, and avoidance of activities that call the traumatic event to mind.

R & R - Rest and relaxation (usually a week-long "vacation" out of country).

Short-timer - Someone whose tour in Vietnam is almost completed.

Survivor Guilt - Characterized by the persistence of multiple symptoms including chronic depressive and

anxiety reactions, insomnia, nightmares, personality changes and far reaching somatization.

Triage Duty - A term for the process of sorting out patients according to the seriousness of their wounds.

Vietnam Era Veteran - Served in the military during the Vietnam War, but did not serve in Vietnam.

Limitations

One limitation of this study was the geographical area from which the sample was drawn. Future studies might also include a population drawn from a larger geographical area. A second limitation involved the length of time between military service and the time during which this study was conducted; there could have been some deterioration of memory. It may be of value to determine if the results of this study can be generalized to other medical groups serving in Vietnam, e.g., nurses, doctors and ancillary medical personnel.

CHAPTER II

REVIEW OF LITERATURE AND RELATED RESEARCH

Bitterness, anger and anxiety . . . depression, loneliness and alienation, sleeplessness and inability to get close to others, flashbacks to combat and suicidal feelings, drug and alcohol dependence, and so much more. Problems like these plague the lives of far too many of the men and women our society sent thanklessly to fight the war in Vietnam. For at least half a million Vietnam veterans, these problems are so severe that their lives and families are seriously disrupted (Pealer, 1980).

More than nine million individuals served in the United States Armed Forces during the Vietnam era, 1965 to 1975. Of this nine million, approximately 2.8 million served in Southeast Asia. One million of these people saw combat or were exposed to life-threatening or hostile situations (Thiers, 1988). Of this large number of people, most adapted to their return to civilian life. However, there were many who did not fare as well upon returning from Vietnam. Goodwin (1980) observed that most Vietnam veterans adjusted well to life back in the United States following

their wartime experiences. However, counselors working with Vietnam veterans estimate that one-third of these veterans continue to have serious emotional or other problems stemming from their war experience.

By conservative estimates, 500,000 to 700,000 Vietnam veterans still lead lives plagued by serious war-related adjustment problems. One in seven Vietnam veterans suffers from post-traumatic stress disorder, a rate seven times that estimated by a government study earlier in 1988. The 15 percent rate cited in this study (Schlenger, 1988) translates to about 470,000 cases. Similar results were found in a new study, funded by the Veterans Administration (VA). This study found that approximately 500,000 Vietnam veterans still suffer from a major psychological disorder directly related to the war (Roberts, 1988).

Solomon (1987) indicated that combat exposes a soldier to a surfeit of stress, the worst of which is undoubtedly the palpable risk of impairment, injury and death. Other combat-related stress includes the loss of friends, exposure to ghastly scenes of injury and death, and significant physical discomfort because of lack of sleep, food or water, or because of extremes of temperature. Also common are feelings of loneliness, lack of social support, and lack of privacy.

Although all wars have been stressful for combatants, certain characteristics of the Vietnam War made it an especially stressful event, resulting in an unexpectedly high number of PTSD casualties.

1. Vietnam was one of America's most dangerous wars. The risk of being killed in combat in Vietnam was seven times greater than the risk in World War II, and the risk of being paralyzed was eight times greater (McPeak, 1982).
2. Combat in Vietnam was stressful because of its antiguerrilla nature. Attacks were frequently sudden and unexpected. Often, it was impossible to distinguish friend from foe. Therefore, one could rarely be certain that the people being fired upon were indeed enemies.
3. The war was brutal. Lifton (1976) aptly described combat in Vietnam as an atrocity-producing engagement.
4. Many of those who fought in the war simultaneously questioned the philosophical underpinnings of their involvement. The cognitive stress associated with this inner conflict only added to the numerous external stressors noted above.
5. The speed and availability of modern transportation also played a role in making the experience

of the Vietnam veteran unique in American history. Individuals could literally be transported from the battlefield to their living room in the United States in a 36-hour period, leaving no opportunity for processing traumatic experiences or adjusting to dramatic lifestyle changes. In addition, because of the controversy surrounding the war, homecoming was more often characterized by rejection than by acceptance. This lack of support at home made recovery from trauma more difficult (Brende & Parson, 1985).

Post Traumatic Stress Disorder

As now defined by the American Psychiatric Association, PTSD is a problem of varying intensity, from mild to life-threatening, that results from exposure to a traumatic event - "an event outside the range of usual human experience" (Williams, 1980). It can take many forms, but the main symptoms include reexperiencing the event (in nightmares, flashbacks, or "intrusive recollection"); avoidance or withdrawal from the outside world; and increased arousal, such as hypervigilance or exaggerated startle reaction.

Clinical accounts of Vietnam veterans' readjustment problems have attributed them to the stressful nature of combat in an antiguerrilla war, to the veterans' moral doubts about their actions in Vietnam, and to the American

people's unwillingness to welcome or sometimes even to acknowledge the veterans of an unpopular war. The writers' emphasis varies, but most accounts touch on at least two of these three explanations for Vietnam veterans' problems.

It has been estimated that 500,000 or more Vietnam veterans are in need of emotional help. Post-Traumatic Stress Disorder (P.T.S.D.) is alleged to be common and unrecognized. Relatively high rates of alcoholism (to 30%), drug abuse, violence, divorce, and emotional instability are alleged to be a direct result of exposure to combat and atrocities (Van Putten & Yager, 1984).

Exposure of combat stress has been consistently recognized as a pathogenic, exacerbating factor triggering somatic and psychiatric disorders (Solomon, 1987). In the annals of western medicine it is possible to trace the emerging recognition of psychological malfunctioning as the result of trauma over the past 200 years. In his monographic review on the Post-Traumatic Neurosis, Trimble (1981) cites the case of a French officer who, in 1766, suffered an injury to his head and neck as he was thrown against the carriage wall on his return to his regiment, then engaged in a campaign, but six months later developed a speech impediment and weakness of his arm. Loss of functioning following trauma without discernible physical fractures or dislocations were reported increasingly during

the 19th century, particularly with the spread of railroad and mine accidents. Acrimonious debate arose in medical-surgical circles over whether travel injuries followed often by "sizable duration of time were consequent to obscure injuries to the brain or the reflection of a 'nervous condition'" (Kolb, 1984, p. 140).

It was only at the turn of the last century, following careful clinical analysis by Stierlin (1901), who assessed and compared the clinical pictures of survivors of volcanic eruptions and mining accidents, that there emerged a relatively clear-cut picture of the symptoms specific to individuals surviving life-threatening catastrophes. This clinical syndrome is now defined in the American Psychiatric Association's 3rd edition of their Diagnostic and Statistical Manual (DSM-III) within the category of Anxiety Disorders as the Post-Traumatic Stress Disorder (P.T.S.D.) (Kolb, 1984).

Clinical syndromes associated with combat duty were not formally recognized until after World War I. A vast literature has emerged over the past century on the psychological responses to war, and the condition has been included in standard texts of psychiatry since World War I. The emergence of the clinical picture of PTSD, as it is now spoken of, derived largely with the need to care for those with acute symptoms of this condition. Interest in and

sensitivity to the war induced condition subsided after each major conflict. With the establishment of the U.S. Veterans Administration, definition of and study of the chronic and delayed forms of the disorder took place. Just prior to World War II, Abram Kardiner (1941), a talented clinician, psychiatrist and psychoanalyst, published his studies of chronic cases seen at the Bronx Veterans Administration Hospital. Kardiner made a number of significant observations. He identified as existing in every case a certain number of "constant symptoms." They are: (1) irritability and the startle pattern; (2) fixation on the trauma (now spoken of as intrusive thinking); (3) an atypical dream life (that is, repetitive nightmarish dreams of combat experience); (4) proclivity to explosive aggressive reactions; and (5) contraction of the general level of ego functioning. Kardiner recognized the existence of delayed reactions, pointed out that psychic trauma might precipitate other personality disorders, and stated that symptoms of the several conditions might coexist in a single patient.

Before and during World War I, symptoms associated with exposure to combat were assigned to a lack of discipline and cowardice. During World War II, however, problems associated with exposure to exploding shells that caused physiological damage were seen to cause many other symptoms. According to Glass (1969), by the end of World War II the

term "Shell Shock" had evolved to a label known as War Neurosis. The Korean War provided a continued view of combat stress (See Appendix B). In the annals of western medicine, it is possible to trace the emerging recognition of psychological malfunctioning as a result of trauma over the past 200 years (Kolb, 1984).

In war, the combat soldier must adapt to a severe, life threatening, adverse environment. Failure to adapt to this environment, whether recognized or not, since the advent of gunpowder has probably produced the psychological symptoms now recognized as combat exhaustion or battle fatigue (Kentsmith, 1986). Interestingly, many combat veterans returned from Vietnam largely asymptomatic at their DEROS date. The vast majority of veterans did hold on, as evidenced by the low number of neuropsychiatric casualties during the Vietnam War (Goodwin, 1980). The "holding on" that Goodwin refers to implies that persons who served in Vietnam experienced neuropsychiatric symptoms during their service in Vietnam at rates lower than those experienced by persons while serving in Korea, World War II, and World War I. This assumption is verified because rates of acute combat reaction were significantly lower relative to the two previous wars (The President's Commission on Mental Health, 1978).

Medical Personnel and P.T.S.D.

There have been volumes written describing the phenomena of combat fatigue, battle fatigue, and Post-Traumatic Stress Disorder. A vast array of literature has emerged over the past century on the psychological responses to war and the condition has been included in standard texts of psychiatry since World War I (Kolb, 1984). One writer has described it as follows:

War is the most tragic disaster that humanity inflicts upon itself. It brings about the utmost physical, psychological and societal destruction known to humanity and results in multiple loss of life and gross environmental changes. The Vietnam conflict is the most recent war experienced by the United States. Mental health professionals are just now beginning to understand the psychological toll that this war has taken on our society (Mullis, 1984, p. 28).

However, there is limited information reported in the literature related to exploring the special issues and the incidence of Post-Traumatic Stress Disorder among medical personnel who served in a medical capacity in Vietnam.

Little has been written about the incidence of PTSD among physicians, medics, corpsmen, nurses and others who served in Vietnam (Dewane, 1984). Little is heard about the long-term psychological and emotional effects that the war had on the caregivers. Unfortunately, the process of shutting off feelings that served them well in battle has hardened, for many of these caregivers, into a denial that they suffered at all. Some do not even acknowledge that

they were in any way affected by their experiences. The fact that the post-war needs of the medical professionals and nurses have gone largely unrecognized may be substantially accounted for by these factors. Another reason, which may be equally potent but which is far more insidious, for silence on these issues is that many people who came back to careers in medicine are afraid to acknowledge that they have any residual psychological or emotional problems because they are afraid they may lose their colleagues' respect, or worse their jobs and practices (Shovar, 1987).

Post-Traumatic Stress Disorder is a syndrome that develops following a psychologically traumatic experience, one which is outside the range of usual human experiences and would be expected to produce symptoms of distress in most people (Rogers & Niskolaus, 1987). Symptoms may arise or intensify long after the identification of symptoms reflecting exposure to catastrophic stress; reexperiencing of the trauma; numbing in responsiveness; detachment or alienation; and hyper-alertness, sleep disturbances, survival guilt, cognitive impairment, avoidance of activities that arouse recollection of the trauma, or avoidance of activities that cause intensification of symptoms during exposure to events that resemble the trauma (Friedman, et al., 1986).

The injuries in Vietnam were often more severe than even those seen in metropolitan trauma units in the United

States. The percentage of persons having lower extremity amputations was 300% higher than in World War II and 70% higher than in Korea; the incidence of paraplegia was 1000% higher than in World War II and 50% higher than in Korea (Starr, 1973). While this was in part due to the nature of the war, the use of helicopters to provide rapid transport ensured that wounded who would have died on the battlefield in other wars reached the hospitals (McVicker, 1985).

Medical personnel were a special population in Vietnam. Their role presented them, then and now, with special problems. Those who provided direct medical care in Vietnam had a two-fold task: to ensure the survival of others while guarding their own survival (Dewane, 1984). Medics, corpsmen, and nurses became agents in the struggle of life against death.

Medical personnel in Vietnam often had to work alone, or with very little assistance, making on-the-spot, life-and-death decisions with but little information. Nurses, as triage officers, were often responsible for determining the category of the casualty: immediate, expectant, or delayed. In practical terms, the "immediate" wounded were those who, if provided immediate care, could survive without seriously draining the resources of the medical unit. "Expectants" were so severely wounded that the likelihood of their survival was remote, and to try to treat them would mean tying up resources that could be spread over a large number of "immediates." "Delayed" could wait some time - provided the nurse hadn't overlooked some small but potentially lethal problem (Shovar, 1987, p. 146).

Health care personnel especially seem to remember the no-win situations they encountered (McVicker, 1985).

Military medical occupations carry with them an inherent contradiction: war connotes death, medicine implies life (Dewane, 1984).

Many medical people served in Vietnam as combat medics and corpsmen attached to units that were in direct contact with the enemy. Many of their treatment issues are identical to those of infantry soldiers, but their role as caregivers sets them apart - in some ways - from the combat soldier. Most were inadequately trained to treat the massive injuries they saw daily. Few were well-grounded in tropical medicine, so they had little idea how to treat, or prevent, such conditions as immersion foot and tropical ulcers (Shovar, 1987, p. 146).

Post-Traumatic Stress Disorder is not uncommon in the medical personnel population and has major signs and symptoms. They include helplessness, survivor guilt, anger, isolation, and estrangement, and low tolerance to frustration. For medical personnel these symptoms take on a unique aspect. The following case study describes one medic's experiences:

Jim was a young man who had been trained as a combat field medic at Fort Sam Houston. Within a month of completing his training, he was assigned to a medevac chopper and expected to make life-and-death decisions. On one run, Jim was trying to help a casualty who had had his spinal cord blown away along with a major portion of his abdominal contents; he had lost his left arm, and another medic had clamped off the arteries at the stump. The young soldier was conscious, but in great pain and very much aware that he had terminal wounds. Jim recognized Bob, a fellow medic classmate from Fort Sam Houston, as this mutilated man. Bob begged Jim to undo the clamp and give him some morphine, rationally explaining that he knew he was going to die and didn't want to prolong the process. After agonizing soul-searching, Jim complied with Bob's wishes and with similar wishes of other wounded men throughout the war.

Jim - and many others like him - have carried the burden of these decisions back with them, not realizing that what they had done was a long-standing and honorable tradition - giving grace - that recognized that sometimes the kindest thing one can do for a fellow soldier is to help him die. Some, like Jim, have sought refuge in drugs and alcohol; others carry an enormous weight of survivor guilt that plagues them with self-doubt and depression. Jim had been in treatment for over a year with another therapist before I discovered the complete story of his having repeatedly "given grace" to fellow soldiers. In spite of its military respectability, this honorable tradition is also one whose social and emotional implications are immense, particularly for those who have been trained to give life, not death, as their greatest gift. (Jim benefited from the cognitive restructuring we did as he learned to understand and believe that what he had done had been the kindest, most compassionate, and honorable thing he could have done for a fellow soldier.) (Shovar, 1987, pp. 147-148).

Survivor Guilt

The study described here was designed to focus on survivor guilt. Survival guilt is an especially guilt-invoking symptom. It is not based on anything hypothetical; rather, it is based on the harshest of realities, the actual death of comrades and the struggle of the survivor to live (Lifton, 1978). Often the survivor has had to compromise him/herself or the life of someone else in order to live. The guilt that such an act invokes or guilt over simply surviving may eventually end in self-destructive behavior by the survivor. Many veterans, who have survived when comrades were lost in surprise ambushes, protracted battles or even normal battlefield attrition, exhibit self-destructive behavior. It is common for them to recount the combat death

of someone they held in esteem and invariably the question comes up, "Why wasn't it me?" (Koehler, 1984). Such guilt is characterized by the survivor's confusion over his/her having lived when other people died. With war veterans and holocaust victims, variations on this theme are sometimes seen: "I should have died!" They feel that the person who died would have had a better life, and more to live for. War veterans frequently say that the ones who were killed in war were the lucky ones (Williams, 1987).

The concept of survivor guilt was introduced into contemporary psychiatric literature by Niederland in 1961. He wrote of a severe and persevering guilt complex, affecting the survivors of the Holocaust. Clinical experience over a number of years in the diagnosis and treatment of concentration camp survivors and victims of similar forms of persecution appears to indicate a type of traumatization of such magnitude, severity and duration as to produce a recognizable clinical entity which, for brevity and want of a better term, was named the "survivor syndrome" (Niederland, 1968). The syndrome appears to be characterized by the persistence of multiple symptoms including chronic depressive and anxiety reactions, insomnia, nightmares, personality changes, and far-reaching somatization. It might be asked, could the trauma experienced by the Holocaust victims and those experienced by combat victims

have any similarity in terms of symptoms experienced?

According to Goderez (1987), the answer is yes. Holocaust survivors may be similar to combat veterans to the extent that they developed similar adaptations during the trauma, such as severe emotional numbing and profound suspiciousness. The differences between the two groups relate to the differences in their survival adaptations, of which the most prominent would be use of violence. To survive, Holocaust victims had to utterly suppress any reaction in the face of even the most outrageous act of sadism and destruction on the part of the guards. Combat veterans survived by systematically cultivating the ability to use deadly force at the slightest provocation (Krystal, 1968).

These contrasting survival skills are reflected in the difference between the survivor symptoms developed by the two groups.

I have also found that those veterans who suffer the most painful survival guilt are primarily those who served as corpsmen or medics. These unfortunate veterans were trained for a few months to render first aid on the actual field of battle. The services they individually performed were heroic. With a bare amount of medical knowledge and large amounts of courage and determination, they saved countless lives. However, many of the men they tried to save died. Many of these casualties were beyond all medical help, yet many corpsmen and medics suffer extremely painful memories to this day, blaming their "incompetence" for these deaths. Listening to these veterans describe their anguish and torment . . . seeing the heroin tracks up and down their arms or the bones that have been broken in numerous barroom fights . . . is, in itself, a very painful experience (Goodwin, 1980, p. 11).

Interviews with medics, corpsmen and nurses indicate that the guilt common to many of the combat soldiers who served in Vietnam takes a special form with health personnel (Dewane, 1984).

The fact that large numbers of combatants later experience survival guilt suggests that there are general ways in which persons undergoing life-threatening stresses misconstrue and distort the realities of their situation. A survivor whose friends were killed sometimes insists that he could have (or with greater certainty should have) foreseen a tragic eventuality, that is, he should have been aware and all-knowing in respect to dealing with the unexpected. Another veteran might insist that he should have somehow overcome a physical limitation and helped a buddy, that is, he should have been able to be all-powerful in spite of the helplessness of the situation (Krystal, 1971). Despite the incredible and heroic life-saving acts they performed almost daily, medical personnel are plagued by the feeling that what they did was not enough. This sense of inadequacy is often seen in those who performed triage duty, which carried with it the probable consequence that someone would die so that others might live.

It is generally accepted that the severity of Post-Traumatic Stress Disorder or its symptoms is proportionate to the level and intensity of stress experienced in Vietnam.

It would seem that the exposure to trauma and the intensity of stress endured by medical personnel in Vietnam were extraordinary. Post-Traumatic Stress Disorder among these veterans takes special forms, combining the caretaker, combatant, and survivor aspects of their experiences.

Military training for medical personnel taught these individuals to develop a high degree of clinical detachment. This aided in keeping clinical judgment from being clouded by emotions. For medical personnel to be effective, they had to deny their emotions and feelings to help protect against emotionally reacting to the horror of combat medicine. Medical personnel were often taught: "Don't get personally involved or it will keep you from making the right decision when you need to" (Shovar, 1987, p. 145). Little is written about the long-term psychological and emotional effects the war had on the caregivers. Unfortunately, the process of shutting off feelings, which served them well in battle, hardened many of these caregivers. Many deny that they suffer at all from the effects of their experiences in Vietnam. Many of these veterans who came back to careers in medicine are afraid to acknowledge that they have any residual psychological or emotional problems because they are afraid that they may lose their colleagues' respect, their jobs or their practice. "I used to say I felt sorry for all those guys

who were having flashbacks. I was having flashbacks myself but didn't realize that's what they were. I was afraid to realize it," (Thiers, 1988, p. 426).

The above review of the literature has generated the following hypotheses:

1. There is no significant difference in the Laufer-Parson Guilt Inventory Scale across the three groups.
2. There is no significant difference in the Beck Depression Inventory across the three groups.
3. There is no significant difference in the Combat Exposure Scale across the three groups.

CHAPTER III

RESEARCH METHOD

In the United States currently, there are approximately 3 million Vietnam veterans; this group would include medical and combat veterans. There are approximately 7 million Vietnam era veterans. Of these two groups, approximately 200,000 medical, combat and Vietnam era veterans reside in the state of Illinois. Table 1 shows the breakdown by subgroup of the total number and gives the percentages of medical and non-medical combat veterans and Vietnam era veterans in the state of Illinois from which the sample population was drawn.

The sample population of 200,000 potential respondents was stratified into three groups (medical, combat, and Vietnam era). From these three strata, the random sample was drawn. A sample of 250 veterans for each subgroup was selected. It should be noted that the sample size was based on the documented homogeneity of the population, prior information on the individual subjects, representativeness of the geographical area, and the investigator's personal resources. This yielded a pool of 750 potential respondents, 250 subjects for each subgroup of the population.

Table 1
Total Number and Percentage of Each Group in Sample
Population in the State of Illinois

Vietnam Era (No Vietnam Exposure)	C o m b a t V e t s		
	Non-Medical	Medical Personnel	Total
n = 128,000	n = 65,000	n = 7,000	n = 200,000
64%	32.5%	3.5%	100%

*Estimates provided by local VA staff.

Given the large number of veterans, and the availability of information on this group, which consists of a population that is well defined and ever changing, the investigator selected a three county area from which to draw the sample (Cook, DuPage, and Kane Counties located in the state of Illinois).

Subjects

The subject sample for this study consisted of 750 Vietnam veterans:

1. Vietnam veterans who were medical personnel in Vietnam (n = 250).
2. Vietnam veterans who were in combat, but not medical personnel in Vietnam (n = 250).
3. Vietnam era veterans who were in the military during the war but did not serve in Vietnam (n = 250).

In an attempt to maintain internal validity, this sample was selected to be homogeneous with respect to the years between which the respondents served in the military service and gender. Prior research has shown a high incidence of Post-Traumatic Stress Disorder (P.T.S.D.) among individuals who served in Vietnam (Roberts, 1988).

Procedure

Seven hundred fifty questionnaire packets, along with an explanatory letter of introduction stating the nature and purpose of the study (see Appendix A for details) were mailed to the three subgroups of Vietnam veterans residing in the three county area. Each questionnaire was assigned a code number for identification (0001 to 0750). The seven page questionnaire, a prepaid return envelope and a cover letter describing the purpose of the study and assuring confidentiality and anonymity were mailed to each potential respondent. Three weeks after the first mailing, a follow-

up letter and second questionnaire packet were mailed to those who had not responded.

Instrumentation

Four instruments were used for the collection of data (a demographic and biographical questionnaire, the Beck Depression Inventory, the Combat Exposure Scale, and the Laufer-Parson Vietnam Guilt Inventory). The demographic and biographical questionnaire was developed by the investigator. The biographical data included questions related to the following: Premilitary (Age at time of service, Education at time of service); Military (Branch of service, Entry status; Service in Vietnam, Number of tours in Vietnam, Combat exposure, Date of entry into the military); and Postmilitary (Current education, Disability awarded, Current employment status). In addition, a section of the questionnaire consisted of space for personal comments and observations related to insights concerning surviving Vietnam (refer to Appendix E for a copy of the questionnaire).

The Beck Depression Inventory is a 21-item self-administered questionnaire used to assess feelings of depression experienced in the past week, including the day the inventory is administered. This instrument has adequate psychometric characteristics (that is, reliability and validity) and is considered to be a useful screening measure

of depression (Beck, 1961, 1967). The item content of the Beck Depression Inventory assesses a range of affective, cognitive, and biological symptoms of depression.

The Combat Exposure Scale designed by Foy, Rueger, Sippelle, and Carroll (1984) is an 8-item scale consisting of questions about commonly reported Vietnam combat experiences to which subjects respond with yes or no. Based on the DSM III criteria, questions regarding recent experiences of recurrent memories, dreams, sleep disturbances, lack of interest, alienation, startle reactions, guilt feelings and other symptoms associated with P.T.S.D. were assessed. The scale appears to be useful in measuring trauma and was constructed from a Guttman scaling of events in the Vietnam War. The hierarchy of traumatic events appears to be conceptually coherent, statistically sound, and relates to current P.T.S.D. symptoms. Knowing about a particular traumatic event experienced gives information about other less traumatic events that were probably experienced. In addition, information is obtained about the likelihood of the veteran fitting the criteria for P.T.S.D. diagnosis.

The reliability of the scale was determined by computing a coefficient of reproducibility (CR), a measure of fit between the ideal response pattern for a cumulative scale and the response patterns actually observed (McIver & Carmines, 1981; Torgerson, 1958). The 8-item scale yielded

a CR of .93, which indicates that in 93% of the cases veterans did experience all of the lower scoring events that led up to their highest scoring event on the scale. A reliably constructed Guttman scale of greater than .90 indicates a predictor of response pattern. The construct validity of the scale and criterion-related validity of the Combat Exposure Scale have been described and documented by Foy, Rueger, Sipprelle, and Carroll (1984).

The Laufer-Parson Vietnam Guilt Inventory (L-PGI) is a 29-item self-administered questionnaire. Factor analyses of the guilt items in the Laufer-Parson Vietnam Guilt Inventory were done. The method used was Principal Axis Factoring (PAF), with Varimax Rotation. The reliability and validity of the Laufer-Parson Vietnam Guilt Inventory have been described and documented by Laufer and Wouters (1988).

The measures of guilt were derived from two sources. The PERI guilt scale used in previous studies of Vietnam veterans, and 29 guilt items constructed by Erwin R. Parson and Robert S. Laufer to tap experiences of Vietnam veterans during the war. The checklist of 29 items was presented to respondents who could choose one of five responses - "Very Often," "Often," "Sometimes," "Almost Never," and "Never" - in response to the question: "How often in the last 12 months . . ." the respondent had particular types of guilt feelings (Laufer & Wouters, 1988).

Hypotheses

This survey research project was developed in an attempt to differentially assess levels of guilt, depression and combat exposure across three subgroups of Vietnam veterans (Vietnam medical veterans, Vietnam combat veterans, and Vietnam era veterans). The subgroups were carefully examined for demographic equivalency by comparison of frequencies and percents of characteristics across groups. Chi Square Analyses for selected ordinal scale data were conducted. The selected variables in this analysis were: Number of Tours in Vietnam by branch of service; Group by Vietnam service; Group by number of tours served in Vietnam; Group by ethnic group; Group by education at time of service in Vietnam; and Group by employment status.

Hypothesis 1: There is no significant difference in the Laufer-Parson Guilt Inventory (L-PGI) scale scores across the three groups.

A series of mean tests were utilized to test the hypothesis. Mean total scores on the L-PGI and total scores on the L-PGI by group using a one-way analysis of variance procedure were used to determine whether the difference among the groups was statistically significant. The L-PGI mean total scores were also used as a controlling factor for

age at the time of service. A t-test was conducted on these scores to test for possible differences between the medical and combat groups. In addition, mean total scores on the L-PGI were examined as a controlling factor for levels of combat exposure. An analysis of variance was conducted on these scores to detect significant differences among groups. Also, a comparative analysis of the L-PGI mean total scores controlling for number of tours was included, as well as means tables of selected L-PGI scale Survivor Guilt questions.

Hypothesis 2: There is no significant difference in the Beck Depression Inventory (BDI) total scores across the three groups.

This hypothesis was tested by using an analysis of variance procedure to determine significant differences among groups and a t-test was used to test for the differences between the medical and combat groups. Also, mean total scores on the BDI, controlling for exposure and number of tours at time of service in Vietnam, by medical and combat groups were examined.

Hypothesis 3: There is no significant difference on the Combat Exposure Scale total scores across the three groups.

An analysis of variance was conducted on the Combat Exposure Scale scores to test for differences among the groups, with analysis of selected Combat Exposure questions for differences between the Medical and Combat groups. Table 1 shows the breakdown by subgroup of the total number and percentage of medical and non-medical combat veterans and Vietnam era veterans in the state of Illinois from which the sample population was drawn.

CHAPTER IV

ANALYSIS AND DISCUSSION

In this chapter, a discussion of the results of the statistical analyses utilized to test the hypotheses is presented. A description of the study sample and supplemental statistical analyses are also included.

Demographic Variables

Missing Data

A total of 267 questionnaires were returned for a rate of return of 35.60%. Of these, seventy-five were returned as undeliverable and twenty-three were returned without data included making the usable rate of return of 22.67%. The balance of 170 usable questionnaires returned were broken down by subgroup as follows:

Summary of Demographic Data (N = 170)

Medical	N = 35
Combat	N = 87
Vietnam Era	N = 48

The demographic data with frequencies and percents for each variable are presented in Table 2.

Table 2

Summary of Characteristics of Sample Population
(n = 170)

<u>Variable</u>	<u>Subdivisions</u>	<u>Frequency</u>	<u>Percent</u>
Branch of Service	Army	90	52.9
	Navy	39	22.9
	Air Force	23	13.5
	Marines	16	9.4
	Coast Guard	2	1.5
Year of Birth	Before 1940	12	7.1
	1941 - 1945	47	27.6
	1946 - 1951	90	52.9
	1952 - 1956	18	10.6
Birth	After 1956	3	1.8
Entry Status	Enlisted	127	74.7
	Drafted	43	25.3
Service in Vietnam	Yes	120	70.6
	No	50	29.4
Date of Entry - First Tour	1965 - 1967	77	45.3
	1968 - 1970	61	35.9
	1971 - 1973	17	10.0
	1974 - 1975	6	3.5
	Not Applicable	9	5.3
Description of Duty	Combat	54	31.8
	Combat Support	56	32.9
	Service Support	60	35.3
Marital Status at time of Service in Vietnam	Married	47	27.6
	Single	122	71.8
	Widowed	1	.6
	Divorced	--	----

Table 2 Continued

Summary of Characteristics of Sample Population

<u>Variable</u>	<u>Subdivisions</u>	<u>Frequency</u>	<u>Percent</u>
Number of Times Married at time of service in Vietnam	Once	55	32.4
	Twice	2	1.2
	Three Times	0	0
	More than Three Times	2	1.2
	Not Applicable	111	65.3
Military Occupational Specialty; M O S	Troops	62	36.5
	Staff	14	8.2
	Logistics	11	6.5
	Technical	83	48.8
Number of tours in Vietnam by months	Never served	50	29.4
	Less than 6 months	11	6.5
	6-12 months	90	52.9
	Over 18 months	19	11.2
Age at time of service during Vietnam War	17 - 21	105	61.8
	22 - 26	52	30.6
	27 - 31	6	3.5
	32 - 36	5	2.9
	37 and Above	2	1.2
Ethnic Background	Black	39	22.9
	Caucasian	117	68.8
	Hispanic	9	5.3
	Asian	1	.6
	American Indian	2	1.2
	Other	2	1.2
Current Age	Range	32-60 years	
	Mode	41.00	
	S.D.	4.591	
	X	42.5	

Table 2 Continued

Summary of Characteristics of Sample Population

<u>Variable</u>	<u>Subdivisions</u>	<u>Frequency</u>	<u>Percent</u>
Discharge	Honorable	159	93.5
	Dishonorable	2	1.2
Status	General	5	2.9
	Medical	3	1.8
	Other	1	.6
Level of Education at time of service in Vietnam	Non-grad. of high school	26	15.3
	High school graduate	78	45.9
	Some college/university/ trade school	48	28.2
	College graduate	15	8.8
	Graduate work at college or university.	3	1.8
Current	Non-grad. of high school	1	.6
	High school graduate	19	11.2
Level of Education	Some college/university/ trade school	75	44.1
	College graduate	39	22.9
	Graduate work at college or university.	36	21.2
Prisoner of War	Yes	0	0
	No	170	100
Group	Medical	35	20.6
	Combat	87	51.2
	Vietnam Era	48	28.2
Wounded While on Active Duty	Yes	40	23.5
	No	130	76.5

Table 2 Continued

Summary of Characteristics of Sample Population

<u>Variable</u>	<u>Subdivisions</u>	<u>Frequency</u>	<u>Percent</u>
Disability Awarded	Yes	34	20.0
	No	136	80.0
Enlistment Status	Enlisted	153	90.0
	Commissioned Officer	17	10.0
Current Employment	Full-time	119	70.0
	Part-time	16	9.4
Employment Status	Not employed outside the home	14	8.2
	Self-employed only	7	4.1
	Other	14	8.2
Nature of Employment	Professional, Scientific (academic, research, scientist)	67	39.4
	Technical, Managerial (computer analyst, business supervisor)	41	24.1
	Skilled Trade (barber, carpenter, mechanic)	34	20.0
	Sales (real estate, insurance)	10	5.9
	Secretarial	2	1.2
	Service (sales clerk, cook).	16	9.4

Characteristics of the Sample

Participants were Vietnam veterans who served in the military between 1965 and 1975. On the average, they were 42.5 years old and predominantly Caucasian (68.8%). Most (74.7%) enlisted in the service and were born between 1946-1951 (52.9%). The majority of the sample (70.6%) served in Vietnam - 52.9% serving between 6-12 months, 11.2% serving over 18 months, and only 6.5% serving less than 6 months.

Nearly two-thirds (61.8%) of the persons responding to this study were between 17 and 21 years old at the time of service during the Vietnam war era. The overwhelming majority (93.5%) of this sample was honorably discharged from the military service. Eighty-seven were combat veterans (47.6%), 48 were Vietnam era personnel (31.8%), and 35 were medical personnel (20.6%). Only 2 (1.2%) were dishonorably discharged, 5 (2.9%) were given a general discharge and 3 (1.8%) were medically discharged. None of the respondents were Prisoners of War, and 40 (23.5%) were wounded while on active duty. Twenty percent of the total sample received disability benefits. The majority of the respondents were enlisted personnel: 153 (90%); only 17 (10%) were commissioned officers. Currently, the majority, 119 (70.0%), are employed full-time with 75 (44.1%) having some college, university and/or trade school experience.

Approximately twenty-three percent (39) were college graduates, and 36 (21.2%) completed some graduate training. The summary of demographic data by group is presented in Table 3.

Table 3

Summary of Demographic Data By Group

Variable: Branch of Service By Group

Group	Branch	Value	Frequency	Percent
Medical				
	Army	1	16	45.7
	Navy	2	16	45.7
	Air Force	3	3	8.6
	Total		35	100.0
Combat				
	Army	1	51	58.6
	Navy	2	12	13.8
	Air Force	3	11	12.6
	Marine Corp	4	13	14.9
	Total		87	100.0
Vietnam Era				
	Army	1	23	47.9
	Navy	2	11	22.9
	Air Force	3	9	18.8
	Marine Corp	4	3	6.3
	Coast Guard	5	2	4.2
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Year of Birth By Group

Group	Birth Year	Value	Frequency	Percent
Medical				
	Before 1940	1	2	5.7
	1941 - 1945	2	6	17.1
	1946 - 1951	3	22	62.9
	1952 - 1956	4	5	14.3
	After 1956	5	0	0.0
	Total		35	100.0
Combat				
	Before 1940	1	7	8.0
	1941 - 1945	2	23	26.4
	1946 - 1951	3	47	54.0
	1952 - 1956	4	8	9.2
	After 1956	5	2	2.3
	Total		87	100.0
Vietnam Era				
	Before 1940	1	3	7.3
	1941 - 1945	2	18	37.5
	1946 - 1951	3	21	43.8
	1952 - 1956	4	5	10.4
	After 1956	5	1	2.1
	Total		48	100.0

Table 3 Continued
Summary of Demographic Data By Group

Variable: Entry Status

Group	Entry Status	Value	Frequency	Percent
Medical				
	Enlisted	1	30	85.7
	Drafted	2	5	14.3
	Total		35	100.0
Combat				
	Enlisted	1	62	71.3
	Drafted	2	25	28.7
	Total		87	100.0
Vietnam Era				
	Enlisted	1	35	72.9
	Drafted	2	13	27.1
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Date of Entry - First Tour

Group	Entry Date	Value	Frequency	Percent
Medical				
	1965-1967	1	19	54.3
	1968-1970	2	13	37.1
	1971-1973	3	2	5.7
	1974-1975	4	1	2.9
	Not Applicable	5	---	---
	Total		35	100.0
Combat				
	1965-1967	1	37	42.5
	1968-1970	2	35	40.2
	1971-1973	3	8	9.2
	1974-1975	4	3	3.4
	Not Applicable	5	4	4.6
	Total		87	100.0
Vietnam Era				
	1965-1967	1	---	---
	1968-1970	2	---	---
	1971-1973	3	---	---
	1974-1975	4	---	---
	Not Applicable	5	48	100.00

Table 3 Continued
Summary of Demographic Data By Group

Variable: Description of Duty

Group	Duty	Value	Frequency	Percent
Medical				
	Combat	1	0	---
	Combat Support	2	31	88.6
	Service Support	3	4	11.4
	Total		35	100.0
Combat				
	Combat	1	42	48.3
	Combat Support	2	28	32.2
	Service Support	3	17	19.5
	Total		87	100.0
Vietnam Era				
	Combat	1	---	---
	Combat Support	2	9	18.8
	Service Support	3	39	81.3
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Military Occupational Specialty

Group	M. O. S.	Value	Frequency	Percent
Medical				
	Troops	1	14	40.0
	Staff	2	3	8.6
	Logistics	3	2	5.7
	Technical	4	16	45.7
	Total		35	100.0
Combat				
	Troops	1	42	48.3
	Staff	2	3	3.4
	Logistics	3	5	5.7
	Technical	4	37	42.5
	Total		87	100.0
Vietnam Era				
	Troops	1	6	12.5
	Staff	2	8	16.7
	Logistics	3	4	8.3
	Technical	4	30	62.5
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Number of Tours in Vietnam by Months

Group	Tour In Months	Value	Frequency	Percent
Medical				
	Less Than 6 Months	2	3	8.6
	6 to 12 Months	3	26	74.3
	Over 18 Months	4	6	17.1
	Total		35	100.0
Combat				
	Less Than 6 Months	2	9	10.3
	6 to 12 Months	3	66	75.9
	Over 18 Months	4	12	13.8
	Total		87	100.0
Vietnam Era				
	Never Served	1	48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Age At Time of Service During Vietnam War

Group	Service Age	Value	Frequency	Percent
Medical				
	17-21	1	28	80.0
	22-26	2	4	11.4
	27-31	3	3	8.6
	Total		35	100.0
Combat				
	17-21	1	54	62.1
	22-26	2	27	31.0
	27-31	3	3	3.4
	32-36	4	2	2.3
	37 & Above	5	1	1.1
	Total		87	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Ethnic Background

Group	Ethnic	Value	Frequency	Percent
Medical				
	Black	1	7	20.0
	Caucasion	2	23	65.7
	Hispanic	3	2	5.7
	Asian	4	1	2.9
	American Indian	5	1	2.9
	Other	6	1	2.9
	Total		35	100.0
Combat				
	Black	1	23	26.4
	Caucasion	2	57	65.5
	Hispanic	3	6	6.9
	Asian	4	--	---
	American Indian	5	1	1.1
	Other	6	--	---
	Total		87	100.0
Vietnam Era				
	Black	1	9	18.8
	Caucasion	2	37	77.1
	Hispanic	3	1	2.1
	Asian	4	--	---
	American Indian	5	--	---
	Other	6	1	2.1
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Discharge Status

Group	Discharge	Value	Frequency	Percent
Medical				
	Honorable	1	32	91.4
	Dishonorable	2	1	2.9
	General	3	1	2.9
	Medical	4	1	2.9
	Other	5	--	---
	Total		35	100.00
Combat				
	Honorable	1	83	95.4
	Dishonorable	2	1	1.1
	General	3	--	---
	Medical	4	2	2.3
	Other	5	1	1.1
	Total		87	100.0
Vietnam Era				
	Honorable	1	44	91.7
	Dishonorable	2	--	---
	General	3	4	8.3
	Medical	4	--	---
	Other	5	--	---
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Level of Education at Time of Service in Vietnam

Group	Service Education Level	Value	Frequency	Percent
Medical				
	Non-Graduate H.S.	1	4	11.4
	High School Grad.	2	23	65.7
	Some College/Univ.	3	6	17.1
	College Graduate	4	--	---
	College Grad. Work	5	2	5.7
	Total		35	100.0
Combat				
	Non-Graduate H.S.	1	12	13.8
	High School Grad.	2	44	50.6
	Some College/Univ.	3	21	24.1
	College Graduate	4	9	10.3
	College Grad. Work	5	1	1.1
	Total		87	99.9

Table 3 Continued

Summary of Demographic Data By Group

Variable: Current Level of Education

Group	Current Education Level	Value	Frequency	Percent
Medical				
	Non-Graduate H.S.	1	--	---
	High School Grad.	2	2	5.7
	Some College/Univ.	3	12	34.3
	College Graduate	4	12	34.3
	College Grad. Work	5	9	25.7
	Total		35	100.0
Combat				
	Non-Graduate H.S.	1	--	---
	High School Grad.	2	14	16.1
	Some College/Univ.	3	39	44.8
	College Graduate	4	18	20.7
	College Grad. Work	5	16	18.4
	Total		87	100.0
Vietnam Era				
	Non-Graduate H.S.	1	1	2.1
	High School Grad.	2	3	6.3
	Some College/Univ.	3	24	50.0
	College Graduate	4	9	18.8
	College Grad. Work	5	11	22.9
	Total		48	100.0

Table 3 Continued
Summary of Demographic Data By Group

Variable: Wounded While On Active Duty

Group	Wounded	Value	Frequency	Percent
Medical				
	Yes	1	11	31.4
	No	2	24	68.6
	Total		35	100.0
Combat				
	Yes	1	27	31.0
	No	2	60	69.0
	Total		87	100.0
Vietnam Era				
	Yes	1	2	4.2
	No	2	46	95.8
	Total		48	100.0

Variable: Disability Awarded

Group	Disability	Value	Frequency	Percent
Medical				
	Yes	1	11	31.4
	No	2	24	68.6
	Total		35	100.0
Combat				
	Yes	1	18	20.7
	No	2	69	79.3
	Total		87	100.0
Vietnam Era				
	Yes	1	5	10.4
	No	2	43	89.6
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Enlistment Status

Group	Status	Value	Frequency	Percent
Medical				
	Enlisted	1	32	91.4
	Commissioned Officer	2	3	8.6
	Total		35	100.0
Combat				
	Enlisted	1	76	87.4
	Commissioned Officer	2	11	12.6
	Total		87	100.0
Vietnam Era				
	Enlisted	1	45	93.8
	Commissioned Officer	2	3	6.3
	Total		48	100.0

Table 3 Continued
Summary of Demographic Data By Group

Variable: Current Employment Status

Group	Employment	Value	Frequency	Percent
Medical				
	Full-Time	1	26	74.3
	Part-Time	2	3	8.6
	Not Employed	3	3	8.6
	Self Employed	4	1	2.9
	Other	5	2	5.2
	Total		35	100.0
Combat				
	Full-Time	1	58	66.7
	Part-Time	2	9	10.3
	Not Employed	3	9	10.3
	Self Employed	4	4	4.6
	Other	5	7	8.0
	Total		87	100.0
Vietnam Era				
	Full-Time	1	35	72.9
	Part-Time	2	4	8.3
	Not Employed	3	2	4.2
	Self Employed	4	2	4.2
	Other	5	5	10.4
	Total		48	100.0

Table 3 Continued

Summary of Demographic Data By Group

Variable: Nature of Employment

Group	Job Type	Value	Frequency	Percent
Medical				
	Professional	1	14	40.0
	Technical	2	7	20.0
	Skilled	3	4	11.4
	Sales	4	3	8.6
	Secretarial	5	--	---
	Service	6	7	20.0
	Total		35	100.0
Combat				
	Professional	1	42	48.3
	Technical	2	17	19.5
	Skilled	3	17	19.5
	Sales	4	6	6.9
	Secretarial	5	1	1.1
	Service	6	4	4.6
	Total		87	100.0
Vietnam Era				
	Professional	1	11	22.9
	Technical	2	17	35.4
	Skilled	3	13	27.1
	Sales	4	1	2.1
	Secretarial	5	1	2.1
	Service	6	5	10.4
	Total		48	100.0

Characteristics of the Sample By Group

The majority of respondents from the medical and combat groups were born between the years of 1946 and 1951, Medical 22 (62.9%), Combat 47 (54% and the Vietnam Era group 21 (43.8%). Majorities in all three groups enlisted in the military service during the Vietnam war, Medical 30 (85.7%), Combat 62 (71.3%) and Vietnam Era 35 (72.9%). In all three groups the majority was honorably discharged from military service, Medical 32 (91.4%), Combat 83 (95.4%) and Vietnam Era 44 (91.7%). The medical group revealed the largest proportion of current college graduates with 12 (34.3%), in comparison with combat with 18 (20.7%) and Vietnam era with 9 (18.8%). The medical (11) and combat (27) groups demonstrated equal percentages of those who were wounded while on active duty at 31% each. The medical group also had the largest percentage receiving disability awards with 11 (31.4%), while combat revealed 18 (20.7%).

Figure 1 provides information about military groups assigned in a barchart. There is a bar for each group and the length of each bar is proportional to the number of veterans in each group. Eighty-one veterans (46%), the largest responding group, are the combat veterans.

Figure 1. Bar Graph and Frequency Table of Group Assigned

Variable	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Medical	1	35	20.6	20.6	20.6
Combat	2	87	51.2	51.2	68.2
Vietnam Era	3	48	28.2	28.2	100.0
	Total	170	100.0	100.0	

Medical ===== 35

Combat ===== 87

Vietnam Era ===== 48

Frequency 0 20 40 60 80 100

Figure 2 is a barchart which indicates the branch of service for the respondents. The largest percentage of respondents with 90 (52%) were in the United States Army.

To examine whether the ethnicity factor is similar for the three groups, a crosstabulation of the veterans groups by ethnic background was performed, and is presented in Figure 3. The entries on this figure provide values on the two variables with percentages, and information about

relationships between the variables. The results indicate that 68% of the respondents in this sample across all three groups are Caucasian; all six ethnic groups were represented in the medical group.

Figure 2. Bar Graph and Frequency Table of Branch of Service

Variable	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Army	1	90	52.9	52.9	52.9
Navy	2	39	22.9	22.9	75.9
Air Force	3	23	13.5	13.5	89.4
Marine Corps	4	16	9.4	9.4	98.8
Coast Guard	5	2	1.2	1.2	100.0
	Total	170	100.0	100.0	

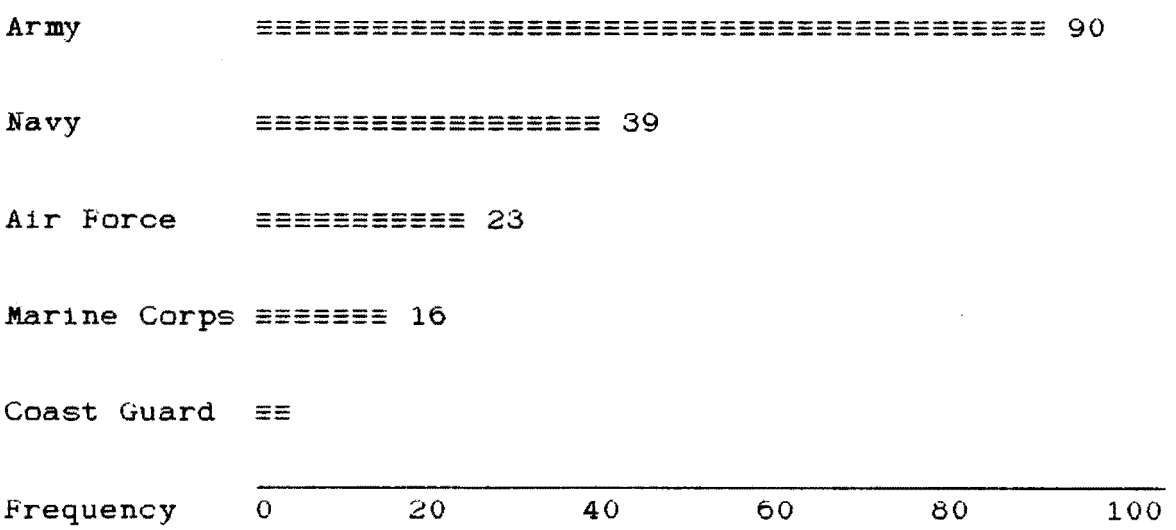


Figure 3. Crosstabulation of Group Assigned by Ethnicity

GROUP	Medical	Combat	Vietnam Era	Row Total	%
Ethnic Codes:					
Black	7	23	9	39	22.9
Caucasian	23	57	37	117	68.8
Hispanic	2	6	1	9	5.3
Asian	1			1	.6
American Indian	1	1		2	1.2
Other	1		1	2	1.2
Column Total	35	87	48	170	
Group Percentage	20.6	51.2	28.2		100.0

The combat exposure scale items directly related to this research were selected and given codes from 1 to 7 (See Appendix C, page 114). To examine the level of combat exposure by group, a crosstabulation of veteran groups by level, shown in Figure 4, was included in this research. The entries on this figure provide values on the three groups with total percentages across groups. In this examination, 36% of the combat group reported exposure at levels 6 or 7, while 37% of the medical group reported exposure at levels 6 or 7.

Figure 4. Crosstabulation of Exposure by Group Assigned

Exposure Codes	G R O U P			Row Total	%
	Medical	Combat	Vietnam Era		
0		1	26	27	15.9
1		3		3	1.8
2	4	9	17	30	17.6
3	6	18	4	28	16.5
4	4	12		16	9.4
5	8	12	1	21	12.4
6	11	29		40	23.5
7	2	3		5	2.9
Column Total	35	87	48	170	
Group Percentage	20.6	51.2	28.2		100.0

Treatment of Data

Chi Square analyses of variance were performed for the following variables: Branch of Service by Ethnic Background, Group Assigned by Branch of Service, and Group Assigned by Age at Time of Service. The results are shown in Table 4.

Table 4
Chi Square Statistics of Selected Variables

Variable	Statistical Test	
Branch of Service by Ethnic Background	$\chi^2 = 4.65,$ $p < 0.0589$	$df = 6$
Group Assigned by Branch of Service	$\chi^2 = 16.63,$ $p < 0.0023$	$df = 4$
Group Assigned by Age at Time of Service	$\chi^2 = 10.43,$ $p < 0.0337$	$df = 4$

The Pearson Correlation Coefficient was used to determine the strength of the relationship between guilt as measured by the Laufer-Parson Vietnam Guilt Inventory (L-PGI) and depression as measured by the Beck Depression Inventory. The resulting coefficient was ($r = .58$), significant at the .05 level. This indicates that there is a moderate linear association between the two variables.

The following tables give statistical summaries of the response population means and standard deviations cross-tabulated for specific segments of response categories (guilt, depression, etc. by age, group, service branch).

Tables 5 and 6 list the mean total scores for the Laufer-Parson Guilt Inventory and the Beck Depression Inventory across the three sample groups. A oneway analysis of variance was used to determine whether the differences between the groups on both instruments were statistically significant, with higher mean scores indicating elevated levels of guilt.

There were significant differences among the groups on both the Laufer-Parson Guilt Inventory, $F(2,167) = 16.017$, $p < .01$. The medical and combat groups differed significantly on the mean total scores for the Laufer-Parson Guilt Inventory, $t(120) = 2.43$, $p < .02$.

Table 5

Means of Laufer-Parson Guilt Inventory Total Scores by Group

Variable	M	SD	N
Medical	58.7143	19.3961	35
Combat	48.9540	20.2851	87
Vietnam Era	35.7292	14.8277	48

Table 6

Means of Beck Depression Inventory Total Scores by Group

Variable	M	SD	N
Medical	15.6000	10.9577	35
Combat	12.2069	10.0581	87
Vietnam Era	6.6042	8.7172	48

Given these findings, the null hypothesis (H_0 #1) that there are no significant differences among the groups on the Laufer-Parson Guilt Inventory is rejected. The medical group, on average, received a mean total score on the Laufer-Parson Guilt Inventory that was 10 points greater than that of the combat group, and 23 points greater than that of the Vietnam era group.

The null hypothesis (H_0 #2) that there is no significant difference among the groups on the Beck Depression Inventory is rejected. The medical group, on average, received a mean total score on the Beck Depression Inventory that was 3 points greater than that of the combat group and 9 points greater than the Vietnam era group. There was a significant difference among the groups on the Beck Depression Inventory ($F = 8.663$, $df = 2$ $p < 0.00$), and there was a significant main effect.

Table 7 lists the mean total scores for the Combat Exposure Scale for the medical, combat and Vietnam era groups. The medical and combat groups, on average, received a mean total score on the Combat Exposure Scale that was 3 points greater than that of the Vietnam era group. An analysis of variance was used to determine whether the difference among the groups was statistically significant. There were significant differences among the groups on the Combat Exposure Scale ($F = 82.892$, $df = 2$, $p < 0.007$), and

there was a significant main effect. Therefore, the null hypothesis (H_0 #3) that there is no significant difference among the groups on the combat exposure scale is rejected.

Table 7

Means of the Vietnam Combat Exposure by Group

Variable	M	SD	N
Medical	4.6286	1.5163	35
Combat	4.3448	1.6763	87
Vietnam Era	1.0625	1.2616	48

Table 8 lists the mean scores for guilt factors derived from the Laufer-Parson Guilt Inventory related specifically to survivor guilt. The questions are:

3. Thoughts that you should have died in Vietnam
23. Thoughts that you do not deserve to live
24. Thoughts that you do not deserve the good things of life - like children and a loving wife
25. Thoughts that you do not deserve a good, stable job with a future.

Table 8
Means of Laufer-Parson Guilt Inventory
Survivor Guilt Questions

Variable	M	SD	N
Medical	7.8571	3.7585	35
Combat	6.2759	3.2909	87
Vietnam Era	5.0417	2.6972	48

The medical group, on average, received mean total score on the survivor guilt questions that was higher than the combat and medical groups. A oneway analysis of variance was used to determine whether the difference between groups was statistically significant. There was a significant difference among the groups on the survivor guilt questions ($F = 7.6445$, $df = 2$, $p < .0007$). The difference between the medical and combat groups for the mean total score on the survivor guilt questions was significant, $t(120) = 2.30$, $p < .01$.

Tables 9 and 10 list the mean total scores for the Laufer-Parson Guilt Inventory and the Beck Depression Inventory for the medical and combat groups at the time of service in Vietnam. It is important to note that persons aged 17-26 were used in this analysis. Comparing the 17-21 and the 22-26 age groups, on average, the 17-21 age group reported a mean total score on the Laufer-Parson Guilt Inventory that was 8 points greater than the 22-26 year old age group. Those between the ages of 17-21, on average, received total scores on the Beck Depression Inventory that were 4 points greater than the 22-26 year old age group.

Table 9

Means of the Laufer-Parson Guilt Inventory Total Scores
by Age at Time of Service

Variable	M	SD	N
17 - 21	50.5333	19.7966	105
22 - 26	42.7885	20.7159	52
27 - 31	36.1667	10.0681	6
32 - 36	43.0000	28.0713	5
37 & Above	33.0000	5.6569	2

Table 10
Means of Beck Depression Inventory Total Scores
by Age at Time of Service in Vietnam

Variable	M	SD	N
17 - 21	13.0667	10.5149	105
22 - 26	9.0962	10.0961	52
27 - 31	8.5000	5.0100	6
32 - 36	4.0000	8.3964	5
37 & Above	4.5000	6.3640	2

This difference between the two groups was highly significant when only those personnel who were in the younger age groups (17-26) at the time of service in Vietnam by guilt total scores were used in the analysis, $t(111) = 2.92$, $p < .01$. Only the younger age groups (17-26) for each demographic category were collapsed and used in the analysis because the numbers of respondents in the remaining age groups were not large enough for inclusion in the data set.

Tables 11 and 12 list the mean total scores for the medical and combat groups on the Laufer-Parson Guilt

Inventory and the Beck Depression Inventory using levels of reported combat exposure as a control variable. Individuals with high combat exposure (4 through 7), as measured by the combat exposure scale, were selected for this analysis. This was done to determine whether there would be significant differences between both groups when only individuals who were exposed to high levels of combat trauma were included in the analysis.

There were significant differences between the groups on the Laufer-Parson Guilt Inventory ($F = 5.117$, $df = 1$, $p < .026$) and significant main effects - exposure by group ($F = 2.890$, $df = 6$, $p < .012$). Non-significant main effects were obtained for group exposure or interaction effects (group by exposure). The medical group, on average, reported mean total scores on the Laufer-Parson Guilt Inventory that were 22 points greater at Exposure Four, 15 points greater at Exposure Five, and 2 points greater at Exposure Six. The relationship between the two groups is shown in Figure 5.

A 2 x 4 factorial analysis of variance was used in the analysis of guilt by exposure. There were significant main effects for the medical and combat groups ($F = 4.959$, $df = 1$, $p < .029$). For the different exposure levels, there was no significant difference for the medical group. A 2 x 4 analysis of variance was used with a significant main

effect between the medical and combat group ($F = 5.204$, $df = 1$, $p < .025$). Exposure level was not significant, and group by exposure was not significant.

Table 11

Means of the Laufer-Parson Guilt Inventory Scores
by Level of Vietnam Combat Exposure

Exposure 3	Saw injured or death of U. S. Serviceman
Exposure 4	Responsible for death of enemy military
Exposure 5	Wounded in combat
Exposure 6	Responsible for death of civilian
Exposure 7	Served third tour in Vietnam

Laufer-Parson Guilt Inventory

Exposure		Medical	Combat
4	M	72.0000	50.5000
	SD	6.1644	21.2838
	N	4	12
5	M	64.0000	49.2500
	SD	21.8305	17.8688
	N	8	12
6	M	59.4545	57.9655
	SD	15.7567	22.8559
	N	11	29

Table 12

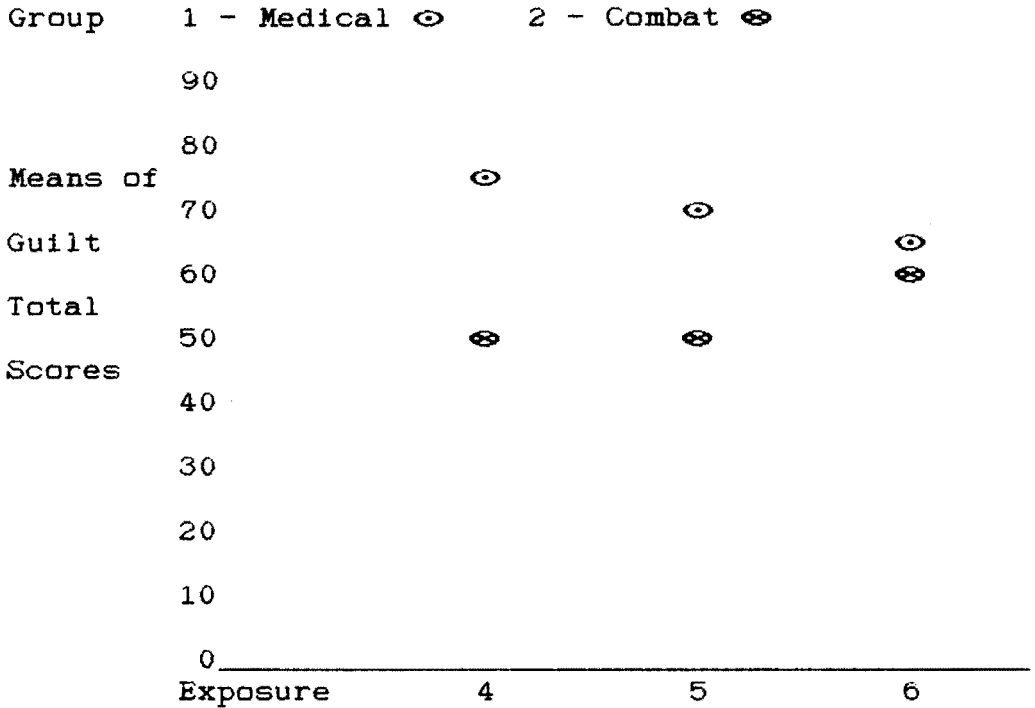
Means of the Beck Depression Inventory Scores by
Level of Vietnam Combat Exposure

Exposure 3	Saw injured or death of U. S. Serviceman
Exposure 4	Responsible for death of enemy military
Exposure 5	Wounded in combat
Exposure 6	Responsible for death of civilian
Exposure 7	Served third tour in Vietnam

Beck Depression Inventory

Exposure		Medical	Combat
4	M	16.7500	12.0000
	SD	9.2871	11.5128
	N	4	12
5	M	20.0000	7.3333
	SD	13.2880	6.1250
	N	8	12
6	M	17.3636	14.9650
	SD	12.9172	10.5981
	N	11	29

Figure 5. Graph of Mean Laufer-Parson Guilt Inventory Total Scores by Level of Exposure by Group



Tables 13 and 14 list the mean total scores for the Laufer-Parson Guilt Inventory and the Beck Depression Inventory across the two sample groups (medical and combat). A oneway analysis of variance procedure was used to determine whether there was a difference between the groups on both instruments, controlling for the number of tours at the time of service in Vietnam. On the Laufer-Parson Guilt Inventory there was a significant main effect by group ($F = 5.773$, $df = 1$, $p < .018$) with a non-significant interaction of tours by group and interaction (group by tours).

No significant main effect was found for the Beck Depression Inventory scores for group and tours; there was no significant interaction. The medical group, on average, received a mean total score on the Laufer-Parson Guilt Inventory that was 10 points greater for tour 2. There was an average 12 point greater mean on scores at tour 3. The medical group, on average, received a mean total score on the Beck Depression Inventory that was 3 points greater at tour 2 and 4 points greater at tour 3.

Table 13
Means of Laufer-Parson Guilt Inventory
Total Scores by Tours and by Group

Variable		Medical	Combat
Tours			
2	Mean	58.7143	48.9540
	SD	19.3961	20.2851
	N	35	87
3	Mean	59.7188	47.9615
	SD	19.7961	19.7888
	N	32	78
4	Mean	63.0000	56.5000
	SD	17.3205	21.6102
	N	6	12

Table 14
Means of the Beck Depression Inventory
Total Scores by Tours and by Group

Variable		Medical	Combat
Tours			
2	Mean	15.6000	12.2069
	SD	10.9577	10.0581
	N	35	87
3	Mean	15.7500	11.7179
	SD	11.3848	9.5793
	N	32	78
4	Mean	18.0000	13.9167
	SD	14.2408	11.3735
	N	6	12

A rational method of item selection was used to select a subgroup of items from the Laufer-Parson Guilt Inventory that would have the highest power to discriminate between the medical and combat groups in the sample (see Appendix C). Items were selected based on the face validity of their content. Only items that were judged independently to relate to either themes of survivor guilt or guilt regarding actions taken in Vietnam were included in the subscale.

Table 15 lists the mean total scores for the medical and combat groups on selected Laufer-Parson Guilt Inventory questions. The mean total scores for the two groups were significantly different, $t(120) = 3.09$, $p < .002$. The medical group did report higher levels of guilt based upon the total scores for these items.

Table 15

Mean Total Scores for Medical and Combat Groups on Selected Laufer-Parson Guilt Inventory Questions

Variable	M	SD	N
Medical Group	19.5143	7.4887	35
Combat Group	15.3908	6.3086	87

Section V of the instrument was provided for written personal comments and observations about surviving Vietnam. Four major themes were repeated by medical as well as combat veterans. These themes are listed in the following Table, including examples of veteran responses. A complete list of responses can be found in Appendix D.

Table 16

Themes and Examples of Written Responses on Questionnaire

1. Guilt.

- a. I worked the wards in Phu Bai (including POW) and Triage in Dong Ha. Never in the bushes except for a couple of sandbag runs/CAC missions. I confess I did kill a Vietnamese patient to make room for American personnel. What bothers me even more is that I involved a fellow corpsman in my sin. Maybe it was this that helped me play God a little better in Triage. I wonder sometimes how effective I really was. I've had some comfort in my association with other veterans, marines in particular, who show appreciation for us corpsmen, whether in the rear or with the grunts. I wish you well in your endeavors and may God be with you. Welcome Home.
- b. I also was a corpsman with the 1st Marine Division (Chu Lai, Da Nang, Quang Tri, Quang Ngai) 66-67. To this day, I still cannot erase the vivid scenes of dead and dying marines that I should have done more to save them. My nightmares were extremely violent to the point of going for counseling (my family M.D. said I was suffering from PTSD). In 1968 I joined the Naval Reserve and served until January 1989 (total 26 years). After I retired, I noticed a definite decrease in my nightmares or wanting to see movies about Vietnam - I still reflect back on Vietnam and have an occasional nightmare, but my deepest feeling is that of guilt, not doing more or coming home alive. It is really a 'reality' in my subconscious and I pray that someday, sometime, I will be able to remove these feelings of Vietnam and finally have a clear conscience from guilt/remorse.
- c. Felt much guilt for approximately 15 years after returning. Was hospital corpsman with Marine Corps. Served with line company, volunteered for CAG Program . . . Accepted. Corpsman who replaced me killed within a week. I shot child by accident with .45. Experienced much paranoia and guilt. Eventually transferred to Med BN. Corpsman who replaced me dead within week after my departure.
-

Table 16 continued

Themes and Examples of Written Responses on Questionnaire

2. Medical personnel expressed feelings of inadequacy when it came to dealing with wounded and dying combatants.

I do not feel that I was a coward; however, I oftentimes remember when I hid behind a wounded marine during a fire fight. I feel I should have sheltered him. At the time, we were ambushed. I didn't jump up and run to the rear immediately. The Sgt. seemed to think I should have, but [if I had] I believe I would have died. Most marines thought I was crazy to go when I did, I ended up knee deep in dead and wounded with no protection for about one hour, but still feel I let the Sgt. down.

Then there were the ones that died. I don't feel that [it was] because of my not risking my life, however. I often feel my lack of medical skills was why they died. If only I knew more!

3. Many veterans expressed disappointment about the way in which they were treated by the Veterans Administration (U. S. Government) upon returning from Vietnam.
- a. Can't find employment, get no help from Veterans Administration, the run-around, disability not severe enough for the Vocational Training Employment Program according to the VA.
- b. I served my active duty on Okinawa where I came into contact with wounded marines. I lost a brother and a classmate in Vietnam. My only real anger about the situation is directed towards the government.

Table 16 continued

Themes and Examples of Written Responses on Questionnaire

4. Several of the respondents openly asked for help.
- a. First of all, I didn't want to fill this out. My wife made me, now let's talk. I'm an ex-marine grunt 0311, 0321, 0331 and 0341. My MOS is simple, an underpaid killer for Uncle Sam. I've been discharged for over 13 years now. At the present time I'm terribly unemployed. I understand we lost the war so maybe that's why I'm being treated like a loser. 176 job applications later, still no employment. Maybe they feel like my wife and kids don't want Christmas. I'm fed up with the entire system. Vietnam veterans are treated like shit. I'm homeless and I've been separated from my wife and kids for over two years because I can't get a real job. A real job is one that pays more than McDonald's. I'm a man first, last and always, and I'll die trying to get work and get back with my family. Maybe they hold an old felony conviction against me. If they do, then maybe I should be tried for murder, too! I live with the nightmare of 8 kills for my country. What a joke. My country will watch me die on home soil. If you really want to help, you've got to do it one vet at a time. This one's fighting his own personal war to survive
- b. I was drafted, sent to Vietnam, served 13 months. Saw combat, etc. I am not now, nor will I ever be the same. I think of suicide, but sometimes think I don't have the guts to do it, and sometimes I think I do. Any more suicide sounds like a good way out. Real easy. Just pull the trigger. I wish the media would leave it alone. I wish I could talk to you in person about it, or someone. A personal interview. Talking about it sometimes helps. I thank you for this opportunity. Good luck with your research. By the way, somebody said to me one day several years ago, "Welcome home." Ha! What the Hell is home? Thanks again for this opportunity. A Vet from Nam.
-

CHAPTER V

SUMMARY AND CONCLUSIONS

Overview

In this chapter, a discussion of the study's results in terms of the specific hypotheses will be presented. The findings will be examined in relationship to the research described in Chapter II. Support for prior research will be noted and an overall attempt will be made to explain discrepancies or conflicts with related studies. Finally, suggestions for further research will be offered.

Restatement of the Problem

A central issue in the current study is whether or not there are greater levels of survivor guilt in Vietnam Veteran Medical Personnel when compared to levels of survival guilt in similar populations of combat and Vietnam era veterans. This question has perplexed researchers. Only a few studies have been conducted, and the overall results have been equivocal at best (Laufer & Wouters, 1988). The clinical literature on post-war adaptation emphasizes the importance of guilt, especially survivor

guilt; however, to date, no systematic empirical effort has been made to differentiate the nature of war-related guilt. There is a need to understand how the war experience is internalized; that is, how the trauma is institutionalized in the war self. There is a need to determine whether or not one can differentiate types of guilt associated with exposure to war trauma, the differential relationship of war trauma to forms of guilt, and the relationship between particular types of guilt and other aspects of post-war adaptation, including P.T.S.D. In contrast, the question of Post-Traumatic Stress Disorder in Vietnam veteran personnel has been clearly demonstrated in terms of higher incidence of Vietnam veterans currently suffering from symptoms of Post-Traumatic Stress Disorder. Roberts (1988) estimates that 470,000 Vietnam Veterans still suffer from major psychological disorders, directly related to the war. In 1983, a five-year study on Post-Traumatic Stress Disorder (P.T.S.D.) was mandated by the United States Congress. The findings provided irrefutable evidence of the existence of P.T.S.D.; yet, today a staggering number of veterans - over one-fourth of those who served - suffer from P.T.S.D. but are not being treated (Kulka, 1990).

Reports of psychological distress among Vietnam veterans have increased dramatically during the period following the Vietnam war (Fairbanks, Langley, Jarvie, &

Keane, 1981). A major epidemiological study by the Center for Policy Research (Egendorf, Kadushin, Laufer, Rothbart & Sloan, 1981) found that Vietnam veterans exhibited a wide variety of stress-related problems when compared with non-Vietnam veteran cohorts. The chief complaints among the Vietnam veterans were chronically elevated levels of anxiety, depression, guilt and sleep disturbances.

Some might question if a person could have problems related to war trauma 15 to 20 years after his/her war-related experiences; however, the literature is clear on this matter. Longitudinal studies have found that symptoms of psychological distress resulting from exposure to war-related trauma can persist for as long as 20 years after removal from combat (Archibald, et al., 1962; Archibald & Tuddenham, 1965; Futterman & Pumpian-Minlin, 1951).

These findings were not unexpected. The literature clearly supports the view that this is a unique population in terms of its Vietnam combat and post-war experiences. Many continue to carry feelings of anger; they remain fearful and distrustful of anyone with whom they are not familiar who seeks information about them (Williams, 1989). Another problem many veterans experience is a lack of trust. They mistrust the government and its authorities as well as personal authority figures (Glover, 1988). Mistrustful veterans perceive themselves to be the objects of

exploitation and betrayal. Additionally, there continues to be considerable anger in the Vietnam veteran population; many veterans have reportedly not used anger very effectively after Vietnam and have not learned to redirect it (Cruden, 1986). Anger is one way of coping; it worked very well in Vietnam. It was effective and had survival value. It was effective in a war zone because to mourn, be depressed, and be inattentive to the environment could in actuality be self-destructive. Many veterans are still trying to deal with their post-war pain with anger (Keane, et al., 1985).

There was vociferous opposition to the war, and often to the combatants themselves, especially during the latter stages of the Vietnam War. The inability of combat veterans, like other survivors, to discuss with others the details of their experiences was not uncommon. The resulting social alienation, depression, guilt, and traumatic anxiety have become hallmark symptoms associated with combat related P.T.S.D. in Vietnam veterans.

Results and Conclusions

In order to aid in the drawing of conclusions regarding the subjects of this study, it is perhaps worthwhile to note that the mean age of the respondents was 42.5 years, with the majority (68.8 %) being Caucasian. The

largest percentage enlisted in the Army and was honorably discharged from military service. This group was similar in age to veterans entering the military service in the 1960's. The average age of the American soldier in Vietnam was nineteen, seven years younger than their fathers had been in World War II, which probably made the Vietnam soldiers more vulnerable to the psychological strains of the struggle. The respondents were assigned to tactical military occupational specialties and those who served in Vietnam were associated with direct combat activity (Karnow, 1983).

In continuing to explore the relationship between group membership in Vietnam and levels of survivor guilt, as measured by responses to questions on the Laufer-Parson Guilt Inventory, the Beck Depression Inventory and the Combat Exposure Scale, it was observed that in each instance where the Laufer-Parson Guilt Inventory was used to measure Vietnam guilt, all mean score analyses demonstrated that the medical group total scores were significantly greater than those of the combat or Vietnam era groups. There was as much as a ten point difference on the initial analysis (summarized in Table 5), with a oneway analysis of variance demonstrating a statistically significant difference across groups.

Upon review of the mean total scores on the Beck Depression Inventory among the three groups, the results were consistent. The medical group total scores on this inventory were found to be greater than those of the combat group and Vietnam era group. The results are summarized in Table 6. The oneway analysis of variance results provide support for the hypothesis that there would be a significant difference across the three groups. The results indicate that the level of reported depression by both the medical and combat groups are in a clinically significant range. On average, both the medical and combat groups in this sample reported experiencing depressive symptoms, which were of a mild to moderate level of severity. An analysis of the standard deviations indicated that the range of depressive symptomatology reported by personnel in both groups was very similar. There are individuals in both groups who are currently experiencing little, if any, symptoms or emotional distress while others are experiencing very severe symptoms of distress that could most likely cause serious adaptation difficulties in their lives. Perhaps there are equal levels of depression in each group because both the medical and combat group members were exposed to the trauma and life-threatening catastrophes associated with combat conditions in Vietnam.

The severely disturbed veterans were found to be profoundly depressed. They experience thoughts and feelings of worthlessness, guilt and suicide. The less disturbed veterans may manifest their chronic feelings of unhappiness and/or difficulty in forming close personal relationships. The least disturbed veterans may not evidence any discomfort, unless they are specifically questioned about their military experience and having lost close friends in combat (Glover, 1988). One segment of the Vietnam veteran population which may tend to experience feelings as described above would be the combat caregiver. Many medical people served in Vietnam as combat medics and corpsmen attached to units that were in direct contact with the enemy (Shovar, 1989). The nature of the duty for these veterans would account for the essentially equal mean total scores on the Combat Exposure Scale for the medical and combat groups in this study. There was a statistically significant difference between the three groups in reference to combat exposure. The Vietnam era group did not spend time in Vietnam; therefore, there could be no combat exposure from a Vietnam experience. Because exposure to combat in Vietnam was the prerequisite for the remaining investigation, only the medical and combat groups were used in the analyses.

Another feature of this study, which is consistent with previously published research, is age at time of service in Vietnam. It is well documented that the majority of combat Vietnam veterans were between the ages of 17 and 26. Given the exposure to life threatening and catastrophic events well outside of the normal life experiences of anyone that age, this factor may have contributed significantly to the range of scores on the Laufer-Parson Guilt Inventory and the Beck Depression Inventory. There was a significant total mean score difference between groups at the 17-21 age when compared with the 22-26 age on the Laufer-Parson Guilt Inventory, with this difference continuing when comparing the same two age groups on the Beck Depression Inventory. The difference was highly significant when the t-test results were analyzed. The Vietnam war exerted great stress, both psychological and physical, on soldiers whose average age was 19 (Foreign Policy Association, 1990).

Vietnam Combat Exposure across groups was another important variable examined in this research project. On the Laufer-Parson Guilt Inventory the medical group, on the average, had higher mean total scores at the three levels of exposure examined. This fact could possibly be related to the training and understood responsibilities of the medical personnel in Vietnam who would not be expected to

have had responsibility for the killing of enemy soldiers. Their task was to preserve life and assist the wounded American soldiers. In many instances, however, violent situations arose that required medical personnel to kill others in order to survive. Many were exposed to life threatening situations on a daily basis, which might account, in part, for the differences between the two groups. These differences in the mean scores remained consistent at exposure five (wounded in combat), which revealed a higher total mean score on the part of the medical group over the combat group, and at exposure six (responsible for death of enemy civilian). When comparing the differences in total mean scores on the Beck Depression Inventory, the differences remained constant in terms of the medical group showing higher total mean scores at exposure four (responsible for death of enemy military), as well as at exposure five, with the medical group showing greater scores at each exposure.

It has been previously stated in this research report that the combat medical personnel were in a unique position in Vietnam, in that their primary role was to preserve life. Their medical training in no way could have prepared them for the widespread death and destruction of the innocent Vietnamese people, Vietnamese military, or types and severity of wounds seen while treating United States

servicemen and the constant exposure to violent death. Given the nature of the Vietnam war, medical persons in Vietnam killed enemy soldiers, were wounded, and even stated that they were responsible for the death of enemy civilians. Clearly, there would be conflict between the stated purpose for their being in Vietnam and the realities of war (Glover, 1988). Protective concerns are likely to be most keenly experienced by individuals who are in immediate positions of responsibility for the lives of others (Glover, 1988).

In continuing to demonstrate the differences between the two groups, the researcher examined the differences between the mean total scores on the Laufer-Parson Guilt Inventory and the Beck Depression Inventory with Tours in Vietnam being the controlling variable. Longevity in Vietnam exposed the servicemen to more varied experiences, with the chance for increased life threatening and violent situations. In the case of the medical corpsmen, increasing the number of tours would expose them to more dead and injured combatants.

Many medical personnel served in Vietnam as combat medics and corpsmen attached to units that were in direct contact with the enemy. Few were prepared for what they would find in terms of the number and severity of casualties, or in terms of the threat to their safety (Shovar,

1987). When comparing the differences on the Laufer-Parson Guilt Inventory, controlling for number of tours, there was a significant difference at tour 2. The medical group showed higher mean scores at each tour level. The same held true when comparing the differences of total mean scores on the Beck Depression Inventory when controlling for tours by group. On all three levels, the medical group showed higher total mean scores. There is increasing acknowledgement that the amount of exposure to combat and/or a history of participation in abusive violence, that is, killing civilians, torturing prisoners, etc., is likely later to lead to serious adjustment problems and stress related symptoms (Foy, et al., 1984; Laufer, et al., 1985).

To further explore the relationship between group membership and levels of survivor guilt, two groups of subgroup items from the Laufer-Parson Guilt Inventory were partialled out for analyses. The first analysis was based on a group of four questions which were derived from the Laufer-Parson Guilt Inventory, and were identified by Laufer and Parson as specifically related to survivor guilt. The initial analysis included all three of the sample groups. The second group of nine questions was selected by an unbiased source to further demonstrate the differences in responses related to survivor guilt. All items were selected based upon validity of their content

and on themes of survivor guilt, or guilt about actions taken to survive the Vietnam experience. The analyses of these items included responses only from the medical and combat groups. Once again, the total mean scores on both of the series of questions showed a higher score by the medical group. A oneway analysis of variance across the three groups revealed a statistically significant difference among groups (see Table 8 for details). A t-test verified the significant difference between the medical and combat groups on the selected questions.

In an attempt to gather additional information from the respondents, this investigator provided a section on the instrument for comments and observations about surviving the Vietnam experience. There were many respondents (medical, combat and Vietnam era) who included statements in this section (see Appendix D). There appeared to be four major themes included in the statements:

1. Feelings of guilt from the medical personnel,
2. Feelings of being inadequately trained for the task required of medical personnel,
3. Feelings expressed by all three groups about their disappointments related to the manner in which Vietnam veterans have been treated by the United States government since their return from the Vietnam war, and

4. Requests for help.

In summary, on the basis of results obtained from the three areas of study in this research project, a number of conclusions can be drawn. To test Hypothesis #1, the relationship between group membership and differences on the Laufer-Parson Guilt Inventory was examined. The analysis of data supports the assumption that group membership in a war zone situation could affect one's feelings about guilt in general and survivor guilt in particular. Clearly, individuals such as medical corpsmen and combat veterans who were exposed to violence, death and destruction of catastrophic proportions would be expected to show differences in results on the L-PGI when compared with the Vietnam era group. Additional statistical tests of the data set confirmed that the differences continue to be significant when comparing the medical and combat veteran groups. Age at time of service in Vietnam and duration of exposure to the Vietnam war experience may have very likely played a significant role in the differential guilt response of veterans participating in this study.

Support was also offered with regard to the hypothesis that there are significant differences among respondents when comparing results on the Beck Depression Inventory across the three groups. When comparing only the medical and combat groups, however, the differences in the

two groups became less obvious when controlling for levels of exposure to the Vietnam war experience and number of tours in Vietnam. These findings suggest that the levels of depression in the two groups of respondents in this research study are equal, given the nature of exposure by both groups to the traumas of the Vietnam war some fifteen years after the official end of the war. There are many Vietnam medical and combat veterans who exhibit symptoms, probably related to their Vietnam experiences.

Lastly, the fact that there was a significant difference found between groups in terms of exposure to the Vietnam war is obvious in that the Vietnam era group was not directly exposed to the Vietnam war experience. As anticipated, the differences between the medical and combat groups were not found to be significantly different, given the similar nature of service by both groups while in Vietnam.

Taken as a whole, the information reported here supports the conclusion that group membership in Vietnam might possibly impact upon levels of guilt in general and survivor guilt in particular. This finding supports the theory that age may be an important factor in adaptation of the postwar self to daily life. This researcher describes this phenomenon as exposure to war and its violence, and a man's or woman's vulnerability in terms of age predisposes

one to later symptoms of distress in one form or another. Clearly, this is not the definitive study on this issue and further research is suggested that would compare the results of this study to those derived from a sample with slightly different demographics and under various conditions.

Recommendations for Further Research

While some questions were answered by this investigation, more questions about the relationship of military occupational specialty, combat exposure and survivor guilt require further exploration. Some suggestions for future studies are listed below:

1. Explore differences in coping behavior between different military occupational specialties.
2. Replicate this study using nurses and doctors as well as other auxiliary medical personnel who were exposed to combat experiences in Vietnam.
3. Continue to assess the relationship between combat exposure, depression and levels of guilt.
4. Develop a more comprehensive instrument for returning combatants, to assess the relationship between occupational military assignments, so that overall mental health as it relates to this can be better understood.

5. Investigate the relationship of debriefing to overall functioning over time.
6. Evaluation of coping mechanisms or relief measures found successful with persons experiencing survivor guilt.
7. Establish combat exposure and survivor guilt norms for a military population and for a sample of Vietnam Veterans.
8. Continue to test and strengthen reliability and validity measures of the Laufer-Parson Guilt Inventory (L-PGI).
9. Determine the clinical significance of guilt in the role of stress related syndromes. This would be facilitated by:
 - a. further refining the components of the construct of guilt,
 - b. development of psychometrically sound measures of survivor guilt,
 - c. identifying the efficacy of psychological treatments in alleviating symptoms of survivor guilt in veterans.

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APPENDIX A

APPENDIX A

Correspondence From Dr. Parson



The Commonwealth of Massachusetts
University of Massachusetts-Boston
Harbor Campus
Boston, Massachusetts 02125-3393

March 13, 1989

Mr. Maurice Kaufman
 Malcolm X College
 1900 West Van Buren
 Chicago, Ill. 60612

Dear Mr. Kaufman:

Please find enclosed a copy of the Laufer-Parson Guilt Inventory (L-PGI). I also included a brief summary of a paper presented at the 1988 Annual Conference of the Society of Traumatic Stress Studies. It will give you a sense of the Inventory's potential as a research instrument.

I am sending this material to you with the expectation that it will not be circulated in any way. Laufer and I are currently preparing a paper for the American Journal of Psychiatry. What you have at this time is a rather preliminary set of analyses. I hope, however, that it will serve you in organizing your ideas on survivor guilt and related behavior in Vietnam veterans.

Sincerely,

A handwritten signature in cursive script, appearing to read "Erwin Randolph Parson".

Erwin Randolph Parson, Ph.D.
 Professor of War and Its Social
 Consequences



Dear Fellow Vietnam Veteran:

My name is Maurice E. Kaufman. I am a Vietnam Veteran who served as a Navy Hospital Corpsman with the 3rd Marine Division, operating out of I Corps, 3/3 Lima Company, 1968. Currently I am a student pursuing a Doctor of Education Degree in Counseling at Loyola University of Chicago. I have planned a research project to explore levels of survivor guilt in Vietnam veterans. Your involvement will help provide insight into survivor guilt behavior.

The value of this study is to add to the overall body of knowledge by identifying major themes in survivor guilt, to add to knowledge in the field of Post-Traumatic Stress Disorder (PTSD) by examining it at a personal level, to provide insight into our concerns which will allow practitioners to better understand our experiences in Vietnam.

Be assured that reports of this study will not identify you in any way. Since only code numbers are used to identify your data sheet, confidentiality of your responses is protected.

If you are able to participate, please complete the materials and return them in the enclosed, addressed envelope to me no later than _____, 1989. Please follow the instructions on the attached material.

A summary of this research will be made available to you upon request. Thank you for your time and consideration, I look forward to hearing from you in the near future.

Sincerely,

Maurice E. Kaufman

Dear Fellow Vietnam Veteran,

Recently you were sent a letter and materials, and requested to participate in a study of Vietnam veterans. Because the materials were sent only to a small but representative sample of Vietnam and Vietnam Era Veterans, your involvement is very important to insure a better understanding of survivor guilt in this population.

If you have already completed and returned the materials, thank you. In case you did not receive the materials or they were misplaced, another questionnaire is enclosed with a self addressed envelope. Please complete and return it as soon as possible.

Sincerely,

Maurice E. Kaufman

APPENDIX B

APPENDIX B

HISTORY OF COMBAT EXHAUSTION
(BATTLE FATIGUE)

War	Years	Symptoms	Label
American Revolution	4-19-1775 to 9-3-1783	Fear of combat, trembling, running and hiding	Cowardice
War of 1812	6-18-1812 to 1-8-1815	??	??
Indian Wars	1789 to 1891	??	??
Civil War	4-12-1861 to 5-27-1865	Depression, home sickness, breakdown in combat, desertion	Nostalgia
Spanish American War	4-21-1898 to 7-15-1903	Weakness, trembling, depression, breakdown in combat	Tropical Aesthenia
Boxer Rebellion	6-20-1900 to 5-12-1901	??	??
World War I	4-6-1917 to 11-11-1918	(1.) Dazed, confused, exaggerated startle reaction, amnesia, staring eyes, violent tremors, a look of terror, blue, cold extremities, Nightmares of war. (2.) Hoarseness, difficulty breathing, pain in swallowing or talking, pressure in chest, aphonia, agoraphobia.	(1.) (Shell Shock) War Neuroses Not yet diagnosed (Nervous) Trench Neuroses (2.) Gas psychoneuroses Gas Hysteria
World War II (1942)	12-7-1941 to 12-31-1946	Dazed, confused, exaggerated startle reaction, memory impairment, trouble concentrating, survivor's guilt, not caring, excessive autonomic arousal, constricted affect, Staring eyes ("2000 yard stare"), violent tremors, a look of terror, blue, cold extremities, Sleep disturbance, nightmares of war, Soldier ceases to cope or function in combat.	1. War Neuroses 2. Combat Exhaustion (multiple battles) 3. Battle Fatigue (single battle) 4. Operational Fatigue (Aviators)
Korean Conflict	6-27-50 to 1-31-1955	Same as WWII	Same as WWII
Viet Nam Era	8-5-1964 to 5-7-1975	Same as WWII	Same as WWII
Mid East and Israel	1969-present	Same as WWII	1. Combat Exhaustion (sustained action) 2. Acute Combat Stress (Single Action) = Post Traumatic Stress Disorder (Acute, chronic delayed)
	1979 Diagnostic and Statistical Manual of the American Psychiatric Association DSM III	Same as WWII	

Principles of Battlefield Psychiatry Military Medicine, Vol. 151, Feb. 1986

APPENDIX C

Combat Exposure Scale

The following list contains experiences that are related with being a member of the military during the Vietnam era. These items were selected from the total inventory as directly related to the research area being investigated.

Scale Score	Scale Item
0	In service 1965-1975
1	Stationed in Vietnam
2	Saw injury or death of U.S. Serviceman
3	Fired weapon and/or fired upon in combat
4	Responsible for death of enemy military
5	Wounded in combat
6	Responsible for death of enemy civilian
7	Served third tour of duty in Vietnam

BECK DEPRESSION INVENTORY

In this section are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failure.
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I use to.
1 I don't enjoy things the way I use to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weakness or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry anymore than usual
1 I cry more now than I use to.
2 I cry all the time now.
3 I use to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I use to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that use to irritate.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I use to be.
2 I have lost my interest in other people.
3 I have lost all my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I use to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all any more.
14. 0 I don't feel I look any worse than I use to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.

15. 0 I can work as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I use to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I use to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I use to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it use to be.
2 My appetite is much worse now.
3 I have no appetite at all any more.
19. 0 I haven't lost much, if any, lately.
1 I haven't lost more than 5 pounds.
2 I have lost more than 10 pounds
3 I have lost more than 15 pounds.
- I am purposely trying to lose weight by eating less. ___ Yes or ___ No
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I use to be.
2 I am more interested in sex now.
3 I have lost interest in sex completely.

Selected Laufer-Parson Guilt Inventory Questions

Items were selected based on the face validity of their content.

1. Thoughts of remorse for the things you did to survive in Vietnam
2. Overwhelming feelings of guilt when you think or see things about Vietnam
3. Thoughts that you should have died in Vietnam
5. Thoughts of combat situations where you felt that you let your buddies down
13. Getting upset for not risking your own life to help a wounded buddy/comrade who later died
16. Getting upset because you feel a buddy/comrade got killed because of something you did or did not do
18. Feeling guilty without knowing why you feel that way
21. Thoughts of being "unclean" because of the killing you did in Vietnam
23. Thoughts that you do not deserve to live

LAUFER-PARSON GUILT INVENTORY

Using the following scale, indicate how often in the past twelve months you had each of the items listed by placing a check mark on the appropriate line:

1 = Very Often

2 = Fairly Often

3 = Sometimes

4 = Almost Never

5 = Never

1 2 3 4 5

— — — — —

1. Thoughts of remorse for the things you did to survive in Vietnam.

— — — — —

2. Overwhelming feelings of guilt when you think or see things about Vietnam.

— — — — —

3. Thoughts that you should have died in Vietnam.

— — — — —

4. Feeling like you are a "marked" man/woman.

— — — — —

5. Thoughts of combat situations where you felt that you let your buddies down.

— — — — —

6. Feeling that your conscience bears a heavy burden.

— — — — —

7. Thoughts about how your unit/buddies treated Vietnamese civilians.

— — — — —

8. Remorse over killing child(ren) in Vietnam.

1 = Very Often

2 = Fairly Often

3 = Sometimes

4 = Almost Never

5 = Never

1 2 3 4 5

- | | |
|-----------|---|
| — — — — — | 9. Thoughts that you need forgiveness for hurting Vietnamese POWs. |
| — — — — — | 10. Thoughts about the things your unit/buddies did to enemy soldiers. |
| — — — — — | 11. Feelings of personal responsibility for what you feel was unnecessary taking of Vietnamese lives. |
| — — — — — | 12. Thoughts that the things you did were unforgivable - that no one can forgive you. |
| — — — — — | 13. Getting upset for not risking your own life to help a wounded buddy/comrade who later died. |
| — — — — — | 14. Thoughts that they should try you or Vietnam veterans publicly as war criminals. |
| — — — — — | 15. Nervousness and depressed feelings when you think of how wild you were in Vietnam and the things you did - "just for the hell of it." |
| — — — — — | 16. Getting upset because you feel a buddy/comrade got killed because of something you did or did not do. |
| — — — — — | 17. "Bad" dreams of being chased and not being able to get away. |
| — — — — — | 18. Feeling guilty without knowing why you feel that way. |

1 = Very Often

2 = Fairly Often

3 = Sometimes

4 = Almost Never

5 = Never

1 2 3 4 5

- | | |
|-----------|---|
| — — — — — | 19. "Bad" dreams of the Vietnamese (child/adult) you killed. It's so vivid. |
| — — — — — | 20. Getting upset because you feel that you injured/killed a fellow soldier/buddy by friendly fire. |
| — — — — — | 21. Thoughts of being "unclean" because of the killing you did in Vietnam. |
| — — — — — | 22. Thoughts that nobody can love you because of what you did in the war. |
| — — — — — | 23. Thoughts that you do not deserve to live. |
| — — — — — | 24. Thoughts that you do not deserve the good things of life - like children and loving wife. |
| — — — — — | 25. Thoughts that you do not deserve a good, stable job with a future. |
| — — — — — | 26. Thoughts of "paying the piper" for the terrible things you did in the war. |
| — — — — — | 27. Thoughts that something will happen to your child. |
| — — — — — | 28. Thoughts that something will happen to your wife or other loved ones. |
| — — — — — | 29. Thoughts that someone will kill you someday if you don't do it first. |

APPENDIX D

Written Responses to Section V on Questionnaire

• The phrase is "than I used to" - See Fowler's Modern English Usage entry "use (v)." This is not the greatest questionnaire I have ever seen: e.g., what is the difference between Section II question 5 and Section II question 16?

I had very conflicting feelings about the war when I got back. However, I was able to talk to my father, a combat veteran of WWII - and to a number of other Vietnam veterans, to my wife, who is a social worker, and to a good psychiatrist. These people helped me work out my feelings about the war so that now I feel that I can function normally in society. I was torn by feelings of guilt and I still have dreams where I re-enact an incident in which we were on patrol and received sniper fire from a tree line. I saw a glint of brass falling out of one of the trees, grabbed a LAW rocket from the guy next to me, and fired it into the tree. We went over to the tree, and there was an (I guess) 16-year-old VC with his guts blown out. In other cases where there were enemy deaths in fire fights, I can say "well, maybe someone else killed him/them." But in this case, I know that I killed him. I still feel guilt about it. About a year ago I smelled burning shit (I do not know who was burning it) and I was instantly sent back to a time when I was woken up to an early morning mortar attack on our base camp. This is the only real "flashback" I have had.

• Better them than me. It don't mean nothing. Get a life, pal.

• I thought that the questions were complete and comprehensive. I would like to have had more questions relating to how Vietnam vets have adjusted since Vietnam (successful). [Letter enclosed with questionnaire: Dear "Doc": I bet you haven't been called that in a long time? I am always available to help graduate students doing research projects (especially Vietnam Vets). I remember when I was calling on people to be "subjects" when I was in graduate school. I am a retired Sgt. Major U.S.M.C. and I work with Vietnam vets everyday. The information enclosed is about me. Semper Fedelis, Gerald O. Hayes, M.A. Readjustment Counseling Therapist.

• Can't find employment, get no help from Veterans Admin., the run-around, disability not severe enough for the Vocational Training Employment Program according to the VA. Do you have any suggestions?

• (1) Robbed me of my spirit, became too old too soon.
 (2) Much of my sadness is the result of the "second wound" - Reaction of society. (3) Though I'm probably more successful than average Vet - I feel my developmental process has been delayed/arrested, particularly intimacy. (4) Because Vietnam issues are somewhat unresolved, I often feel my life parallels Vietnam experience. (5) I feel different - unable to participate at times in "normal" life due to my experiences in combat.

• I am interested in receiving a summary of this research. I continue to harbor feelings of anger, cynical bitterness and resentment as I reflect on how I and others were treated upon return. This still happens today, although in lesser frequency. Acceptance and forgiveness to others is the level I'm trying to reach in putting this experience in its proper perspective.

• I've gone through 3+ years individual and group counseling concerning Nam - '83-'87. My problem seemed to be not giving myself credit for my experiences, and a guilt trip for not being more aggressive when such action was warranted and justified. Also, 14-15 years of negative news reporting and rejection by my peer group and others held in respect complicated the self image problem. If any further info is needed, feel free to contact me. Best of luck in your career and have a warm, happy holiday - Welcome Home. Request summary of your research.

• We were traumatized in the name of American Democracy, asked to make sacrifices of the highest order, and then we were returned to a "society" dominated by selfish pigs. The "selfish society" gives a few parades so people can see the Nam freaks . . . See the monkeys dance again!! . . . See the cripples roll down the street. Assholes go to see war movies and watch TV shows, and think they can understand the "Vietnam Experience," (aside from the big \$\$ in this shit) "heal the wounds," etc. It's a bunch of commercialized, politicized, bullshit!! Hippies who got the "college pass" are history . . . they've admitted hippieism was just another "trip" and turned themselves into greedy political YUPPIES!! Too bad the dead and crippled on both sides can't do the same. P.S. Let's feed the young a visual diet of Rambo, etc. and march 'em off to South America in the name of big \$\$\$\$. It can't happen again? I'm going now to listen to "Fixin' to Die Rag" by C. J. & The Fish.

• I feel little/nothing is done for Vietnam Era Veterans. Could not get good job because eligible for draft. After war, "too old" and I see VC getting my American job. I feel the guys there were right - "Shoot them all and let God sort them out!"

• I gave little thought to what happened over there. I refused to give it any merit. I had two choices, fight a war or kill a president. I have no remorse, I was placed in a situation and my objective was to survive. My enemy was not the Vietnamese, I don't know who it was, U.S., VC, or NVC. I know I won't have my children forced into a war to fight for stupid reasons. I'd rather be see instigators "duke" it out all alone.

• Although I have experienced some things in Vietnam that one would not usually encounter, I had but one objective - to come home whole! I did that. I have been engaged in therapy for a few years for personal reasons which did not arise from my combat experience, and I do not have any guilt complexes or deep rooted feelings about them. My problems started before those times and now I am working through them. I would doubt it if Vietnam experiences ever come to the forefront of my personal life. Best of luck to you.

• I left Vietnam in 1967 without getting any wounds or being disabled in any way, nor did I see anyone else get hurt. Ten years later, in June, 1977, I broke my neck while serving with the USAF Thunderbirds. I am now 100% disabled! I'm proud to say I served my country and would do it again, but there is a little voice in the back of my head that now has the question...WHY?...where as before (1966-67) it was my duty, no questions asked.

• I have great sadness and regret for the many of my personal acquaintances and the others I did not know who were killed because of the ridiculous policies of our government in politicizing the war and not allowing it to be fought as an 'all out war' - e.g., pilots could only bomb designated targets and not lighten their loads anywhere when hit, handling Vietnamese with 'kid gloves.' We did not start the war - North Vietnam did. Once the decision was made to get involved, we should have been allowed to fight to win. The corrupt RVN were not much better than the North Vietnamese. There should be not regret, therefore, over any Vietnamese killed - only over American troops lost and wounded. I am very disturbed that the American public has not viewed it that way, and respected every military man who served there on their behalf.

• Working for the U.S. as professional killer (that is what we were trained for in time of war), our job was to protect and assist countries like Vietnam, because we do not want communism in America. We must show force. Keeping the public and politicians out of "war," the Vietnam crisis would have been over. Had we started from the south and swept North with security forces on all enemy boundaries, 50,000 odd would be alive to talk about it today. No more requests for info will be acknowledged.

• I am very thankful that I was not ordered to Vietnam. I hope my sons never have to fight. I do not feel worthy of the classification of "Vietnam Era Veteran" - I served in what was essentially peacetime where I was. I am glad that I served.

• Mr. Kaufman. In Sept '66 I went to Vietnam, a Military Policeman, as I was stationed in Saigon and Bien Hoa. I thought myself as having a good tour, no action at all. But did see some things that were depressing. In Sec. IV, most of my answers were never and are true, just glad to get home and leave it behind.

• Since I was not in combat, I am spared the griefs and despairs many combatants now experience from the Vietnam War experience. I did not involve myself in self indulgence either, so I don't carry the guilt some non-combatants did, living excessive lives in Vietnam while others faced severe survival from day to day. The only regrets I have are that I didn't pursue the right education to obtain a degree in some field; when I sought to do it, it was too late because I moved from Jersey to Rockford and lost VA benefits. Since jobs are scarce, I am struggling to eek out a living for family and myself. Otherwise I had a fairly profitable time in Vietnam.

• It seems odd that I've been asked to fill this out as I did not serve in Vietnam. However, I was in the service at the time the war was ending. I volunteered for service, yet I am thankful that I did not have to go to Nam. I believe that the brave men that did go, either willingly or unwillingly, served their country and thought they were doing the 'right thing.' In truth, that war, and the United States', involvement in it was a huge mistake. The average farmer in the Nam could care less whether the government in charge was Communist or Democratic - as long as he had his rice paddie, his family, his water buffalo - that's all they cared about. We were like invaders there. Like Napoleon in Russia or like the Nazis in France.

• I was on an LPH working off the coast. We didn't see any combat but we sent the troops in and took back the dead and wounded. I think we ran over a number of fishing boats in dark. I get 5 extra VP points on civil service tests, but I hate to claim them. The ladies who administer the tests and dole out jobs take that as proof that I'm not mentally stable.

• I served my active duty on Okinawa where I came into contact with wounded marines. I lost a brother and a classmate in Vietnam. My only real anger about the situation is directed towards the government.

• I believe that when I was in Vietnam, I felt more important and had a sense of accomplishment that to this day I haven't felt since. Sometimes I feel like part of me was left there.

• Thanks for asking. I wish someone would have cared many years ago. It's nice to know some of the feelings are normal. Please stay in touch. I think I've worked many problems out. It took about ten years before I knew what the problem was.

• I believe that none of us should of ever been over there. When we came back, there wasn't any respect for us at all, and still isn't. They blame the Vietnam War for all the drugs, and political wars, that go on here 'til today, A war that will never end. I feel very bitter about it all still, and probably always will because [of] the fact of the way we were all treated during and after the war. Took me almost 20 years to get a halfway decent job. Plus, I'm always getting into trouble real easy still. And also, I can't stand the young people of today, they don't want to work.

• I didn't serve in Nam and a lot of people think or say I'm crazy because I wanted to go! I love my country and the way of life we have here. I display our flag proudly in my living room and feel that maybe I could have done something to help. I was too young at the time, but old enough to be called a Nam Era Vet, I feel so sick! Yes, I cry, I cry a lot, for my countrymen lost, for my countrymen wounded, for myself. The guilt I feel keeps me from having a so called normal life, the anger has robbed me of my wife and children, most all of the things I love in this life.

• I was a career serviceman and served where the military decided they wanted me.

• I was an experienced chaplain with nine years in expectation of going into combat. Served with the Big Red One Div. Arty. units along Cambodian border. Last 60 days in country as part of incursion into fish hook, Parrott's Beak. Lucky to be able to serve grunts who had need for spiritual aids, conducted 3-5 services, not counting Sundays. Gave Christ's sacrifice to men who had great stress and feelings of fear.

• I feel almost "guilty" about filling this out since my enlistment didn't start until June 28, 1974. I am a "veteran" in only the technical sense of timing. My second marriage was to a man who, I feel, suffered terribly from PTSD and manifested itself in alcoholism. The marriage failed but I always hoped he could find peace with himself, as so many others need to do, and I'm glad to see this and glad to help.

• Being a non-combat (Quartermaster) officer in Vietnam during the first year of the war (65-66), I was probably much less affected by the experiences during my time there than those of combat personnel or anyone there during the later years when the fighting had escalated greatly.

• Vietnam was a useless war. We never should have been in it. I had strong feelings about patriotism that I no longer have. I know the government could really care less about all of us. I was twenty pounds overweight (220) when I went to Vietnam. In 1985 I was discharged for 5 lbs. overweight. No pension. I had to fight VA for 20% disability. I have arthritis of the cervical vertebrae. I believe I would pay for my son, 18, to hide anyway he could so the military could not screw up his life too! I was overweight, but during war I was but a warm body for the green machine. Never again-. I'm tired of people from other wars telling me I was not in a real war. Sometimes I would like to go back in time and place them in my shoes - I drove trucks all over Vietnam, Live Haul. I carried 5 thousand gallons of JP/4 in my tanks and sometimes I hauled 8" rounds. One day I felt weird and asked my buddy to carry his load - concertine wire. I was hit by a command det. on Route #1. I do not remember my partner or my CO. I woke up in 91st Air Evac and then went on to Camp Zama, Japan, then home, thank spirits. If some faction should attack our Motherland, I'd fight. But if some shithead little country whose president is not rich enough needs our help to make him money or our corporations wish to get rich at poor folks' expense - screw them to hell.

• I take offense to many of your questions, especially #14. Many of us were there to help, I was a Medical Pilot and our job was to save lives. We, as soldiers, sailors and marines, did not lose the war, the government and leaders of our country did. As a combat veteran, purple heart winner (2), I'm proud to be a vet. I would like a copy of your paper. Most vets lead productive lives. We do remember the past, but do not dwell on it. It was a job. I did 2 tours, 1970-1970 (Da Nang and Don Ha) Quan-Tri Hue.

• My role in the Navy and Vietnam was not very intense compared to the soldiers in-country. Your research project questions have shed a light on some of my past that I've never really thought about. Although some of my responses don't relate to your project's theme, they could possible be a direct reflection on one's thoughts and past actions. Please make a note and send me that summary upon completion. Good luck.

• In a medical support position (i.e., Evacuation Hospital), guilt revolves around not having done enough and having our duty situation much better than those in the field. Our hospital did take incoming occasionally that caused us casualties. I never have felt guilty for surviving.

• I was a corpsman in Nam, 1st MAW, I Corps. I am a counselor in a Vet Center. I would like to work with VN civilians, too. I am interested in your results.

• I was involved in 2 major operations in '72 (I Corps Area) - Da Nang, Quang Tri. Many Vietnam vets of the later years ('71-'75) don't get any respect! which makes it that much harder to deal with! We served in a limited capacity, but we did what we were told, and in a professional manner!

• My purpose in Vietnam was to aid the wounded and save as many lives as possible. That I did and have no remorse. But the recognition that I should have received - I got none, not then or now.

• My service as a "medical specialist" in Nam changed my personality considerably. Life before the war, I felt fairly well adjusted and secure. Now I don't seem to fit anywhere and live with a constant sense of the fear. Can't relax and have fun. There's plenty more, but a 70% VA rating for PTSD about says it all. Good luck, man.

• I didn't finish the last section because my mind is not functioning normally. I would like to get to know you.

• Some items really don't apply because of my MOS at the time. I never had any guilty feelings about serving in Vietnam but I'd do it again under a different administration. However, after my time in service, I had a deep spiritual hunger. I was searching . . . for something tangible . . . something to hold on to. Through a series of events which space will not allow me to elaborate, I had gotten personally acquainted with Jesus Christ. I began reading the Bible and that's how I got to know Him, then personally experience Him. Jesus can and will take away any guilt, and forgive sin . . . and there is not a sin in the world too small or too large Jesus can't forgive, if you want Him to. He is the Vietnam veteran's answer to life after Nam. . . but not the vet only . . . everyone! This is one Vietnam vet who has peace, forgiveness of sins and eternal life through faith alone in Jesus Christ. Perhaps. . . you may want to discuss this with others. Now . . . getting back to Vietnam. We were asked to go there. I personally feel this affair should have lasted two years and no longer, and with the proper administration that stood resolute in its objective, many lives could have been saved and Vietnam could have been free today. Incidentally, one last thing for consideration. Jesus said: For God so loved the world that He gave His only begotten Son, that whosoever believed in Him should not perish but have everlasting life. John 3:16. I am the resurrection and the life, he that believes in me though he were dead, yet shall he live; and he that lives and believes in me shall never die. John 11:25 . . . Do you believe this? Sincerely,

• I spent over 2 years in Nam as a donor, gunner and medic. I feel that it probably would have been better if I had not come back. But I don't feel guilty about anything I did in that country, only that I never got a chance to finish what we started over there. As for myself, I have P.T.S.D. and know that nobody is worth more than a cigarette, so I don't worry much if I should kill someone or even myself. Unlike some of the guys I met in P.T.S.D. group, I never had a problem with drugs or booze. Since Vietnam, I have been unable to hold a job for very long, nor a relationship for that matter now, due to my disability. I am unable to work at all (thanks to A.O.) and so I may be abnormal as far as your study goes. Sorry.

• Vietnam is important not because of what I did or didn't do, but because of what I learned about relationships. Pain involved in loss, need for risk taking together, need to understand myself by how I treat other people, need to share both pain and joy to give the experience balanced appropriate meaning.

• I believe entry into the Vietnam War was a deception on the part of Lyndon Johnson. The "Tonkin Gulf" incident and subsequent resolution was a lie. My knowledge of Vietnamese history was limited in 1967. Thanks to the work of Bernard Fall, Marcus Raskin, and J. William Fulbright, my eyes were opened. I was prepared to go to Vietnam in 1967 until experiences with the M-16 rifle, a worthless piece of military-industrial scrap metal, and conversations with a Green Beret, S/Sgt P. F., convinced me the war was a mistake and unwinnable. I was prepared to desert the Army and I reached an accommodation and I was sent to Korea. For all intents and purposes I was a combat "refusenik." The same crooks who launched the abortive American intervention in 1966 are still in power. The "Contra" war in Nicaragua and El Salvador are variations of Vietnam. Vietnam vets have squandered whatever political clout on non-issues like POW/MIA's, etc., etc. Vets should focus on real issues like chronic unemployment, agent orange, and further foreign misadventures like El Salvador. When will we ever learn? Suggest Col. Hackworth's "About Face" Bible on Vietnam. Sincerely,

• I went into the Army knowing where I was going and what I might have to do. My main goal was to stay alive and come home. Mission Accomplished! No Regrets!

• The involvement of Western governments/troops in this Indochinese civil war was unnecessary and immoral as it only served industrial/military/economic objectives at an extremely high cost of human and other resources. I served as a non-combat conscientious objector; and for that reason politely refused an offer for Officer Candidate School extended to me upon initial processing. I ultimately served as a Social Work Technician in the Mental Hygiene Consultation Service Unit of an army hospital within the continental United States.

• I only wish that we as Vietnam veterans would receive more respect and understanding from our country, understanding in that the mentality of most Vietnam veterans was to survive and come home to our loved ones. It WAS NOT that of murderers. If this understanding can ever be achieved, then perhaps we would gain the respect we most certainly deserve.

• Sir, I was in the Navy during the war, but was stationed on an aircraft carrier in the Med. I never saw combat and was never anyplace near Vietnam.

• I joined the Air Force after receiving a pre-induction physical from the Army. I happened to spend 4 years in California (GED AFB) during my tour of duty, less about 9 months of TDY duty to Texas (Tech School). I did not go to Vietnam, and sometimes feel guilty that I did not go. It was a terrible war, though. I took my chance like so many others (and would have fought for my country), but "lucked out" and stayed stateside.

• I did not serve in Vietnam. I enlisted in the Air Force for 2 reasons: (1) I'd always wanted to serve in the Air Force; and (2) I did not want to serve in the Army or in Vietnam. I do not feel sad or guilty or remorseful about avoiding Vietnam. My problems in the last 12 months have been due to: (1) Business failure and resulting financial problems, (2) Long separation and divorce, (3) Death of grandfather (who raised me and was like my father), (4) Illness and death of mother (who didn't raise me, but nonetheless was my biological mother), (5) After the business closed, six months of unemployment, then 4 months working for \$3.65-\$4.25/hr., (6) I'm now making \$18.60/hour, but am a little discouraged at the bills facing me and how long it will take to pay them off. My 18 year old daughter was hospitalized in November 1989 for co-dependency of her boyfriend. I am now attending counseling to understand her part-time as well as to get my life to where I feel "in control" more than I have in the past. Until I had attended several counseling sessions, I felt that Vietnam vets, alcoholics, drug abusers and others with educational problems were "copping out" and blaming everyone and everything for their problems. Now I'm beginning to appreciate the real impact of dysfunctional families or individuals and/or how long these impacts last and the compounding phenomena. Sorry about not answering your survey the first time - didn't think it was important enough since I was not in Nam. Now I realize Nam did have an impact on my life (more than I realized), so am glad to respond. My feelings have definitely become more compassionate toward others because I realize I have more emotional problems to overcome than I had let myself believe.

• I do not consider Vietnam to be a living testament to my life now. The things I did while in service were necessary for the insurance of my survival. I have no regret, although at times I feel some remorse. But it was at time of war. Self preservation is the first law of nature if any of us are to survive. I have twice survived Vietnam - there cannot be anything worse than surviving and not knowing why you risked your life.

• As a Vietnam Era Veteran, I served half my time in Korea and the other half in the U.S. Although I did not serve in a combat situation, I did have an opportunity to share living quarters with Vietnam vets. Based on observations and personal interactions, it was apparent that many of the vets were emotionally disturbed by the experience in Vietnam and would need help in resolving this psychological trauma. Two particular accounts remain very vivid in my mind after almost 20 years. One situation occurred in the barracks when a fellow soldier was thought to be a CIA agent. Several of the men with whom he had become friends were disturbed by the fact that he might be an agent. They began by interrogating him and progressed to physical violence. While hurling verbal and physical abuse, one guy, a Puerto Rican man, began crying and flashing back on a friend who had been blown apart, as he was pounding this supposed CIA agent with his fist. Another incident related to a childhood friend who was stationed in Vietnam while I was in Korea. We often corresponded by mail during our tours and he seemed to keep the events of Vietnam in perspective, but would mention how awful the experience was. Upon his discharge from the Army, I met him at our 11th year class reunion and he did not resemble in any way, physically and personality-wise, the man that I once knew. He was withdrawn, somewhat petulant and basically a colorless person. As kids, we often kidded and joked about a lot of things. Even while in Vietnam, he maintained a great sense of humor. Unfortunately, upon returning to "civilization," he experienced a total metamorphosis (for the worse). Although I did not serve in a combat situation, upon being discharged from the Army, I experienced many restless nights. My parents told me that I would toss and turn and talk very loudly in my sleep . . . to the point of frightening them. I can only imagine what the Vietnam vets experienced!! Good Luck in your Research.

• I feel that the government was wrong for ordering us home. They should have let us win the war, we could have. We had won every major battle there. Instead, we withdrew after 58,000 men had given their lives for the country. And now we are stuck with the title of a war we lost. That's untrue. When I think of this fact, I often get mad at the Nixon administration. It's like you and I and some friends go out to a party, our friends get killed, and you and I go home without doing anything. That's Bull shit. We should have kicked their ass. Barry Brown. PS: No wonder there are so many of us who are P.T.S.D. victims. And if this study serves to help these men, God Bless You!

• I am returning your survey unanswered, since I think that the survey would be biased by my answering it. I was a West Point Cadet during the Vietnam War, graduating in 1972 at which time American involvement in the conflict was scaling down and no members of my class were assigned duties there.

Best wishes in your pursuit of your doctorate and in this meaningful endeavor.

• Although I did not go to Vietnam, I was at a military hospital, for other injuries. I did notice a lot of PTSD from the guys that survived or were wounded and returned to the states. I was fortunate not to be sent to Vietnam. But after seeing friends and comrades come back, I realize that there is a great need for this type of counseling. And I hope that the many men and women who came back will use it.

• I feel that the whole ordeal of being touched and connected to the service, coming from problem families, with no other alternatives but service life and also, having stress induce it, has caused all vets, active or supportive, stressful, violent, sympathetic living people.

• First of all, I didn't want to fill this out. My wife made me, now let's talk. I'm an Ex-Marine grunt 0311, 0321, 0331 and 0341. My MOS is simple, an underpaid killer for Uncle Sam. I've been discharged for over 13 years now. At the present time I'm terribly unemployed. I understand we lost the war so maybe that's why I'm being treated like a loser. 176 job applications later, still no employment. Maybe they feel like my wife and kids don't want Christmas. I'm fed up with the entire system. Vietnam Veterans are treated like shit. I'm homeless and I've been separated from my wife and kids for over 2 years because I can't get a real job. A real job is one that pays more than McDonald's. I'm a man first, last and always, and I'll die trying to get work and back with my family. Maybe they hold an old felony conviction against me. If they do, then maybe I should be tried for murder, too! I live with the nightmare of 8 kills for my country. What a joke. My country will watch me die on home soil. If you really want to help, you've got to do it one vet at a time. This one's fighting his own personal war to survive. Please help!

• I came within a few months of going to Vietnam. I thank God that I did not. I never believed in that war any more than I did in the Korean War. We went into both of these wars to lose, and we did! Companies made money and people gave their lives for this!

- Need jobs for vets, housing and training. Also, better medical treatment.

- I served on a river boat for 1 year (68-69). We had one man killed, one man lost a leg, and everyone else wounded at least twice. We all hated each other on the boat, but had friends on other boats. I was in combat most of the time, we patrolled the rivers day and night, search and destroy operations, moved villagers to friendly areas, and searched sanpans. I was taken out of combat 1 month before I came home, which they put us by a pool and we listened to music (2 albums Diana Ross and Credence Clearwater Revival), I guess to recover. It worked, I feel great, no regrets, no remorse. Thank you.

- One hell of a trip in more ways than one!

- Staying stateside during my tour, I sometimes feel that I didn't do all that I could have and don't fully understand what it was really like in Vietnam.

- I did my job well while I was in Nam. I was fortunate in that I served my year on an airfield and - as I say to people - I was a civilian in uniform - a technician. I never was in combat - thank God. I don't attend parades or Vietnam Vets gatherings because I feel I have nothing in common with combat veterans. They led a completely different life than I did in Nam. I cannot begin to comprehend their nightmares or the horrors they experienced. Again - I just thank God.

My only regret about Vietnam is the countless number of people - soldiers and civilians who were killed, maimed, or mentally wounded by the war - and for what! What was ever accomplished? It's so pointless now. That's what's sad. I was luckier than a whole lot of other people.

- I feel that the government was wrong for ordering us home. They should have let us win the war, we could have. We had won every major battle there. Instead, we withdrew after 58,000 men had given their lives for the country. And now we're stuck with title of a war we lost. That's untrue. When I think of this fact, I often get mad at the Nixon Administration. It's like you and I and some friends go out to a party, our friends get killed and you and I go home without doing anything. That's Bull Shit. We should have kicked their ass. No wonder there are so many of us who are P.T.S.D. victims. And if this study serves to help these men, God Bless You!

- Does anyone give a damn?

• I was with the 1st AVN BCD 17th Combat aviation group stationed at Tuy Hoa. My MOS was, I think, a 63B20 - Wheel Vehicle Mech. But as you know, it changes all the time. I've been a Mech., Courier, Driver, you name it. I haven't seen much action, but I felt it. There were a few times that my plane was hit with small arms fire, which scared the hell out of me, and another time, the VC mortared the highway I was driving on. They must have been aiming for us because I was the only jeep on the highway. I was with my E-7 at the time. We were on our way back to Saigon from Long Than, that's where I saw most of the dead bodies - just stacked up like nothing. They were VC. There must of been 20 stacked up. I was TDY in Saigon for about 6 months. That wasn't bad, but there was a lot of bombing (terrorist) there so you had to be real careful. The thing I mostly think about is why I had it kinda good and all these other guys did all the shit. As I look back, I wish I was one of those guys. I have a very bad guilt trip about the whole deal. I've been to the welcome home festivities and met more friends than I thought I had. Guys were telling me, if it wasn't for the 1st AVN, they would never be here. I felt real good, but then I felt real bad too, 'cause I wasn't flying the choppers that got them out. I went to counseling at the Vet Center in Oak Park. It helped me very much. As a matter of fact, my counselor was a Marine Medic, too. I went for ATSD 'cause I was doing too much thinking and drinking. Thank God my wife kinda understands, otherwise I would be on the street. I really love her. She puts up with so much shit and she tries to help me, when I get bad. A lot of times I just want to be alone and listen to music (Doors, The End) and she lets me be. I'm real thankful for her. My kids are the greatest, which makes me really scared as the way the Vietnamese felt. If someone tried to do something to my wife or kids, I would kill them. I'm very bad with the guilt trip, I want to talk to you. Welcome Home, ...

I would like to meet with you and tell you more. If you want, call me at home, XXXXXXXX, and we'll sit and have some beers, OK?

• Unfortunately, I was not tenured in Vietnam, and most of my observations are subjective rather than based upon actuality. Hopefully, my candor will assist you in obtaining whatever the survey set out to accomplish.

• I still do not attend Vietnam Veteran Programs, Days, or celebrations. There were six of my high school friends lost in the war, for what? Thanks for the guys that had been to the "Nam" and returned home before I did. They helped me get in step with society. My concerns now are more racial, personal as opposed to military misgivings.

• I never served in Vietnam but was assigned to Shepherd A.F.B. in Texas from 1966-1970. I worked as an Occupational Therapy Tech. at the base hospital. This hospital was a regional psychiatric unit that provided treatment and evaluation for military personnel and dependents. Treatment and evaluation extended to approximately 6 months at which time a final disposition was determined, i.e., return to duty, reassignment, medical discharge, disability, V.A. hospitalization. Approximately 100-150 patients were scheduled each day in the clinic. The average stay was 2-4 months. During this time I had the opportunity to get to know many of the patients. I did notice a trend in the patients, especially those from Vietnam and other support bases. In 1966-1967, various anxiety disorders with various degrees of dysfunction was the primary complaint. In 1968-1970 there seemed a growing resentment, bitterness and disillusionment with the U.S. government and the nation on top of the anxiety and functional disorders. There was an increased sense of guilt and betrayal in having left Vietnam. They were left not quite belonging anywhere and not having the personal skills to adapt and integrate into a hostile environment on the home front. During my 4 years of service, I had the opportunity to touch the lives of countless wounded men and women, and for them to touch my life. Each, in their own way, has greatly enriched my life in a way no one else could. Thank you for the work and research you are doing.

I would appreciate a summary of your findings. Thank you.

• All I know is that I was lucky. I may never win the lottery, but my name isn't on the wall, either. I hope your work does some good. If not for us, then perhaps for the next generation. God forbid! Thank you for your efforts there too.

• I served 21 months at Lotterman General Hospital (San Francisco) and saw many med-evacs - we were trained to help patients recover in the best atmosphere possible, even as clerks and staff people. I felt some guilt at staying "state-side" and not doing my part, at that time. I did like my position and, when discharged, volunteered at Hines Hospital to continue to help those who paid a higher price. However, I always felt that the U.S. should have never been at war in Vietnam. I'm very glad to help in this survey and thank you for educating our people.

• I did not serve in Vietnam, but I did see the results of the war. I worked in Arlington National Cemetery for 2 years, I am sorry to say the funeral became just a job to do. After so many, the honor faded away.

• I am fortunate, very fortunate, that I was not forced into doing anything that would lay a guilt trip on me for the rest of my life. I hope your study will help some of those veterans that have not been able to end the war. In my 12 months duty in Vietnam, I saw more bravery, more unselfish acts than I'll see the rest of my life. Vietnam definitely affected me and will my entire life - in a very positive way. I am proud to be part of the group I was involved with in Vietnam. Things I remember, when I want to: Nasty Drill Sgt. in basic - didn't even know he really knew me until I saw him 8 years after my discharge, on a plane flight - he called me by my name when he saw me! My first (and only) light-fire ambush - I was scared shitless. The monsoon weather - I woke up one morning with only my nose above water-line - laughing (I wasn't even aware water was on the ground until I awakened). One of the guys walking point for those guys that had wives/kids at home (Walking point scared me more than anything.). Being out of food, low on water, not knowing when weather would permit a "kick out." Not being able to distinguish between real and imagined Dinks when on night guard. Not looking in the direction of a Dink with his leg blown off from our booby trap while the Sgt-in-charge lit him a last cigarette. Hoping that I would not have to help bag a dead Cong left to rot. Being sent to a hospital because of dysentery and my arms would not move. They were semi-welded together from infection caused by mosquito repellent solution. I was allowed to call home, was cut off before I could tell my parents I was okay. Near end of tour, I was loaded up for battle to meet "major VC force." Demanded 6 hand grenades before I would go. Got them, but later, just before taking off, [told] that it was a miscommunication - no major force. Pride in myself when I made E-5 Sgt. Unproud Moments: Youngest brother (jokingly???) asking me to bring home some Dink ears. Same brother telling me to clean-up my mouth or get out of his house (I never swore before I went into service, ltd now.) After rejoining the Co. I left to go into service, I was released (fired) 3 years later before plant shut down (permanently). Recruiter said Mgr. thought Vietnam affected me - Actually not so - my interest and performance on job stunk. Employment agencies telling me to take service record off my resume.

- Actual service 76-79 stateside.
- Did not go to Vietnam. And, based on this survey, boy, am I glad!
- Please send me a summary of this research.

• I served aboard a Destroyer Escort that did primarily naval gunfire support during the Easter Invasion of '72. While I did not actually see someone killed, we killed a lot of NVA and possibly civilians, we took return fire on a number of occasions and a number of ships around us were hit with loss of life. I served in the gun mounts during this time, so I feel a direct relation to firing at people and killing them. I've tried to be as honest as possible with my answers, given the fact that we did kill and shipmates around us were killed. We just didn't see it, and if we did see, it was from a distance.

• I was lucky enough not to go over, but I was stationed at Fort Bragg, where a lot of returning vets came in to serve out their time. I saw what war does to young men. I feel sorry for them and thank God I did not have to go.

• I was stationed in Thailand and loaded bombs on F4's. We only got to see on film what our bombs did to the enemy. I only remember working 12 hour days, 6 days a week. I was proud when I saw the damage inflicted on the enemy. I did have a very close friend who volunteered for a 2nd tour get killed. We both put in our bid for gun ships and he was chosen. I had a shirt he gave me and just a few years ago I got rid of it. It hurt. Most of my memory of my tour is lost. I think I placed it deep inside, spent time drunk or high. So much is said of the vet in sea fighting. I feel that by being in Thailand we are the forgotten souls. I did not see death like they did. I did not get fired upon like they did. I did not sleep in the mud like they did. But I did sweat, cry and worked my ass off to help them and (I am) also a hell of a proud American. Each American soldier that died I felt for and (it) encouraged me to work a little harder. I didn't get wounded by enemy fire, but an AIM 7 fell off a F4 and crushed my back. I spent one month in a hospital in traction and receiving injections directly into my spinal column to separate compressed discs. I would like to participate in the parades, but I do not feel that I deserve the honor to march along with the Viet Vets. It is a pretty sad feeling, I would like to see something about the support people in Thailand, Phillipines who sweat. I thank you for the opportunity to read this. A lost soldier, proud but confused.

• The war is over, some of us are lucky and can let it go. Others can't. Those are the ones I feel sorry for. 1st Air CAV, D 2/8 BN "1969"

• Too young to be there.

• I also was a Corpsman with the 1st Marine Division (Chu Lai, Da Nang, Quang Tri, Quang Ngai) 66-67. To this day, I still cannot erase the vivid scenes of dead and dying marines that I should have done more to save them. My nightmares were extremely violent to the point of going for counseling (my family MD said I was suffering from PTSD). In 1968 I joined the Naval Reserve and served until January 1989 (total 26 years). After I retired, I noticed a definite decrease in my nightmares or wanting to see movies about Vietnam - I still reflect back on VN and have an occasional nightmare, but my deepest feeling is that of guilt, not doing more or coming home alive. It is really a 'reality' in my subconscious and I pray that someday, sometime I will be able to remove these feelings of VN and finally have a clear conscience from guilt/remorse.

• I worked the wards in Phu Bai (including POW) and Triage in Dong Ha. Never in the bushes except for a couple of sandbag runs/CAC missions. I confess I did kill a Vietnamese patient to make room for American personnel. What bothers me even more is that I involved a fellow corpsman in my sin. Maybe it was this that helped me play God a little better in Triage. I wonder sometimes how effective I really was. I've had some comfort in my association with other veterans, marines in particular, who show appreciation for us corpsmen, whether in the rear or with the grunts. I wish you well in your endeavors and may God be with you. Welcome Home.

• I do not feel that I was a coward; however, I oftentimes remember when I hid behind a wounded Marine during a fire fight. I feel I should have sheltered him. At the time, we were ambushed. I didn't jump up and run to the rear immediately. The Sergeant seemed to think I should have, but [if I had] I believe I would have died. Most Marines thought I was crazy to go when I did, I ended up knee deep in dead and wounded with no protection for about 1 hour, but still feel I let the Sergeant down.

Then there were the ones that died. I don't feel that [was] because of my not risking my life, however. I often feel my lack of medical skills was why they died. If only I knew more!

I'm late, but just got this thing. I also have a mailing list of 400 former marines, all 2Is. If I can help, let me know.

• Some of your questions remind me of a commie sympathizer. Are you an American or not? If you were not there, keep your damn mouth shut!

- I served two 18 mo. tours in Nam and later 9 mos. of a third tour. My first enlistment was in the Marines and I later enlisted in the Navy after a few mos. as a civilian.

After 8 mos. as a grunt 0311 I went to Sniper School in Da Nang and into the Phoenix Project. In that way, I was lucky that my assignments were all military, but no civilians or children.

The only real symptom of P.T.S.D. that I experienced during times of acute anxiety is a recurring dream, [there] are faces of unknown (to me, targets of opportunity/necessity) NVA soldiers, which I terminated. The dream is that this unfortunate individual comes into the field of vision of my scope. I'd center my crosshairs on his head, squeeze the shot off, and today I feel the recoil of the rifle actually make me jump (physically) in bed, waking me up.

- I didn't go to Nam. I served in the states. I feel sad. My friend was killed in Nam and not me. I think of him all the time. He was in the Marines. We were both going into the Marines, but I went in the Coast Guard instead.

- Felt much guilt for approximately 15 years after returning. Was hospital corpsman with Marine Corps. Served with line company, volunteered for CAG Program . . . Accepted. Corpsman who replaced me killed within a week. Shot child by accident with .45. Experienced much paranoia and guilt. Eventually transferred to Med BN. Corpsman who replaced me dead within week after my departure.

Would like to see summary when research complete.

- I feel 'guilty' because I was one of the 'lucky' ones in the 'rear' and not in a forward combat arena. I served in a hospital capacity and experienced something akin to TV's China Beach. This depression led me to falsely 'escape' thru drugs; to which even today, the battle hasn't ended. I am still in the process of surviving Vietnam. My greatest regret is it seems to be the start of my downfall. Somebody owes me!

- For many years after I first got home, I could expect 2 to 3 dreams a week about Nam. Some very vivid. I would daydream at work, in remembrance of the war, sometimes causing me problems with my job. I lost a very good job; why, I don't know, maybe Nam or just maybe me. Now I'm trying to be an EMT-I 'cause I love the thought of helping people. Maybe saving a life of someone takes the place of lives I saw lost in Nam, I don't really know. I'll always remember! Good luck, and thank you.

• I was drafted, sent to Vietnam, served 13 months. Saw combat, etc. I am not now, nor will I ever be the same. I think of suicide, but sometimes think I don't have the guts to do it, and sometimes think I do. Any more suicide sounds like a good way out. Real easy. Just pull the trigger. I wish the media would leave it alone. I wish I could talk to you in person about it, or someone. A personal interview. Talking about it sometimes helps. I thank you for this opportunity. Good luck with your research. By the way, somebody said to me one day several years ago, "Welcome home." Ha. What the Hell is home? Thanks again for this opportunity. A Vet from Nam.

• I was in a M.A.S.H. unit, with the 616th Med Co, servicing the 27th Surgical Hospital as a F1G40 (Medical Records Specialist) in a clerical capacity in the Registrar's Office. The job required pertinent medical documentation of each patient and categorizing the soldiers' possessions, and providing USARN headquarters in Camron with that information, i.e., wounded/sick/dead. I was drafted, came thru Fort Hamilton, NY; planed to Fort Jackson, SC, bused to Ft. Gordon Basic . . . found racism to be turned into combat cannon fodder . . . G.S. Civil Servant, noted aptitude tests aimed (as advised by mother's advice) at a MASH profile. (She once said there are many ways to fail a test). Keep no knowledge of macho, but all of Shelley, Poe and Underwood-Olivetti . . . Three in basic not assigned combat. . . Ft. Sam Houston (Medical Support Training) saw commanding officer . . . Had poured sugar around (not in) gas tank of Triumph auto . . . Shot in back (I presume at 27th) by men he was 1LT (I reported hostile enemy action). Assigned Chu Lai just after Mai Lai to service Americal Division at 27th Surgical Hospital. Had, of course, had input upon rescue, they came in via chopper. Hospital was a burn center with the highest survival rate in Vietnam. Worst: GI Frank Boston of VT, who survived without legs, one partial hand and light in one eye . . . after stepping on a land mine. "Thank God that I'm alive!" was his last words I heard, as I pushed him out to the helipad for his trip to Burlington for rehab. I cried. No one bought me a drink when I returned. . . But I survived mostly untouched except for the sounds of a Hughey or Chanuk, which I still duck.

• Sometimes I wonder why I made it and others didn't. I wonder why people hate us so much for what we did. I wish I understood what we were trying to accomplish and I wonder why we failed. I rarely let anyone know I was in Vietnam, they really wouldn't understand.

• I had a difficult time dealing with my friends who all went on to college after graduation and made fun of me joining the service so I could afford a college education. I had a lot of mixed feelings about us being involved in Vietnam, but the small part I played in helping nurse many of the wounded shipped stateside helped make my decision worthwhile. There were many atrocities in Vietnam - at the expense of both sides. Having served in the military during the war, yet not having ever been in combat, I feel a camaraderie with other vets I feel all others should not judge by normal standards. To coin a phrase, "You had to be there." I honestly don't think anyone else could really understand.

Mr. Kaufman, my husband's scenario may be of interest to your study. . . He _____, enlisted in 1969 after graduating from high school. I think he originally entered the service hoping to win fame in Nam like his John Wayne hero - or die violently. He was not a good student, had no great ambition in life, and saw an unwitting way to gain quick glory. He went to Hospital Corps School and when I met him in December 1971, he had lead an easy and cozy life in the service. He worked on the sick officers' floor for awhile, then went to nursing service education, and was admiral's driver when I met him - pretty cushy duty for a would-be hero! By spring 1972, we were engaged and he finally got "real" orders - F.M.S. in Camp Pendleton and then on to Okinawa for a year. We postponed our marriage because of this. I think his romantic interest in me diverted his prior thirst for glory.

Many things have happened to us both in these near twenty years. We were married in 1974, a few months before we were discharged from duty. But, in the last 9 months, he has been going through some things that maybe you could understand better than I.... He can't get enough of Vietnam movies, videos, books and magazines. He idolizes work and play buddies that went to Nam and is enraptured in war stories. I've gone along with the obsession for awhile without a word. When I finally confronted him, he got almost violent/angered at my mere asking. He feels very guilty about not going to Nam. He even said out loud something to the effect of our 5 year old son not being proud of him. I told him we probably wouldn't even have children and he'd be dead if he went over, and that didn't seem to be a bad idea to him. I've oversimplified an extremely complex situation, but if you need his input for your survey, he said he would try to help.

Nonetheless, I would like a summary of your research if at all possible when completed. Thanks and good luck.

• I thought when I went to Vietnam it was for peace and helping the people. I was brainwashed into believing this.

• Sect. I, No. 10. I spent just short of 16 mos. in Vietnam. Sect. III, No. 20. I have recently been diagnosed as being epileptic. Yes, I am concerned about my health. No. 13. I make more and better decisions than I ever have. I view all decisions as a matter of survival. Sect. IV, No. 8. I had no dealings with civilians in Vietnam. Therefore, I have no remorse for killing children, as I did not kill children. That in no way excuses My Lai or similar incidents. No. 12. Christmas Morning (0230 hours) of 1964, I ambushed and killed 3 NVA. It was once said that is wasn't their holiday, but it was mine. No. 14. In an abstract way, Vietnam Veterans have been publicly tried and convicted. We have been forgotten. No. 19. This again relates to question 12 of Section IV. No. 29. In April, 1988, I had an incident on the street in which I was attacked by two young men. One of those two young men spent six weeks in a hospital for his imprudence. Yes, if a threat is deemed great enough, would kill again or die in the process.

I have written a lot in the past years (in the form of poetry, odes to be exact) on my experiences both in and after Vietnam. Hopefully my book will be published this winter. I don't know what the Vietnam War will mean to history. I do know what it means to me. Its meaning is bittersweet. At times its memory breaks my heart. I am proud of those whom which I served and hope I am held in the same regard. Vietnam taught me loyalty, comradeship. Vietnam taught me fear and courage. Vietnam taught me pride and service. Vietnam also taught me hate, forgiveness, but most of all love. I love those men I served with and miss them greatly, most of them returned home in body bags. Love . . . you can see it when I'm near my family. If there is another war, it will be a great tragedy for our young people. How do you explain to them that there are no winner in war, only varying degrees of losers. Thank you for listening to me and your concerns of veterans. I also am interested in the results of this survey.

• Being a veteran who survived Vietnam is in itself an awesome miracle. There are things that happened in Vietnam that is is hard to ever forget. The senseless wasting of human lives on both sides. As a US Marine, I was obligated to serve my country to my fullest capacity, and I think I fulfilled my obligation with no regrets. The only regret I have is coming home to the alienation of the American people toward the returning veterans of Vietnam.

• I think we had to keep communism from spreading at the time, but I don't think it was worth losing friends and family for what we gained, which was Nothing.

• Possibly the greatest foreign policy blunder in the history of the United States. No one to blame for the long series of stupid decisions that led to our unfortunate involvement. My grudge against our government has faded. For me the betrayal, the pain and the survival reactions have all faded. It seems like a very long time ago. I am cynical because I learned of the "dark side" of human nature. I was humbled permanently by the fact of death. I was inspired by the strength, dignity and brotherhood that we are capable of. I believe that much of my sense of purpose and competence is based on my Vietnam experience, despite the disillusionment and post-traumatic reactions that also resulted from the experience.

• I spent 11½ mos. on the line, in the jungle with a unit of proud history (101st ABN), so I felt good. I knew what I had to do to survive because I was not going to die in some mudhole. I never gave thought of being killed, but down deep somewhere I was scared. At eighteen, being young and dumb, you don't think - you just do and I would do anything to cover my buddies, and I knew they would cover me. I never felt that I or anyone let down, we fought hard and died hard. I never thought Vietnam had affected me but I was wrong. I did. My moods, behavior and attitude toward people, work. So in '86 I went to a Vet Center to get some answers, and it helped both me and my family understand what was going on in my head. Now I know how to deal with that part of my life. I also want to thank a guy . . . for helping me understand. But most of all, my wife, for standing by me. It takes a very special woman to be married to a Vietnam Vet. I don't tell them, but I'm glad they were there for me, and I'll be there for them. Also, I received 364 letters from my mother, which helped a lot, knowing someone cared, and 49 boxes of cookies. 1 Dear John.

• I was a Airborne (173rd) Ranger-Medic. I supported the civilians medically as well as the troops. I worked hard to save lives and not take life. The things that I saw are still with me, some good, some bad. God forgave me, so why shouldn't I forgive myself? When will we be able to love others as we love ourself. God's love will then shine through in his son Jesus Christ.

• I know that one day it will end.

• I was fortunate to have a non-combative role in Vietnam. Hope this can still help you.

• One cannot experience combat first hand and not be affected. There will always be doubts and guilt as in any experience that could have had a different outcome; however, coming to terms with the issues and a little insight, you can realize you were doing the best you could in an insane situation.

• Since trying to file for compensation claim with the V.A. for P.T.S.D., I have [found] it increasingly difficult to get results and it seems to be a complete bureaucratic run-around to get something done.

Presently seeking help through the Mariod V.A. Hospital, IL for problems I feel are related to my experience in Vietnam. I am presently incarcerated in the Dept. of Corr. of IL, and am serving 4 years for a drug related offense. My life seems to have been very compulsive in the past, but I am trying desperately to put things in some sort of credible order and meaning.

Would like to know how/where you got my name and address and history of my being in the service.

Please use my address at home for further correspondence. The D.O.C. here opens all incoming mail . . . Don't use this address! . . .

Would like to know of conclusions or opinions regarding this survey!

• As a recovering alcoholic, I am acutely aware of these personality dynamics. When I trained for Air-Sea Rescue, I had no inkling of Vietnam. My first 4-TDY's to Nam were hidden from the American people. They do not even show on my military records, because Lyndon Johnson was lying to the people back home. We were sent [on] TDY's to avoid showing permanent P.C.S. duty. We had two fighter wings in 1964-65 that do not show in the records, 481st and 504th out of Cannon AFB, New Mexico, both out of the 832nd. My alcoholism cost me my family, numerous jobs, jail time, felony conviction. I have wasted my life until recovery. Cigarette smoking and alcohol were a way of life in the military. The government promoted and fostered addictions with no help. I was eventually given a General Court Martial as a direct result of alcohol precipitated events. Never used hard drugs, always alcohol, continuation afterward with numerous hospitalizations for "mental illness." In 1987 I was finally informed that it was only alcoholism and correctable. That is 25 years of hell the VA medical professionals put me through by failing to properly diagnose my problem. Since recovery started 4/21/87, I have finished college, finished parole and am earning a good wage, never miss work and have reestablished family ties. Thank you. Please send results of study.

APPENDIX E

A STUDY OF VIETNAM VETERANS



Dear Fellow Vietnam Veteran:

My name is Maurice E. Kaufman. I am a Vietnam Veteran who served as a Navy Hospital Corpsman with the 3rd Marine Division, operating out of I Corps, 3/3 Lima Company, 1968. Currently I am a student pursuing a Doctor of Education Degree in Counseling at Loyola University of Chicago. I have planned a research project to explore levels of survivor guilt in Vietnam veterans. Your involvement will help provide insight into survivor guilt behavior.

The value of this study is to add to the overall body of knowledge by identifying major themes in survivor guilt, to add to knowledge in the field of Post-Traumatic Stress Disorder (PTSD) by examining it at a personal level, to provide insight into our concerns which will allow practitioners to better understand our experiences in Vietnam.

Be assured that reports of this study will not identify you in any way. Since only code numbers are used to identify your data sheet, confidentiality of your responses is protected.

If you are able to participate, please complete the materials and return them in the enclosed, addressed envelope to me no later than DEC 15 1990, 1989. Please follow the instructions on the attached material.

A summary of this research will be made available to you upon request. Thank you for your time and consideration, I look forward to hearing from you in the near future.

Sincerely,

Maurice E. Kaufman

A STUDY OF VIETNAM VETERANS

SECTION V

This area is provided for personal comments and observations about and your insights concerning surviving Vietnam.

Thank you.

SECTION I

Please circle the appropriate number or fill in the blanks.

1. Branch of Service:

- | | |
|---------------|-----------------|
| 1 - Army | 4 - Marines |
| 2 - Navy | 5 - Coast Guard |
| 3 - Air Force | |

2. Year of Birth:

- | | |
|-----------------|----------------|
| 1 - Before 1940 | 4 - 1952-1956 |
| 2 - 1941-1945 | 5 - After 1956 |
| 3 - 1946-1951 | |

3. Entry Status: 1 - Enlisted 2 - Drafted

4. Date of Entry - First Tour:

- | | |
|---------------|--------------------|
| 1 - 1965-1967 | 4 - 1974-1975 |
| 2 - 1968-1970 | 5 - Not Applicable |
| 3 - 1971-1973 | |

5. Description of Duty:

- 1 - Combat
- 2 - Combat Support
- 3 - Service Support

6. Service in Vietnam:

- 1 - Yes 2 - No

7. Marital Status at time of service during Vietnam War:

- | | |
|-------------|--------------|
| 1 - Married | 3 - Widowed |
| 2 - Single | 4 - Divorced |

SECTION III

In this section are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Check the blank in front of the number beside the statement you picked. If several statements in the group seem to apply equally well, check each one. Be sure to read all the statements in each group before making your choice.

18. ___ 0 My appetite is no worse than usual.
 ___ 1 My appetite is not as good as it use to be.
 ___ 2 My appetite is much worse now.
 ___ 3 I have no appetite at all any more.
19. ___ 0 I haven't lost much, if any, lately.
 ___ 1 I haven't lost more than 5 pounds.
 ___ 2 I have lost more than 10 pounds
 ___ 3 I have lost more than 15 pounds.
 ___ 4 I am purposely trying to lose weight by eating less. ___ Yes or ___ No
20. ___ 0 I am no more worried about my health than usual.
 ___ 1 I am worried about physical problems such as aches and pains, upset stomach, or constipation.
 ___ 2 I am very worried about physical problems and it's hard to think of much else.
 ___ 3 I am so worried about my physical problems that I cannot think about anything else.
21. ___ 0 I have not noticed any recent change in my interest in sex.
 ___ 1 I am less interested in sex than I use to be.
 ___ 2 I am more interested in sex now.
 ___ 3 I have lost interest in sex completely.

1. ___ 0 I do not feel sad.
 ___ 1 I feel sad.
 ___ 2 I am sad all the time and I can't snap out of it.
 ___ 3 I am so sad or unhappy that I can't stand it.
2. ___ 0 I am not particularly discouraged about the future.
 ___ 1 I feel discouraged about the future.
 ___ 2 I feel I have nothing to look forward to.
 ___ 3 I feel that the future is hopeless and that things cannot improve.
3. ___ 0 I do not feel like a failure.
 ___ 1 I feel I have failed more than the average person.
 ___ 2 As I look back on my life, all I can see is a lot of failure.
 ___ 3 I feel I am a complete failure as a person.
4. ___ 0 I get as much satisfaction out of things as I use to.
 ___ 1 I don't enjoy things the way I use to.
 ___ 2 I don't get real satisfaction out of anything anymore.
 ___ 3 I am dissatisfied or bored with everything.

8. Number of times married at time of service during Vietnam War:

- 1 - Once
- 2 - Twice
- 3 - Three times
- 4 - More than three times
- 5 - Not applicable

1 2 3 4 5

9. Military Occupational Specialty; MOS:

- 1 - Troops
- 2 - Staff
- 3 - Logistics
- 4 - Technical

10. Number of tours in Vietnam by months:

- 1 - Never served in Vietnam
- 2 - Less than 6 months
- 3 - 6-12 months
- 4 - Over 18 months

11. Your age at time of service during Vietnam War:

- 1 - 17-21
- 2 - 22-26
- 3 - 27-31
- 4 - 32-36
- 5 - 37 and above

12. Current age: _____

13. Ethnic background:

- 1 - Black
- 2 - Caucasian
- 3 - Hispanic
- 4 - Asian
- 5 - American Indian
- 6 - Other

14. Discharge status:

- 1 - Honorable
- 2 - Dishonorable
- 3 - General
- 4 - Medical
- 5 - Other

15. Level of education at time of service during Vietnam War:

- 1 - Non-graduate of high school
- 2 - High school graduate
- 3 - Some college/university/trade school
- 4 - College graduate
- 5 - Graduate work at college or university

18. Feeling guilty without knowing why you feel that way.

19. "Bad" dreams of the Vietnamese (child/adult) you killed. It's so vivid.

20. Getting upset because you feel that you injured/killed a fellow soldier/buddy by friendly fire.

21. Thoughts of being "unclean" because of the killing you did in Vietnam.

22. Thoughts that nobody can love you because of what you did in the war.

23. Thoughts that you do not deserve to live.

24. Thoughts that you do not deserve the good things of life - like children and loving wife.

25. Thoughts that you do not deserve a good, stable job with a future.

26. Thoughts of "paying the piper" for the terrible things you did in the war.

27. Thoughts that something will happen to your child.

28. Thoughts that something will happen to your wife or other loved ones.

29. Thoughts that someone will kill you someday if you don't do it first.

1 = Very Often

2 = Fairly Often

3 = Sometimes

4 = Almost Never

5 = Never

1 2 3 4 5

9. Thoughts that you need forgiveness for hurting Vietnamese POWs.

10. Thoughts about the things your unit/buddies did to enemy soldiers.

11. Feelings of personal responsibility for what you feel was unnecessary taking of Vietnamese lives.

12. Thoughts that the things you did were unforgivable - that no one can forgive you.

13. Getting upset for not risking your own life to help a wounded buddy/comrade who later died.

14. Thoughts that they should try you or Vietnam veterans publicly as war criminals.

15. Nervousness and depressed feelings when you think of how wild you were in Vietnam and the things you did - "just for the hell of it."

16. Getting upset because you feel a buddy/comrade got killed because of something you did or did not do.

17. "Bad" dreams of being chased and not being able to get away.

16. Current level of education:

1 - Non-graduate of high school

2 - High school graduate

3 - Some college/university/trade school

4 - College graduate

5 - Graduate work at college or university

17. POW: 1 - Yes 2 - No

18. Group:

1 - Medical 2 - Combat 3 - Vietnam Era

19. Wounded while on active duty:

1 - Yes 2 - No

20. Disability awarded: 1 - Yes 2 - No

21. Enlistment status:

1 - Enlisted 2 - Commissioned Officer

22. Current employment status:

1 - Full-time 4 - Self employed only

2 - Part-time 5 - Other

3 - Not employed outside home

23. Nature of employment

1 - Professional, Scientific (academic, research, scientist)

2 - Technical, Managerial (computer analyst, business supervisor)

3 - Skilled Trade (barber, carpenter, mechanic)

4 - Sales (real estate, insurance)

5 - Secretarial

6 - Service (sales clerk, cook)

SECTION II

The following list contains experiences that are related with being a member of the military during the Vietnam era. Please check the blank space under Yes or No for each of the following items that you directly experienced while you were a member of the U. S. military. Although some of these items may bring forth varied feelings and emotions, I ask that you be honest in endorsing these items. Please remember, check **Yes** or **No** as to items that you as an individual experienced.

YES NO

- ___ ___ 1. In service 1965-1975
- ___ ___ 2. Stationed in Vietnam
- ___ ___ 3. Saw injury or death of US Serviceman
- ___ ___ 4. Fired weapon/fired upon in combat
- ___ ___ 5. Wounded in combat
- ___ ___ 6. Served third tour of duty in Vietnam
- ___ ___ 7. In an artillery unit that fired on the enemy
- ___ ___ 8. Flew in an aircraft over Vietnam
- ___ ___ 9. Stationed at a forward observation post
- ___ ___ 10. Received incoming fire
- ___ ___ 11. Encountered mines and boobytraps
- ___ ___ 12. Received sniper or sapper fire
- ___ ___ 13. Unit patrol was ambushed
- ___ ___ 14. Engaged VC in a firefight, and/or engaged NVA in a firefight
- ___ ___ 15. Saw Americans killed, and/or saw Vietnamese killed
- ___ ___ 16. Wounded
- ___ ___ 17. Responsible for death of enemy military
- ___ ___ 18. Responsible for death of enemy civilian

SECTION IV

Using the following scale, indicate how often in the past twelve months you had each of the items listed by placing a check mark on the appropriate line:

- 1 = Very Often
- 2 = Fairly Often
- 3 = Sometimes
- 4 = Almost Never
- 5 = Never

 1 2 3 4 5

___ ___ ___ ___ ___

___ ___ ___ ___ ___

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___ ___ ___ ___ ___

___ ___ ___ ___ ___

___ ___ ___ ___ ___

___ ___ ___ ___ ___

___ ___ ___ ___ ___

___ ___ ___ ___ ___

- 1. Thoughts of remorse for the things you did to survive in Vietnam.
- 2. Overwhelming feelings of guilt when you think or see things about Vietnam.
- 3. Thoughts that you should have died in Vietnam.
- 4. Feeling like you are a "marked" man/woman.
- 5. Thoughts of combat situations where you felt that you let your buddies down.
- 6. Feeling that your conscience bears a heavy burden.
- 7. Thoughts about how your unit/buddies treated Vietnamese civilians.
- 8. Remorse over killing child(ren) in Vietnam.

5. ___ 0 I don't feel particularly guilty.
___ 1 I feel guilty a good part of the time.
___ 2 I feel quite guilty most of the time.
___ 3 I feel guilty all of the time.
6. ___ 0 I don't feel I am being punished.
___ 1 I feel I may be punished.
___ 2 I expect to be punished.
___ 3 I feel I am being punished.
7. ___ 0 I don't feel disappointed in myself.
___ 1 I am disappointed in myself.
___ 2 I am disgusted with myself.
___ 3 I hate myself.
8. ___ 0 I don't feel I am any worse than anybody else.
___ 1 I am critical of myself for my weakness or mistakes.
___ 2 I blame myself all the time for my faults.
___ 3 I blame myself for everything bad that happens.
9. ___ 0 I don't have any thoughts of killing myself.
___ 1 I have thoughts of killing myself, but I would not carry them out.
___ 2 I would like to kill myself.
___ 3 I would kill myself if I had the chance.
10. ___ 0 I don't cry anymore than usual
___ 1 I cry more now than I use to.
___ 2 I cry all the time now.
___ 3 I use to be able to cry, but now I can't cry even though I want to.
11. ___ 0 I am no more irritated now than I ever am.
___ 1 I get annoyed or irritated more easily than I use to.
___ 2 I feel irritated all the time now.
___ 3 I don't get irritated at all by the things that use to irritate.
12. ___ 0 I have not lost interest in other people.
___ 1 I am less interested in other people than I use to be.
___ 2 I have lost my interest in other people.
___ 3 I have lost all my interest in other people.
13. ___ 0 I make decisions about as well as I ever could.
___ 1 I put off making decisions more than I use to.
___ 2 I have greater difficulty in making decisions than before.
___ 3 I can't make decisions at all any more.
14. ___ 0 I don't feel I look any worse than I use to.
___ 1 I am worried that I am looking old or unattractive.
___ 2 I feel that there are permanent changes in my appearance that make me look unattractive.
___ 3 I believe that I look ugly.
15. ___ 0 I can work as well as before.
___ 1 It takes an extra effort to get started at doing something.
___ 2 I have to push myself very hard to do anything.
___ 3 I can't do any work at all.
16. ___ 0 I can sleep as well as usual.
___ 1 I don't sleep as well as I use to.
___ 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
___ 3 I wake up several hours earlier than I use to and cannot get back to sleep.
17. ___ 0 I don't get more tired than usual.
___ 1 I get tired more easily than I use to.
___ 2 I get tired from doing almost anything.
___ 3 I am too tired to do anything.

APPROVAL SHEET

The dissertation submitted by Maurice E. Kaufman has been read and approved by the following committee:

Dr. Manuel S. Silverman, Director
Professor of Counseling & Educational Psychology, Loyola

Dr. Ronald Morgan, Associate Professor of Counseling & Educational Psychology, Loyola

Dr. Terry E. Williams, Associate Professor and Department Chairman of Educational Leadership & Policy Studies, Loyola

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now give final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Education.

4/17/91
Date

Manuel S. Silverman PAS
Director's Signature