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A descriptive study of the attitudes toward death and dying among Vietnam combat veterans diagnosed with post-traumatic stress disorder

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ABSTRACT
SOCIAL WORK

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A DESCRIPTIVE STUDY OF THE ATTITUDES TOWARD DEATH AND DYING AMONG VIETNAM COMBAT VETERANS DIAGNOSED WITH POST-TRAUMATIC STRESS DISORDER

Advisor: Dr. Gale Horton

Thesis dated July, 1998

This study examined the relationship between the attitudes about death and dying among Vietnam veterans who are diagnosed with post-traumatic stress disorder. Essentially, does post-traumatic stress disorder have an impact upon their personal attitudes toward their own death? An original questionnaire was administered to examine the attitudes of the participants toward death and dying. The descriptive research design was utilized in this study to examine whether there was a significant relationship between the attitudes toward death and dying among Vietnam combat veterans diagnosed with post-traumatic stress disorder.
The sample in this study was thirty Vietnam combat veterans who are diagnosed with post-traumatic stress disorder, who currently receive readjustment counseling at the Atlanta Vet Center in Atlanta, Georgia.

The hypothesis indicated that there will be no statistically significant relationship between the Vietnam combat veterans' experiences of post-traumatic stress disorder and their attitudes toward death and dying. The researcher's original survey instrument, Attitude Toward Death and Dying Scale (ATDADS) was utilized to obtain the Vietnam combat veterans' experiences of post-traumatic stress disorder and their attitudes towards death and dying.

Findings indicated that there is a statistically significant relationship between post-traumatic stress disorder and the Vietnam combat veterans' attitudes toward death and dying. The conclusion drawn from this study demonstrated that it is imperative to address the bereavement needs of Vietnam combat veterans diagnosed with post-traumatic stress disorder.
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A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
TONYA E. VINSON

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JULY 1998
ACKNOWLEDGEMENTS

The author wishes to express and extend sincere gratitude to Dr. Gale Horton, and Mr. Lynwood Bradley. They generously provided me with their expertise and encouragement to make this goal a success. I would additionally like to acknowledge the School of Social Work faculty for their guidance and support in preparation for this thesis. I would also like to bestow recognition upon the relatives and friends who always encouraged me. A special recognition especially goes to GOD because, without HIM, there is no way I could have completed this thesis. It was through HIM that I found the strength to carry on, despite the many obstacles that confronted me while attempting to complete this thesis. To bestow the appreciation I have for all Vietnam combat veterans, I was inspired to create the poem entitled, "EMPATHIC EXPRESSIONS for VIETNAM VETERANS". See page 59, appendix H.

This thesis is dedicated to my niece, GABRIELLE, for she gave me hugs and smiles when I needed them most. .Love Always.
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CHAPTER ONE
INTRODUCTION

When Vietnam veterans participated in combat, they did not conceptualize that combat would have an enduring impact on their lives. The Vietnam War was fought between August 5, 1964 and May 7, 1975.¹ Many Vietnam Veterans witnessed their friends and colleagues being killed and tormented. There were approximately 57,692 Americans who died, and over 250,000 Americans wounded during this war.²

Vietnam veterans had to consciously develop an internal defense mechanism that would empower them to kill innocent men, women, and children. Therefore, when Vietnam veterans killed, they began to experience overwhelming guilt. Unfortunately, the overwhelming guilt caused many Vietnam veterans to engage in substance abuse.

¹ The Atlanta Vet Center, Helping War Veterans (Brochure), 77 Peachtree Place N.W., Atlanta, Georgia, 1997.

² Peter Goldman and Tony Fuller, "What Vietnam Did To The U.S.?" Newsweek (14 December 1981) : 49.
In fact, "heroin addiction was as high as 100% in some units".³

Even though the Vietnam War ended in 1975, there are currently thousands of Vietnam veterans who suffer daily as a result of their combat experiences. According to Egendorph, et. al., it is estimated that of approximately 16% to 35% of the 2.8 million Americans who served in Vietnam, about 500,000 are suffering from significant psychological problems (disorders) as a result from exposure to combat.⁴

According to the Diagnostic Systems Manual of Mental Disorders-IV, post-traumatic stress disorder exists after an individual has been exposed to a traumatic event. Symptoms include: intrusive thoughts, intense feelings of helplessness, hopelessness, feelings of a foreshortened future, hallucinations, nightmares, flashbacks, avoidance of particular stimuli associated with the event, emotional numbing, exaggerated startled response, anger, rage, 


difficulty concentrating, sleep disturbances, and avoidance of feelings, thoughts, or conversations related to the traumatic event. Re-experiencing the horror of war-time trauma long after war's end is the fate of those Vietnam veterans who suffer from post-traumatic stress disorder.

Some researchers believe that the symptoms that the Vietnam veterans are experiencing derive from mid-life crisis, not from being exposed to combat. Laguardia et. al, say that the high rate of emotionally disturbed backgrounds of Vietnam veterans suggest that emotional problems would have surfaced during middle-age regardless of their war experiences. Although no single event indicates middle-age, definite psychological changes occur. Next to facing his own death, a man's realization

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that he is aging may be the most profound shock of his life. Therefore, the Vietnam combat veteran may be experiencing death anxiety as a result of getting older, rather than symptoms of post-traumatic stress disorder due to the Vietnam War.

Statement of the Problem

The recent development of the psychology of death has given us very little information on the effects of war on death perspectives or how encounters with death in such a setting influences death anxiety, personality, and adjustment. What is the cause for their traumatic behavior? Perhaps the answer is combat trauma, or mid-life crisis.

Some Vietnam combat veterans have abandoned their families, or lost touch with their inner selves. In

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addition, Vietnam veterans attempt to avoid the pain they never dealt with when they witnessed their friends and colleagues being killed. Are Vietnam combat veterans frightened by the inevitable and unpredictable qualities of death? Studies have reported that if Vietnam combat veterans are at the risk for post-traumatic stress disorder, then they might also be at increased risk for suicide.\textsuperscript{11}

In truth, it is not possible to identify one single determinant of the traumatic behavior among Vietnam combat veterans. However, having the knowledge that Vietnam veterans killed people in combat and are experiencing the effects of post-traumatic stress disorder to the extent of committing suicide, a serious question must be posed. What is the relationship of the attitudes toward death and dying among Vietnam combat veterans that are diagnosed with post-traumatic stress disorder?

Significance and Purpose of the Study

When Vietnam combat veterans were debriefed after combat, they were not warned of how they would be negatively viewed by civilian society. Upon their return home from Vietnam, combat veterans believed they would be highly respected because they put their lives on the line for their beloved country. In addition, neither the families of Vietnam combat veterans, nor the United States government seemed to be concerned with the events that occurred during the Vietnam War. Vietnam combat veterans were negatively viewed as being crazy, brainwashed, uncaring, and unloving.

Due to post-traumatic stress disorder, readjustment to civilian society is extremely difficult for Vietnam combat veterans. Many Vietnam veterans find it painful and difficult to have humane feelings for other people because they are frozen in a state of "emotional anesthesia," because thawing out their numbed reactions to the evil death which enveloped them in combat is insupportable.\(^\text{17}\)

Unable to forget, unable to endow their Vietnam experience with meaning, they relive it endlessly.\textsuperscript{13}

There is an overwhelming number of studies concerning Vietnam combat veterans who are experiencing homelessness, unemployment, and high divorce rates as a result of post-traumatic stress disorder. However, upon examining the literature that exists regarding Vietnam combat veterans, there is very little research data available regarding the attitudes toward death and dying among Vietnam combat veterans. Therefore, this study is significant, in that it investigates the attitudes toward death and dying among Vietnam combat veterans who are diagnosed with post-traumatic stress disorder.

The desire of the researcher is that colleagues in the Social Work arena, as well as other researchers, will become motivated to further investigate additional possible factors associated with death and dying attitudes among Vietnam combat veterans. Examples include diverse cultures, religions, and biopsychosocial factors of Vietnam combat veterans being examined. Once these

\textsuperscript{13}Ibid., p. 50.
additional factors have been taken into consideration, appropriate intervention strategies may be utilized in addressing the bereavement needs of Vietnam combat veterans. Therefore, it is imperative for social workers of the 21st century to identify and utilize appropriate intervention strategies to address the bereavement needs of Vietnam combat veterans who have been diagnosed with post-traumatic stress disorder.
CHAPTER TWO

REVIEW OF THE LITERATURE

Death and Dying

There are few recent research studies that examine the link between attitudes toward death and dying among Vietnam veterans diagnosed with post-traumatic stress disorder. This literature review attempts to analyze relevant data to obtain an understanding of the impact that post-traumatic stress disorder has upon the attitudes toward death and dying among Vietnam combat veterans. Additionally, this literature review discusses various reported studies that examine post-traumatic stress disorder, post-traumatic stress disorder and suicide, and Mary Kubler Ross’ five stages of death and dying theory.

The recent development of the psychology of death has given very little information on the effects of war on death perspectives or how encounters with death in such a setting influence death anxiety, personality, and
adjustment. Among the many significant experiences the Vietnam combat soldier experienced, none appear to have been more profound than his confrontation with death.

Death and dying is perceived in several ways by different individuals. According to The American Heritage Dictionary, "death is the act of dying; a termination of life; the state of being dead; the cause of dying; a manner of dying; a bloodshed; a murder; an execution."

There is no doubt that every human being must be able to accept the fact that death and dying is an inevitable reality. There are some individuals who develop barriers to prevent them from ever thinking about death. A study conducted at Duke University that consisted of 140 elderly persons between ages 60 and 94 years old found that 5% of the elderly denied that they ever thought about death; 25% indicated that they thought about death less than once a week; and 49% reported that they were reminded of death in one fashion or another at least once a day.

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2 Ibid., p. 50.

Also, there are many individuals who fear dying a painful death, or from a terminal illness. In fact, in a study of 500 deaths conducted by Canadian physician Sir William Osler, 18% of the dying individuals had suffered physical pain and only 2% felt any great anxiety.\(^5\) Additionally, there is a research study which revealed that 4 out of 5 individuals would want to be told if they had an incurable disease.\(^6\)

Death and dying is a process of life. Since death is an unwelcomed and dreaded issue for members of society to discuss directly, individuals seem to avoid all dynamics concerning death. Instead, members of society gravitate toward the optimism they prefer to tolerate. That is, they would prefer to enjoy life while they have the opportunity to do so. No matter how much wealth one has, everyone must die someday.\(^7\)


\(^{5}\) Ibid., p. 592.

\(^{6}\) Ibid., p. 593.

\(^{7}\) Ibid., p. 593.
Previous research on the confrontation with death is controversial. In general, one may expect the outcomes of these experiences to parallel the same frightening feelings related to childhood losses, and the deaths of spouses and children. In contrast, successful coping among adults with one's own inevitable death relates positively to having been close to someone else during their dying process. Although similar research dealing with combat veterans is limited, this research leads to the hypothesis that pre-Vietnam experiences with death by combat veterans should mitigate the effects of being present when someone was killed. Indications for decreased death anxiety on the part of the veteran while he was in combat might also be expected.

Religion has been shown to have a strong influence on an individual's death perspective and anxiety.

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11 Ibid., p. 30.
Evidence suggests that a strong religious background and/or identification seems to act as a defense against death anxiety.\(^{13}\) Therefore, one may hypothesize that the strength of the religious background should be inversely associated with evidences of death, fear, and anxiety in combat.\(^{14}\)

In addition to religion having an influence on an individual's death perspective and anxiety, there is reason to believe that one's life investments are influential, as well.\(^{15}\) This might involve one's commitment and involvement with other individuals. For example, married individuals with families and those with more education could be expected to demonstrate more distress about death than their single and less educated counterparts. According to Diggory and Rothman,\(^{16}\)


\(^{14}\) Ibid., p. 263.

\(^{15}\) Ibid., p. 264.
middle-class persons who possess more education tend to fear dying more than less educated lower class individuals.16

Service entry status has also provided reasons to influence Vietnam combat veterans' perspectives on death. Those individuals who enlist express their willingness to serve in combat, therefore, one might assume that they would have less concern and fear about death and dying in battle situations. On the other hand, drafted veterans would be expected to report more signs of death fear and unhappiness while in combat.17 Moreover, toward the end of the Vietnam War, dramatic accounts of psychiatric problems among veterans became evident.18

Post-Traumatic Stress Disorder

Years of diligent lobbying by veterans' groups caused the American Psychiatric Association to officially recognize post-traumatic stress disorder as a diagnostic

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entity worthy of inclusion in the 1980 version of the Diagnostic Statistical Manual-III. In October 1980, the Veterans Administration recognized post-traumatic stress disorder as a compensable disorder. The delay in recognizing post-traumatic stress disorder is ironic due to the extensive reports of "shell shock" from World War I, traumatic neuroses from World War II, and other long-term psychological reactions of holocaust survivors and various civilian disasters.

It was proposed that Vietnam-related experiences had resulted in numerous psychiatric problems. However, the emergence of these problems had been delayed until after the removal from the combat setting, or even until after return to the civilian environment. The problems were

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viewed essentially as defensive adaptations to the combat setting, which was inappropriate in civilian settings.\textsuperscript{22}

The origins of the psychiatric problems were traced back to psychological techniques used in basic training, ideological disillusionment with the American ethic when confronted with the actuality of U.S. military action in Vietnam, and shame and guilt provoked by public sentiment against the Vietnam war in its last few years.\textsuperscript{23}

"Numbed guilt" is a significant characteristic of post-traumatic stress disorder among Vietnam veterans.\textsuperscript{24} They experienced survivor guilt for having failed buddies who died during the war.\textsuperscript{25} Also as a result, rage, feelings of betrayal by the United States for sending them into combat, self and societal alienation, apathy, depression, anxiety, flashbacks, re-entry shock, and the

\begin{flushright}
\textsuperscript{23} Ibid., p. 523.
\textsuperscript{25} Ibid., p. 7.
\end{flushright}
inability to adapt to civilian life after the war emerges.\textsuperscript{26}

The Vietnam war, like other life-threatening situations, involved the immersion in death in which individuals avoided psychosis or severe depression by "physically closing off," i.e. retaining an acute awareness of events without experiencing the accompanying appropriate affect.\textsuperscript{27} Combat survival can also give veterans the unconscious fantasy of having mastered death.\textsuperscript{28} They often retain a feeling of "exclusiveness" and express the belief that no one else is able or capable of understanding the combat experience.\textsuperscript{29} This feeling of "exclusiveness" often leads to apparent paradoxes in behavior.\textsuperscript{30}

A Vietnam veteran may feel pained when speaking of a dead comrade, yet moments later he will joke about a


\textsuperscript{29}Ibid., p. 36.
combat situation or boast about killing enemy soldiers.\textsuperscript{31} On one hand there is guilt and remorse, and on the other, there is pride and self-assurance.\textsuperscript{32} The attitude of exclusiveness causes a combat veteran to speak patronizingly to non-vets about his experience. However, in other instances it causes him to remain silent or become frustrated because he thinks that the listener will not really understand.\textsuperscript{33} The traumatic dream or nightmare is perhaps the hallmark of reaction to the post-war experience.\textsuperscript{34} These dreams occur with greater or lesser frequency but are none the less persistent and may last over the entire course of a veteran's life.\textsuperscript{35}

Studies of nightmares from previous wars indicate remarkable similarities.\textsuperscript{36} In a typical dream, almost regardless of the setting, the combat veteran tends to be

\begin{itemize}
\item \textsuperscript{30} Ibid., p. 36.
\item \textsuperscript{31} Ibid., p. 36.
\item \textsuperscript{32} Ibid., p. 36.
\item \textsuperscript{33} Ibid., p. 36.
\item \textsuperscript{34} Ibid., p. 36.
\item \textsuperscript{35} Ibid., p. 36.
\item \textsuperscript{36} T. Lidz, "Nightmares and the Combat Neuroses", Psychiatry, 1969, 3:39 - 49.
\end{itemize}
helpless in the face of the attack in one place, unable to run or hide. His weapon may not fire. Terrified, the combat veteran usually awakens in a cold sweat. Sometimes he cries out.37

According to Shur’s explanation of the traumatic dream, apart from the gratification of various id derivatives and superego demands, the repetition of traumatic events in the dream is viewed as the ego’s unconscious wish to undo the traumatic situation.38 An estimated 500,000 to 1.5 million combat veterans suffer from post-traumatic stress disorder.39 In one state, more than 40 claimants per month were being evaluated for post-traumatic stress disorder by the Department of Veteran Benefits.40 Claimants are well-informed of the symptoms of post-traumatic stress disorder from brochures distributed by veteran groups and organizations. Some

37 Ibid., p. 40.


researchers caution that a large number of Vietnam
veterans with fictitious symptoms are seeking treatment
for post-traumatic stress disorder to obtain
compensation.41 In addition, post-traumatic stress
disorder has become so widely discussed and diagnosed that
some veterans have used it as an excuse for murder.42

Theoretical Framework

Mary Kubler-Ross’ death and dying theory says there are
five stages of dying that all human beings experience.
Consequently, Vietnam combat veterans are no exception.
These five stages are: 1) Denial, 2) Rage and Anger,
3) Bargaining, Depression, and 5) Acceptance.43

The first stage, denial, exists when an individual
insists on believing, "No, not me."44 This seems to be the

40 R.A. Atkinson, R.G. Henderson, L.F. Sparr, and S. Deale,
"Assessment of Vietnam Veterans for Post-Traumatic Stress Disorder In
Veterans Administration Disability Claims," American Journal of
Psychiatry, 139.

41 P. Sparr, J. Henry, and R. Bronner, "Fictitious Post-Traumatic


43 Ibid., p. 592.

44 Ibid., 593.
typical reaction when an individual has been confronted with a terminal illness. Having this type of pathology attempts to shield the dying individual from the inevitable death. For example, "Bob," a Vietnam veteran has been diagnosed as having intestinal cancer with only six months left to live. Bob's pathology toward learning of his intestinal cancer would mean, "No, I can't die. I'm a United States soldier!" Bob would initially be in the state of denial. However, Bob would eventually unconsciously advance to the second stage of death and dying.

The second stage, rage and anger, exists when an individual asks, "Why me?" Having this type of pathology allows an individual to resent the fact that others will remain healthy and alive while he or she must die. Here, GOD is a special target for anger, since HE is the one that imposed the death sentence. To Bob after experiencing combat, rage and anger would mean (towards GOD), "What did I do to deserve this? I already put my life on the line while I was fighting in Vietnam!" Once the reality set in and the Vietnam combat veteran realized

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that death was real, he would then advance to the third stage of dying.

The third stage, bargaining, exists when and individual says, "Yes me, but..." He wants to make an agreement with GOD. This is the middle stage of the dying process. Here, the dying individual accepts the fact of death but attempts to make deals with GOD to gain more time for life on earth. During this stage Bob says to GOD, "If you let me live at least another five years I promise I won't cheat on my wife, and I'll be a better father to the kids...I'll spend more time with Mama," etc. Bob would then advance to the fourth stage of dying.

The fourth stage, depression, exists when and individual says, "Yes, me." Here, individuals begin to mourn their own approaching death, the loss of all the people and things they have found to be meaningful, and the plans and dreams never to be fulfilled; they experience what Kubler-Ross terms "preparatory grief." 

During this stage the reality of death actually sets in. Bob says to himself, "I'm dying...I really am dying."

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46 Ibid., p. 593.

47 Ibid., p. 593.
Finally, Bob would advance to the fifth stage of death and dying.

The fifth stage, acceptance, exists when an individual says, "My time is very close now and it is alright." Here, the dying individual has by this time mourned their impending loss, and they begin to contemplate the coming of the end with a degree of quiet expectation.\footnote{Ibid., p. 593.}

During this stage Bob no longer attempts to shield himself from death and dying. He makes peace with it. Bob attempts to make amends with his family and friends.

Also, Bob begins to fantasize and compare the evils of the world to the tranquility in heaven. He also apologizes to GOD for all of the wrongs he has committed during his lifetime, even killing the snipers in Vietnam. Bob begins to anxiously await his impending death, and ponders the thought of his soul going to heaven or hell.
Post-Traumatic Stress Disorder and Suicide

Since the early 1980's, reports of extraordinarily high rates of suicide among Vietnam Veterans have appeared in both professional literature and mass media.\textsuperscript{49} Several studies have reported that deaths due to external causes, including accidental poisonings, motor vehicle accidents, and suicides, are elevated among Vietnam veterans.\textsuperscript{50} Also, studies have reported that if Vietnam Veterans who were exposed to combat are at the risk for post-traumatic stress disorder and other depressive disorders, then they might also be at increased risk for suicide.\textsuperscript{51}

One study reported that 100\% of 108 consecutive suicides in the Seattle area involved psychiatric illness.\textsuperscript{52} The suicide rate for men with depressive


disorders has been reported as 80 times higher than the rate for men without mental disorders. Another research study found that 134 of 945 suicides involved a psychiatric disorder. Post-traumatic stress disorder has also been reported to be a risk factor for suicide.

A recent study of a cohort of Vietnam veterans with post-traumatic stress disorder reported an almost sevenfold, statistically significant risk of suicide when comparisons were based on the United States population and a four-fold increased risk when comparisons involved Vietnam veterans with no diagnosis. Previous studies of veterans have examined the risk of suicide associated with other types of trauma. One such study examined a group of war amputees whose suicide rate was 37% higher than that of the general population. Another study compared the mortality of veterans with spinal cord injuries with that of the general population, and this study reported a


55 Ibid., p. 5.
two-fold increase of suicide among those with spinal cord injuries. Another indicator of trauma (other than exposure to combat) that has been reported to be associated with an increased risk of suicide is having been a prisoner of war.56

Large amounts of suicides were reported when World War II prisoners of war served in the Pacific combat zone and were compared with the United States population. According to Bullman and Kang, ready access to powerful painkillers and other illicit drugs might be associated with risk for suicide among Vietnam veterans.57 Holding and Barraclough imply that if the literature on the underreporting is accurate, then some accidental poisonings, drownings, and motor vehicle accidents may have been suicides rather than unintentional accidents.58

Several researchers have suggested that 1.6% to 5% of motor vehicle accidents may actually have been suicides.59


A medical panel reviewed various legal and medical records for 233 Vietnam veteran deaths from a mortality study of Vietnam veterans and determined that the original death certificates should have recorded 4 additional deaths as suicides. Therefore, research suggests that post-traumatic stress disorder has had a profound impact upon the lives of Vietnam combat veterans over time.


Definition of Terms

**Attitudes:** For the purpose of this study, they refer to the personal beliefs or mental positions of Vietnam combat veterans.

**Death:** For the purpose of this study, it refers to the termination of a Vietnam combat veteran's life.

**Dying:** For the purpose of this study, it refers to the gradual termination of a Vietnam combat veteran's life.

**Vietnam Combat Veteran:** For the purpose of this study, it refers to soldiers that participated in combat during the Vietnam War between August 5, 1964 and May 7, 1975.

**Post-Traumatic Stress Disorder:** For the purpose of this study, it refers to the symptoms that Vietnam combat veterans experience as a result of their participation in the Vietnam War. The symptoms include anger, depression, sleep disturbances, low self-esteem, flashbacks, difficulty with authority, survivor guilt, suicidal thoughts, and emotional numbing.

Statement Of The Hypothesis

The Null Hypothesis is that there will be no statistically significant relationship between the Vietnam combat veterans' experiences of post-traumatic stress disorder and their attitudes toward death and dying.
The Variables

The dependent variables for this study are attitudes toward death and dying; and the independent variable for this study is post-traumatic stress disorder.
CHAPTER THREE

METHODOLOGY

Research Design

The research design utilized for this study was the descriptive research design, which describes a phenomena. Descriptive research designs seek to gain a preliminary understanding, and provide descriptive data in an area where little knowledge is available.\(^1\) Descriptive statistics describe data in simple and direct ways by using graphs, charts, percentages, proportions, ratios, and rates.\(^2\) An original survey created by the researcher was the instrument used in this study for the purpose of collecting data.

This study will attempt to examine whether a statistically significant relationship exists between Vietnam combat veterans diagnosed with post-traumatic stress disorder, and their attitudes toward death and dying.

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The sample for this study consisted of 30 Vietnam combat veterans, between the ages of 34 and 65 years old, who receive readjustment counseling from the Atlanta Vet Center in Atlanta, Georgia.

**Sampling Design**

The purposive sampling design was utilized for data collection in this study. This sampling design is a non-probability sampling design based on the assumption that the researcher has sufficient knowledge related to the research problem to allow the selection of typical persons for inclusion in the sample.3

**Instrument Design**

The questionnaire utilized in this study is an original questionnaire developed by the researcher. The survey instrument is a self-administered questionnaire containing questions pertaining to the Vietnam combat veteran's perceptions of post-traumatic stress disorder and their attitudes toward death and dying. To minimize time, and to lessen the participants' feelings of apprehension regarding answering such revealing questions, each question required a "true" or "false" answer.

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containing questions pertaining to the Vietnam combat veteran's perceptions of post-traumatic stress disorder and their attitudes toward death and dying. To minimize time, and to lessen the participants' feelings of apprehension regarding answering such revealing questions, each question required a "true" or "false" answer.

The surveys addressed demographic data, which was collected in 6 items (Items 1-6). This information consisted of military status, education, length of combat experience, military branch, age, and income. There were 15 items on the questionnaire that addressed the Vietnam combat veterans' attitudes toward death and dying, (Items 7-21). Both instruments were developed by the researcher to obtain descriptive information about the participants who completed the surveys.

Site and Setting

A significant population of Vietnam combat veterans diagnosed with post-traumatic stress disorder receive readjustment counseling at the Atlanta Vet Center.
Therefore, the Atlanta Vet Center was the selected site for this study. The Vietnam combat veterans revealed their attitudes toward death and dying through the utilization of surveys.

**Sample Population**

The sample population for this study consisted of 30 Vietnam combat veterans, who receive readjustment counseling at the Atlanta Vet Center in Atlanta, Georgia. The participants in this study were selected based on their willingness to participate. The surveys were administered simultaneously. The Vietnam combat veterans were allowed 7 minutes maximum to complete the surveys. The Vietnam combat veterans completed the surveys in approximately 5 minutes, and returned them to the researcher.

**Sample Selection Procedure**

The sample for this study was selected based on five criteria. First, they had to be Vietnam combat veterans. Second, they had to be between the ages of 34 and 65 years of age. Third, they had to be attending the Atlanta Vet
Center to receive readjustment counseling. Fourth, they had to be a Vietnam combat veteran to be able to complete the questionnaire. Finally, they had to be willing to complete, and return the questionnaire to the researcher.

Data Collection Procedure

The researcher requested a conference with the Atlanta Vet Center’s Director of Readjustment Counseling relating the subjects that would be utilized for this research study on September 11, 1997. Next, the researcher consulted with the Atlanta Vet Center’s staff to obtain a list of subjects for this research study. The researcher then re-visited the Atlanta Vet Center on a later date to inform the subjects for this research study of the purpose, date, time, and location of the research study to be administered. The demographic data and "Attitudes Toward Death and Dying Survey" were both administered on February 18, 1998 at the Atlanta Vet Center. Finally, the researcher collected the completed surveys on February 18, 1998. Therefore, data collection was completed on February 18, 1998.
Data Analysis

The data analysis was conducted by utilizing the Statistical Package for Social Sciences Windows (SPSSWIN) at Clark Atlanta University. The Pearson "r" was utilized to test the linear association between the dependent and independent variables. The attitudes toward death and dying among Vietnam combat veterans was identified. Descriptive statistics for this study consisted of frequency distributions and percentages, which were used to describe both the demographic information, and attitudes toward death and dying. The Pearson "r" was utilized as a two-tailed statistical test to show a correlation between attitudes toward death and dying and post-traumatic stress disorder among Vietnam combat veterans.
CHAPTER FOUR

PRESENTATION OF RESULTS

This chapter presents the respondent's attitudes toward death and dying, demographic data, and the statistical data analysis required to accept or reject the null hypothesis. The purpose of this study was to examine the correlation between attitudes toward death and dying, and Vietnam combat veterans diagnosed with post-traumatic stress disorder. The study concluded that the Vietnam War did have an impact upon the attitudes toward death and dying among Vietnam combat veterans.

Table 1 indicated that most of the participants in this study chose to enlist in the Vietnam War (%56.7%), instead of being drafted (43.3%). Also, a significant percentage of Vietnam combat veterans had acquired some level of college education (43%). At least 50% of the participants had served six months to one year in the combat zone. The majority of the participants were Army soldiers (46.7%), while Marines were the least (23.3%). In addition, ages 45-50 years old is the current age range of the participants. The average annual income ranged from $20,000 to $40,000 (See Table 1).
of the participants. The average annual income ranged from $20,000 to $40,000 (See Table 1).
TABLE 1

DEMOGRAPHIC FREQUENCY DISTRIBUTION
(N = 30)

1. How did you enter the military?
   Drafted: 43.3%
   Enlisted: 56.7%

2. What is your highest level of education?
   High School: 30%
   College: Some 43%
   Bachelor's: 10%
   Master's: 13.3%
   Ph.D.: 3.3%

3. How long did you serve in the war zone?
   1 to 3 months: 3.3%
   3 to 6 months: 16.7%
   6 months to 1 year: 50%
   more than 1 year: 30%

4. Which branch did you serve?
   Army: 46.7%
   Navy: 13.3%
   Air Force: 16.7%
   Marines: 23.3%

5. What is your age?
   34 to 40 years old: 13.3%
   40 to 45 years old: 10.0%
   45 to 50 years old: 40%
   50 to 55 years old: 3.3%
   55 to 60 years old: 3.3%
   60 to 65 years old: 3.3%

6. What is your income?
   $12,000 to $20,000: 26.7%
   $20,000 to $40,000: 46.7%
   $40,000 to $70,000: 26.7%
### TABLE 2

FREQUENCY DISTRIBUTION OF ATTITUDES TOWARD DEATH AND DYING  
(N = 30)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you very much afraid to die?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>13.3%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>86.7%</strong></td>
<td></td>
</tr>
<tr>
<td>2. Does the thought of death seldom enter your mind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>40%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>60%</strong></td>
<td></td>
</tr>
<tr>
<td>3. Does it make you nervous when people talk about death?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>70%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>30%</strong></td>
<td></td>
</tr>
<tr>
<td>4. Do you dread to think about having an operation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>43.3%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>56.7%</strong></td>
<td></td>
</tr>
<tr>
<td>5. Are you not at all afraid to die?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>70%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>30%</strong></td>
<td></td>
</tr>
<tr>
<td>6. Are you particularly afraid of getting cancer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>36.7%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>56.7%</strong></td>
<td></td>
</tr>
<tr>
<td>7. Does the thought of death ever bother you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>56.7%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>43.3%</strong></td>
<td></td>
</tr>
<tr>
<td>8. Are you often distressed by the way time flies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>40%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>60%</strong></td>
<td></td>
</tr>
<tr>
<td>9. Do you fear dying a painful death?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>50%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>50%</strong></td>
<td></td>
</tr>
<tr>
<td>10. Does the subject of life after death ever bother you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True:</td>
<td><strong>23.3%</strong></td>
<td></td>
</tr>
<tr>
<td>False:</td>
<td><strong>76.7%</strong></td>
<td></td>
</tr>
</tbody>
</table>
11. Are you really scared of having a heart attack?
   True: 33.3%
   False: 66.7%

12. Do you of ten think about how short life really is?
   True: 60%
   False: 40%

13. Do you shudder when you hear people talk about death?
   True: 36.7%
   False: 63.3%

14. Does the sight of a dead body horrify you?
   True: 23.3%
   False: 76.7%

15. Do you feel that the future holds nothing for you to fear?
   True: 56.7%
   False: 43.3%
Table 2 indicates that fifteen questions were asked regarding the participants' attitudes toward death and dying. Most of the participants (70%) feel nervous when they hear people talk about death. Also, the majority of the participants (70%) claim they are not afraid to die. Over half of the participants (56.7%) admit to being bothered by the thought of death. There were 50% of the participants that said they feared dying a painful death. Additionally, most of the participants often contemplate on how long they have to live (60%). Likewise, more than half of the participants believe that the future holds nothing for them to fear.

The majority of the participants (63.3%) said they were afraid of getting cancer. Over half of the participants worry about how much time they have left to live. Parallel to the "true" responses, 50% of the participants said they do not fear dying a painful death. Interestingly, most of the participants (76.7%) said they are not concerned about life after death. Also, most participants said they have no reaction when they hear people talk about death. Finally, over half of the
participants claim they are not afraid to look at a dead body.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Pearson’s $r'$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are you very much afraid to die?</td>
<td>.000</td>
</tr>
<tr>
<td>2.</td>
<td>Does the thought of death seldom enter your mind?</td>
<td>.084</td>
</tr>
<tr>
<td>3.</td>
<td>Does it make you nervous when people talk about death?</td>
<td>.366</td>
</tr>
<tr>
<td>4.</td>
<td>Do you dread to think about having an operation?</td>
<td>.782*</td>
</tr>
<tr>
<td>5.</td>
<td>Are you not at all afraid to die?</td>
<td>.366</td>
</tr>
<tr>
<td>6.</td>
<td>Are you particularly afraid of getting cancer?</td>
<td>.568*</td>
</tr>
<tr>
<td>7.</td>
<td>Does the thought of death ever bother you?</td>
<td>.182</td>
</tr>
<tr>
<td>8.</td>
<td>Are you often distressed by the way time flies?</td>
<td>.674*</td>
</tr>
<tr>
<td>9.</td>
<td>Do you fear dying a painful death?</td>
<td>.299</td>
</tr>
<tr>
<td>10.</td>
<td>Does the subject of life after death ever bother you?</td>
<td>.935*</td>
</tr>
<tr>
<td>11.</td>
<td>Are you really scared of having a heart attack?</td>
<td>.716*</td>
</tr>
<tr>
<td>12.</td>
<td>Do you often think about how short life really is?</td>
<td>.527*</td>
</tr>
<tr>
<td>13.</td>
<td>Do you shudder when you hear people talk about death?</td>
<td>.093</td>
</tr>
<tr>
<td>14.</td>
<td>Does the sight of a dead body horrify you?</td>
<td>.935*</td>
</tr>
<tr>
<td>15.</td>
<td>Do you feel that the future holds nothing for you to fear?</td>
<td>.782*</td>
</tr>
</tbody>
</table>

$P = .05$
The findings of the bivariate analysis of the dependent and independent variables indicated that there were correlations between the respondent's experiences of post-traumatic stress disorder and their attitudes toward death and dying. This means that the respondents are greatly disturbed by the subject of life after death, and they are horrified at the sight of a dead body.

It was further indicated that Vietnam combat veterans try to refrain from ever thinking about having an operation, because of possibility of the result of death. Moreover, Vietnam combat veterans believe that the future holds nothing for them to fear.

Furthermore, the respondents are not particularly afraid of contracting a fatal illness, and are not concerned about how much time they have left to live. In addition most of the participants are not afraid of having a heart attack, nor do they contemplate the longevity of their lives. Findings of the bivariate analysis caused the null hypothesis to be rejected.
CHAPTER FIVE

SUMMARY AND CONCLUSIONS

Previous research literature that examines attitudes toward death and dying among Vietnam combat veterans is limited. It was hypothesized that there would be no statistical significance between attitudes toward death and dying and post-traumatic stress disorder among Vietnam combat veterans. However, upon reviewing the results from this study, it was concluded that there is a statistically significant relationship between attitudes toward death and dying among Vietnam combat veterans. Therefore, this study concludes that the null hypothesis should be rejected.

Limitations of the Study

This study was limited to 30 Vietnam combat veterans who receive readjustment counseling from the Atlanta Vet Center in Atlanta, Georgia. It would be inappropriate to generalize these findings to all Vietnam combat veterans. There are various Vietnam combat veteran populations that may not reflect those who are members of this sampling.
Therefore, the findings of this research are limited to the population of Vietnam combat veterans that was sampled. Subjects were utilized for this research study based upon their willingness to participate. Another limitation is that unpleasant recurrent thoughts about the Vietnam War may have caused negative responses to the survey questions. Also, variables other than the Vietnam War may have contributed to the attitudes toward death and dying among the Vietnam combat veterans who are diagnosed with post-traumatic stress disorder. However, the most significant limitation is that the participants may not have responded truthfully to the demographic data and the Attitudes Toward Death And Dying Survey (ATDADS).

Suggestions For Further Research

The issue of post-traumatic stress disorder is destined to remain evident in society in the new millenium. Based on this realization, further research is needed to identify intervention strategies to appropriately address the bereavement needs of Vietnam combat veterans. In addition, existing readjustment counseling programs must be structured to fulfill the bereavement needs of this population. Counseling programs
should be redesigned to incorporate the before and after realities of the effects of combat participation upon soldiers for all military Armed forces.

Likewise, a larger sample of Vietnam combat veterans located at another geographical site should be utilized in a research study to examine alternative intervention strategies to address bereavement. Also, there is a need for increased federal, state, and private funding of programs for Vietnam combat veterans to assist in meeting the needs for this population, and to provide a mechanism for addressing their bereavement needs appropriately and professionally.

Future research is needed to enhance the public's awareness and understanding about the dynamics of death and dying among Vietnam veterans who are diagnosed with post-traumatic stress disorder. I'm sure society would become empathetic and view this population differently. Instead of associating Vietnam combat veterans with negative connotations, they may be finally viewed as a population that deserves high honor and respect. Don't you agree?
CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Social workers of the 21st century must seek to intervention strategies to address the bereavement needs for Vietnam combat veterans, and potential combat soldiers for the new millennium. By doing this, potential combat soldiers and combat veterans will know that bereavement counseling will be a part of their de-briefing process.

Social workers should perform outreach in communities to educate members of society concerning the reality of death and dying that occurs in combat and how their bereavement needs should be appropriately addressed.

Theoretical Implications

This study observed the attitudes toward death and dying from the perspective of Mary Kubler Ross’ Death and Dying Theory. This theory focuses on an individual's innate responses to death and dying. This theory should be implemented within a soldier's orientation before he participates in combat. This would reinforce the
inevitablity, and realities of death and dying that exist during combat. Such an implementation would also reassure or discourage a soldier to participate in combat. Therefore, the soldier would then be prepared to accept the decision he makes concerning his combat participation without any regrets.

However, in viewing post-traumatic stress disorder as it is initiated within the Armed Forces, and subsequently is permeated within society, it is imperative for social workers of the 21st century to address the needs of combat veterans in order to assist them in readjusting to civilian society. Addressing these needs would include examining the diverse cultures, religions, and biopsychosocial factors of combat veterans.

Vietnam combat veterans are experiencing post-traumatic stress disorder. They are also at an increased risk for suicide. Having this knowledge prompts the urgency to address the bereavement needs of

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combat veterans. This would reduce the effects of post-traumatic stress disorder and lessen the impact on their families and friends. This would also reduce the opportunities to use post-traumatic stress disorder as a defense mechanism to commit murder.\(^3\) Society's chances of being harmed would be significantly decreased, and combat veterans will live more happier productive lives. Don't you agree?

APPENDIX A

LETTER TO MR. LYNWOOD BRADLEY

Ms. Tonya Vinson
830 MLK Jr. Drive, Apt. 311
August 28, 1997

Mr. Lynwood Bradley, Director
Atlanta Vet Center
77 Peachtree Place
Atlanta, Georgia 30309

Dear Mr. Bradley:

I am a graduate student in the Department of Social Work at Clark Atlanta University. Presently, I am engaged in a research study entitled, "A Descriptive Study Of The Attitudes Toward Death And Dying Among Vietnam Combat Veterans".

I am respectfully requesting to meet with you at your earliest convenience to discuss the research study in further detail. I can be contacted at (404) 221-5522. Your cooperation in responding to my request will be greatly appreciated.

Sincerely,

Ms. Tonya Vinson
APPENDIX B

LETTER TO MR. LYNWOOD BRADLEY

Ms. Tonya Vinson
830 MLK Jr. Drive S.W., Apt. 311
Atlanta, Georgia 30314
September 2, 1997

Mr. Lynwood Bradley, Director
Atlanta Vet Center
77 Peachtree Place
Atlanta, Georgia 30309

Dear Mr. Bradley:

I would like to thank you for your kind response to my request for a meeting with you.

As you have been informed in our discussion earlier, I am a graduate student in the Department of Social Work at Clark Atlanta University. My research study is entitled, "A Descriptive Study Of The Attitudes Toward Death And Dying Among Vietnam Combat Veterans".

I look forward to meeting with you on September 11, 1997 at 9:30am.

Sincerely,

Ms. Tonya Vinson
Ms. Tonya Vinson  
830 MLK Jr. Drive S.W., Apt. 311  
Atlanta, Georgia 30314  
September 12, 1997

Mr. Lynwood Bradley, Director  
Atlanta Vet Center  
77 Peachtree Place  
Atlanta, Georgia 30309

Dear Mr. Bradley:

Thank-you for meeting with me and discussing my interest for a research proposal on Vietnam combat veterans.

I really appreciate you assisting me in comprising a valuable research study. I will submit my proposal to you by Monday, December 1, 1997.

My proposal will involve making a descriptive analysis toward death and dying among Vietnam combat Veterans with post-traumatic stress disorder.

The research study will be conducted on February 18, 1998 at 5:00pm at the Atlanta Vet Center.

Sincerely,

Ms. Tonya Vinson
APPENDIX D
CONSENT FORM

Dear Vietnam Veteran:

You have been invited to participate in a research study entitled, "A Descriptive Study of the Attitudes Towards Death and Dying Among Vietnam Combat Veterans Diagnosed With Post-Traumatic Stress Disorder". The purpose of this study is to determine if your participation in the Vietnam War had any impact towards your attitudes toward death and dying.

Your responses will better inform the field of Social Work concerning the effects of post-traumatic stress disorder among Vietnam combat veterans, and assist social workers of the 21st century in identifying intervention strategies to appropriately address the bereavement needs of Vietnam combat veterans.

Completion time is estimated at approximately 5 to 7 minutes.

Your participation is strictly voluntary, in that you have the right to refuse to participate. Your responses will be confidential, so don't put your name on this survey. If you do participate, you may stop at any time. There will be no negative consequences if you decide to quit. Thanks in advance for your cooperation.

Sincerely,

Tonya Vinson
APPENDIX E

DEMOGRAPHIC DATA

1. How did you enter the military?
   Drafted:
   Enlisted:

2. What is your highest level of education?
   High School:
   College: Some
   Bachelor's:
   Master's:
   Ph.D.:

3. How long did you serve in the war zone?
   1 to 3 months:
   3 to 6 months:
   6 months to 1 year:
   more than 1 year:

4. Which branch did you serve?
   Army:
   Navy:
   Air Force:
   Marines:

5. What is your age?
   34 to 40 years old:
   40 to 45 years old:
   45 to 50 years old:
   50 to 55 years old:
   55 to 60 years old:
   60 to 65 years old:

6. What is your income?
   $12,000 to $20,000
   $20,000 to $40,000
   $40,000 to $70,000
## APPENDIX F
### ATTITUDES TOWARD DEATH AND DYING SCALE

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>T or F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you very much afraid to die?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Does the thought of death seldom enter your mind?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does it make you nervous when people talk about death?</td>
<td></td>
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<tr>
<td>4</td>
<td>Do you dread to think about having an operation?</td>
<td></td>
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<tr>
<td>5</td>
<td>Are you not at all afraid to die?</td>
<td></td>
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<tr>
<td>6</td>
<td>Are you particularly afraid of getting cancer?</td>
<td></td>
</tr>
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<td>Does the thought of death ever bother you?</td>
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<td>Are you really scared of having a heart attack?</td>
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<td>13</td>
<td>Do you shudder when you hear people talk about death?</td>
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</tr>
<tr>
<td>14</td>
<td>Does the sight of a dead body horrify you?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Do you feel that the future holds nothing for you to fear?</td>
<td></td>
</tr>
</tbody>
</table>
Dear Mr. Lynwood Bradley:

I am writing this letter to sincerely thank you for having allowed me to utilize Vietnam combat veterans, who receive readjustment counseling at the Atlanta Vet Center, as participants in my research study. The research study is entitled, "A Descriptive Study Of The Attitudes Toward Death And Dying Among Vietnam Combat Veterans Diagnosed With Post-Traumatic Stress Disorder".

It is my wish that the findings from this research study will motivate colleagues in the social work arena, as well as other researchers, to identify and utilize appropriate intervention strategies to address the bereavement needs of Vietnam combat veterans who have been diagnosed with post-traumatic stress disorder.

Once again I say, "thank you"!

Sincerely,

Ms. Tonya Vinson
APPENDIX H

EMPATHIC EXPRESSIONS FOR VIETNAM VETERANS

Don't you worry, don't you fret
I'm one of the ones who won't forget
The many obstacles that you had to face
When you fought battles in a foreign place
The war aftermath was, undoubtedly, a mess
However, all of your efforts were a success
Acknowledgement is due to "you"
For you fought wholeheartedly for your red, white, and blue
I thank GOD that you all were created
So, don't ever doubt. . .you are definitely appreciated!


The Atlanta Vet Center "Helping War Veterans," (Brochure), 77 Peachtree Place, Atlanta, Georgia 30309 (1997).