

Monterey, CA 93943

NAVAL POSTGRADUATE SCHOOL

Monterey, California



THESIS

DEATH AND GRIEF IN THE MILITARY:
AN ATTITUDINAL FOCUS

by

Linda Jean Fraser

June 1983

Thesis Advisor:

R.A. McGonigal

Approved for public release; distribution unlimited.

T210 095

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Death and Grief in the Military: An Attitudinal Focus		5. TYPE OF REPORT & PERIOD COVERED Master's Thesis; June 1983
7. AUTHOR(s) Linda Jean Fraser		6. PERFORMING ORG. REPORT NUMBER
9. PERFORMING ORGANIZATION NAME AND ADDRESS Naval Postgraduate School Monterey, California 93940		8. CONTRACT OR GRANT NUMBER(s)
11. CONTROLLING OFFICE NAME AND ADDRESS Naval Postgraduate School Monterey, California 93940		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
14. MONITORING AGENCY NAME & ADDRESS (If different from Controlling Office)		12. REPORT DATE June 1983
		13. NUMBER OF PAGES 88
		15. SECURITY CLASS. (of this report) Unclassified
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Death Dying Vietnam Grief War		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) Little research has been undertaken with respect to people's attitudes on sudden death, even though a wealth of material on death and grief is now available. Given the potential lethal nature of the military profession, such studies are necessary. A literature survey of death and grief was conducted addressing the traditional cultural attitudes of the United		

(20. ABSTRACT Continued)

States, possible reasons for the recent popularity of death education, and a variety of factors that affect an individual's attitudes toward death.

A questionnaire reflecting a model by Dr. Elisabeth Kubler-Ross was developed to elicit attitudes toward death and dying from a military viewpoint. The sample was comprised of veterans of the Vietnam conflict.

The survey addresses the military member's feelings on death based on recent combat experience. Recommendations for further research are proposed as a result of this author's findings.

Approved for public release; distribution unlimited.

Death and Grief in the Military:
An Attitudinal Focus

by

Linda Jean Fraser
Lieutenant, United States Navy
B.A., University of South Florida, 1976

Submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE IN MANAGEMENT

from the

NAVAL POSTGRADUATE SCHOOL

June 1983

F784
C.1

ABSTRACT

Little research has been undertaken with respect to people's attitudes on sudden death, even though a wealth of material on death and grief is now available. Given the potential lethal nature of the military profession, such studies are necessary.

A literature survey of death and grief was conducted addressing the traditional cultural attitudes of the United States, possible reasons for the recent popularity of death education, and a variety of factors that affect an individual's attitudes toward death.

A questionnaire reflecting a model by Dr. Elisabeth Kubler-Ross was developed to elicit attitudes toward death and dying from a military viewpoint. The sample was comprised of veterans of the Vietnam conflict.

The survey addresses the military member's feelings on death based on recent combat experience. Recommendations for further research are proposed as a result of this author's findings.

TABLE OF CONTENTS

I.	INTRODUCTION -----	8
	A. OVERVIEW -----	8
	B. PURPOSE -----	10
	C. TERMS AND DEFINITIONS -----	10
	D. SUMMARY -----	12
II.	LITERATURE REVIEW -----	13
	A. OVERVIEW -----	13
	B. CULTURAL/SOCIETAL ATTITUDES -----	13
	C. DEATH EDUCATION: WHY? -----	15
	D. FACTORS AFFECTING ATTITUDES TOWARD DEATH ----	17
III.	METHODOLOGY -----	21
	A. CONCEPTUALIZATION OF THE PROBLEM -----	21
	B. SAMPLE FORMULATION -----	23
	C. QUESTIONNAIRE DESCRIPTION -----	24
	D. METHOD OF ANALYSIS -----	27
IV.	RESULTS -----	29
	A. CONTENT ANALYSIS -----	29
	B. FREQUENCY DISTRIBUTIONS OF THE QUANTITATIVE DATA -----	32
	C. RESULTS FROM COMPARISONS BETWEEN VARIABLES --	42
V.	CONCLUSIONS AND RECOMMENDATIONS -----	46
	A. CONCLUSIONS -----	46
	B. RECOMMENDATIONS FOR FURTHER STUDY -----	48
APPENDIX A:	RESEARCH QUESTIONNAIRE -----	52

APPENDIX B:	SECTION TWO AND SIX SURVEY STATEMENTS BY CATEGORY -----	64
APPENDIX C:	SECTION FIVE SURVEY QUESTIONS BY CATEGORY -----	66
APPENDIX D:	STAGE 1--DENIAL & ISOLATION: RESULTS BY STATEMENT COMPARED BY TIME -----	68
APPENDIX E:	STAGE 2--ANGER: RESULTS BY STATEMENT COMPARED BY TIME -----	70
APPENDIX F:	STAGE 4--DEPRESSION: RESULTS BY STATEMENT BY TIME -----	72
APPENDIX G:	STAGE 5--ACCEPTANCE: RESULTS BY STATEMENTS BY TIME -----	74
APPENDIX H:	MISCELLANEOUS STATEMENTS: RESULTS BY TIME -----	76
APPENDIX I:	SUPPORT GROUP: RESULTS BY STATEMENT -----	79
APPENDIX J:	POSITIVE SELF-ESTEEM: RESULTS BY STATEMENT -----	80
APPENDIX K:	NEGATIVE SELF-ESTEEM: RESULTS BY STATEMENT -----	82
LIST OF REFERENCES	-----	84
BIBLIOGRAPHY	-----	86
INITIAL DISTRIBUTION LIST	-----	87

LIST OF TABLES

I.	Common Responses Between Segments One and Two -----	30
II.	Statements Unique to Each Segment -----	31
III.	Content Analysis: Consolidation of Trends -----	31
IV.	Stage One--Denial and Isolation -----	34
V.	Stage Two--Anger -----	35
VI.	Stage Four--Depression -----	35
VII.	Stage Five--Acceptance -----	36
VIII.	Miscellaneous Emotional States -----	37
IX.	Temporal Differences: Stages One, Two, & Four -	38
X.	Temporal Differences: Stage Five -----	39
XI.	Perceived Strength of Support Groups -----	40
XII.	Synthesis of Self-Esteem Question/Statements ---	41
XIII.	Crosstabulation Results: Family Support Strength During Combat by Stage Five-- Acceptance--During Combat -----	43
XIV.	Crosstabulation Results: Family Support Strength During Combat by Stage Five-- Acceptance--During Combat with Unit Support Strength During Combat Equal to Very Strong ----	44
XV.	Crosstabulation Results: Unit Support Strength During Combat by Stage Four-- Depression--During Combat -----	45

I. INTRODUCTION

A. OVERVIEW

Notice: This [document] contains information on the subject of death...It may be destroyed if you find this subject objectionable. [Ref. 1]

The opening statement above discovered on an envelope containing information from the "American Funeral Plan", encapsulates the traditional American response to the topic of death. Indeed, English essayist J.B. Priestly once wrote, "Mankind is frightened by the mere word 'death' and nowhere more so than in America" [Ref. 2].

While broaching the subject of death, dying, and grief can still cause certain degrees of discomfort, a more general openness around this topic has occurred within the last two decades. A great deal of research in many areas; medical, sociological, psychological, religious, etc., has been undertaken to better define and understand death as a process. Besides the studies being undergone on the organizational sphere, many individuals have been seeking an understanding of dying on a more personal level through a myriad of literature and educational media.

The major portion of the information promulgated in the area of the death and grief processes has been within the field of medicine, specifically those facing and/or those working with terminal illness. A small fraction has dealt with how one copes with the sudden death of a loved one. As

of yet, however, very little data has been compiled concerning the attitudes of those peoples whose occupations cause them to face life threatening situations; situations in which sudden death is a very real possibility. Such professions include police work, fire fighting, and, of particular interest to the projected audience of this thesis, the military.

This is not to say that a need for such data has not been felt. In a Human Resources Research Organization (HumRRO) document prepared for the U.S. Army on the subject of "Soldier Attitudes", the following statements were found:

Despite the fact that many questionnaires have been used for studying the attitudes of the soldier, very few items in these surveys, if any, deal with the soldier's concern with combat or fear of injury or death. Since these concerns and fears are paramount during periods of war, questions on them should be included in any survey that attempts to formulate a comprehensive portrayal of the attitudes of soldiers.
[Ref. 3]

The pervasive underlying theme of much of the current literature dealing with death and grief asserts that a more accepting or honest or healthy attitude toward death, vice one of fear and/or avoidance, can lead to a richer and more effective life. It is this author's contention that this increased effectiveness in life can be translated into greater effectiveness as a member of society and, more specifically, as a member of the military. Thus, knowledge of existing attitudes and conditions or factors that may influence these same attitudes may have strong organizational and managerial implications.

B. PURPOSE

The purpose of this thesis is to provide for the reader a snapshot of the military member's feelings toward death. These opinions have been collected and compiled through the use of an attitude survey designed and written specifically for the Vietnam veteran.

Questions pertaining to feelings provoked as a result of specific death or casualty-inducing situations during the veteran's combat service were asked. Additionally included were queries involving possible attitude influencing factors. Such factors concerned issues such as self-esteem and relative strength or presence of support groups.

C. TERMS AND DEFINITIONS

Through extensive interview sessions with the terminally ill, Dr. Elisabeth Kubler-Ross has defined five stages within the death and grief process. As Dr. Kubler-Ross' work has been utilized in the design of the above mentioned attitude survey, a brief overview of these five stages is provided below [Ref. 4].

First Stage: Denial and Isolation

The presence of a terminal illness or the news of a sudden death is denied and measures, at times very extensive measures, are taken to support this denial. This first stage functions as a buffer after unexpected shocking news, allows the individual to collect one's self, and to mobilize other less radical defenses in time.

Second Stage: Anger

Feelings of anger, rage, envy, and resentment replace the initial disbelief. Often, this anger is randomly displaced in many different directions making this stage a difficult one with which to cope.

Third Stage: Bargaining

In an attempt to postpone impending death, bargains are struck with a higher authority; "good behavior" is promised in return for a reward of some sort, usually for that of a special service.

NOTE: This stage is often eliminated in the case of sudden death [Ref. 5] and was thus not addressed in the questionnaire.

Fourth Stage: Depression

At this time the earlier feelings of numbness and stoicism, anger and rage are replaced with a sense of great loss. One can no longer deny his/her illness or the death of his/her loved one.

Fifth Stage: Acceptance

Given time and the opportunity to vent many of the emotions described earlier, one may reach a level of calm and peace. This should not be mistaken as a level of happiness but rather as a stage almost totally void of feelings.

"It is as if the pain had gone [and] the struggle is over..." [Ref. 6].

These stages are not bound by hard and fast boundaries. Not all stages are always reached within one's lifetime nor

is there a firm sequence or time schedule to be followed. The stages are merely one researcher's guideline for reaching a more systematic understanding of the dying process.

D. SUMMARY

Death, dying, and grief are issues that summon up a great deal of emotion, conjecture, opinion, and thought. Interviews, survey usage, and scanning of the growing wealth of literature has born out this statement.

It is not the design of this treatise to draw sweeping generalizations concerning the attitudinal status of society or of the military in toto. However, it is this author's hope that this information will plant a seed for thought and be an impetus for increasing one's tolerance and awareness toward the subject of death and grief in a military setting.

II. LITERATURE REVIEW

A. OVERVIEW

The purpose of this chapter is to review and summarize for the reader a cross section of the information concerning the topic of death and dying. The study of death in the literature surveyed basically falls within two areas:

(1) facing one's own death, specifically in the case of a terminal illness, and (2) facing the death of another, i.e., the process of grief, bereavement, and mourning. Though some difference can be cited between these two foci, the similarities are much more striking. Therefore, these two subtopics will be discussed as one.

B. CULTURAL/SOCIETAL ATTITUDES

At one time in American history, death was seen as a customary aspect of life. Epidemics, unfriendly external environments, primitive medical technologies, etc., contributed to the American's familiarity with death. As time and progress marched on, however, death, in a personal context, became a stranger. Today, "an American experiences death in his immediate family but once in every twenty years" [Ref. 7]. Death, once seen as a door through which everyone must pass, had become a wall.

Another view raised in current literature is that "Death is seen [as] a destroyer of the American vision--the right to life, liberty, and the pursuit of happiness" [Ref. 8].

Similarly, Americans, traditionally "uncomfortable when faced by certain kinds of failure...[and] certain kinds of loss" [Ref. 9], tend to view death, in certain contexts, as the ultimate loss and failure. To an achievement and future oriented society, this loss of identity and the prospect of failing to meet the future provoked by death is an abomination.

These and other factors have contributed to the definition of the American society as a "death-denying, death-defying culture" [Ref. 10]. Earl Grollman, a prominent author in the field of death and grief, states that death appears to have replaced sex as the most significant taboo of the American culture...D-E-A-D had become "the new four letter word of pornography" [Ref. 11].

Within the last decade however, the taboo nature of death and dying appears to have abated. Death and dying has become a respectable concern for both the social scientist and the health professional, as well as for the public domain. The study of death, now formally known as thanatology, has become fairly widespread, almost fashionable. In a 1975 survey, forty-one medical schools were found to have formal training programs to help students interact with terminally ill patients and their families. Along with these courses attuned to the medical fields, researchers in 1974 estimated that some two hundred high school level and over eleven hundred above high school level courses were being taught in the public sector [Ref. 12].

One may well wonder what has caused this seemingly wide shift in public attitude or if attitudes have indeed shifted. "Maybe it is...that we really are not that much more accepting of death these days--it's just more difficult to hide from" [Ref. 13]. Herman Feifel, author of New Meanings of Death, asserts that "the attitudes toward death of most persons reflect a kind of co-existing acceptance-avoidance orientation toward fear of death" [Ref. 14]. In a world fraught with war, televised violence, and potential nuclear devastation, the disguising of death is just too difficult to sustain.

Although the actual feelings and attitudes toward death, or, for that matter, any topic, can vary considerably from person to person, the fact remains that a certain general openness to discuss these diverse attitudes has begun to appear within the last decade. How this new-found receptivity will benefit the individual is an important item of concern.

C. DEATH EDUCATION: WHY?

Though many diverse motives for studying death and dying appear throughout the thanatological literature, one central theme seems to emanate--an improvement in one's quality of life. Through understanding and coming to terms with the fear of death, one author states, "we can live with more zeal and we can take more chances to achieve growth and enrichment" [Ref. 15].

This is not to say that studying the process of dying will necessarily release an individual from the anxiety that thoughts of death often inspire. On the contrary, a fear of death is usually appropriate. It may often serve as a survival mechanism. However, this same fear "can become powerful enough to be disruptive and to interfere with regular life tasks" [Ref. 16]. Thus, "the increased openness concerning death very likely permits us to handle our fears and anxieties better" [Ref. 17].

Along a slightly different vein, another author suggests viewing death as an integral part of life that gives meaning to human existence. She further asserts that death is a delimiter to the life process giving an individual the motivation to "accomplish [his/her] purpose here on earth" [Ref. 18]. When envisioning life as a series of passages, "death is the final stage in the development of human beings" [Ref. 19].

Finally, mental and physical health have been said to suffer from a more repressive attitude toward death. One source cites research studies and personal clinical experience that indicate a more candid approach toward death is necessary for the promotion of mental hygiene. When dealing with the aspects of bereavement, "significant increases in physical and emotional illness among bereaved persons have been linked to a negligent mourning" [Ref. 20]. "Educating ourselves about death may prevent us from feeling overwhelmed

or devastated when we must face the death of a loved one" [Ref. 21].

In short, an enhanced understanding of death through education can lead to a number of worthy benefits. However, as anyone who has had experience in the field of education (on either side of the desk) would know, no-one thinks, feels, learns, or reacts in quite the same manner. This being the case then, one may well ask, what factors may help contribute to a person's understanding and/or 'acceptance' of death?

D. FACTORS AFFECTING ATTITUDES TOWARD DEATH

Much of the literature reviewed gives credit to specific personal factors of an individual that aid in the acceptance of death and dying. These attributes tend to fall into two dominant areas; internal: strengths centered within the individual and external: strength emanating from the individual's environment.

Internal strengths can be more simply and generally defined as "personality characteristics, such as coping abilities and ego strengths, and our personal histories and experiences" [Ref. 22]. Another source states emotional maturity--"willingness to acknowledge and cope with reality, to experience and express our feelings, a capacity to bounce back to 'normal' after we have faced stress" [Ref. 23]-- and life purpose--"ascribing meaning to our lives" [Ref. 24]-- as strengths that help one to cope with both life and death.

Attempts have been made to measure personality differences between those people who display high degrees of death fear and anxiety and those who do not. Research evidence based on the relationship of death anxiety with general anxiety has shown that people who display high levels of death anxiety also exhibit higher levels of other kinds of anxiety. Logic also seems to support this premise.

Other such assumptions include:

- those who have a greater fear of death might be expected to be more fearful of loss of control;
- those who have a greater fear of death may have higher achievement needs (death would eliminate all achievement needs);
- those who feel generally competent may be less fearful of death;
- those who have been successful in self-actualizing may be less fearful of death.

Though these assumptions appear logical, they are not, as of yet, supported by data. However, as one source states, "perhaps the problem is not that the relationships do not exist but that the scales are not adequate for the task required" [Ref. 25].

As defined in the reviewed literature, external strengths deal mainly with an individual's support system or environmental support--the "network of people and activities that fill our lives" and "give our lives meaning" [Ref. 26]--as

well as self-support from within one's self. The use of support groups has been cited as a vital necessity for those facing death, those who are mourning the death of a loved one, and those who are involved in work involving death (health professionals, police, fire-fighters, military, etc.). An example of an effective use of a nontraditional support system is the dedication of the Vietnam Veterans Memorial in Washington, D.C. and the Vietnam Veterans Fair of 1983 in San Francisco, California. Both events allowed the Vietnam veteran a cathartic experience with the assistance of family and/or friends [Ref. 27].

Finally, one last factor remains that greatly affects how an individual reacts toward death--the circumstances of the death itself. When an individual is faced with the death of another through a long and lingering illness, though still very painful, one is able to work out any long standing 'unfinished business' before death takes place. This is not so in the case of a sudden death. "The survivors have had no time to deal with the death, no time to process and incorporate what is happening, no time for reminiscing, and no opportunity to work out unfinished business" [Ref. 28]. Sudden deaths, due particularly to one's being totally unprepared for such an occurrence, feel unnatural--"sudden death seems to be the hardest with which to cope" [Ref. 29].

Deaths that occur suddenly provoke a great diversity and depth of emotions in the survivor. "When [one] has actually

survived in a situation where others died, such as in an accident or wartime, [one is] apt to suffer deep trauma. In addition to intense survivor guilt--'Why am I alive and not him'--[one] may be plagued with rage, depression, and fear for many months" [Ref. 30]. Perhaps the most debilitating and harmful of these emotions is guilt. "Dealing with [the] guilt is essential, for guilt can undermine self-confidence and delay one's recovery" [Ref. 31].

In summary, the literature reviewed contains a great deal of insightful information dealing with the general American sector attitudes toward death and dying and death education. To this date, however, the attitudes and educational needs of the military population in relation to the topic of death have not yet been fully addressed.

III. METHODOLOGY

A. CONCEPTUALIZATION OF THE PROBLEM

As indicated earlier, very little is known about the attitudes of military members toward death and dying. Do these attitudes differ from the American cultural 'norm'? What factors, if any, affect these attitudes? A questionnaire was developed to aid in answering these issues.

In order to quantify the attitudes of the respondents, Dr. Elisabeth Kubler-Ross' five stages of the death and grief processes, explained in Chapter I within Terms and Definitions, were used in the construction of the survey. This author's hypothesis is that a sequential movement forward, over time, from one stage to another may indicate the growing awareness and acceptance of death, in this case, death in wartime.

Through this author's research, intuition, and discussions with experienced individuals, numerous factors have emerged that may have an effect upon the military member's attitudes toward death. Such elements include (1) individual personality attributes (specifically self-esteem factors), (2) strength of and perceived importance of support groups, (3) circumstances of the death, (4) age at time of combat service, (5) total time in combat zone, (6) casualty rate in combat unit, (7) frequency and extent to which one is

involved in casualty assistance matters, and (8) military affiliation presently. These variables have figured prominently in the construction of the research questionnaire.

While not as yet conclusive, some studies have been performed linking certain personality issues (item 1) with degree of death anxiety (Kalish, Tattlebaum). It is this research and an intuitive sense on the part of this author that has allowed the inclusion of questions concerning self-esteem in this survey. Item 4--age of the respondent during combat service, has related importance due to issues of maturity and life experience.

As indicated in Chapter II--Literature Review, many sources have cited the importance of support groups for those who have faced death. The strength or weakness of one's support group and the value one attributes to a support system are therefore analyzed. Along the same tack, item 8--military affiliation, holds valuable information of a similar nature. If a military member is still active in the military after combat experience, for example, he/she may be afforded a support group who has shared experiences and situations [Ref. 32].

Item 5--total time in combat zone, is perceived to have consequence on attitudes toward death and dying due to the number of times one is exposed to death and/or life-threatening situations. Items 6--casualty rate in combat unit, and 7--frequency and extent one is involved in casualty assistance matters, are included for the same reason.

Finally, item 3--circumstances of the death, has been shown throughout the related literature to have a great effect upon reactions toward death (Feifel, Tattlebaum). As this survey has been written concerning Vietnam veterans and their combat experiences, it is assumed that all respondents share similar death-exposure situations, i.e., sudden death. This item, though not formally referred to within the body of the survey, has been controlled by the sample.

B. SAMPLE FORMULATION

In the hopes of gathering a computerized listing of Vietnam veterans in the most expedient and painless method possible, the Veteran's Administration's central office in Washington, D.C. was contacted. Due to the governmental regulations concerning Privacy Act statements, the Veteran's Administration staff could not be of assistance. However, they suggested utilizing the resources of the various non-government service organizations.

In compliance with this recommendation, attempts were made to contact the American Legion, the Vietnam Veterans of America, the Veterans of Foreign Wars, and the Military Order of the Purple Heart. Due to an understandable reluctance to invade the privacy of organization members and, in some cases, due to technical problems with computer support, a computer generated list of Vietnam veterans was not available.

Hope was inspired once more, however, with the aid of the National Service Director of the Military Order of the

Purple Heart. At his suggestion, copies of the questionnaire were distributed by mail to selected Military Order of the Purple Heart staff contacts to, in turn, be distributed to Vietnam veterans with whom they work. The research problem and methodology were thoroughly explained to each staff member via telephone conversations prior to the questionnaire mailing. A total of two-hundred questionnaires were distributed to offices in Boston, MA; Los Angeles, CA; Muncie, PA; Long Beach, CA; Pittsburgh, PA; Albuquerque, NM; San Diego, CA; Fort Lauderdale, FL; San Francisco, CA; and Springfield, VA.

Of the two-hundred surveys posted, twenty-three were returned within a timeframe of six weeks, representing a total of eleven percent. Two surveys were discarded due to incomplete information leaving twenty-one for analysis.

NOTE: Due to the sensitive nature of the information elicited by this survey and the often painful memories it may evoke, a large return percentage was not anticipated. It is important to reiterate at this time, therefore, that it is not this author's intent to generalize findings but rather to pique the reader's interest in this field of study.

C. QUESTIONNAIRE DESCRIPTION

The data used in this thesis was collected via a questionnaire consisting of six (6) basic sections. (See Appendix A for the complete questionnaire.)

Section 1 consists of twelve items designed to elicit demographic data. Included in this section are the basic questions concerning sex, age of respondent, and branch of service, as well as more specific items such as "total time in combat zone", "casualty rate in your combat unit", "role/job assignment during combat service", etc.

Section 2 is comprised of two parts, both designed to evoke memories and feelings surrounding a combat situation. The first segment is designed as a projective assessment centering responses around a pictorial scenario. The respondent is directed to observe the illustration and then describe in his/her own words (1) What events led up to the event?, (2) What feelings/emotions are being expressed by those involved?, and (3) What will be the outcome of the event? The second segment is similar in content except the respondent must answer the same questions about a remembered situation he/she faced that involved heavy casualties.

Section 3 is a follow-on of Section 2. Using statements provided, the respondent must designate along a five-point Likert scale the degree to which he/she felt or experienced each statement in relation to the death-related incident described in Section 2. On the Likert scale, '1' represents 'did not experience the statement' and '5' represents 'very strongly experienced the statement'.

These thirty-six statements or words garnered from The New Roget's Thesaurus (1978) and On Death and Dying (1969), are representative of four of the five stages delineated by

Dr. Kubler-Ross: Stage 1--Denial and Isolation, Stage 2--Anger, Stage 4--Depression, and Stage 5--Acceptance. (As mentioned earlier in Chapter I within Terms and Definitions, Stage 3--Bargaining--is often omitted in cases of sudden death and thus not addressed in this questionnaire.) A fifth category consisting of words or statements antonymous to the Stage 1 through 5 words was also included. This grouping is appropriately entitled Miscellaneous.

So as not to convey the sense of any natural grouping, the statements were placed randomly upon the page in two columns. (See Appendix B for a listing of statements by category.)

Section 4 consists of five questions dealing with the respondent's perceived strength of his/her support systems. The respondent is directed to rate the support received from family and friends and unit personnel during combat service as well as the support received from family, friends, and the general public upon his/her return stateside. The rating is accomplished by placing an 'x' along a line with the words 'very strong', 'strong', 'uncertain', 'weak', and 'very weak' placed equidistantly below.

Section 5 is comprised of issues surrounding self-esteem and perceived importance of support systems. Questions involving self-esteem were culled from the Booklet for the Minnesota Multiphasic Personality Inventory (Hathaway, Mckinley), and the "Low Self Esteem Scale" (Hunt, Singer,

Cobb). The questions concerning support systems were generated by the author. The questions have been placed randomly on the page so as to deny any categorization. (See Appendix C for a listing of each question by generating source.)

The respondent is directed in this section to check the response box that best estimates how he/she is now feeling in response to each question. The choice of responses includes 'strongly agree', 'agree', 'uncertain', 'disagree', and 'strongly disagree'. The selection boxes beneath each response are of equal size.

The final section, Section 6, is the duplicate in format and response style of Section 2. The statements and stages utilized are identical. The difference lies in the content of the directions. Whereas the responses to Section 2 dealt with the emotions felt at the time of the recalled combat situation, the responses in Section 6 involve how the respondent feels now--at this time--when recalling past combat/death-related experiences.

D. METHOD OF ANALYSIS

The survey data used in this thesis was analyzed through the use of content analysis for Section 2 and the Statistical Package for the Social Sciences for the remainder of the questionnaire sections. The Statistical Package for the Social Sciences is a system of computer programs developed in 1970 by Nie, Bent, and Hull with revision in 1975.

A number of steps were employed to analyze the quantifiable data generated by the questionnaire. First, the

statements used in Sections 2 and 3 were grouped according to category. Next, a master coding list was established to assign numerical values to all responses in Sections 1, 3, 4, 5, and 6. Consequently, each of the twenty respondents required five lines of coding, one for each quantitative survey section.

The content analysis of Section 2 consisted of discovering any trends (1) between individual surveys, and (2) between the two segments (projective and recall) within each survey. Initially, each questionnaire was scanned and lists of terms and statements, i.e., "fear", "revenge", etc., were formed for the two segments. The usage frequency of statements between surveys was then delineated. Finally, contrasts and similarities between the projective and recall segments were noted and outlined.

IV. RESULTS

A. CONTENT ANALYSIS

As explained in Chapter III--Methodology, Section Two of the research questionnaire is comprised of two segments both utilizing open-ended, free response questions. Segment One, designed as projective in nature, theoretically serves as a "warm-up" for Segment Two. Though both segments deal with circumstances related to death, a difference in realized personal involvement exists; i.e., less personal involvement in Segment One than in Segment Two.

Due to the relatively safe and impersonal characteristic of the projective question, this author hypothesized that a larger amount of attitudinal data would be collected from Segment One vice Segment Two. This did not prove to be the case, however. Although three of the sample of twenty-one did not complete Segment Two, the diversity and richness of the information was greater for those who responded in the second segment than of those in the first. NOTE: All respondents completed Segment Two. This may be due in part to the "less painful", more impersonal nature of the projective question, as mentioned previously.

When a frequency search of emotions listed in each segment was completed, a number of similarities emerged between Segments One and Two. The most common of the feelings expressed concerning the death-related situations included

fear, anger, sadness, and concern. Table I contains an inventory of the commonly stated emotions and their frequency of occurrence.

TABLE I
Common Responses Between Segments One and Two

<u>Statement</u>	<u>Frequency</u>	<u>Statement</u>	<u>Frequency</u>
fear	21	relief	4
anger	14	anxiety	3
concern	11	disbelief	3
sadness	10	suppression (of emotion)	3
pain	6	hatred	3
apathy	6	panic	2
shock	5	alertness	2
frustration	5	revenge	2
confusion	5	confidence	2

('N' or maximum possible occurrence of any statement equals thirty-eight; twenty-one Segment One responses and eighteen Segment Two responses.)

Table II displays the 'differences' found between the two segments peculiar to each segment.

Upon close examination of this data, one should note the close similarity the majority of the expressed emotions have to Dr. Kubler-Ross' stages of death defined earlier. As noted in Table III, however, statements of feelings related to Stage 5--Acceptance, are absent.

TABLE II

Statements Unique to Each Segment

<u>Segment One</u>		<u>Segment Two</u>
amazement	helplessness	inability to forget
courage	determination	hopelessness
love	disgust	compassion (caring)
gratitude	loneliness	surprise
excitement	tension	loss
numbness	depression	alienation
emptiness	bitterness	stoicism
feeling of 'why?'		guilt
feeling of survival		

TABLE III

Content Analysis: Consolidation of Trends

<u>Stage One:</u> <u>Denial and</u> <u>Isolation</u>	<u>Stage Two:</u> <u>Anger</u>	<u>Stage Four:</u> <u>Depression</u>	<u>Other:</u> <u>No Relation</u> <u>to Staging</u>
disbelief	anger	sadness	courage
alienation	bitterness	loss	love
loneliness	frustration	pain	gratitude
shock	panic	emptiness	excitement
apathy	hatred	disgust	determination
numbness	revenge	hopelessness	inability to forget
stoicism	helplessness	feeling of 'why?'	compassion
suppressed emotions	tension	guilt	feeling of survival
	bewilderment	depression	confidence
	anxiety		alertness
	fear		concern
			relief
			surprise
			amazement

B. FREQUENCY DISTRIBUTIONS OF THE QUANTITATIVE DATA

In relation to the demographic data requested in Section One of the research questionnaire, the following results were discovered within the sample (N = 21):

Demographic Data

<u>Variable</u>	<u>Value</u>	<u>Cases</u>	<u>Percent</u>
Sex	Male	21	100.0
	Female	0	0.0
Branch of Service	US Army	10	47.6
	US Navy	3	14.3
	US Marine Corps	8	38.1
	US Air Force	0	0.0
	US Coast Guard	0	0.0
Age--at time of combat service	20 years and less	11	52.3
	21 to 30 years	8	38.1
	30 years and more	2	9.6
	[min = 18, max = 42]		
Paygrade during combat service	E-1 to E-3	3	14.3
	E-4 to E-6	13	61.8
	E-7 to E-9	1	4.8
	O-1 to O-3	0	0.0
	O-4 to O-6	3	14.3
	(missing)	(1)	(4.8)

[Enlisted: min = E-3, max = E-7; Officer: min = O-4, max = O-5]

<u>Variable</u>	<u>Value</u>	<u>Cases</u>	<u>Percent</u>
Total time in combat zone	less than 6 months	4	19.0
	6 to 12 months	9	42.8
	12 to 18 months	5	23.8
	more than 18 months	3	14.4
	[min = 3 months, max = 35 months]		
Casualty rate of combat unit	less than 25%	9	42.8
	25 to 50%	8	38.1
	50 to 75%	1	4.8
	more than 75%	2	9.5
	(don't know)	(1)	(4.8)
	[min = 1%, max = 115%]		
Frequency involved in casualty assistance matters	not applicable	3	14.3
	none	3	14.3
	very little extent	5	23.8
	some extent	6	28.6
	great extent	4	19.0
Service prior to combat tour	less than 12 months	11	52.4
	12 to 24 months	5	23.8
	24 to 36 months	2	9.5
	more than 36 months	3	14.3
	[min = 0 months, max = 288 months]		
Military affiliation at this time	Active Duty	4	19.1
	Retired	10	47.6
	Reserve	2	9.5
	Discharged	5	23.8

[NOTE: Retired classification includes Medical Retirement]

Tables IV through VII deal with Sections Three and Six of the research survey, the extent to which each individual experienced various emotional states corresponding to Dr. Kubler-Ross' five stages of the death process (excluding Stage Three--Bargaining). Section Three relates to feelings expressed during combat while Section Six concerns those same feelings which are being expressed at this time. These tables represent the conglomerate stage frequencies. For a statistical breakdown of each stage by individual statement see Appendices D through G.

TABLE IV
Stage One--Denial and Isolation

	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
Did not experience	1	1	4.8	1	4.8
	2	2	9.5	6	28.6
	3	7	33.3	9	42.8
	4	8	38.1	4	19.0
Very strongly exp.	5	3	14.3	1	4.8

As seen in Table IV, during combat the larger percentage of this sample (95.2%) experienced to some degree (values 2 through 5) the emotions correlating to Denial and Isolation whereas only 4.8% did not experience (value 1). Although these same proportions are exhibited in the current time frame, a definite shift has occurred between the different

TABLE V

Stage Two--Anger

	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
Did not experience	1	0	0.0	3	14.3
	2	3	14.3	3	14.3
	3	3	14.3	5	23.8
	4	9	42.8	6	28.6
Very strongly exp.	5	6	28.6	4	19.0

TABLE VI

Stage Four--Depression

	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
Did not experience	1	1	4.8	1	4.8
	2	3	14.3	9	42.9
	3	7	33.3	5	23.8
	4	9	42.8	4	19.0
Very strongly exp.	5	1	4.8	2	9.5

levels of intensity. For example, fewer respondents report strong feelings of denial and isolation (Values 4 and 5) at this time (23.8%) than reported during combat (52.4%).

A shift can again be seen when comparing Stage Two--Anger at the two points in time. Although the percentage of those experiencing anger is higher than those who do not at both times, the intensity appears to have abated over time: 0.0% did not experience and 71.4% strongly experienced

TABLE VII

Stage Five--Acceptance

	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
Did not experience	1	0	0.0	2	9.5
	2	8	38.1	2	9.5
	3	8	38.1	11	52.4
	4	4	19.0	5	23.8
Very strongly exp.	5	1	4.8	1	4.8

during combat as compared to 14.3% did not experience and 47.6% strongly experienced at this time.

As first seen in Stage One--Denial and Isolation, a movement both between the two experiential states and time is displayed in Table VI Stage Four--Depression. Although the percentages of those who did not experience this stage are temporally constant, the intensity appears to have again lessened over time: during combat, 47.6% strongly experienced and 47.6% experienced to a lesser degree; contrasted with the reactions at this time: 28.5% strongly experienced and 66.7% experienced to a lesser degree.

As illustrated in Table VII, the trend to change over time appears to continue in Stage Five--Acceptance. Whereas a higher percentage experienced acceptance to a minimal degree during combat (76.2%) than strongly experienced (23.8%), a shift can be seen temporally (9.5% did not experience, 28.6% strongly experienced, and 61.9% experienced to a lesser degree).

Finally, as exhibited in Table VIII, a shift in intensity also seems to have occurred within the miscellaneous section, a section consisting predominantly of "positive" emotional statements. (See Appendix B for listing of miscellaneous statements.) Also worthy of mention in Table VIII is the more evenly dispersed frequencies 'at this time' as compared to 'during combat'. Whereas the majority percentage (90.5%) only experienced these statements to a minimal degree during combat, a more widespread distribution is seen 'at this time'. (Due to the diversity of statements within this section, perhaps more information of interest can be culled from Appendix H--"Miscellaneous Results by Statement".)

TABLE VIII

Miscellaneous Emotional States

	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
Did not experience	1	0	0.0	2	9.5
	2	12	57.2	7	33.3
	3	7	33.3	5	23.8
	4	2	9.5	6	28.6
Very strongly exp.	5	0	0.0	1	4.8

To aid in the identification of any pertinent temporal shifts, new variables were defined to identify differences between stages over time. These new variables, one per stage, were computed by calculating the differences between

the stage during combat and that same stage at this time, i.e., Stage One During Combat minus Stage One At This-Time equals Stage One Differences. Tables IX and X display the frequency findings of these new variables. [NOTE: Stage Five--Acceptance is displayed in a separate table due to the difference in nature of the four stages. Although, a negative difference for all stages would signify a stronger intensity of feelings at this time, the increase of emotion could be translated as a positive state for Stage Five (i.e., more acceptance) whereas this same increase could be considered negative for Stages One, Two, and Four (i.e., more isolation and denial, more anger, etc.)]

TABLE IX

Temporal Differences: Stages One, Two, & four

<u>Value</u>	<u>Stage One</u> <u>Isolation</u> <u>and Denial</u>		<u>Stage Two</u> <u>Anger</u>		<u>Stage Four</u> <u>Depression</u>	
	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>
1 more intensity at this time	2	9.5	2	9.5	3	14.3
0 no change	8	38.1	9	42.8	9	42.8
-1 less intensity at this time	9	42.8	6	28.6	6	28.6
-2 lesser intensity at this time	1	4.8	3	14.3	3	14.3
-3 least intensity at this time	1	4.8	1	4.8	0	0.0

TABLE X

Temporal Differences: Stage Five

<u>Value</u>	<u>Stage Five--Acceptance</u>	
	<u>Cases</u>	<u>Percent</u>
2 most acceptance at this time	2	9.5
1 more acceptance at this time	5	23.8
0 no change	10	47.7
-1 less acceptance at this time	2	9.5
-2 least acceptance at this time	2	9.5

As noted in Table IX, a small percentage of the sample experienced a negative shift in intensity of feeling over time in all three stages. Also, although a fairly large percentage of the sample exhibits no temporal change across all three stages, an almost equivalent proportion does show a decrease in emotional intensity to some degree: Stage One--No Change 38.1%, Decrease 52.4%; Stage Two--No Change 42.8%, Decrease 47.7%; Stage Four--No Change 42.8%, Decrease 42.9%.

Table X appears to display the same types of trends originally seen in Table IX. As noted earlier, a smaller percentage of the sample (19.0%) reports a negative shift of less acceptance at this time while the larger percentages fall within the areas of no change (47.7%) and some degree of positive change or more acceptance (33.3%).

Response results of Section Four of the questionnaire are depicted in Table XI. Section Four concerns the respondents'

TABLE XI

Perceived Strength of Support Groups

<u>Variable</u>	<u>Very</u>	<u>Weak</u>	<u>Uncer-</u>	<u>Strong</u>	<u>Very</u>
	<u>Weak</u>		<u>tain</u>		<u>Strong</u>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Family Supp. Strength During Combat	4.8	19.0	9.5	28.6	38.1
Unit Supp. Strength During Combat	4.8	4.8	4.8	19.0	66.6
Family Supp. Strength Upon Return to US	14.3	4.8	23.8	19.0	38.1
Friends Supp. Strength Upon Return to US	28.6	9.5	19.0	14.3	28.6
Gen'l Public Response Upon Return to US	42.9	23.8	9.5	14.3	9.5

perception of the strength of various support groups both during and after the combat tour. Noteworthy in Table XI is the large percentage of those who perceived strong to very strong support from the military unit (85.6%) as compared to the perceived strength of the other forms of support mentioned: family support during combat--66.7%, family support upon return to the US--57.1%, support of friends upon return to the US--42.9%, and general public response upon return to the US--23.8%.

A particularly strong contrast is observed between unit support strength and the general public response. When comparing the perceived strengths of unit support and public response, it is interesting to note that these two variables set the endpoints at both extremes of scale:

- perceived strength weak to very weak
 - unit support = 9.6%
 - general public response = 66.7%

- perceived strength strong to very strong
 - unit support = 85.6%
 - general public response = 23.8%

Table XII synthesizes the survey's Section Five statement responses into four sections: positive support group questions, negative support group questions, positive self-esteem questions, and negative self-esteem questions. Individual question results are listed in Appendices I through K.

TABLE XII

Synthesis of Self-Esteem Question/Statements

<u>Variable</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>	<u>Strongly Agree</u>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Positive Support Group Questions	4.8	14.3	28.6	38.1*	14.3*
Positive Self-Esteem Questions	0.0	0.0	9.5	81.0*	9.5*
Negative Support Group Questions	19.0*	38.2*	33.3	0.0	9.5
Negative Self-Esteem Questions	4.8*	33.3*	47.6	14.3	0.0

* positive responses

NOTE: The response pattern for the negative support group and negative self-esteem questions will be opposite to the positive question sets. For example, in responding to the statement "I am inclined to think I am a failure", a more positive reply would be '1'--strongly disagree or '2'--disagree vice '4'--agree or '5'--strongly agree.

C. RESULTS FROM COMPARISONS BETWEEN VARIABLES

A number of variables were statistically compared using the SPSS Crosstabulation procedure to determine if any correlation exists. As defined in the SPSS manual, a cross-tabulation is a joint frequency distribution of cases according to two or more classificatory variables [Ref. 33]. Of all the variable combinations contrasted, only those with a significance level of .05 or less were selected for further analysis.

Table XIII lists the results of a crosstabulation performed on the two variables 'Family Support Strength During Combat' and 'Stage Five--Acceptance During Combat'.

Table XIII shows that as the reported strength of the family support system increases, a larger percentage of the sample (76.2%) experienced acceptance to some degree. One exception to this pattern is espied in the lower left-hand quadrant. In this one reported case, the respondent very strongly experienced acceptance although the family support strength was reported as very weak. The introduction of a

TABLE XIII

Crosstabulation Results: Family Support
Strength During Combat by Stage Five--
Acceptance--During Combat

<u>Value of Stage Five</u>	<u>Family Support Strength During Combat</u>					
	<u>Very Weak</u>	<u>Weak</u>	<u>Uncer- tain</u>	<u>Strong</u>	<u>Very Strong</u>	
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	
Did not experience	1	0.0	0.0	0.0	0.0	0.0
	2	0.0	0.0	4.8	19.0	14.3
	3	0.0	14.2	0.0	9.5	14.3
	4	0.0	4.8	4.8	0.0	9.5
Very strongly exp.	5	4.8	0.0	0.0	0.0	0.0

third controlling variable--'Unit Support Strength During Combat' helps to explain this anomaly.

Table XIV exhibits those results where the controlling variable unit support strength has the value of '5'--very strong. (Simply stated, this means that only those respondents who recorded a value of '5' for the variable of unit support strength were used as a base for the comparison between the two variables Stage Five--Acceptance and Family Support Strength. In this case, fourteen of the sample of twenty-one responded in this manner.)

As illustrated in Table XIV, the deviation again appears in the lower left-hand quadrant. However, one can now see that though the family support strength was perceived as very weak, the unit support strength was self-reported as very strong, perhaps strong enough to minimize the importance

TABLE XIV

Crosstabulation Results: Family Support
Strength During Combat by Stage Five--
Acceptance--During Combat with Unit Support
Strength During Combat Equal to Very Strong

		<u>Family Support Strength During Combat</u>				
		<u>Very Weak</u>	<u>Weak</u>	<u>Uncer- tain</u>	<u>Strong</u>	<u>Very Strong</u>
<u>Value of Stage Five</u>		<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Did not experience	1	0.0	0.0	0.0	0.0	0.0
	2	0.0	0.0	0.0	14.3	14.3
	3	0.0	7.1	0.0	14.3	21.4
	4	0.0	0.0	7.1	0.0	14.3
Very strongly exp.	5	7.1	0.0	0.0	0.0	0.0

of a family support system at that time. One should also note the similarity in frequency patterns between Tables XIII and XIV, i.e., the number of respondents experiencing acceptance to some degree increases as the perceived strength of the family support strength increases (holding unit support strength constant).

'Unit Support Strength During Combat' is again utilized in Table XV as a primary variable paired with 'Stage Four--Depression During Combat'.

As displayed in Table XV, those who reported having the strongest unit support strength also report having more intense depression. Two possible explanations for this phenomenon come to mind. First, perhaps as the perceived strength of unit support increases, expectations of a "happy

TABLE XV

Crosstabulation Results: Unit Support
Strength During Combat by Stage Four--
Depression--During Combat

<u>Value of Stage Four</u>	<u>Unit Support Strength During Combat</u>					
	<u>Very Weak</u>	<u>Weak</u>	<u>Uncer- tain</u>	<u>Strong</u>	<u>Very Strong</u>	
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	
Did not experience	1	0.0	0.0	4.8	0.0	0.0
	2	0.0	0.0	0.0	0.0	4.8
	3	0.0	0.0	0.0	4.8	0.0
	4	0.0	0.0	9.5	9.5	0.0
Very strongly exp.	5	4.8	14.3	19.0	28.6	0.0

ending" also increase--only to confront more remorse when these expectations are not met.

On a slightly different plane, for one to successfully complete the grief process, one must become aware of and work through feelings of depression. Perhaps the strong unit support allows one to more quickly assess depression and, in turn, work through these emotions toward a state of acceptance.

Due to the statistical constraints of sample size, possible skewing due to sample origin, and the dependence upon memory which at times may be vague, the results of this study are by no means conclusive, nor were they meant to be. However, certain patterns have emerged and new avenues of thought discovered that warrant further investigation.

V. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

Though not generalizable, a few observations were made within the data generated by this study. The first observation deals with the reported changes over time within the death/grief process stages. A positive shift was observed for all four of the stages measured within the questionnaire. In other words, as time has progressed, less intense isolation and denial (Stage One), less anger (Stage Two), less depression (Stage Four), and more acceptance (Stage Five) were reported and noted. Thus, it seems that the intensity of emotions expressed within Stages One, Two, and Four are on the decline while the feelings of acceptance observed within Stage Five appear to be on the rise.

A second observation deals with the respondent's perception of various support groups' strength. As noted in Chapter Four--Results, the strongest support for the Vietnam veteran appeared to derive from the military unit rather than from family, friends, and the public in general. Given the data above and the evidential importance of support groups for those experiencing the grief process, this should be of particular interest to the military. Policy makers need to examine where support is perceived by the military member (i.e., very little outside of the military

unit) and determine organizational responsibility for this essential support once the unit has been dispersed.

A third observation is that some correlation between support groups (in this case family support and military unit support), and Stage Four--Depression and Stage Five--Acceptance was discovered. Within this sample, strong family and unit support led to increased degrees of acceptance as well as to more intense feelings of depression.

As mentioned earlier in Chapter IV--Results, the occurrence of increased depression with increased family and unit support strength could have a two-fold explanation. First, a "ricochet effect" may have occurred, i.e., strong unit strength raised expectations only to have these hopes dashed when such expectations were not met resulting in depression. On the other hand, strong support from the unit may have made it possible for individuals to more quickly progress to Kubler-Ross' fourth stage, Depression. One final and somewhat related observation concerns the content portion of the research survey. The candor and sheer volume of data generated by the open-ended questions demonstrated to this author the need of the Vietnam veteran to air his opinions and communicate his feelings. This appears to verify the data pertaining to support systems--some manner of network is needed to assist an individual (in this instance, the Vietnam veteran) to voice his/her concerns and fears. [As mentioned in Chapter II--Literature Review, this need for cathartic support was dramatically

demonstrated at the San Francisco Vietnam Veterans Fair [Ref. 34].]

B. RECOMMENDATIONS FOR FURTHER STUDY

During the course of this study, the appearance and nonappearance of certain factors prompted this author to formulate several recommendations. First, while researching the available literature on death and grief, the dearth of information related to the effects of constant encounters with death-provoking incidents was astounding. This includes all such situations, civilian and military. The data pertaining exclusively to the military sector is practically nonexistent.

This author feels that further study is urgently needed in the area of military attitudes toward death. Specific research questions that could be of immense interest to the military population and are therefore worthy of future study include:

1. What personality factors are involved in shaping one's attitude toward death? For example, such factors as self-esteem, ego-strengths, needs for independence/dependence, coping abilities, and the ability to freely express one's feelings could have some impact in defining how one reacts to death and grief. Ascertaining the importance of these factors may help experts to better guide individuals through a more healthy death/grief process.

2. Can an individual's attitudes toward death be shaped and modified through training, education, or management techniques? In relation to the ideas expressed above, could any of the traits identified as influential in death attitudes, e.g., coping abilities and communication skills, be taught? How would raising one's awareness and/or tolerance toward death through such methods as seminars and forums help prepare an individual to face death?

3. What can the military do to provide active support to those who have faced, who are facing, or who will face death-provoking situations? One could well ask is it enough for the military to simply discharge a combat veteran without providing some form of support network? Perhaps a program, both pre and post combat, could be developed to allow the military member to air his or her concerns and fears. Going a step further, such a program could be extremely beneficial for those who face death in peace-time occupations, aviation crews and demolition teams, for example.

4. What impact would a more open attitude toward death on the part of the military member have on the effectiveness of those who lead and of those being led? Given the intensity and range of emotions generated around death and fear of death, would decreasing these anxieties increase the effectiveness of a military unit? Conversely, is it indeed more effective for the military to be a "death-denying, death-defying" society? Would coming to terms with ones'

fears concerning death cause the loss of the "fighting-edge" deemed necessary in combat? Would realizing that it doesn't just happen to "the other guy" keep the pilot from climbing into the cockpit?

5. How would a change in attitude toward death on the behalf of the military member affect the culture of the military forces? The opposite question could be posed as well; could a change in the culture of the military forces affect attitudes toward death? Such aspects of the military culture that may afford some interesting study include the image of the machismo, aspects of 'military language' (including many battle and combat songs that satirize death), and the idea that death only occurs to someone else, just to name a few.

Finally, although the wealth of information to be gathered from the Vietnam veteran on this subject is far from exhausted, other military sources for surveying attitudes toward death have yet to be tapped--people that are faced with high risk environments and possibly explosive situations. Such resources include the peace-keeping forces in Lebanon, the advisors sent to 'assist' in El Salvador, border guards in Berlin, pilots and crew of naval carrier operations, elements of the US Army Second Infantry serving at the Demilitarized Zone (DMZ) in Korea, and to a somewhat lesser degree, the US Navy Sea Air Land (SEAL) teams, the US Army Special Forces units, and the US Marine Corps Reconnaissance teams.

In short, death and dying has always been and always will be an unavoidable element of human existence--an element that is often looked upon with fear and trepidation. Due to the often high-risk and lethal nature of the military profession, this may be even more true for the military member. Perhaps now is the time to open the lines of communication and discover ways to deal with attitudes on death and dying toward the betterment of life and the living.

APPENDIX A

RESEARCH QUESTIONNAIRE

DEPARTMENT OF THE NAVY
Naval Postgraduate School
Monterey, California 93940

Dear Respondent,

The American people have long considered the subject of death and dying a cause for hushed voices and closed doors. Within the last decade, however, public attitude appears to be changing. Many educational courses are offered, research executed, and literature written concerning the once taboo topic. My question is: Are these changing attitudes shared by a smaller portion of America, namely the military?

Since no national tragedy has lately been so death provoking as the Vietnam conflict, this questionnaire has been designed to elicit the attitudes and feelings you, the Vietnam Veteran, have about your experiences with death in combat. Hopefully, you will want your opinions included in this survey. Your responses will be used as part of the research needed for the completion of my master's thesis from the Naval Postgraduate School. Your cooperation in completing and returning this questionnaire is greatly appreciated. Obviously, without your help I have less substance to report.

Your inputs will be anonymous. If you would like a copy of the report, please fill in the enclosed card and mail it separately. Thank you for your assistance.

SECTION 2

SEGMENT 1

Observe the situation pictured below:



Describe, in your own words, what has happened in the illustration with regards to:

- What events led up to this incident?

- What feelings/emotions are being expressed by those involved?

- What will be the outcome of this incident?

SECTION 3

Keeping in mind the incident you just described, place an 'x' along the line to best estimate the degree to which you felt or experienced the following statements.

(The lines represent a five point continuous scale; '1' represents "Did Not Experience This" and '5' represents "Very Strongly Experienced This".)

	NONE		MUCH		NONE		MUCH				
Optimism	1	2	3	4	5	Outrage	1	2	3	4	5
Understanding	1	2	3	4	5	Relief	1	2	3	4	5
Good Humor	1	2	3	4	5	Resentment	1	2	3	4	5
At Peace	1	2	3	4	5	Despair	1	2	3	4	5
Shock	1	2	3	4	5	Well-Being	1	2	3	4	5
Anger	1	2	3	4	5	Sadness	1	2	3	4	5
Cheer	1	2	3	4	5	Happiness	1	2	3	4	5
Withdrawal	1	2	3	4	5	Hopeful	1	2	3	4	5
Confidence	1	2	3	4	5	Denial	1	2	3	4	5
Frustration	1	2	3	4	5	Isolation	1	2	3	4	5
Exhilaration	1	2	3	4	5	Pessimism	1	2	3	4	5
Tranquility	1	2	3	4	5	Bewilderment	1	2	3	4	5
Depression	1	2	3	4	5	Calm	1	2	3	4	5
Disbelief	1	2	3	4	5	Guilt	1	2	3	4	5
Lack of Control	1	2	3	4	5	Gladness	1	2	3	4	5
Hostility	1	2	3	4	5	Acceptance	1	2	3	4	5
Disgust with Life	1	2	3	4	5	Avoidance	1	2	3	4	5
Bitterness	1	2	3	4	5	Acknowledgement	1	2	3	4	5

SECTION 4

Place an 'x' along the line to best determine your answer to the following questions.

- How would you rate the strength of the support you were given by your stateside family and friends during your combat service?

Very Strong Strong Uncertain Weak Very Weak

- How would you rate the strength of the support you were given by the personnel of your unit during your combat service?

Very Strong Strong Uncertain Weak Very Weak

- Upon the conclusion of your combat service, how would you rate the support you were given upon your return to the states?

FAMILY

Very Strong Strong Uncertain Weak Very Weak

FRIENDS

Very Strong Strong Uncertain Weak Very Weak

GENERAL PUBLIC RESPONSE

Very Strong Strong Uncertain Weak Very Weak

SECTION 5

Check the response which best estimates how you are feeling now in regards to the following statements.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

I am a quick thinker.

I am liked by most people who know me.

I rely on my family and friends to help me through hard times.

I am inclined to think I am a failure.

My judgement is better than it ever was.

When I do a job, I do it well.

I am a good mixer.

I have not lived the right kind of life.

My family and friends make difficult situations easier for me.

I am an important person.

I am good at remembering things.

I sometimes feel that my life is not very useful.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

I have never felt better
in my life than I do
right now.

I am a useful person
to have around.

I cannot do anything
well.

I don't seem to care
what happens to me.

I usually feel that
life is worthwhile.

I wish I could be as
happy as others
seem to be.

I feel as though
nothing I do is
any good.

I feel that relying
on others is a sign
of weakness.

If given the chance
I would make a good
leader of people.

I seem to be about as
capable and smart as
most others around me.

Basically, I am quite
attractive to the
opposite sex.

I feel the future
looks bright.

Strongly
Agree

Agree

Uncer-
tain

Disagree

Strongly
Disagree

I am usually alert.

I am certainly lacking
in self-confidence.

At times I think I am
no good at all.

I am happy most of
the time.

I usually expect to
succeed in things
I do.

I feel alone in the
world.

When I plan ahead I
usually carry out
things the way I
expected.

I certainly feel
useless at times.

I am entirely self-
confident.

SECTION 6

Remembering your experiences with death and dying during combat, place an 'x' along the line to best estimate the degree to which you NOW feel or experience these statements.

(The lines represent a five point continuous scale; '1' represents "Did Not Experience This" and '5' represents "Very Strongly Experienced This".)

	NONE		MUCH		NONE		MUCH				
Optimism	1	2	3	4	5	Outrage	1	2	3	4	5
Understanding	1	2	3	4	5	Relief	1	2	3	4	5
Good Humor	1	2	3	4	5	Resentment	1	2	3	4	5
At Peace	1	2	3	4	5	Despair	1	2	3	4	5
Shock	1	2	3	4	5	Well-Being	1	2	3	4	5
Anger	1	2	3	4	5	Sadness	1	2	3	4	5
Cheer	1	2	3	4	5	Happiness	1	2	3	4	5
Withdrawal	1	2	3	4	5	Hopeful	1	2	3	4	5
Confidence	1	2	3	4	5	Denial	1	2	3	4	5
Frustration	1	2	3	4	5	Isolation	1	2	3	4	5
Exhilaration	1	2	3	4	5	Pessimism	1	2	3	4	5
Tranquility	1	2	3	4	5	Bewilderment	1	2	3	4	5
Depression	1	2	3	4	5	Calm	1	2	3	4	5
Disbelief	1	2	3	4	5	Guilt	1	2	3	4	5
Lack of Control	1	2	3	4	5	Gladness	1	2	3	4	5
Hostility	1	2	3	4	5	Acceptance	1	2	3	4	5
Disgust with Life	1	2	3	4	5	Avoidance	1	2	3	4	5
Bitterness	1	2	3	4	5	Acknowledgement	1	2	3	4	5

APPENDIX B

SECTION TWO AND SIX SURVEY STATEMENTS BY CATEGORY

Stage 1--Denial and Isolation

Denial
Shock
Disbelief
Avoidance
Withdrawal
Isolation
Bewilderment

Stage 2--Anger

Resentment
Bitterness
Outrage
Anger
Lack of Control
Frustration
Hostility

Stage 4--Depression

Depression
Sadness
Guilt
Pessimism
Disgust with Life
Despair

Stage 5--Acceptance

Acceptance
Understanding
Acknowledgement
At Peace
Calm
Hopeful
Tranquility

Miscellaneous

Optimist
Good Humor
Cheer
Confidence

Miscellaneous (Cont.)

Exhilaration

Relief

Well-Being

Happiness

Gladness

APPENDIX C

SECTION FIVE SURVEY QUESTIONS BY CATEGORY

• Positive Support Group [coded PSUPGRP]

(Q3) I rely on my family and friends to help me through hard times.

(Q9) My family and friends make difficult situations easier for me.

• Negative Support Group [coded NSUPGRP]

(Q20) I feel that relying on others is a sign of weakness.

• Positive Self-Esteem [coded POSSE]

*(Q1) I am a quick thinker.

+(Q2) I am liked by most people who know me.

+(Q5) My judgement is better than it ever was.

*(Q6) When I do a job, I do it well.

+(Q7) I am a good mixer.

+(Q10) I am an important person.

*(Q11) I am good at remembering things.

+(Q13) I have never felt better in my life than I do right now.

*(Q14) I am a useful person to have around.

+(Q17) I usually feel that life is worthwhile.

+(Q21) If given the chance I would make a good leader of people.

- + (Q22) I seem to be about as capable and smart as most others around me.
- * (Q23) Basically, I am quite attractive to the opposite sex.
- * (Q24) I feel the future looks bright.
- * (Q25) I am usually alert.
- + (Q28) I am happy most of the time.
- + (Q29) I usually expect to succeed in things I do.
- * (Q31) When I plan ahead I usually carry out things the way I expected.
- + (Q33) I am entirely self-confident.

• Negative Self-Esteem !coded NEGSEL

- * (Q4) I am inclined to think I am a failure.
- + (Q8) I have not lived the right kind of life.
- * (Q12) I sometimes feel that my life is not very useful.
- + (Q15) I cannot do anything well.
- + (Q16) I don't seem to care what happens to me.
- + (Q18) I wish I could be as happy as others seem to be.
- * (Q19) I feel as though nothing I do is any good.
- + (Q26) I am certainly lacking in self-confidence.
- + (Q27) At times I think I am no good at all.
- + (Q30) I feel alone in the world.
- + (Q32) I certainly feel useless at times.

* selected from the "Low Self Esteem Scale" (Hunt, Singer, Cobb)

+ selected from the Minnesota Multiphasic Personality Inventory (Hathaway, McKinley)

APPENDIX D

STAGE 1--DENIAL & ISOLATION: RESULTS BY STATEMENT
COMPARED BY TIME

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>DENIAL</u>					
Did not experience	1	10	47.6	9	42.8
	2	2	9.5	5	23.8
	3	5	23.9	5	23.8
	4	0	0.0	1	4.8
Very strongly exp.	5	4	19.0	1	4.8
<u>SHOCK*</u>					
Did not experience	1	1	4.8	7	33.3
	2	4	19.0	5	23.8
	3	4	19.0	2	9.5
	4	4	19.0	3	14.3
Very strongly exp.	5	8	38.2	3	14.3
<u>DISBELIEF</u>					
Did not experience	1	3	14.3	5	23.8
	2	4	19.0	6	28.6
	3	3	14.3	2	9.5
	4	5	23.8	5	23.8
Very strongly exp.	5	6	28.6	3	14.3

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>AVOIDANCE</u>					
Did not experience	1	8	38.2	7	33.3
	2	2	9.5	4	19.0
	3	5	23.8	5	23.8
	4	2	9.5	4	19.0
Very strongly exp.	5	4	19.0	1	4.8
<u>WITHDRAWAL</u>					
Did not experience	1	5	23.8	7	33.2
	2	3	14.3	1	4.8
	3	6	28.6	6	28.6
	4	2	9.5	6	28.6
Very strongly exp.	5	5	23.8	1	4.8
<u>ISOLATION</u>					
Did not experience	1	4	19.0	4	19.0
	2	0	0.0	4	19.0
	3	6	28.7	4	19.0
	4	4	19.0	6	28.7
Very strongly exp.	5	7	33.3	3	14.3
<u>BEWILDERMENT</u>					
Did not experience	1	3	14.4	7	33.3
	2	5	23.8	4	19.0
	3	5	23.8	7	33.3
	4	4	19.0	2	9.5
Very strongly exp.	5	4	19.0	1	4.8

* = One missing case: equals 4.8%

APPENDIX E

STAGE 2--ANGER: RESULTS BY STATEMENT COMPARED BY TIME

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>RESENTMENT</u>					
Did not experience	1	3	14.3	5	23.8
	2	5	23.8	5	23.8
	3	3	14.3	4	19.0
	4	4	19.0	5	23.8
Very strongly exp.	5	6	28.6	2	9.6
<u>BITTERNESS</u>					
Did not experience	1	3	14.3	5	23.8
	2	0	0.0	2	9.5
	3	4	19.0	6	28.6
	4	9	42.9	3	14.3
Very strongly exp.	5	5	23.8	5	23.8
<u>OUTRAGE</u>					
Did not experience	1	2	9.5	4	19.0
	2	1	4.8	6	28.6
	3	3	14.3	1	4.8
	4	8	38.1	5	23.8
Very strongly exp.	5	7	33.3	5	23.8

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>ANGER</u>					
Did not experience	1	3	14.3	5	23.8
	2	0	0.0	2	9.6
	3	3	14.3	3	14.3
	4	3	14.3	4	19.1
Very strongly exp.	5	12	57.1	7	33.3
<u>LACK OF CONTROL</u>					
Did not experience	1	7	33.3	10	47.5
	2	5	23.8	6	28.6
	3	5	23.8	3	14.3
	4	1	4.8	1	4.8
Very strongly exp.	5	3	14.3	1	4.8
<u>FRUSTRATION</u>					
Did not experience	1	2	9.5	3	14.4
	2	2	9.5	4	19.0
	3	7	33.4	2	9.5
	4	2	9.5	8	38.1
Very strongly exp.	5	8	38.1	4	19.0
<u>HOSTILITY</u>					
Did not experience	1	3	14.3	7	33.4
	2	3	14.3	2	9.5
	3	3	14.3	5	23.8
	4	3	14.3	2	9.5
Very strongly exp.	5	9	42.8	5	23.8

APPENDIX F

STAGE 4--DEPRESSION: RESULTS BY STATEMENT BY TIME

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>DEPRESSION</u>					
Did not experience	1	6	28.6	5	23.8
	2	2	9.5	5	23.8
	3	3	14.3	3	14.3
	4	6	28.6	5	23.8
Very strongly exp.	5	4	19.0	3	14.3
<u>SADNESS</u>					
Did not experience	1	5	23.8	4	19.0
	2	1	4.8	2	9.5
	3	3	14.3	6	28.7
	4	3	14.3	5	23.8
Very strongly exp.	5	9	42.8	3	14.3
<u>GUILT</u>					
Did not experience	1	8	38.1	8	38.1
	2	2	9.5	6	28.6
	3	3	14.3	6	28.7
	4	5	23.8	4	19.0
Very strongly exp.	5	3	14.3	1	4.8

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>PESSIMISM</u>					
Did not experience	1	4	19.0	9	42.9
	2	2	9.5	2	9.5
	3	10	47.7	9	42.9
	4	3	14.3	0	0.0
Very strongly exp.	5	2	9.5	1	4.8
<u>DISGUST WITH LIFE</u>					
Did not experience	1	9	42.9	12	57.1
	2	1	4.8	3	14.3
	3	5	23.8	3	14.3
	4	2	9.5	2	9.5
Very strongly exp.	5	4	19.0	1	4.8
<u>DESPAIR</u>					
Did not experience	1	4	19.0	7	33.3
	2	5	23.8	5	23.8
	3	6	28.7	5	23.8
	4	4	19.0	3	14.3
Very strongly exp.	5	2	9.5	1	4.8

APPENDIX G

STAGE 5--ACCEPTANCE: RESULTS BY STATEMENTS BY TIME

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>ACCEPTANCE</u>					
Did not experience	1	7	33.3	5	23.8
	2	2	9.5	4	19.0
	3	4	19.0	5	23.8
	4	3	14.3	4	19.0
Very strongly exp.	5	5	23.9	3	14.3
<u>UNDERSTANDING</u>					
Did not experience	1	5	23.8	3	14.3
	2	5	23.8	1	4.8
	3	6	28.6	7	33.3
	4	3	14.3	7	33.3
Very strongly exp.	5	2	9.5	3	14.3
<u>ACKNOWLEDGEMENT</u>					
Did not experience	1	0	0.0	2	9.5
	2	9	42.8	6	28.6
	3	3	14.3	4	19.0
	4	3	14.3	5	23.9
Very strongly exp.	5	6	28.6	4	19.0

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>AT PEACE</u>					
Did not experience	1	11	52.3	7	33.3
	2	6	28.6	3	14.3
	3	1	4.8	6	28.6
	4	2	9.5	4	19.0
Very strongly exp.	5	1	4.8	1	4.8
<u>CALM</u>					
Did not experience	1	8	38.1	5	23.8
	2	5	23.8	4	19.0
	3	5	23.8	7	33.4
	4	2	9.5	4	19.0
Very strongly exp.	5	1	4.8	1	4.8
<u>HOPEFUL</u>					
Did not experience	1	5	23.8	6	28.6
	2	5	23.8	1	4.8
	3	7	33.4	7	33.4
	4	2	9.5	5	23.8
Very strongly exp.	5	2	9.5	2	9.5
<u>TRANQUILITY</u>					
Did not experience	1	12	57.2	7	33.2
	2	7	33.2	6	28.6
	3	0	0.0	6	28.6
	4	1	4.8	1	4.8
Very strongly exp.	5	1	4.8	1	4.8

APPENDIX H

MISCELLANEOUS STATEMENTS: RESULTS BY TIME

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>OPTIMISM</u>					
Did not experience	1	7	33.3	3	14.3
	2	4	19.0	1	4.8
	3	6	28.6	8	38.1
	4	3	14.3	4	19.0
Very strongly exp.	5	1	4.8	5	23.8
<u>GOOD HUMOR</u>					
Did not experience	1	11	52.5	6	28.6
	2	5	23.8	3	14.3
	3	3	14.2	6	28.6
	4	2	9.5	5	23.8
Very strongly exp.	5	0	0.0	1	4.8
<u>CHEER</u>					
Did not experience	1	16	76.2	11	52.4
	2	3	14.3	4	19.0
	3	2	9.5	3	14.3
	4	0	0.0	3	14.3
Very strongly exp.	5	0	0.0	0	0.0

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>CONFIDENCE</u>					
Did not experience	1	0	0.0	2	9.5
	2	5	23.8	3	14.3
	3	7	33.4	6	28.6
	4	4	19.0	7	33.3
Very strongly exp.	5	5	23.8	3	14.3
<u>EXHILIRATION</u>					
Did not experience	1	6	28.6	7	33.3
	2	2	9.4	5	23.8
	3	6	28.6	7	33.3
	4	6	28.6	1	4.8
Very strongly exp.	5	1	4.8	1	4.8
<u>RELIEF</u>					
Did not experience	1	12	57.1	10	47.6
	2	4	19.0	3	14.3
	3	3	14.3	5	23.8
	4	1	4.8	2	9.5
Very strongly exp.	5	1	4.8	1	4.8
<u>WELL-BEING</u>					
Did not experience	1	10	47.5	6	28.6
	2	6	28.6	3	14.3
	3	3	14.3	6	28.6
	4	1	4.8	4	19.0
Very strongly exp.	5	1	4.8	2	9.5

<u>Variable</u>	<u>During Combat</u>			<u>At This Time</u>	
	<u>Value</u>	<u>Cases</u>	<u>Percent</u>	<u>Cases</u>	<u>Percent</u>
<u>HAPPINESS</u>					
Did not experience	1	13	61.9	8	38.1
	2	7	33.3	3	14.3
	3	0	0.0	7	33.3
	4	1	4.8	1	4.8
Very strongly exp.	5	0	0.0	2	9.5
<u>GLADNESS</u>					
Did not experience	1	17	81.0	10	47.6
	2	2	9.5	4	19.0
	3	2	9.5	5	23.8
	4	0	0.0	1	4.8
Very strongly exp.	5	0	0.0	1	4.8

APPENDIX I

SUPPORT GROUP: RESULTS BY STATEMENT

<u>Questions</u>	<u>Positive Support Group Questions</u>									
	<u>Strongly Disagree</u>		<u>Disagree</u>		<u>Agree</u>		<u>Strongly Agree</u>			
	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>		
Q3 My family and friends make difficult situations easier for me.	1	4.8	6	28.6	3	14.3	8	38.0	3	14.3
Q9 I rely on my family and friends to help me through hard times.	2	9.5	3	14.3	7	33.3	8	38.1	1	4.8
<u>Questions</u>	<u>Negative Support Group Questions</u>									
	<u>Strongly Disagree</u>		<u>Disagree</u>		<u>Agree</u>		<u>Strongly Agree</u>			
	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>		
Q20 I feel that relying on others is a sign of weakness.	4	19.0	8	38.2	7	33.3	0	0.0	2	9.5

APPENDIX J

POSITIVE SELF-ESTEEM: RESULTS BY STATEMENT

<u>Questions</u>	<u>Strongly Disagree</u>		<u>Disagree</u>		<u>Uncertain</u>		<u>Agree</u>		<u>Strongly Agree</u>	
	Cases	%age	Cases	%age	Cases	%age	Cases	%age	Cases	%age
Q1 I am a quick thinker	0	0.0	0	0.0	1	4.8	14	66.6	6	28.6
Q2 I am liked by most people who know me.	0	0.0	1	4.8	1	4.8	11	52.3	8	38.1
Q5 My judgement is better than it ever was.	0	0.0	2	9.5	5	23.8	5	23.8	9	42.9
Q6 When I do a job, I do it well.	0	0.0	0	0.0	0	0.0	11	52.4	10	47.6
Q7 I am a good mixer.	1	4.8	5	23.8	4	19.0	9	42.9	2	9.5
Q10 I am an important person.	0	0.0	3	14.3	3	14.3	10	47.6	5	23.8
Q11 I am good at remembering things.	0	0.0	2	9.5	5	23.8	9	42.9	5	23.8
Q13 I have never felt better in my life than I do right now.	2	9.5	9	42.9	2	9.5	6	28.6	2	9.5
Q14 I am a useful person to have around.	0	0.0	0	0.0	1	4.8	15	71.4	5	23.8
Q17 I usually feel that life is worthwhile.	0	0.0	1	4.8	1	4.8	11	52.3	8	38.1

<u>Questions</u>	<u>Strongly Disagree</u>		<u>Disagree</u>		<u>Uncertain</u>		<u>Agree</u>		<u>Strongly Agree</u>	
	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>
Q21 If given the chance I would make a good leader of people.	0	0.0	1	4.8	2	9.15	10	47.6	8	38.1
Q22 I seem to be about as capable and smart as most others around me.	0	0.0	1	4.8	0	0.0	12	57.1	8	38.1
Q23 Basically, I am quite attractive to the opposite sex.	1	4.8	3	14.3	6	28.6	10	47.5	1	4.8
Q24 I feel the future looks bright.	0	0.0	1	4.8	6	28.6	9	42.8	5	23.8
Q25 I am usually alert.	0	0.0	0	0.0	0	0.0	15	71.4	6	28.6
Q28 I am happy most of the time.	0	0.0	3	14.3	4	19.0	13	61.9	1	4.8
Q29 I usually expect to succeed in things I do.	0	0.0	0	0.0	1	4.8	14	66.6	6	28.6
Q31 When I plan ahead I usually carry out things the way I expected.	0	0.0	3	14.3	1	4.8	16	76.1	1	4.8
Q33 I am entirely self-confident.	0	0.0	3	14.3	5	23.8	11	52.4	2	9.5

APPENDIX K

NEGATIVE SELF-ESTEEM: RESULTS BY STATEMENT

Questions	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree	
	Cases	%age	Cases	%age	Cases	%age	Cases	%age	Cases	%age
Q4 I am inclined to think I am a failure.	8	38.1	9	42.9	2	9.5	0	0.0	2	9.5
Q8 I have not lived the right kind of life.	6	28.6	6	28.6	6	28.6	1	4.8	2	9.4
Q12 I sometimes feel that my life is not very useful.	5	23.8	7	33.3	2	9.5	6	28.6	1	4.8
Q15 I cannot do anything well.*	9	42.8	11	52.4	0	0.0	0	0.0	0	0.0
Q16 I don't seem to care what happens to me.	10	47.6	6	28.6	3	14.3	2	9.5	0	0.0
Q18 I wish I could be as happy as others seem to be.	2	9.5	8	38.2	2	9.5	7	33.3	2	9.5
Q19 I feel as though nothing I do is any good.	9	42.8	10	47.6	1	4.8	1	4.8	0	0.0
Q26 I am certainly lacking in self-confidence.	7	33.3	9	42.9	4	19.0	0	0.0	1	4.8

* one missing case; equals 4.8%

<u>Questions</u>	<u>Strongly Disagree</u>		<u>Disagree</u>		<u>Uncertain</u>		<u>Agree</u>		<u>Strongly Agree</u>	
	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>	<u>Cases</u>	<u>%age</u>
Q27 At times I think I am no good at all.	4	19.0	11	52.5	2	9.5	4	19.0	0	0.0
Q30 I feel alone in the world.	6	28.6	5	23.8	3	14.3	4	19.0	3	14.3
Q32 I certainly feel useless at times.	5	23.9	7	33.3	4	19.0	3	14.3	2	9.5

LIST OF REFERENCES

1. American Funeral Plan of Portland, Oregon, A Message from the National Sales Director, January 1983.
2. Kenneth L. Woodward, "How American Lives with Death," Newsweek, 6 April 1970, p. 81.
3. Eugene H. Drucker, Changes in Soldier Attitudes, (Alexandria, Virginia: Human Resources Research Organization, 1974), p. 28.
4. Elisabeth Kubler-Ross, On Death and Dying (New York: MacMillan Publishing Co., Inc., 1969), p. 40.
5. Idem, Questions and Answers on Death and Dying (New York: MacMillan Publishing Co., Inc., 1974), p. 71.
6. Idem, On Death and Dying, p. 113.
7. Earl A. Grollman, ed., Concerning Death: A Practical Guide for the Living (Boston: Beacon Press, 1974), p. xii.
8. Herman Feifel, ed., New Meanings of Death (San Francisco: McGraw-Hill Book Company, 1977), p. 5.
9. Richard A. Kalish, Death, Grief, and Caring Relationships (Monterey: Brooks/Cole Publishing Company, 1981), p. 84.
10. Earl A. Grollman, Talking About Death: A Dialogue Between Parent and Child (Boston: Beacon Press, 1970), p. ix.
11. Idem, Concerning Death: A Practical Guide for the Living, p. xi.
12. Feifel, New Meanings of Death, p. 257.
13. Ibid., p. 5.
14. Ibid., p. 10.
15. Judy Tattlebaum, The Courage to Grieve (New York: Lippincott and Crowell, Publishers, 1980), p. 147.
16. Kalish, Death, Grief, and Caring Relationships, p. 98.
17. Ibid., p. 84.

18. Elisabeth Kubler-Ross, Death: The Final Stage of Growth (New Jersey: Prentice-Hall, Inc., 1975), p. 117.
19. Ibid., p. xi.
20. Feifel, New Meanings of Death, p. 9.
21. Tattlebaum, The Courage to Grieve, p. 17.
22. Kalish, Death, Grief, and Caring Relationships, p. 69.
23. Tattlebaum, The Courage to Grieve, p. 17.
24. Ibid.
25. Kalish, Death, Grief, and Caring Relationships, p. 89.
26. Tattlebaum, The Courage to Grieve, p. 17.
27. Stephanie Salter, "Vietnam Vets Catharsis at S.F. Mural Showing," San Francisco Examiner & Chronicle, 15 May 1983, Section A, p. 6.
28. Feifel, New Meanings of Death, p. 228.
29. Tattlebaum, The Courage to Grieve, p. 15.
30. Ibid., p. 34.
31. Ibid., p. 36.
32. Interview with Captain Kenneth Hirsch, United States Army Medical Corps, Letterman Army Medical Center, San Francisco, California, 6 May 1983.
33. Norman H. Nie, et al., Statistical Package for the Social Sciences, 2nd ed. (United States of America: McGraw-Hill, Inc., 1975), p. 218.
34. Salter, San Francisco Examiner & Chronicle, p. 6.

BIBLIOGRAPHY

- Adams, Clara L., "Attitudes Toward Fear of Death and Dying among Army Officers," Master's Thesis, U.S. Army Command and General Staff College, 1976.
- Dahlstrom, W. Grant, and Welsch, George Schlager, An MMPI Handbook, A Guide to Use in Clinical Practice and Research. Minneapolis: University of Minnesota Press, 1960.
- Department of the Navy. Unit Leaders' Personal Response Handbook. Washington, D.C.: Headquarters United States Marine Corps, 1967.
- Grollman, Earl A., ed. What Helped Me When My Loved One Died. Boston: Beacon Press, 1981.
- Kubler-Ross, Elisabeth. Working it Through. New York: MacMillan Publishing Company, Inc., 1982.
- Landorf, Joyce. Mourning Song. New Jersey: Fleming H. Revell Company, 1974.
- Lemon, Nigel. Attitudes and Their Measurement. New York: John Wiley & Sons, 1973.
- Lewis, Norman. The New Roget's Thesaurus in Dictionary Form. New York: G.P. Putnam's Sons, 1978.
- Morison, Robert S. "Dying". Scientific American, September 1973, pp. 55-60.
- Mulligan, Hugh A. No Place to Die. New York: William Morrow & Company, Inc., 1967.
- Paulus, Trina. Hope for the Flowers. New York: Paulist Press, 1972.
- "Thanatology 1". Time, 8 January 1978, p. 36.
- "Therapeutic Friendship". Time, 3 May 1971, p. 45.
- "Toward a Better Death". Time, 5 June 1972, pp. 60-61.
- Westberg, Granger E. Good Grief. Philadelphia: Fortress Press, 1962.

INITIAL DISTRIBUTION LIST

	No. Copies
1. Defense Technical Information Center Cameron Station Alexandria, Virginia 22314	2
2. Library, Code 0142 Naval Postgraduate School Monterey, California 93940	2
3. Department Chairman, Code 54 Department of Administrative Sciences Naval Postgraduate School Monterey, California 93940	1
4. Professor Richard McGonigal, Code 54Mb Department of Administrative Sciences Naval Postgraduate School Monterey, California 93940	18
5. Assistant for Analysis, Evaluation (NMPC-6C) Human Resource Management & Personal Affairs Dept. Naval Military Personnel Command Washington, D.C. 20370	1
6. Director for HRM Plans and Policy (OP-150) Human Resource Management Division Deputy Chief of Naval Operations (Manpower, Personnel, and Training) Washington, D.C. 20370	1
7. Commanding Officer Human Resource Management School Naval Air Station Memphis Millington, Tennessee 38054	1
8. Commanding Officer Human Resource Management Center, London Box 23 FPO, New York 09510	1
9. Commanding Officer Human Resource Management Center 5621-23 Tidewater Drive Norfolk, Virginia 23509	1

10. Commanding Officer 1
Human Resource Management Center
Pearl Harbor, Hawaii 96860
11. Commanding Officer 1
Human Resource Management Center
Naval Training Center
San Diego, California 92133
12. Commanding Officer 1
Organizational Effectiveness Center & School
Fort Ord, California 93941
13. Commanding Officer 1
Human Resource Management Center
Commonwealth Building, Room 1144
1300 Wilson Boulevard
Arlington, Virginia 22209
14. Ms. Laurette Toldi, Director of Volunteers 1
Hospice of the Monterey Peninsula
P.O. Box 223139
Carmel, California 93922
15. Lieutenant Linda J. Fraser, USN 1
Human Resource Management Center, London
Box 23
FPO, New York 09510

202038

Thesis

F784 Fraser

c.1 Death and grief in the
 military: an attitudin-
 al focus.

thesF784

Death and grief in the military :



3 2768 001 95992 7

DUDLEY KNOX LIBRARY