Loyola University Chicago
Loyola eCommons

Dissertations | Theses and Dissertations

1986

Identity Diffusion, Moral Conflict, and Low Self-Esteem as Contributing Factors to the Post-Traumatic Stress Disorder Symptoms in Vietnam Combat Veterans

Leland Karl Martin
Loyola University Chicago

Follow this and additional works at: https://ecommons.luc.edu/luc_diss

Part of the Education Commons

Recommended Citation

Martin, Leland Karl, "Identity Diffusion, Moral Conflict, and Low Self-Esteem as Contributing Factors to the Post-Traumatic Stress Disorder Symptoms in Vietnam Combat Veterans" (1986). *Dissertations*. 2443.
https://ecommons.luc.edu/luc_diss/2443

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Dissertations by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License.
Copyright © 1986 Leland Karl Martin

IDENTITY DIFFUSION, MORAL CONFLICT, AND LOW SELF-ESTEEM AS CONTRIBUTING FACTORS TO THE POST-TRAUMATIC STRESS DISORDER SYMPTOMS IN VIETNAM COMBAT VETERANS

by

Leland Karl Martin

A Dissertation Submitted to the Faculty of the Graduate School of Loyola University of Chicago in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

May

1986

ACKNOWLEDGEMENTS

The author wishes to thank Drs. Marilyn Susman, Director, Carol Harding, Todd Hoover, and Donald Hossler, members of the dissertation committee, for their help and encouragement throughout the project. The author remembers with gratitude the kindness of Bernard Blom, Ph.D., Luke Shanley, Ph.D., and Betsy Tolsted, Ph.D., psychologists with the Veterans Administration Medical Centers whose knowledge and expertise were instrumental in securing approval to work with the Veteran Outreach Centers and inpatients of their facilities. The appreciation felt toward Team Leaders, Mr. Christopher Lane, Leonard Porter, Ph.D. and James Bessner, Ph.D.; and counselors Mr. Phillip Meyer and Mr. William Russell for their considerable effort and patience on my behalf will never be forgotten. To the numerous Vietnam Veterans who participated in the study, I dedicate this work as a means of expressing my most deeply felt thank you. Finally, the dissertation would not have been completed without the extraordinary diligence and technical assistance of Ms. Mary Fran Tilton and, particularly, the personal and professional support provided by Ms. Kathy Kruger.

VITA

The author, Leland K. Martin, is the son of Leslie and Phyllis Jossart Martin. He was born on July 30, 1948, in Estherville, Iowa.

His elementary and secondary education was completed in Minnesota. He graduated from Sherburn Jr., Sr. High School in Sherburn, Minnesota in June, 1966. From September, 1966 through January, 1968, he attended the University of Minnesota. He entered the United States Marine Corps in June, 1968, and served in Vietnam for 16 months. He was discharged under honorable conditions in September, 1970. In the fall of 1970, he re-entered the University of Minnesota majoring in psychology and received the Bachelor of Arts in December, 1972. In January, 1973, he enrolled at St. Cloud State University, and in March, 1974, graduated with honors with a Master of Arts degree in Rehabilitation Counseling. He enrolled in the College of St. Thomas in January, 1975 and graduated in 1981 with an Educational Specialist degree. He studied at the Institute of Transactional Analysis and the Alfred Adler Institute during 1976 and 1977. In the summer of 1977, he enrolled in DePaul University and in August, 1978 received a Certificate in Rehabilitation Administration. At present, he is in the doctoral program in Counseling Psychology and Higher Education at Loyola University.

His professional experience includes clinical practice, counseling, teaching and consultation. He is a Certified Rehabilitation Counselor and a Nationally Certified Counselor. He is provisionally certified as an alcoholism therapist and is currently receiving supervision to qualify as a Certified Family therapist. Since 1975, he has been employed as a counseling psychologist with the Veterans Administration. He has served as a consultant to the Disabled American Veteran Association and during 1984 and 1985, completed a 2,000 hour supervised internship with the Department of Health and Human Services in Hoffman Estates, Illinois. His research interests and experience have related to interpersonal relationships and issues surrounding moral-ethical development using a cognitive-developmental theoretical model.

He is engaged to Ms. Kathy Kruger and has two sons from a previous marriage, Shaun and Nicholas.

TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS ii

VITA iii

LIST OF TABLES vii

CONTENT OF APPENDICES xi

CHAPTER

I. INTRODUCTION 1

Background Information 1
Statement of the Problem 6
Purpose of the Study 8
Definition of Terms 10
Significance of the Study 12
Limitations of the Study 13
Organization of the Study 17

II. REVIEW OF RELATED LITERATURE 19

Psychological Perspective 21
Developmental Psychology 24
Sociological Perspective 29
Identity Formation 34
Moral-Ethical Development 45
Self-Concept Theory 55
The Stresses of Vietnam on
Psychosocial Development 64
Relationship of the Study to
Existing Research 91

III. METHODOLOGY 94

Sample Population 94
Research Design 103
Instruments 108
Procedures 118
Summary 124

IV. RESULTS

Results of Analysis 126
Summary 187

Page

V. CONCLUSIONS. 191

Summary of Study. 191
Discussion. .198
Recommendations. 214
Implications for Further Research. 216

REFERENCES. 219

APPENDIX A. 239

APPENDIX B. 242

APPENDIX C. 246

APPENDIX D. 248

APPENDIX E. 250

LIST OF TABLES

Table	Page
1. Demographic Data on Subjects.	98
2. Sample Distribution by Matching.	99
3. Combat Experiences.	100
4. One-Way ANOVA for Groups and Identity Scores.	128
5. One-Way ANOVA for Groups and Total Conflict Scores.	128
6. Comparison of the Three Groups on Identity and Total Conflict Scores.	128
7. Comparison of Groups with Age, Combat Level and Enlistment Status on Identity and Total Conflict Scores.	130
8. Comparison of Groups with Age, Combat Level, Education Level on Identity and Total Conflict Scores.	133
9. Two-Way ANOVA for Identity Scores, Group and Independent Variables.	138
10. Two-Way ANOVA for Total Conflict Scores, Group, and Independent Variables.	141
11. One-Way ANOVA for Groups and Self-Satisfaction.	142
12. One-Way ANOVA for Groups and General Maladjustment.	143
13. Comparison of the Three Groups on Self-Satisfaction and General Maladjustment Scores.	143
14. Comparison of Groups with Age, Combat Level and Enlistment Status on Self-Satisfaction and General Maladjustment Scores. . .	146
15. Comparison of Groups with Age, Combat Level, and Education Level on Self-Satisfaction and General Maladjustment Scores.	149

Table		Page

16. Two-Way ANOVA for Self-Satisfaction Scores, Groups and the Independent Variables. 153

17. Two-Way ANOVA for General Maladjustment Scores, Groups and Independent Variables. . . . 154

18. One-Way ANOVA for Groups and Social-Self Scores. 157

19. One-Way ANOVA for Groups and Total Positive Scores. 157

20. Comparison of the Three Groups on Social-Self and Total Positive Scores. 157

21. Comparison of Groups with Age, Combat Level and Enlistment Status on Social-Self and Total Positive Scores. 160

22. Comparison of Groups with Age, Combat Level, and Education Level on Social-Self and Total Positive Scores. 163

23. Two-Way ANOVA for Social-Self Scores, Groups and the Independent Variables. 167

24. Two-Way ANOVA for Total Positive Scores, Groups and the Independent Variables. 168

25. One-Way ANOVA for Groups and Moral-Ethical Self Scores. 170

26. One-Way ANOVA for Groups and Self-Criticism Scores. 171

27. Comparison of the Three Groups on Moral-Ethical and Self-Criticism Scores. 172

28. Comparison of Groups with Age, Combat Level and Enlistment Status on Moral-Ethical and Self-Criticism Scales. 173

29. Comparison of Groups with Education Level, Combat Level and Enlistment Status on Moral-Ethical and Self-Criticism Scales. 176

Table		Page
30.	Two-Way ANOVA for Moral-Ethical Scores, Group and Independent Variables.	179
31.	One-Way ANOVA for Identity-2 Measures and Groups.	182
32.	One-Way ANOVA for Moral Development Measures and Groups.	182
33.	One-Way ANOVA for Self-Concept Measures and Groups.	183
34.	Two-Way ANOVA Between Independent Variables and Group on Identity-2 Scores . . .	183
35.	Two-Way ANOVA Between Independent Variables and Group on MoralDevelopment Scores	185
36.	Two-Way ANOVA Between Independent Variables and Group on Self-Concept Scores.	186

CONTENTS OF APPENDICES

		Page
APPENDIX A	Biographical Data.	240
APPENDIX B	Personal Information Questionnaire. . .	243
APPENDIX C	Delayed Stress Reaction.	247
APPENDIX D	Two-Way ANOVA for <u>Self-Criticism</u> Scores, Group and Independent Variables.	249
APPENDIX E	Comparison of Demographic Information with Defensive Positive and Variability Scores.	251

CHAPTER I

INTRODUCTION

Background Information

The United States Military ended its involvement in the Vietnam War over 10 years ago with the last of the personnel being evacuated from Saigon in May of 1975. For thousands of Vietnam Combat Veterans (VCVs), their families and friends, the effects of that war continue as they struggle to integrate into the mainstream of American society. According to 1983 projections made by the Disabled American Veterans (DAV) organization and team leaders of the Operation Outreach Programs (Bingaman; Porter, 1984), the psychological adjustment problems of VCVs are expected to surface at an accelerated rate until the year 1990 when it is anticipated a plateau will be reached. The results of current research indicate that efforts being made to meet the therapeutic needs of distressed veterans by the Veterans Administration are more successful than they were five years ago, and yet the numbers seeking assistance continues to grow at a dramatic rate (Bingaman, 1983).

During the early 1970's, the first signs of psychological problems in VCVs began to surface but in unique ways. Traditional methods of diagnosis and treatment would frequently result in VCVs dropping out of therapy and establishing self-help "rap session" groups.

The veterans reported feelings of alienation, frustration, and anger toward the government, the military, and toward the non-veteran citizens of the United States (Strange and Brown, 1970; Lifton, 1973; Shatan, 1973). The reactions shared by VCVs to their war experiences were unusual and incongruent with existing diagnostic categories available in the Diagnostic Statistical Manual, Edition II. Egendorf (1973), Shatan (1972), and DeFazio (1974) hypothesized that psychotherapists, psychiatrists, and psychologists who were accustomed to viewing individuals and their problems in terms of labels and categories of mental illness described in the DSM-II would experience frustration in their efforts to provide diagnosis and treatment to VCVs.

The 1970's represents a period of time when numerous philosophical position papers, theoretical treatises, and autobiographical books were published describing the concerns and problems which confronted VCVs. The outcome of these efforts, by veterans and a few psychiatrists, was to inform the general public, as well as the medical profession, that VCVs did not return from the war without adjustment problems. A theme present in the majority of the writings drew attention to the distinctive nature of the adjustment problems of VCVs when compared to the psychological difficulties experienced by veterans of World War II and the Korean conflict.

On the basis of information obtained from interviews conducted with hundreds of VCVs, Lifton (1973) and Shatan (1973) discovered that in addition to problems of combat fatigue,

battle neurosis, and depressive reaction, veterans of the Vietnam War were angry, depressed, and felt alienated from society. The symptoms associated with World War II veterans were present, but with VCVs symptoms were highly individualized. This created difficulties for diagnosticians because traditional categories of pathology were not available to them for use.

Three factors were initially hypothesized as being causes for the psychological problems of VCVs. First, VCVs, in adolescence and early adulthood, were chronologically and emotionally at an age where they were inexperienced in handling the magnitude of the life and death issues that they confronted (Lifton, 1973; Wilson, et al., 1978). Second, there existed a hostile "climate or environment" both in Vietnam and in the United States within which VCVs experienced their important developmental years (Starr, 1973; Fall, 1973; Caputo, 1977). Third, the unconventional and irregular way in which the Vietnam War was conducted resulted in VCVs feeling confused and mistreated by commanding officers. Characteristics of the war that created confusion include: the unconventional actions taken by units of VCVs (Figley, 1978; Shatan, 1973); the absence of "front lines" and the use of guerrilla warfare tactics (Horowitz, 1974; Shatan, 1973); the use of 12-month tour of duties resulting in individuals arriving and leaving outfits in isolation instead of as a part of a complete unit (Webb, 1978; Williams, 19781); and the inconsistant military

tactics used which frequently resulted in repeating actions day after day without experiencing clearly defined victories (Lifton, 1970; Glasser, 1971). Finally, the social atmosphere in the United States encouraged citizens to treat VCVs as outcasts upon their return home. The particular themes most painful to VCVs included: depicting the returning veterans as "drug-crazed," aggressive and irresponsible (Worthington, 1978; Penz, 1980); the failure of the government to provide VCVs with jobs, adequate educational opportunities, and a period of time for readjustment counseling after the war (Strayer and Ellenhorn, 1975); and a general attitude of apathy, disregard, and avoidance of the returning veteran (Shatan, 1977; Borus, 1973; Bourne, 1969).

The numerous lists of symptoms, and their unique qualities, did not conform to acceptable criteria of the _Diagnostic Statistical Manual_ (DSM-II). Informal diagnostic procedures were experimented with by psychotherapists usually as appropriate for individual veterans. In 1973, Robert Lifton and Chan Shatan attempted to incorporate what they believed to be the predominant clinical symptoms of troubled VCVs into an informal diagnostic classification schema. The result of their efforts was the introduction of the category named "Post-Vietnam Stress Symdrome (P-VSS)" which had a strong effect on how therapists attempted to intervene during treatment.

The _Disabled American Veterans_ Association was the first to publish a list of what appeared to be the predominant and

agreed to symptoms exhibited by VCVs who were experiencing P-VSS. The categories included: re-experiencing the traumatic events; emotional numbing; emotional constriction; anger; mistrust; and difficulty finding meaning in their lives.

However, the process of identifying and listing numerous clinical symptoms continues to occupy considerable time and energy of psychologists and psychiatrists. Goodwin (1980) provided a list of clinical symptoms associated with P-VSS and acknowledged that it is not exhaustive. His list corresponds to similar lists developed by Figley (1978), Thompson (1980), and Williams (1980) and includes depression, rage, feelings of isolation, intrusive thoughts, survivor's guilt, and anxiety reactions.

Several characteristics of VCVs and the Vietnam War have also been discussed by psychologists (Goodman, 1980; Figley, 1981; Thompson, 1980; Shatan, 1973) and hypothesized as contributing to the psychological adjustment problems being experienced by VCVs. The Vietnam War represents the first in the history of the United States in which the proportion of minority soldiers exceeded that of the white majority when compared to representation in the general population (Figley, 1981; Worthington, 1978). The racial composition of combat units resulted in the emergence of intraunit conflicts, struggles to merge value systems, and problems in reconciling intrapsychic conflict regarding hopes for upward mobility and aspirations toward returning to an opportunity for a new life

(Figley, 1978; 1981). Second, the variety of moral-ethical backgrounds brought together in a combat situation created the potential for psychological adjustment problems. The problems at home, in the United States, served to exacerbate the problems (Herin, 1981).

Statement of the Problem

In 1980, with the publication of the Third Edition of the DSM-III, members of the mental health profession formally acknowledged that combat veterans were experiencing unique and multi-dimensional psychological problems. Post-Traumatic Stress Disorder, Delayed Type (P-TSD) represented the diagnostic category within which the problems were to be examined. Although numerous psycho-legal purposes have been served by the diagnostic category there are questions as to whether suitable treatment methodologies have been an outgrowth of the diagnostic label. A diagnosis of P-TSD has provided therapists with a conceptual model which continues to involve a wide range of symptoms associated with P-TSD contaminates efforts to differentially diagnose psychological problems in VCVs. Treatment has become symptom oriented while the search for casual factors is being undertaken much less frequently than 10 years ago. Ironically, VCVs, and professionals who argued for acceptance of the P-TSD category, now watch as fewer efforts to localize causative factors or in developing more effective methods of intervention are being undertaken since the DSM-III has been published.

The diagnosis of P-TSD can be made contingent on the presence of an identifiable stressor, caused by a traumatic event and resulting in the emergence of symptoms a minimum of six months subsequent to the stressful events. The definition for P-TSD provided in the DSM-III reads:

> The stressor producing the syndrome would evoke significant symptoms of distress in most people, and is generally outside the range of such common experiences as simple bereavement, chronic illness, business losses, or marital conflict. The trauma may be experienced alon (rape or assault) or in the company of groups of peple (combat). Stressors producing this disorder include natural disasters...accidental man-mad disasters...or deliberate man-made disasters...(p 236).

The description does not take into account the length of time persons are exposed to stressors, the impact on individuals of having to deal with numerous stressors, or the importance of developmental and maturational factors on how individuals are affected. Although P-VSS offered mental health workers a framework within which to perform minimal treatment, its primary purpose was to draw attention to the immediate needs of VCVs. Applied psychology was used in an effort to reduce the escalating suicide rate among VCVs, to assist them in deciding not to completely "drop-out" of the mainstream of society, and to provide them with reasons to involve people in their lives and develop interpersonal relationships. The efforts made in treatment during the early period appears to have been only moderately well incorporated into the DSM-III diagnostic criteria for P-TSD. A considerable amount of potentially useful information is available as a function of

early research, but needs to be researched in more depth before it can be useful to therapists or incorporated into a diagnostic category.

There continues to exist four challenges to therapists when attempting to intervene therapeutically with VCVs. First, the DSM-III does not adequately discuss developmental characteristics and premorbid factors when presenting possible causes for P-TSD problems. Second, the minimal attention that is given in the DSM-III to causation focuses exclusively on psychological factors without addressing psychosocial or sociological entities. Third, psychotherapists are developing treatment plans as a function of the descriptors presented in the DSM-III and beginning to rely upon traditional methods of psychotherapy while devoting little attention to examining the effectiveness of alternative methods. Finally, research is no longer being conducted in an effort to identify alternative methods of diagnosing the psychological adjustment problems being experienced by VCVs. Either directly or indirectly, information from the present study will address each of these four problem areas.

Purpose of the Study

In the present study, information will be gathered and used to evaluate psychosocial and developmental issues believed to contribute to the psychological adjustment problems of VCVs. The data collected will be used to differentially diagnose

veterans who are having problems in their adjustment from those who are not and the reasons for this difference. The outcome of the present study will provide empirical support for the hypothesis that developmental and psychosocial factors have contributed significantly to the presence of P-TSD symptoms. Finally, the instruments used to gather information for the present study will be examined in terms of their utility within therapeutic processes. The utility is being measured in relation to the amount of time needed by participants to complete the instrument, the compatability of the PIQ and TSCS, and the capability of the instruments to adequately assess characteristic of a psychosocial and developmental nature.

Several concepts associated with psychosocial development will be examined for the purpose of acquiring an understanding of each factor individually and as they interact with one another. The three psychosocial issues of identity formation, moral-ethical maturation, and the development of feelings of positive self-concept will be evaluated in an effort to determine whether differences exist between combat veterans and non-combat veterans. The present study should be viewed as a pilot project from which additional research will be completed.

Four research questions will be examined. A comparison will be made between the responses given by Vietnam-era veterans on two questionnaires. Three groups have completed the questionnaires including combat veterans who have been

diagnosed as experiencing symptoms of P-TSD, VCVs who have not been given the diagnosis, and non-combat veterans. The following questions will be addressed in this study:

1) Are VCVs characterized by more frequent statements reflecting the existence of identity diffusion than are non-combat veterans?

2) Do non-combat veterans express themselves as having greater self-satisfaction and better general adjustment to activities of life than do VCVs?

3) Are there differences between the stated needs of non-combat veterans to be socially involved and less isolated than those of VCVs?

4) Are VCVs experiencing more intensive feelings of moral-ethical conflict than are non-combat veterans?

Definition of Terms

The following terms require special attention to ensure that their use is clearly understood by the reader.

Identity: The term will be used in this paper in accordance with Erikson's (1978) definition. "Identity is an end product to the internal struggle carried on by individuals that culminates in autonomy, self-knowledge, and social awareness. The successful achievement of identity integration refers to...an integration of impulse into life.. the humanization of conscience...the stabilization of a sense of self... (Kenniston, 1971)."

Identity Diffusion: The phrase refers to the procedures typically followed by individuals as they proceed to gain an understanding of who they are and how they will react in various social and intrapersonal situations. During this time

in development, individuals must initially rely upon internal resources to direct the process of differentiation, growth, recovery, and further differentiation. When individuals are either unable to marshal internal resources or have under-developed strengths useful in crystalizing a sense of self, diffusion will be the outcome (Goldenson, 1970).

Self-Concept: This represents an organized system of expectancies and self-evaluation processes. It is an indicator of the extent to which individuals have a favorable view of themselves or are inclined toward debasing themselves. The term is frequently examined in accordance with what individuals establish for themselves as an ideal and the extent to which achievement has been attained and the degree of satisfaction felt as a result (Fitts, 1965).

Self-Esteem: The term refers to the personal judgment used by individuals in determining of what their subjective value system consists. Feelings of self-esteem are defined on the basis of feedback received from others. Either the information received from others coincides with a pre-existing frame of reference, which was established during early developmental years, or it does not. The outcome is feelings associated with one's self within the context of his/her developmental history (Rogers, 1958).

Moral Conflict: This refers to the amount of uncertainty experienced by individuals when making moral decisions. The amount of uncertainty is due, in part, to past experiences

which were inconsistent with existing belief systems. A conflictual situation continues to exist because the feelings associated with the earlier actions have not been dealt with resulting in the intrusion of incompatible thoughts when current decisions are being attempted (Erikson, 1968).

Psychological Adjustment: The phrase is defined in the present study in terms of the scores obtained on the Tennessee Self-Concept Scales (Fitts, 1965). It is described as the process used in assessing the degree to which individuals are adjusting or not adjusting to their situation in life. The measure of psychological adjustment is not evaluating pathological states that may exist in individuals, but the degree of satisfaction they derive from life.

Significance of the Study

The present research effort systematically investigates three factors contributing to the psychological adjustment problems of Vietnam Combat Veterans: identity diffusion; unresolved moral conflict; and feeling of self-concept and self-esteem. Combat veterans who have been diagnosed as having symptoms of P-TSD, combat veterans who have not been diagnosed, and non-combat Vietnam-era veterans will be studied. The project has both practical and theoretical significance. The results obtained will assist therapists in focusing on the psychosocial and developmental issues that affect the psychological adjustment problems in their clients.

A second, practical use will be in the development of educational and training seminars oriented toward guiding professionals in evaluating psychosocial and developmental processes when attempting to understand the complexities of Post-Traumatic Stress Disorder as it affects VCVs. In both instances, the anticipated outcome will be the emergence of an attitude in therapists to examine several factors when treating their clients and not to depend exclusively on DSM-III criteria.

Fundamentally, the results of the present study will offer empirical support that psychological adjustment problems must be examined along dimensions other than simply degree of individual pathology. The results of the present study will encourage further research for the purpose of developing a formal, psychosocial diagnostic process which will be comprehensive but manageable. The information secured during the evaluation will be useful as a supplement to the DSM-III criteria and be effective in designing useful treatment techniques.

Limitations of the Study

The most apparent limitation of the present study concerns the size of the sample population and its corresponding representativeness. According to Stanley and Campbell (1963), a survey procedure of the kind used in the present study is critically dependent on the extent to which the sample studied

is representative of the total population it is meant to reflect. Random selection for representation is the usual method for selecting this sample but did not appear to be feasible for the present study. Participants in the study are volunteers from a variety of geographic and socio-economic areas. For administrative reasons, random selection was not introduced into the design. Also, therapists of VCVs who volunteered for the study requested to have the results of each veteran's profile for use in treatment. Random selection would have served to eliminate several veterans who otherwise could receive immediate benefit for their efforts in completing questionnaires for the study.

In an attempt to compensate for the weakness in control lost by virtue of no randomization, mating of subjects along three dimensions was used. Matching was according to age, educational background, and geographical area in which they were raised. Additional sources of variability have been included in the design of the study, thus making them research variables and not sources of contamination. The amount of psychological trauma VCVs have experienced since their separation from active military duty represents a source of variability not directly controlled for in the study. It is assumed that although contemporary traumatic events may have a layering effect in their contribution to the current psychological problems, the most devastating damage to the successful completion of developmental processes occurred during late

adolescence and young adulthood. The premises upon which theories of psychosocial development have been constructed will be used to argue that fixation and regression, due to combat trauma, is accountable for current difficulties in decision-making. Similarly, arguments will be presented that the existential problems being experienced by veterans can be attributed to the trauma experienced during adolescence when they were involved in combat.

Two concerns exist related to the internal validity of the present study. First, the _Personal Information Questionnaire_ (PIQ) and the _Tennessee Self-Concept Scale_ (TSCS) are relatively brief and, from a statistical perspective, may have insufficient items to adequately assess the variables of interest. Although the PIQ is not a standardized instrument, it is being used as a self-report survey and not a psychometric tool. Leedy (1981) warns that survey data are especially susceptible to distortion through the introduction of subject bias into the research findings. The use of objective tests to assess identity formation, moral-ethical conflict, and self-concept suggests that experimenter bias will be minimal. There are no objectively derived bhavioral measures to compare with the self-perceptions of subjects. The primary variables themselves are subjectively defined, selected, and essentially constructs which are not observable.

The amount of social desirability of subject responses is a primary concern when self-report measures are used.

Test scores may not accurately reflect the true feelings and perceptions of respondents. To minimize the difficulty, subjects will be assigned a specific number which will identify them within a larger coding system, but without the use of their names. It is anticipated that this procedure will ensure that the subjects will feel free to respond to questions with complete candor knowing that how they answer questions will be privileged information from other persons. Participants will also be informed that there are no "right" or "wrong" answers and that the personal feelings associated with their responses are critical.

Fitts (1965) has provided validity coefficients for the TSCS that indicate an acceptable statistical range exists from which it can be presumed that the instrument is measuring what it proposes to assess. Concerns regarding "weak measurement" have been addressed through the use of group as opposed to individual data. The evidence presented in the literature has been used to support both the selection of variables and the method for assessing them.

The second concern related to internal validity involves the need to account for the amount of time that has passed since introducing the treatment variable of combat exposure to the subjects. Although there is no method available to control treatment, in the present study the length of time VCVs served in a combat zone and the subjective interpretation of the intensity of combat they experienced will be used to

measure the effects of war.

Organization of the Study

Chapter I has presented the general background, purpose and significance of the study. Definitions of terms for the study have been included within the Chapter. Attention was drawn to limitations of the study, and explanations provided justifying the methods used. A brief review of the historical background associated with Post-Traumatic Stress Disorder, Delayed Type was offered.

The remainder of this dissertation is organized in the following manner: Chapter II will include a review of related literature and conclude with comments directed at establishing a relationship between the results of the present investigation and the existing research articles and general literature. The method of investigation, including the sample population, the instruments used, and the procedures followed in collecting and analyzing the data obtained, will be described in Chapter III. The results of the study will be presented in Chapter IV. Chapter V will summarize the study and offer some conclusions, recommendations, and implications for further research.

The Appendices will include Figures, Charts, and Graphs reflecting both the results from earlier studies completed in this area and those associated with the present study which have not produced statistically significant results. Both a Reference and Bibliography will appear. The Bibliography will serve to

encourage interested readers to examine the psychological adjustment problems of VCVs in accordance with alternative theoretical models than presently exist in the professional journals.

CHAPTER II

REVIEW OF RELATED LITERATURE

Psychiatrists have, for years, attempted to understand the interactional effects of psychological and sociological factors as they contribute to personality development (Adler, 1927; Jung, 1913; Bleuer, 1907). Freud (1937), when discussing his theory of psychosexual development, emphasized the importance of social factors in the child's struggle to successfully resolve conflictual situations associated with each stage of development. Mahler (1946), in her work on child development and the related issues of mother-child symbiosis and individuation-separation, discussed the importance of environmental factors. Adler (1927) studied the effects of social forces on the psychological development of individuals. Horney (1945) has described in detail the feelings of children when they have been abandoned, isolated, or are confronted by feelings of helplessness in a hostile world. Fromm (1941) related the development of a variety of character traits in children to the experiences they had with adults responsible for their supervision during development. Goldstein (1939) was among the first to emphasize that individuals need to be evaluated in terms of the environmental context in

which they were raised, as well as the circumstances in which they are currently living.

Contemporary researchers have argued: (1) that individuals are constantly evolving and developing toward higher levels of functioning (Roger, 1951; Piaget, 1947; Erikson, 1958) and (2) that both constitutional and environmental factors contribute equally toward the achievement of adult maturity in individuals (Bandura, 1963; Cole, 1965). In recent years, psychosocial theories have been proposed as methods for describing the influence of both psychological and sociological factors on the developing individual. A concise definition of what is meant by psychosocial is difficult to locate and equally challenging to develop. Hall and Lindzey (1978) write, "...when used in conjunction with development the (term) means...that stages of a person's life...are formed by social influences interacting with a physically and psychologically maturing organism (p. 88)." Sullivan (1953) wrote "...that personality is the relatively enduring pattern of recurrent interpersonal situations which characterize a human life (p. 111)." Sullivan does not deny the importance of heredity and maturation in forming and shaping the organism, but feels that what is distinctly human is the product of social interactions.

Erikson (1968), when defining psychosocial and related developmental processes, used the phrase in a relative sense and writes, "...the whole interplay between the psychological

and social, the developmental and the historical, for which identity formation is of prototypal significance is conceptualized as a kind of psychosocial relativity (p. 23)." Although relative to each individual's situation, Erikson's definition is more comprehensive than the one provided by Hall's and Lindzey's, as he emphasized the importance of taking into consideration historical factors in conjunction with developmental processes.

Psychological Perspective

Neo-freudian ego psychologists who have addressed the controversy of the relationship existing between ego and superego functioning concluded that to understand the mechanics of ego functioning the influences of social and environmental factors need to be examined. According to Mischel (1971), "...the ego has its own source of energy and follows a course of development independent of the id and instincts." Sullivan (1953) emphasizes the crucial importance of interpersonal processes and human relations for the development of personality. Adler (1964) has focused on the person's total "lifestyle" and his "social interests," thus viewing man as a social being.

Fairbairn (1952) believes that the ego has its own dynamic structure, and it is the source of its own energy. The ego's main functions are to seek, find, and establish relations with objects in the external world. Conflicts do not arise from unconscious struggles with the id impulses,

but as a function of the ego's desperate experiences with the external objects.

Hartmann (1939), Kris (1951), and Lowenstein (1956) borrowed concepts from psychoanalytic literature and combined the information with the disciplines of anatomy, psychology, biology, and sociology. Hartmann emphasized the importance of appreciating principles of biology when studying the ego's struggle to retain equilibrium as social forces interact with psychic apparatuses. The idea of developmental processes, although not introduced by Hartmann, was used by him in describing the manner in which ego functioning evolves through various maturational processes. The maturational processes of the ego primarily involve maintaining id impulses and solidifying the superego.

Kris (1951) and Lowenstein (1956) proposed that ego functioning be considered as more complex than can be understood simply through examining the defenses that are associated with the concept. As a result of thoroughly studying ego formation, a valuable function in our understanding of normal development will be achieved. In the course of their work, Kris and Lowenstein attended to the term identification and elaborated upon the concept in more detail than had previously been done by ego psychologists. As a part of their work, the authors provide a clear distinction between identification and imitation. The authors believe that imitation is separate from identification and serves as a percursor to the process of

identification. Imitation can be examined also as an entity separate from the process of internalization, but the latter is dependent upon imitation in order to experience successful closure. Identification serves to provide individuals with a greater degree of independence from external objects than imitation and eventually results in autonomy.

The contributions made by Hartmann and Kris in the area of identification and its relationship to ego functioning have been supplemented by Lowenstein (1956) and Jacobson (1964). In their research, the authors attended to the significance of the process of identification to the developing superego. Lowenstein and Jacobson believed that identification represents a process of developing internal resources which are useful in regulating how one interacts with the external environment. The process of internalization is unconscious and receives impetus from psychic energy. Jacobson proposed that the superego maintains identity, provides a stable balance between libidinal, agressive, and neutralized energy, and regulates self-esteem by maintaining harmony between external moral codes and the ego manisfestations.

A significant outcome of the research presented and efforts made by neofreudian psychoanalytic theorists is the manner in which they described ego functioning and ego development as involving an interactional process between psychodynamic and social factors. Erik Erikson's (1968) psychosocial model of development relies considerably on the premise that ego

functioning occurs independent of conflicts existing between ego and id psychic processes.

To further appreciate the complexities of Erikson's model, it is necessary to examine the contributions of developmental psychologists related to the processes associated with achieving psychosocial maturity. Developmental psychology represents a move away from traditional subjective techniques used by philosophies, educators, and religious theorists to explain human behavior using heuristic models and terms. Roe (1971) states that developmental psychologists have been instrumental in justifying the use of behavior observation, clinical studies, and naturalistic experiments as alternatives to psychometric tests as the method of choice in assessing human behavior.

Developmental Psychology

Roe (1971) continues her description of developmental psychology by emphasizing that developmentalists are concerned with "...the description and explanation of changes in an individual's behavior that are a result of maturation and experience (p. 3)" Developmental psychologists are not concerned with the physiological mechanisms underlying the acts but in appreciating the actions themselves. There are several critical meanings associated with the terms used in developmental psychology. First, development implies orderly change. The rate of change is more rapid during early than later years of life. The rate of change of every domain of behavior is not

equally great during all phases of the individual's life.

A second critical term relates to the word "stages." The term "stage" is used to describe periods in which the function and relative emphasis of a given type of behavior differs from those at other periods of life. Piaget (1965) indicates that development occurs in two different ways: (1) continuously, with a kind of accretion of behaviors, and (2) discontinuously, in a series of rapid glides and jumps. The apparent discontinuity in behavior organization is basic to stage theories of development.

Kohlberg (1971) established the following criteria of stages generally. Change is conceived of as "...the behavior that preceded the change (and) is 'qualitatively' different from that following the change."

> 1) Change from one stage to another involves change in form, pattern, and organization of the individual's behavior...
>
> 2) Each successive stage involves a new and qualitatively different organization of responses.
>
> 3) Change from stage to stage is inevitable; except in extremely unusual or damaging circumstances...
>
> 4) The stages in an individual's development appear in a sequence that is fixed and unvarying from individual to individual, and
>
> 5) Stages involve the use of both cognitive and emotional components of personality.

A third important concept related to developmental psychology relates to the "progressive" nature of the process. Development follows a well-defined series of stages characterized by a low level of complexity to higher levels requiring

more complex problem-solving capabilities.

Fourth, development involves "differentiation" suggesting that as maturity occurs, individuals select areas in need of developmental attention and attend to issues related to these areas. The amount of differentiation increases with the age and maturity of individuals (Moreland, 1979). As development progresses, there is a transformation of behavior from relatively repetitive and restricted forms to more elaborate and varied ones.

Finally, development is cumulative. Only a few centuries ago, childhood was not regarded as a distinctive phase of development; children were dressed and treated like diminutive adults (Hall, 1926). Individuals are not simply born with the characteristics and maturation of adults. We have come to a realization that the child is not the man, but that his early experiences may have strange effects on the kind of man he will become (Roe, 1971).

When psychologists discuss the development of behavior, they are interested in relatively gross, adaptive changes that are continuous, progressive and cumulative in their effects. They are also interested in describing and understanding the process whereby behavior becomes differentiated into the marvelously complex repertoire demonstrated by the typical adult in his everyday existence. For many years, it was assumed by mental-health workers and educators that developmental processes,

for all intent and purposes, ended with adolescence and, to some extent, youth. Birren (1964), Gould (1975), and Levinson (1977) have attempted to conceptualize a series of stages of adult development. It is generally agreed that adult developmental tasks exist, and work has been done to identify and list them (Gould, 1972, 1975; Levinson, 1978). Wortley and Amatea have included the findings of Leaventhal, et al. (1974), regarding the psychological attributes and skills that individuals typically gain as they return adult developmental tasks. The contributions of cognitive developmental theories to our understanding of adulthood are continuing to proliferate.

As developmental psychology matured, the concept of "developmental tasks" was introduced. Goldenson (1970) indicates there are basic tasks which individuals must mater, within each stage of life if the outcome is to be normal or typical adjustment to the norms of society. Failure to perform any of the tasks may interfere with developing completely within succeeding stages.

The tasks that individuals are confronted with during each stage of development cluster in groups related to physical skills, intellectual advancement, emotional adjustment, social relationships, attitudes toward self, attitudes toward external reality, and formation of individual values. In the present study, efforts have been made to evaluate developmental tasks associated with identity formation, moral development, and shaping self-concepts. Erikson (1963) and Havighurst (1951)

represent original researchers in the area of psychosocial development. Each writer has evaluated the influences of the three concepts mentioned above on psychosocial processes.

In his description of personality development, Erikson (1963) makes two assumptions:

> 1) that the human personality in principle develops according to steps predetermined in the growing person's readiness to be driven toward, to be aware of, and to interact with, a widening social radius, and
>
> 2) that society, in principle, tends to be so constituted as to meet and invite this success of potentialities for interaction and attempts to safeguard of their unfolding (p. 211).

Havighurst (1947) outlines nine developmental tasks to be accomplished during adolescence as prerequisite to identity formation, becoming emancipated from parents, and establishing mature interpersonal relationships. Although developmental in nature, Havighurst's tasks do not conform to stage theories or are necessarily of use in resolving intrapsychic conflicts or attaining higher and more integrated levels of maturity. In contrast, Piaget (1969), cognitive development; Perry (1961), intellectual maturation; Kohlberg (1971), moral development; and Erikson (1951), psychosocial maturation have used progressive stage theories which are mutually exclusive but dependent upon one another to achieve higher levels of functioning. That is, developmental tasks related to one stage must be mastered prior to individuals being prepared to satisfactorily handle the requirements of subsequent stages.

Sociological Perspective

In addition to the contributions made by neo-freudian and developmental psychologists to the theoretical model being used in the present paper professionals representing the field of sociology are being cited. According to the sociological perspectives of human maturation, environmental factors are considered to be a primary influence on the process while biological and constitutional traits establish the capacity for growth (Thompson, 1972; Cressey, et al., 1973). Studies completed by social psychologists which have significance to the present study are related to three topics: (1) the effects of peer pressures on adolescent development; (2) the use of a systemic model in understanding the complexities of maturation and (3) the concepts of youth and young adult. Brittain (1971) first introduced the idea that young people frequently experience stressful feelings when confronted with a decision to be supportive of or rebellious toward peer pressure. The source of conflict appears to be parental influences which provide the framework within which "cross pressures" occur. Brittain hypothesized that young people will resolve the conflicted situation as a function of whom they perceive as being the competent guides related to past experiences.

Adolescents conform to peer pressure in a variety of ways dependent on the age of the individuals and the situation in which they find themselves. Studies completed by Hartup (1964, 1967) suggest that conforming to peer majorities

increases in childhood, reaches its maximum in the years around puberty, and actually decreses in later adolescence. Isco, et al. (1963) have shown that maximum conformity occurs at a younger age in females than in males with latter peaking at the age of 15. The findings of Costanzo and Shaw 91966) suggests that "...both the tendency to blame one's self and the tendency to conform to peers increase with age during the pre-adolescent period and decrease thereafter--at least through early adulthood (p. 973)." Piaget (1969) feels that the urge to conform to peer pressures continues well into adolescence and possibly beyond (p. 169).

The available literature consistantly supports the position that peer pressure has a tremendous influence on the developing adolescent and youth. The literature is inconsistent related to the age at which the influence ceases to be an effect. Bandura (1964) and Offer (1969) discovered that adolescents experienced less stress and turmoil than they had anticipated suggesting that peer and parent pressures merge over time. The authors hypothesized the "merging" process occurs well beyond adolescence into young adulthood and, in some instances, into adulthood.

Social psychologists and social workers currently view families and groups within the context of the systems they represent. Minuchin (1974) and Paolina and McCrady (1978) represent the positions adopted by system theorists. The basic premise upon which systemic theories exist suggests that the

whole is greater than the sum of the individual parts. The systems approach offers a conceptual framework which is multidimensional. The literature on the topic of systems theory is growing at a very rapid pace, but the need for empirical support associated with the theories is becoming very apparent (Minuchin, 1978). Psychologists have not addressed or examined the effects of systemic influences on VCVs, or evaluated if the dramatic changes the young inductees were expected to accommodate between home, boot camp, and Vietnam combat contributed to the emergence of psychological problems.

Systems theorists support a position that individuals are capable of responding in a variety of different ways depending, to a great extent, on the social situation of which they are currently a part. The case with which individuals adopt to social expectations and demands is related considerably to the number and varying nature of the systems experienced during their early years of development. Haley (1972) continues by arguing that individuals are as flexible or rigid in behavior and beliefs as the system from which they have emerged. A rigid and non-experimenting social environment nay be responsible for the psychological conditioning of individuals to respond with fear and apprehension when involved in new and familiar situations.

The military system represents for many individuals an unfamiliary situation. It is organized so as to permit members in high ranks to dictate downard to members in the lower

ranks using rigid and regimentalized tactics. Coercive methods are used to ensure that the rules and regulations are adhered to without consideration being given to individual belief systems. It is anticipated that adolescents who experienced fluid and flexible systems during their developmental years experienced fewer adjustment problems during military life than did individuals who were raised in closed and less fluid systems. It is also anticipated that the amount of psychological trauma, and subsequent level of adjustment difficulties, experienced by VCVs may be directly correlated with the type of system in which they grew up.

The third contribution made to this study by social psychologists relates to the research completed addressing the topics of "youth" and "young adulthood." The term "youth" refers to individuals who chronologically are too young to be considered adults but too old for inclusion into the adolescent group. Historically, the assumption has been that adolescents progress directly into adulthood. During the 1960's and 1970's, social scientists believed that with the rapid technological and social changes confronting young people, ther was a need to extend the traditional period of adolescence (Erikson, 1968; Perry, 1971), and examine the stresses associated with accepting adult responsibilities.

Kenneth Keniston (1971) examined the term youth from within a social context discussing it as:

> ...the new stage of life, which intervenes between adolescence and adulthood, (known) as the youth stage. In this stage are young men and women who are, in the biological sense, adults; most range in age from twenty to thirty. In the sociological sense, they are not mature; the youth have not yet made the commitments--to career and family--that are normally used to differentiate the mature adult from the adolescent. But psychologically, these young people seem to have completed what are usually considered to be tasks of adolescence; emancipation from family; relative tranquility about sexuality; formation of a relatively integrated self-identity; a synthesis of ego and superego; and a capacity for commitment (p. 167).

Keniston (1975) further states that "...we are witnessing today the emergence on a mass scale of a previously unrecognized stage of life, a stage that intervenes between adolescence and adulthood (p. 9)." Keniston identified two themes associated with the "youth stage" which address the developmental processes followed by individuals in the preparation for dealing effectively with adult decisions. The first theme involves the process of developing an awareness of the tensions existing between themselves and their values and societal demands and expectations. Failure to resolve the tension may result in conflict, intrapsychic conflict, feelings of disparity, and confusion between who they are and the things the individual values in life.

The second theme involves the process which individuals routinely experience in which pervasive ambivalence exists toward self and society. Phenomenologically, individuals discover that they alternate between feelings of estrangement and omnipotence. Estrangement refers to feelings of isolation,

unreality, absurdity, and disconnectedness from interpersonal, social and phenomenological worlds. Omnipotence refers to experiencing feelings of absolute freedom, of living in a world of pure possibilities of being able to change or achieve anything they want or desire.

The research completed in the fields of psychoanalytic, development and social psychology evaluates personality formation, and the processes associated with maturation, from within the confines of controlled laboratory and classroom situations. The theoretical arguments and heuristic discussions and presented regularly in the professional journals, but empirical evidence is difficult to generate without placing subjects in a high-risk situation. The effects of trauma and experiencing catastrophic events on the developmental processes followed by individuals needs considerable attention. The effects of (1) military service and (2) combat exposure on developmental processes are being evaluated in the present paper. Three psychosocial issues are being examined in the present research although numerous alternatives could have been selected. The three dimensions of psychosocial involvement appear to be critically related to factors related to the psychological adjustment of VCVs.

Identity Formation

The term identity appears to have originated from the work completed by Freud (1927) and other psychoanalytic

psychotherapists in the area of identification. Psychoanalytic theorists believe that identification represents a process in which the developing child internalizes the values and beliefs of parents or other significant role models in their lives. The controversy surround the importance of the process of identification, as a contributing factor to identity formation, continues to be represented by numerous psychologists and psychotherapists. The varying positions taken by individual theorists frequently result in slight modifications being introduced to the definition of identification.

The term identification is generally used in the psychoanalytic literature in reference to the manner in which individuals mimic and imitate the behaviors of role models. Freud believed the process is psychologically more complex than simply mimicking another person's behaviors. He intended the phrase "anaclitic identification" to represent the intense feelings of children when involved in the process of incorporating the beliefs of another person into the psychological makeup. There are strong dependent feelings toward the role model which lessen only after resolving the intrapsychic conflict present involving an equally strong need to be independent. The developing child becomes dependent on an external object, and to achieve healthy maturity, the child must sever the dependency bonds, internalize the values and separate.

Klein (1963) and Sullivan (1948) point out that at some point during development, individuals must separate from the

external object. The result of this process is psychological trauma but also the beginningof identity formation. Klein (1972), having devoted a considerable amount of energy examining the separation-individuation process, discovered that when separation occurs, individuation is also present. The reconciliation of the separation phase of the process leads inevitably into another dimension known as identity formation (Freud, 1927). Identification ultimately contributes to the process of separation-individuation as a result of allowing the individual to experience the frustrations associated with imitating the actions of parents in order to achieve independence and gaining insight into their own competencies.

Identification also refers to a motive in the form of a generalized disposition to act or be like another (Mussen, Conger and Kagen, 1969). In this context, identification involves a desire to possess particular characteristics of another person but only after they have been experimented with by the child. Identification actually occurs only as a function of the comfort of the child. The definition suggests that individuals have control over the identification process. Research on the relationship existing between identification and motivation must initially focus on operationally defining the need systems of children.

Bronfenbrenner (1960) suggests that identification refers to a behavior or set of behaviors an individual emits, which represent actions that are attributable to someone whom the

child has selected as a role model. The role model which is selected need not be a parent or even a parent figure, but the selected person must represent an individual who is in a position of authority. Bronfenbrenner emphasizes that behavioral similarities existing between two people does not necessarily mean that one has identified with the other. The behaviors may be caused by different variables which have independently produced the same effects in both people.

Grinker (1957) defines identification as an "unconscious state" of having become a part of totally the same, in that a person thinks, feels and acts after the fashion...of the one taken as a model (p. 283). He emphasizes that identification is not necessarily a process synonymous with identity, but his is a position that removes control over the process of identification from the conscious realm of control. Goldenson (1971) makes a distinction between identification and identify by stating that, "Identity refers to, and may be used synonymously with, the sum total of a person's perceptions of himself (or herself) within a variety of social and interpersonal situations (p. 536)." Identification represents one segment of the process of identity formation and is the initial step toward internalizing values and beliefs held by individuals.

Flacks (1971) believes that identification represents a critical element in the process of identity formation. He feels that as a function of social pressures placed on maturing youth, it is the peer culture which has become the modern day

substitute for the traditional family. The difficulties of establishing psychological boundaries has become as complex and challenging for youths as keeping current with economic and technological changes. The role models of adulthood have become varied and less inclined to focus on one or two individuals as Erikson (1968) writes:

> The integration...of ego identity is...more than the sum of childhood identifications. It is the accrued experience of the ego's ability to integrate an identification with the vicissitudes of the libido, with the aptitudes developed out of endowment, and with the opportunity offered in social roles (Erikson, 1963, p. 261).

An integral part of identity formation involves developing a "central perspective and direction." As a result, individuals begin to acquire a meaningful sense of unit and purpose. As a function of integrating remnants of childhood experiences with the expectations and hopes of adulthood (Erikson, 1956).

An understanding of the process of identification is important but insufficient for an appreciation of the complexities associated with identity formation. Erikson (1956) gives us an accounting of the difficulties inherent in a definition of identity:

> At one time...it will appear to refer to a conscious sense of individual identity; at another to an unconscious striving for a continuity of personal characteristic; at a third, as a criterion for the silent doings of ego synthesis; and, finally, as a maintenance of an inner solidarity with a group's ideals of identity (p. 123).

Flacks and Goldenson (1970) refer to "ego ideal" as the goal individuals strive to attain but are rarely successful in accomplishing. The ego ideal represents a near perfect image of who an individual would like to be. It emerges as a function of selecting from a variety of role models' lifestyles and synthesizing these into a personally important whole. Erikson (1968) maintains that an understanding of "ego identity" is essential to one's appreciation of the organizational system within which psychosocial development occurs.

Identity is not a static characteristic of people but is a dynamic life process which is continuously evolving through a state of flux. The developmental processes are influenced by both intrapsychic and external sources. The foundation upon which individuals accumulate a further and deeper understanding of themselves appears to originate during the early developmental years, but refinement and significant modifications occur as a function of adult experiences (Muuss, 1971). Erikson summarizes the identity issues of adolescence and young adulthood as including:

> From the point of development...in youth you find out what you <u>care to do</u> and who you <u>care to be</u>--even in changing roles. In young adulthood, you learn whom you <u>care to be</u> with--at work and in private life, not only exchanging intimacies, but sharing intimacy. In adulthood, however, you learn to know what and whom you can take care of (p. 124).

Several researchers agree that processes related to ego-identity formation are not brought to closure at the time adolescence ends but continue throughout life (Kohlberg, 1971; Chickering, 1969). Erikson (1968) describes the processes associated with stages of development in terms of "...the healthy personality must reconquer them continuously in the same way that the body's mechanism resists decay (p. 87)." Failure of individuals to resolve critical adolescent conflicts contributes to "identity diffusion." "Adolescents may develop feelings of being (or wanting to be) nobody, may result in withdrawal from reality and, in some extreme cases, may culminate in mental illness or suicide (p. 93)."

Erikson introduced several critical terms useful in understanding identity formation. The first is "psychosocial moratorium" which he defines as "...a period of delay granted to somebody who is not ready to meet an obligation or forced upon somebody who should give himself time...we mean a delay of adult commitments (p. 157)." Psychosocial moratorium represents a time in the lives of adolescents when they are given selective permission by adults to experience, in a rather playful way, the responsibilities of adulthood. This process allows individuals to experience a deep, but transitory, commitment to adult responsibilities which culminates in individuals being a mature member of society.

Second, "foreclosure" represents the failure of individuals to confront the issues and tasks of adolescence.

Foreclosure typically occurs when adolescents or youth willingly accept traditional values and beliefs as presented to them by role models. Individuals do not question or challenge the values assuming they are appropriate for them and will be useful throughout their lives. As a result of foreclosure, adolescents will be unprepared to assert their individuality when attempting to meet the future challenges of adulthood.

Marcia (1966), when studying career decision-making processes, states that "Foreclosure occurs when individuals prematurely make a firm commitment to an occupation or an ideology (p. 48)." Petitpos (1978) feels that by doing so adolescents have avoided an identity crisis and gained a sense of safety and security but have done so at the expense of their personal freedom and opportunity for growth and creativity (p. 558). He continues by postulating "...that the impulsive decision-making style continues throughout life, thus eliminating crises over decisions (p. 560)."

Henry and Renaud (1972) distinguished between two kinds of foreclosure in college students. The first group the researchers labeled the psychologically foreclosed due to their strong avoidance of personal change. Students in the second group were characterized by having deficiencies in information, ideas and beliefs and were described as situationally foreclosed. The first group is represented by individuals who use repression, denial and isolation as their primary defense systems

(Josselson, 1973; Donovan, 1970). Marcia (1967) has suggested that the psychologically foreclosed students are vulnerable to external manipulation of their self-esteem.

Additional research on the effects of identity foreclosure has been completed related to: career choices in college women (Maclach, 1972); acceptance of parental beliefs and values (Trent and Medstars, 1968); social pressures and identity development in women (Marcia, 1973); establishing close and mutually regulated relationships (Donovan, 1973; Josselson, 1973); and dependency on external loci of control (Donovan, 1973).

These studies have in common information supportive of the premise that as a function of experiencing foreclosure adolescents are depriving themselves of an opportunity to experience the risks associated with adult decision-making processes. The research that may contribute to the blocked maturational process, or speculate as to what the mention, emotional, or chronological age, represents the most vulnerable periods of life.

A third concept has been described by Erikson as "identity confusion" which represents a prerequisite to identity integration. Identity confusion "...represents a split of self-images, a loss of center, and a dispersion away from the traditional or expected. The states of confusion will range from 'mild' through aggravated or 'malignant' (p. 212)." Successfully resolving identity confusion will contribute to a stabilized sense of self resulting in individuals feeling

confident, autonomous, creative, and capable of making a commitment of "self" to others. An integral part of having successfully formed a stable identity is a consistent feeling of moral consistancy, as well as positive feelings associated with self-concept, self-esteem and self-worth.

The final term of importance to the present study and discussed by Erikson is "psychosocial acceleration." Psychosocial acceleration refers to the process in which adolescents are placed in situations, or choose to be involved in situations, that require decision-making skills which exceed the level of mental, emotional and psychosocial maturity achieved by the individuals. Erikson (1974) hypothesizes that as a result of becoming involved in psychosocial acceleration adolescents deprive themselves of experiencing the critical procedures associated with "psychosocial moratoriums." Erikson (1968) views psychosocial moratorium as a period "...during which the young adult through free role experimentation may find a niche in some section of society, a niche which is firmly defined and yet seems to be uniquely made for him (p. 156)." During the moratorium, adolescents are afforded an opportunity to develop a structure which reflects a culmination of earlier processes of introjection and identification which contribute to ego maturation. Acceleration implies that individuals have become involved in situations that require them to move from stage to stage, and through substages at a more rapid rate than normal. This results in adolescents being forced to confront

responsibilities associated with a higher level of development than they have adequately constructed a foundation to accommodate. As a result of the rapid pace at which individuals move through stages, there is insufficient time to adequately experience the self-learning associated with the respective stages. Psychosocial acceleration results in a poorly conceptualized awareness of how adequately individuals deal with moderately difficult intrapsychic situations before challenging more complex tasks at higher levels of development.

Ego psychologists believe that the relationship existing between identity and self-esteem emerges during a very early age in the life of individuals. Lichtenstein (1977) defines identity "...as invariance within change, or invariance within a process of transformation (p. 245)." The relationship between self-concept and identity has been addressed by Greenacre when he writes:

> ...having two significant faces--an inner and an outer one--...an individual person or object, whose component parts are sufficiently well integrated in the organization of the whole that the effect is of genuine oneness, a unit...in some situations identity refers to the unique characteristics of an individual person object whereby it can be distinguished from other somewhat similar persons or objects. In the one instance, the emphasis is on likeness, and in the other on specific differences (p. 156).

Self can be viewed as a method of evaluating identity formation and thought of in terms outlined by Spitz (1957) when he describes the process of moving from dependence on external objects toward greater levels of independence and

self-determinism. Spitz's definition establishes a relationship between the "I," the "ego," and the "self" while at the same time suggesting how they are differentiated one from the other. It is conceivable that when the ego structure is adversely affected because of a stressful event, so may an individual's feeling about himself.

Moral-Ethical Development

Moral development occurs as a parallel to identity formation and constitutes an integral part of larger psychosocial developmental constellation. The study of moral development encompasses an examination of value clarification, decision making and moral judgment and constitutes an area of recent interests to psychologists. However, the literature that is available on the psychology of moral issues is inconsistent, confusing and incomplete. Blasi (1980) concludes that, "Perhaps one of the most important characteristics of the present state of research and theory about moral functioning is the mixture of opposite terminology and metaphors (p. 10)." The cognitive-developmental approach to understanding morality and moral judgment is currently receiving the greatest amount of attention in the literature.

There are several alternative approaches available for use in describing processes or moral judgment and moral decision-making including: conditioned reflexology (Eysenck, 1961); socially reinforcing behaviors (Berkowitz, 1964; Bandura, 1963); moral systems existing as a function of

introjecting social values (Allport, 1955); and the concept of universalism (Harsthorne and May, 1928). The cognitive-developmental theory combines principles related to developmental, ego, and cognitive psychologies into a single frame of reference useful in describing and examining processes used by individuals in decision-making; in achieving particular levels of moral functioning; and in identifying intellectual and emotional factors associated with perpetuating the respectively observed levels of moral reasoning (Kuhn, 1974; Broughton, 1976; Lind, 1980).

Advocates of the cognitive-development model have operationalized the theoretical concepts to which they adhere allowing researchers to compile empirical data that is useful in field-testing the corresponding theoretical model. The use of a cognitive-developmental model further provides researchers accessibility to two objectives. First, from within the model, a researcher is able to describe the intricacies associated with moral development and explain how these processes are similar to those experienced by individuals during identity, ego, and self-concept formation. Second, a conceptual model within which the effects of unresolved moral-ethical conflict can be evaluated in terms of the psychological processes of regression and fixation.

Three primary questions generally guide the work of philosophers and psychologists when searching for reasons associated with individuals emitting behaviors which are not

consistant with their professed moral beliefs and feelings. First, in accordance with what criteria do we establish that which constitutes moral reasoning and action? Second, what are the factors that contribute to determining how individuals arrive at a particular point along a moral decision-making continuum? Third, what are the external factors that have an accelerating or retarding effect on moral development?

The work of Piaget (1948) and Kohlberg (1970) have served to provide psychologists and educators with a model of moral development applicable to understanding what constitutes good as opposed to bad behaviors. Piaget studied the processes by which individuals establish, maintain, and act in accordance with "moral principles." He believes that, in order for individuals to achieve a sense of personal morality, they must ultimately understand the acts associated with moral judgments. Psychotherapists, in order to intervene effectively need to realize the importance of understanding the way individuals come to be capable of differentiating between behaviors that have components of moral principles and those that do not. Piaget's developmental model consists of three stages associated with developing cognitive awareness of social and moral rules and four stages related to their practical observance. He states of his stage theory: "These stages must, of course, be taken only for what they are worth. It is convenient for the purpose of exposition to divide the children up in age-classes or stages, but the facts present themselves as a

continuum which cannot be cut up into sections (p. 27)."

Piaget's efforts to understand moral judgment have resulted in: (1) the development of a conceptual model including corresponding definitions of terms used in identifying a domain within which morality can be examined; (2) introducing a useful method in the psychological analysis of moral thinking; (3) examining several methods for observing and assessing the developmental stages individuals are involved in during moral maturation; and (4) providing techniques useful in gathering and analyzing data attributable to theoretical statements regarding moral development. According to Rest (1974), "Piaget illustrated how the cognitive developmental approach could be relevant to morality research (p. 65)."

Lawrence Kohlberg's work, although distinct from the theory proposed by Jean Piaget, utilized several principles from the latter in his developing a six-stage theory of moral development. According to Rest (1974), Kohlberg differed from Piaget in that he devised more complex hypothetical dilemmas, interviewed older subjects, and discovered new characteristics associated with moral thinking which emerge as a function of development (Rest, 1974). As Kohlberg states, "...the concept of morality is itself a philosophical (ethical) rather than a behavioral concept (p. 152)." In his attempts to justify his developmental model of moral maturation, Kohlberg (1971) concluded that "...the most essential structure of morality is the principle of justice, and that the

care of justice is the distribution of rights and duties regulated by concepts of equity and reciprocity (p. 103)."

The results of earlier empirical studies suggested that older in contrast to younger subjects exhibit the use of higher stages of moral reasoning (Kohlberg, 1969); that variations in scores across cultures was due to the inadequacies of scoring procedures (Kohlberg, 1969); and that subjects show upward changes in moral reasoning at three-year intervals (Kramer and Kohlberg, 1969). Additional research supporting Kohlberg's developmental model have shown that: when subjects do change, it is in an upward direction one step at a time (Turiel, 1966; Blatt, 1969; Blatt and Kohlberg, 1969) that a strong correlation exists with Lovinger's ego development scale (Sullivan, et al., 1970; Grim, et al., 1969); that Piaget's formal operations reasoning is a pre-requisite for integrating higher levels of moral judgment with consistent behaviors (Selman, 1971; Kuhn, et al., 1973); and that the stages represent a cumulative order of conceptual difficulty existing between levels of the moral dilemmas (Rest, 1969; 1973).

Turiel (1971) and Gilligan (1976) are among a growing number of professionals who feel that Kohlberg's schema of moral development is too age specific. Gilligan argues that support for her criticism of examining developmental processes within age-specific dimensions can be located within the eight general assumptions associated with cognitive-developmental theories. These read:

> (1) Development requires basic transformations of cognitive structure...which must be explained by parameters of organizational wholes of systems of internal relations;
>
> (2) Development of cognitive structures is the result of processes of <u>interaction</u> between the structure of the organism and the structure of the environment...
>
> (3) Cognitive structures are always structures (schemata) of action...the organization of these modes is always an organization of actions upon objects...
>
> (4) The direction of development of cognitive structure is toward greater <u>equilibrium</u> in this organism-environment interaction, i.e., of greater balance or <u>reciprocity</u> between the action of the organism upon the (perceived) object (or situation) and the action of the perceived object upon the organism...
>
> (5) Affective development and functioning, and cognitive development and functioning are not distinctive realms...
>
> (6) Social development is...the restructuring of the concept of self, in its relationship to concepts of other people, conceived as being in a common social world with social standards...
>
> (7) All the basic processes involved in "physical" cognitions, and in stimulating developmental change in these cognitions, are also basic to social development... developmental changesin the social self reflect parallel change in conceptions of the social world.
>
> (8) The direction of social or ego development is also toward an equilibrium or <u>reciprocity</u> between the self's actions and those of others toward the self... the social analogy to logical and physical conservations is the maintenance of an <u>ego-identity</u> throughout the transformations of various role relationships...

In addition to support the removal of age-specific criteria for psychosocial development, the above criteria are useful in appreciating: (1) how cognitive, social and ego developmental processes may be similar; and (2) the critical dimension associated with psychosocial development of actively

connecting ideas, concepts and actions rather than passively relating events with existing structures. Connections are formed by selectively incorporating experiences into mental constructs through an active use of attention, information gathering strategies, and motivated thinking.

Several studies have been designed in an attempt to answer the question, "Can moral judgment be affected by experimental or educational intervention?" Blatt (1969) and Kohlberg and Blatt (1973) used Kohlberg's idea to develop a program of moral education which continues to show impressive results. Lockwood (1978) and Lawrence (1977), after reviewing more than 20 value education projects, stated that educational intervention may result in change in certain aspects of moral reasoning, but both authors concluded that the evidence suggests that educational processes are only moderately significant. Turiel (1971) indicates that the maximum advantage experienced by individuals as a result of training is one year over students who did not participate in the educational process. Rest (1980) states, "...the evidence has not been strong or clear enough to support the claim that all individuals move step by step through the sequences of stages without a single reversal (p. 603)."

In contrast to the mixed results related to efforts to induce accelerated moral development, it has been effectively argued that the ego defense-mechanism of regression does contribute to developmental processes generally and moral development particularly. Erikson (1978), Lind (1980), and

Colby, et al. (1983) have effectively argued that when individuals are confronted with new and unusual experiences that require decision-making, they will frequently revert to a lower level of moral functioning in an attempt to feel comfortable. Kohlberg and Kramer (1968) discovered that "invariant" stages of moral development do vary in college students. Lind (1983) states that "while in late adolescence there may be a considerable increase in the use of lower-stage reasoning in moral interview situations, a decrease of <u>competency</u> of moral judgment from Stage 3 to Stage 2 must be considered a real challenge to cognitive development theory as a whole (p. 7)."

Regressive-type responses have been observed to occur in a variety of situations and as examined by several researchers: Kohlberg (1979), replicating his earlier studies; Murphy and Gilligan (1980), when evaluating women and minorities; and Lind (1982), discovering a "pseudo-regression" in college students. It has been argued, however, that the reasons for the apparent regressive qualities of individual responses relates to coding problems or other deficits in the assessment procedures (Dobert and Numner-Winkler, 1975, p. 126-131). Erikson (1968) does not hesitate to point out that, within a psychosocial model of development, radical regression is basic to our appreciation of how individuals grow to mistrust others.

The third question presented earlier in this section, and one which has challenged moral theorists for years, relates to the establishing of appropriate criteria to be used in evaluating the relationship existing between that which people say they believe in and the actions they take. Rest (1974) was unsuccessful in locating research that clearly substantiates a relationship between the capabilities of individuals to make high-level moral judgments and the emitting of moral behavior on the other hand. Broughton (1977) has cited the outcome of several studies suggesting that a relationship does exist between moral judgment and moral action (Smythe, 1974; Krebs and Rosenwald, 1973; and Gunzburger, et al., 1977). Blasi (1980) found similar information when reviewing literature in the area of moral reasoning, moral judgment and corresponding actions taken by individuals. He discovered that in the following situations, individuals often behaved differently from the value systems they verbalized; recidivism rate and delinquency behaviors (Kuntner, 1976; Jurkovic, 1976; Schmidlin, 1977); feelings about the appropriateness of smoking marijuana (Haier, 1976); and the frequency of adventuresomeness of one's sexual activity (D'Augelli & Cross, 1975; Schwarz, 1976). The results of the majority of studies reviewed by Blasi were mixed in their outcomes prompting him to state that regardless of the relationship shown to exist between stages of moral reasoning and behaviors, there habe been no studies completed that are useful in determining the psychological relations

between reasoning and actions. Blasi presents the question which continues to go unanswered. "Do individuals with certain personality types perform more congruently with their stated moral beliefs than do others (p. 8)?" An equally pertinent question may be stated, "Is there a relationship between the level of psychosocial development attained by individuals and the consistency with which they act in accordance with stated moral beliefs (p. 4)?"

It is assumed that sufficient literature exists to substantiate the hypothesis that under the right circumstances individuals may act in ways that are not congruent with their stated beliefs. Festinger's (1957) theory of cognitive-dissonance was established on the premise that individuals will take extreme actions in an attempt to reduce uncomfortable levels of psychological distress. Festinger states, "...cognitive dissonance is a psychological state resulting from confrontation with information that is inconsistent with an attitude or opinion held by the individual (p. 57)." Since dissonance is uncomfortable, it motivates the individual to reduce or to eliminate it. Aronson (1969) and Zimbardo (1969) have provided empirical support for the contention that individuals, depending on the nature of the intrapsychic conflict being experienced, may be forced to act contrary to their beliefs. Marlowe and Gergen (1969) argue that an important aspect to feelings of dissonance is the subjects' interpretations of the particular stimulus situations to which they are exposed which

are often important in determining the intensity of cognitive-dissonance feelings. Sarason (1972) writes, "A subject's perception of himself, his self-esteem, and his needs for affiliation and achievement combine to influence his response to situations that present dissonant messages (p. 280)."

The importance of how individuals feel about themselves affects the way in which they perceive situations and how they act according to these interpretations. Processes of psychosocial development, identity formation, and resolving moral-ethical conflicts both effect and are effected by the strength of hos individuals feel about themselves. In a paper of this nature, it is not feasible, or useful, to attempt a review of all literature related to self-concept and its development. The specific way self-concept is being used in the present study will be extensively reviewed in the following section.

Self-Concept

The effects of stressful events on the psychosocial development of individuals will be more easily comprehended if a theory of self-concept is introduced. The definitions and concepts associated with the self-theories of Rogers (1952), Maslow (1968), and May (1965) are presented in this chapter. Evans (1970) provides a generic definition by stating that self theory is:

> ...a point of view holding that behavior is to be understood in terms of an individual's perception of himself and his environment and the meaning he attaches to his experiences...behavior is mediated by one's perceptions and self-reference correspond to reality and how appropriate self-references may be an actual situation (Evans, 1970, p. 405).

Self-theorists believe that human behavior is motivated primarily by the need to maintain, enhance and actualize one's sense of self. Rogers (1951) defines self theory as: "(1) the organism which is the total person; (2) the phenomenal field. which is the totality of experiences; and (3) the self, which is a differential portion of the phenomenal field and consists of conscious perceptions and values of the "I or me."

Maslow and May, although essentially adhering to a Rogerian definition of self, introduce a phenomonological aspect to our understanding of self-theory. They extend self-theory to include an emphasis on the ability of individuals to act in ways that are not determined completely by past experiences or unconscious drives. To self-actualize and become one with all aspects of self are emphasized by May and Maslow thus giving a distinctive self-directed motivational element to one's overall maturation process. Instinctual and unconscious drive mechanisms are not viewed by self-theorists as being important in this process.

Self-theory, as an alternative to the psychoanalytic theory of explaining how personalities develop and mature, allows an opportunity to examine the dynamic interaction existing between organism and environment. The theory also

provides a mechanism for understanding the intrapsychic and interpersonal conflicts existing during the developmental years. The terminology used, and the reasoning required, is understandable and sufficiently comprehensive to ensure that investigators appreciate the fluidity of human development.

Self-concept, according to Greenacre (1959), is of semiotic and linguistic significance as the term incorporates the underlying psychological structure of one's self-esteem, value system and ego identity. Combs & Snygg (1959), Wiley (1971), and Hamachek (1971) are among the theorists who view self-concept, self-esteem and identity concept as methods for appreciating the actions of individuals in a social context. Jackson (1976) continues:

> The specific understanding which a person develops about his or her place in the social world defines a concept of self...This concept does not 'regulate' or 'channel' wishes and impulses...the situation is almost reverse: the self is constructed to represent how the individual has acted upon his or her impulses and how others have responded to these actions (p. 108).

Hamachek (1971) adds to the above definition by stating that self-concept:

> ...is usually regarded as a set of attitudes and beliefs about one's behavior, appearance, skills... a socially determined constellation of ideas which endure over time and is reasonably identifiable as a discreet identity (p. 136).

The theoretical framework and definition used for self-concept in the present paper is represented by the discussion presented above. Operationally, three scales of The Tennessee

Self-Concept Scales will be used including measuring feelings of: (1) self-esteem; (2) self-satisfaction; and (3) self-conflict. Additional scales will be used to indirectly examine the feelings individuals have about themselves related to: (4) social self; (5) personal self and (6) general maladjustment.

Self-esteem represents one element of the overall self-concept and provides a dimension useful in measuring or observing individual behavior which is unique to a person when involved in various interpersonal situations. It is useful to evaluate self-perception using the ideas presented by Schafer (1976). He distinguishes between self-image, which is a combination of actual vs. ideal impressions of self, and self-concept, the feelings and impressions one has of himself or herself when involved in a variety of social situations. Associated with the thoughts and beliefs individuals have of themselves is the presentation they make when involved in social situations.

Jackson (1976) defines self-esteem through the use of the three concepts of: (1) ideology, (2) idealization and (3) central conflict. He defines ideology as a system of general concepts representing ideals in an abstract sense. Idealization are the specific memories that illustrate the same ideals in concrete images. Central conflict refers to the methods used by individuals to reconcile discrepencies that arise between one's ideal and one's reality-based self.

The term, self-concept, refers to the outcome attained by individuals in their intrapsychic decision-making processes used in resolving the conflicts. Schafer believes that self-esteem refers to the methods used by individuals to complete maturational processes when circumstances are continuously in a state of flux, particularly during early childhood, adolescence and youth.

Self-theory provides an avenue useful in examining ego development and identity formation. There is agreement among ego and developmental psychologists, as well as self-theorists, that the feelings individuals have about themselves are frequently present as a function of the confidence with which they interact with their external environment (Kohut, 1971 and Hartman, 1950) and how clearly they establish boundaries between internal needs and external expectations (Jackson, 1964). Several critical phases of development are involved in these processes which serve to establish a sense of positive or negative self-concept. Mahler (1972) describes the initial critical phase of involving "separation-individuation." The intrapsychic trauma of emotionally separating from the nuturing parent occurs simultaneously with the beginning aspects of establishing individual identity.

Erikson (1968), Holt (1965), and Hartman (1958) suggest that two additional critical phases exist and are associated with the developmental periods of adolescence and young adulthood. The degree of success or failure experienced by

individuals in resolving conflicts associated with identity vs. identity diffusion and intimacy vs. isolation will significantly effect how they feel about themselves and interact with their social environments. Sheehy (1976) has advanced our general understanding regarding the effects of adult roles in helping to solidify feelings of self-esteem. Much still needs to be learned related to this topic as few empirical studies have been completed to date.

The susceptibility of feelings of positive self-esteem to modification and variation, as a function of stressful events and traumatic experiences, can be analyzed in two ways. The first is to examine "Locus of Control" as felt by the affected individual. Rotter (1966) describes Locus of Control as involving how individuals view themselves using the following definition: "Those persons who see themselves as exerting significant influence over the course of their own lives are 'Internal.' 'Externals'...tend to believe that events are determined by forces outside of themselves (p. 11)." Sarason (1966) states that:

> ...Self-confidence is often a direct function of one's interpretation of one's skills...Locus of Control, test anxiety, need for achievement, and the tendency toward conformity, all seem linked to a person's awareness and interpretation of his abilities (p. 416).

Phares, et al. (1968) discovered that when college students completed a series of personality tests individuals who were identified as being guided primarily in terms of an

external locus of control accepted more of the negative descriptors about themselves than they did positive statements. College students who felt guided primarily by an internal Locus of Control related to more positive than negative descriptors about themselves emerging from the instruments.

The second source of influence on self-esteem is what Frankl (1956) refers to as "existential anxiety." The concept of locus of control refers to the degree to which individuals perceive they have control over their lives and the events that influence them. Existential anxiety is constantly present in the lives of individuals permeating their very being from birth through death. The anxious feelings are associated with an awareness of one's immortality in conjunction with a general sense of meaninglessness of human life when viewed within the context of the universe. This form of anxiety is generally examined separately from psychic tension experience by individuals as a function of situational stress, the anticipation of stressful situation, or extensive exposure to lengthy periods of stressful events.

The effects of existential anxiety on one's feelings of self-esteem have been described by May et al. (1960). They write:

> Many must live with anxiety, and to the existentialist, anxiety is the experience of the threat of imminent non-being. It is the result of the individual becoming aware that his existence can be destroyed, that he can lose himself and his world, and that he can become "nothing" (p. 76).

Jourard (1971) represents several existentialists who believe that anxiety is a natural and inevitable part of life. He uses the phrase "authentic and unique way" to describe the individualized methods devised by people to handle the feelings of anxiety and stress. Existentialists believe that individuals should benefit from stress feelings and use anxiety-producing situations for personal growth along emotional, intellectual, and psychosocial dimensions (Frankl, 1963).

There is very little useful research available to examine the effects on developing a positive self-concept of individuals being continuously exposed to life-death situations over an extended period of time. Beyond continuous involvement in situations that could potentially result in their death, little is known related to the effects on human development of having committed atrocities. Archibald and Tuddenham (1965) have discussed how "...after severe trauma, the victim is more likely to respond anxiously to other stress stimuli that occur later in his life," but the authors have produced little empirical support for their theory. When individuals respond to situations in a manner reflective of a poor self-concept, they may actually be reacting to current stress feelings present as a function of recalling earlier unpleasant experiences.

Efforts to analyze the relationship between anxiety and self-concept is complicated primarily because cause and effect questions are difficult to separate. Does anxiety cause poor

concept, or does the presence of a poor self-concept increase the probability that environmental situations will be viewed as highly anxious? Hammacher (1971) states that:

> A student in school constantly faces situations whose demands he must compare with his own resources. And whenever a person's assessment of the situational demands leads him to conclude that they are greater than his own resources, he is ripe for the various consequences of anxiety (p. 180).

Hammachek further points out that experimental evidence exists suggesting that, "...low self-esteem persons, when faced with anxiety-provoking situations, are inclined to make hasty, impulsive judgments--behaviors not unlike that of a (person) who feels overwhelmed...(p. 180)." Mitchell (1959) discovered in one hundred college freshman and sophomore women that the better their self-concept, the less anxiety they experienced during testing situations. The majority of the literature present on the topic of self-concept and anxiety have been poorly designed using ad hoc methods and laboratory settings. Research continues in this area and naturalistic situations will hopefully be used more frequently.

The review of literature on the topics of identity formation, moral development, and self concept has been selectively completed. The review has been done in such a way as to assist the reader in formulating a conceptual frame-of-reference from which the research completed on Vietnam Combat Veterans (VCVs) can be addressed and appreciated. The emphasis has been on examining a cognitive developmental theoretical model in an

attempt to substantiate its use as a means explaining the delayed nature of the problems experienced by VCVs. In the review of literature just presented, very little information appeared that related the effects on identity formation, moral development, and self-concept when the intensity of stress experienced by individuals is equivalent to that described by VCVs during involvement in guerilla warfare. The research that has been cited suggests that stressful situations will have an adverse effect on the development of adolescents and young adults but it remains a duty of psychologists and educators to evaluate the effects of experiences like the Vietnam War on the psychosocial development of individuals.

The Stresses of Vietnam on Psychosocial Development

The research that exists which focuses on examining a relationship between psychosocial conflict and the psychological adjustment problems in many combat veterans is not extensive. Wilson, et al. (1977), in their study entitled *The Forgotten Warrior Project*, provided an extensive report substantiating the need for using a psychosocial diagnostic scheme as a part of treatment. They advocated the importance of allowing veterans to describe the feelings they experienced throughout the Vietnam War. The researchers speculated that the trauma experienced by veterans was sufficiently intense and prolonged to disrupt normal developmental processes.

In developing their theory, Wilson, et al., elaborated on the ideas presented by Lifton (1973) and Shatan (1973).

Lifton discovered that the average age of VCVs was 19.6 years during their combat experiences while World War II combatants averaged between 25 and 26 years of age. It was hypothesized that Vietnam Combat Veterans (VCVs) were fundamentally different from WW II Veterans developmentally because of the psychosocial level individuals typically achieve when they are 19 years of age compared to when they are 26 years of age. To this should be added a second source of difference between the two groups of combat veterans. As was noted earlier in this chapter, in our culture the period of time between adolescence and adulthood has been lengthened due primarily to economic and technological changes. Therefore, it is believed that psychosocially the Vietnam infantryman was developmentally even further behind the World War II soldier than the chronological age difference suggests.

Lifton (1974) compared responsesof Vietnam combat veterans with those of non-combat veterans and discovered significant differences existing in the amount of adjustment problems present. He discovered that combat veterans are experiencing problems with: (1) survivors' guilt; (2) reliving the unsanitary and filthy conditions in which they were forced to life; (3) generalized anxiety associated with unresolved issues of their own life and death; (4) shame and uncertainty at having been a part of such an unpopular war; and (5) discovering logical meaning and moral justification for actions they have taken during the Vietnam conflict.

Goodwin (1980) and Thompson (1981) concur with the findings of Lifton and discuss Vietnam veterans in terms of the internal struggles many experience surrounding their identity, values, and feelings about themselves. The researchers identified five factors critical to the adjustment of combat veterans to their return home. First, they were forced to live in a country where the customs, beliefs, and practices had no similarity to the environment in which they grew up. Second, they were deprived of legitimate ways to express their feelings of frustration and anger. Third, VCVs were being asked to preserve the "rights" of people whose military and government appeared to be only marginally interested in becoming a democracy. Fourth, many VCVs believed the United States Government was not committed to winning the Vietnam War. Finally, upon their return home, there were no services available to assist VCVs in the transition from combat to home life. There were no counseling or period for "deprogramming" of VCVs from jungle warfare back to civilian life. Wilson, et al., learned from interviews with VCVs that often within 48 hours, and averaging 72 hours, from the time VCVs left the intensity of combat, they were on the streets of their home town.

Shatan (1973; 1975) emphasized the usefulness of examining psychosocial and developmental issues as sources of the psychological adjustment problems of VCVs. He presented arguments that Vietnam and World War II were wars conducted

philosophically, politically, and pragmatically in considerably different ways. The critical differences also contributed to the existence of unique psychological adjustment problems experienced by VCVs. Shatan examined six internal and external sources directly contributing to the adjustment problems experienced by VCVs. Shatan examined six internal and external sources directly contributing to the adjustment problems of VCVs. First, feelings of pervasive guilt, exceeding but certainly including survivor guilt, must be examined in combination with the actions they had taken against the enemy which in contemporary society would be interpreted as immoral. The latter feelings were exacerbated after their military service, as they began to feel that possibly they had participated in an immoral war.

Shatan reported that VCVs felt that they were being used as scapegoats by society in their efforts to explain the problems existing in the United States. In conjunction with this, many VCVs believed that they had been deceived generally by the government, and specifically by the military, to fight for the cause of democracy which eventually was shown to be an unrealistic political reality.

Third, Shatan believed that VCVs were unable to resolve many of their psychological adjustment problems because of the deep-seated and pervasive feelings of rage they felt. Shatan hypothesized that there are two reasons for the rage feelings experienced by VCVs: perceiving they had been given false

information as to the purpose of the Vietnam War and feeling ignored by citizens of this country upon their return home. The military informally sanctioned rage as the mechanism for the release of frustrated feelings. Being perceived as a sanctioned method for acting out rage feelings, VCVs easily transferred the associated behaviors back into civilian life using them frequently when they felt defenseless or confronted with ambiguously defined situations. Feelings of rage were easily expressed by VCVs while other feelins were psychologically blocked or numbed due to combat experiences.

The residual emotional disturbances present in VCVs as a function of the dehumanizing experiences of which they were a part during combat, is the fourth source of distress in the returning VCVs identified by Shatan. Combat veterans reported that their feelings of hatred toward civilians of Vietnam escalated the longer they were in the country. VCVs quickly realized that the civilians of Vietnam would frequently function as Viet Cong during the night and be supportive of the United States during the day. Strong feelings of mistrust in what people stated they believed in and how they acted began to emerge, and confusion as to the meaning of commitment surfaced. Shatan labels this combat brutalization.

The fifth source of problem for VCVs discussed by Shatan is alienation. Alienation represents a psychological and emotional reaction of VCVs to their combat experiences that frequently results in distancing from: (1) friends and family

members; (2) the value system expressed as being important by members of society; and (3) efforts to understand who they are and in what they believe. Related to this was a sixth and final problem area for VCVs and identified byShatan as the "inability to love" both self and others. VCVs developed an intense fear toward and resistance of experiencing trust in others, caring about them or venturing into personal commitments to people.

Shatan believes that the problem areas experienced by VCVs represents the cumulative effect of having been involved in stressful situations including being forced to leave individuals, either through death or transfer home, within a relatively short period of time. VCVs reported that when buddies were needed in time of combat and they did not respond, feelings of abandonment and isolation emerged. The intensive feelings related to separation anxiety and loss contributed to feelings in VCVs of aleination and deep emotional constriction resulting in actions suggestive of a need to distance from people.

Shatan presents a theoretical exploration for the need of VCVs to distance themselves from people and in the process of doing so he introduced the phrase "impacted grief." Impacted grief attempts to describe the reaction of individuals who have experienced extremely stressful, life-threatening situations over an extended period of time, and simultaneously are confronted with personal loss. Insufficient time is

available for individuals to mourn the losses or adjust to the stressful situations. The available psychic energy is directed completely to the survival of the organism resulting in grief feelings being inaccessible to the consciousness of the affected persons. According to Shatan, "...people are prevented by virtue of being a part of the brutalization processes and anti-grieving circumstances, from consumating a normal psychobiological response to bereavement (p. 261)." It is this author's belief that a counterpart to this process can be described as "impacted guilt." Impacted guilt consists of a layering process in which initial guilt feelings have not been resolved before others appear and overlay the former. Treatment efforts must attempt to "peel away" each layer until the core is uncovered.

Wilson, et al. (1977, 1978) combined the results of earlier research conducted on VCVs with principles associated with the theories of Erik Erikson and Lawrence Kohlberg. They examined the developmental processes of VCVs and studied psychosocial, moral, intellectual, and personal maturation as viewed from the perspective of these theoretical models. Wilson and his colleagues attempted to introduce additional elements of life-threatening and psychological traumatic experiences when presented over an extended period of time and the effects of these on development.

Wilson, et al., believe that external factors (the war environment and social discord at home), when combined with internal factors (the personal characteristics of VCVs), resulted in the emergence of an unusual set of problems in VCVs. Over time, the problems have become repressed and continue to emerge in unpredictable ways and in a variety of situations. The researchers hypothesized that VCVs, due, in part, to the extensive psychological trauma experienced, have been prevented from satisfactorily resolving intrapsychic and psychosocial conflicts associated with identity formation.

The Wilson Group evaluated developmental achievements and concluded that VCVs have been deprived of opportunities to successfully achieve stable identities and corresponding ego-syntonic feelings. The investigators theorized that VCVs were deprived of experiencing a period of <u>psychosocial moratorium.</u> As a result, they were not given time to experientially become involved in self-evaluation, developing suitable methods of problem-solving and learning these things about themselves made them aware they need not accept complete adult responsiblities. The military system introduces individuals to several different forms of coping with situations. First, the authoritative approach to problem-solving was different from what typically youth in America experience. Second, several individuals from varying parts of the United States are brought together, each having belief in a variety of different value systems and ideologies. Finally, the new recruits are placed

in a situation in which they have no direct input as to how their lives are going to be conducted. Boot camp represents the ultimate in "change" that young men and women are expected to endure. The Vietnam-era veteran just happens to have been younger than the groups that preceded him. VCVs were forced into situations where moral-ethical, survival and commitment issues had to be decided, and they were insufficiently mature to do so. Although the Wilson group emphasizes that being deprived of a psychosocial moraotirum has had seriously adverse effects on the development of VCVs, the researchers did not address the critical elements of foreclosure, centering, and grounding to the extent needed to fully appreciate the developmental consequences of the deprivation.

The descriptive information generated on VCVs by Wilson, et al., is helpful in understanding their ideologies, belief systems, and feelings of self-esteem which has provided the nucleus from which more indepth assessment and evaluation have occurred. The baseline data produced has provided professionals with an opportunity to examine attitudes held by VCVs related to: (1) political beliefs; (2) involvement of the United States in the Vietnam conflict; (3) the competence of the political leaders to make decisions associated with the conflict; and (4) general political affilitation of VCVs and platforms associated with each.

Wilson, et al. (1978), identified the following differences om VCVs when comparing pre-combat beliefs and post-

combat feelings. VCVs changed in feelings about themselves expressing either higher or lower feelings of self-esteem after their military experience. White combat veterans were characterized by a significantly greater amount of ego syntonic feelings after military service than were black combat veterans. Finally, black non-combat veterans expressed stronger feelings associated with ego integration both before and after military service than did white non-combat veterans.

Ideological changes also occurred in VCVs related to several additional dimensions. First, VCVs, at an increasing rate over time, became outspoken against the involvement of the United States in the Vietnam conflict. Second, a significant number of VCVs changed from a conservative defensive posture of the military involvement in Vietnam to an offensive approach to handling the war once they were separated from active duty. Third, when compared to their feelings on the topic at the time they entered the military, VCVs stated they were less inclined to trust the competence of political leaders. Fourth, it was assumed that at the time individuals entered the military they had strong "conventional-type" political beliefs. Wilson, et al., hypothesized that eventually VCVs incorporated left-wing and radical political ideologies after their discharge from military service. Finally, a dramatic change occurred between the time they entered the service and the time of the survey in that fewer VCVs believed that the ideals of the United States Constitution were being upheld

during the Vietnam War.

Several of Erikson's (1963) terms, identity diffusion, identity formation, identity regression and ego-integration, were used by Wilson to describe possible outcomes for, or causes of, symptoms of psychological adjustment problems in VCVs. The Wilson group referenced Erikson and stated, "...that severe stress during the process of identity integration may precipitate the appearance of regressive components of identity diffusion (1968, p. 76)."

The research results of Lifton (1976) suggest that combat veterans experienced psychic and emotional numbing which seriously disrupted efforts to reconcile psychosocial difficulties experienced during post-combat adjustment. Psychic numbing has been defined by Lifton as "...a state in which both grounding and centering processes have been impaired resulting in a neutralizing of emotions (p. 179)." Wilson, et al., provided an operational definition for psychic numbing and state, "...in psychic numbing the symbolic and imagined forms which predominate are separation, stasis and disintegration (p. 21)."

Efforts to justify and explain the causes for identity-diffusion and interrupted ego development among VCVs has emphasized four basic psychoformative and psychosocial elements. These include: (1) psychosocial acceleration; (2) identity-intensification, prlonging the phase of psychosocial moratorium and (3) ego-retrogression. Psychosocial acceleration

represents a critical factor believed to account for feelings of identity diffusion, role-conflict, and psychological confusion in VCVs. As a part of psychosocial acceleration, Wilson (1977) proposed that protean functioning was seriously disrupted in VCVs. Protean functioning refers to the processes of centering, decentering, and, once again, centering images and forms which serve to more clearly define an individual's sense of self. Erikson has proposed that psychosocial acceleration serves to disrupt the psychic efforts to maintain protean homeostasis. The relationship between experiencing life-threatening, psychosocial acceleration and the presence of identity diffusion, moral-ethical conflict, and the existence of feelings of negative self-concept requires further examination.

Levinson (1978) hypothesized that several critical Vietnam experiences led to a "...premature progression or acceleration of all the post-identity life stages and psychosocial crises (Erikson, 1968)." Wilson established confirmation of this speculation by discovering the VCVs were asking themselves questions related to the ultimate concerns in life, their interpersonal orientation and the view of society which is characteristic of those that normally emerge later in the life cycle. The process of acceleration has been illustrated by Caputo (1977) when he writes:

> I was 24 when the summer began; by the time it ended, I was much older than I am now. Chronologically, my age had advanced three months, emotionally, about three decades. I was somewhere in my middle fifties, that depressing period when a man's friends begin dying off, and each death reminds him of the nearness of his own (p. 192).

Wilson, et al (1978), concluded that as a function of psychosocial acceleration, VCVs have been subjected to three adverse developmental experiences. First, VCVs experienced existential anxiety as a result of the unusual psychoformative changes they were expected to deal with when processes of centering and decentering occurred more rapidly and with less consistency than ordinarily takes place. Closure of one cycle of centering and decentering rarely occurred prior to the demands of another cycle being placed on the young combat veterans. Second, the necessary developmental processes associated with late adolescence and early adulthood, of verifying and reinforcing ego boundaries, were disrupted in VCVs. The experience of the Vietnam Conflict served to introduce new sets of environmental factors against which reality-testing occurred. As a result, ego dystonic feelings surfaced leading to identity diffusion and feelings of disengagement from community. Finally, the moral belief systems of VCVs were seriously and repeatedly challenged and in many instances were altered dramatically.

As a result of efforts made by Shatan, Lifton and Wilson, et al., a considerable amount of preliminary data has been obtained related to psychosocial dilemmas confronting VCVs. In

Stress Disorders Among Vietnam Veterans, edited by Figley (1978), several contemporary researchers concluded that: (1) service in a combat zone is a significant factor in the amount of psychological adjustment problems being experienced by veterans; (2) Vietnam-era veterans do not differ significantly from non-veterans in establishing and maintaining interpersonal relationships if military service and combat exposure are controlled; (3) more attention to the problems confronting the families of VCVs was needed; (4) the pre-military qualities of the VCV's life has been determined to be predictive of the level of in-service and post-service adjustment among Vietnam Veterans; and (5) additional attention was needed in the area of systematically investigating the psychological procedures used by VCVs in coping with post-combat pressures.

A second psychoformative consequence to VCVs has been described as "identity intensification." The third outcome, "ego-retrogression," is sufficiently related in an inverse way to identity intensification that the literature addresses both simultaneously. When examining ego-integration and identity formation among VCVs, the emphasis has been on the effects of: (1) stress-producing events and (2) being exposed to traumatic events. Figley and Leventman (1980) hypothesized that being exposed to continuous stress-producing events influenced ego-identity formation in three ways:

> (1) stress-producing events can lead to retrogressive ego-integration or dissolution by stressing defensive modalities of adaptation beyond an optimal level of functioning;
>
> (2) the stress-producing events may intensify the predominant psychosocial crisis of a person. For most soldiers in Vietnam, this was usually identity vs. role and confusion; and
>
> (3) the stress-producing events can lead to psychosocial acceleration or progression (p. 175).

Attempt to research ego-retrogression in VCVs have been frustrated because the emergence of symptoms has been delayed due to the continuous presence of a series of stress-producing and/or traumatic events in their lives since returning home. Stress-producing events in the lives of Vietnam veterans, that have been substantiated through research, can be identified according to the following categories. First, there is widespread mistrust of authority, of the U.S. government, and of the Veterans Administration (Wilson, 1978). Second, many individuals continue to feel exploited, rejected and stigmatized for their military service in Vietnam (Wilson and Doyle, 1978). Third, many VCVs experience difficulty in obtaining higher education, job-related training, and have disproportionately higher rates of unemployment than non-veterans (Figley, 1980; Thompson, 1981). Fourth, the majority of VCVs rarely, if ever, discuss their war experiences with others, resulting in the perpetuation of self-depricating statements (Horowitz and Solomon, 1978; Shatan, 1978; and Wilson, 1977). The researchers referenced have suggested in their narratives that the behaviors of VCVs when describing each of the themes presented

above represents a dependent-type attitude toward a caretaker parent rather than handling situations in an adultlike, independent manner. When confronted with stressful situations, VCVs are inclined to react with anger and rage which is uncharacteristic of the way other situations in their lives are handled.

Many VCVs are adjusting well to the expectations of society. Often, however, beneath the persona of the self, there resides a continuous struggle with ego-identity and the existential search for meaning in life. Figley and Leventman (1978) feel that:

> ...this highly personalized search for authenticity is often an attempt to prolong a psychosocial moratorium in order to more fully integrate the precipitates of the stress-producing events into the self-structure (p. 143).

In addition to examining intrapsychic and psychodynamic dimensions of personal adjustment, several writers have suggested the presence of sociological factors contributing to identity confusion specifically and psychosocial developmental problems generally being experienced by VCVs. The issues began to emerge while the VCVs were still in combat. The inconsistent philosophies of the adolescent VCVs and the message received in the orders passed down from commanding officers during battle created many problems for most veterans. The impact of these discrepencies on VCVs during combat has been described in the writings of: Starr (1973), the inconsistent and counter-productive orders received daily by the troops;

Fall (1972), the unhealthy and unsanitary living conditions; Caputo (1977), the constant ritual of "winning terrain" only to turn around within days to return it to the North Vietnamese; and Polver (1971), the day-to-day drudgeries of combat in Vietnam without hope for relief until 12 months were completed.

The attempts made by VCVs to bring closure to role confusion, while at the same time ensuring identity integration is achieved, requires that incomplete ego processes that emerged during the military service be completed. Attempts made by VCVs to interface the conflicted sense of self with society's sense of who they should be has frequently resulted in cognitive conflict and dissonance. To realize success in therapy, VCVs need to be encouraged to re-examine their ideological beliefs and be provided with an opportunity to modify and solidify adult values.

The process of examining old moral beliefs has presented the VCVs with a tremendous challenge and a very difficult set of psychological tasks. Levinson (1978) has shown that VCVs are attempting to assimilate unresolved moral conflicts and dilemma into their current life-structure rather than attempting to reconcile the problems. The moral-ethical issues confronting many VCVs need to transcend feelings of survivors' guilt which historically plague individuals who have survived combat while comrades have not (Archibald, 1961).

Although not specifically stated, in their discussions of moral development of VCVs, Wilson, et al. (1978), appear to

borrow thoughts and concepts from Piaget (1965), Kohlberg (1971) and Rokeach (1977). The integrated model of moral-ethical development used by the Wilson group involves two dimensions: (1) moral reasoning has a sociological basis and is characterized by developmental processes and (2) an emphasis on viewing integrity as a functional motivator to an individual's acting in a moral-ethical manner. Integrity refers to the psychological sense of entact physical and ego boundaries which are necessary for the performance of decision-making inclusive of moral components.

Wilson, et al., point out that integrity is first experienced as "physical integrity" which is followed by psychosocial and intellectual integrity. Ethical integrity refers to, and is defined by, the existence of structures allowing individuals to make moral judgments and represents the culmination of developmental integrity. Although Wilson and his associates introduced the theoretical components necessary to evaluate the presence of feelings of moral-ethical conflict in VCVs, they did not produce empirical evidence in support of their theory.

A philosophical position paper written by Marin (1981) provides a framework justifying the need to understand the moral-ethical issues confronting VCVs as being complex and multi-dimensional. In his article, Marin observed two sources of the pain and anger being experienced by VCVs. First, profound moral distress arising from the realization that one has

committed acts with real and terrible consequences. Second, the inadequacy of the prevailing cultural wisdom, models of human nature, and modes of therapy to explain moral pain or provide ways of dealing with it. Marin emphatically states that, "...the very nature of the war: What the veterans saw and did in Vietnam, the war's excessive brutality and cruelty, and the arbitrary violence with which we fought it...(p. 68)," resulted in a schism between professed moral standards of the country and actual experiences of the Vietnam War. Marin described two fundamental kinds of violence present during the Vietnam War. The first was programmatic, large-scale and widespread, and intentional representing policies established at various levels of command. The second was more sporadic, arbitrary, and individualized, ranging from large-scale, but apparently spontaneous, massacres, such as those at My Lai, to the kinds of "recreational" violence in which a GI, just for the fun of it, might gun down a woman crossing a field or a child at the side of the road (p. 71).

Marin has analyzed the moral dilemmas confronting Vietnam veterans and concluded four very powerful outcomes from the war need to be examined by members of our society--a collective consciousness raising. First, the immortality of the Vietnam War transcends, but also includes, the actual combat brutalities and atrocities and is reflected in VCVs, having witnessed the suffering of mankind in the world and compared it to the privileged background from which they emerged.

Second, clincians and psychotherapists have been inclined to either completely avoid the moral issues of Vietnam or "empty them of meaning through the use of clinical labeling." Individual feelings of guilt by veterans has been discussed in terms of "survivors' guilt;" moral conflict has been dealt with therapeutically through encouraging the projection onto external sources the responsibility for the problems.

Several clinicians have attempted to examine the unresolved moral conflicts characterizing VCVs, but the efforts made focus on how to best help the veterans to adjust. As a result, moral issues have not been addressed in isolation of other psychological or psychosocial problem areas either empirically or in case-study form. Shatan (1978) has described the atmosphere of the Vietnam conflict as one which "encompassed a 'schizophrenic atmosphere' which was conducive for individuals to establish their own rules useful in surviving their personal war."

Wilson (1978), with the use of a model of moral judgment described by Rokeach (1977), compared VCVs and non-VCVs along dimensions of moral decision-making and hypothesized that differences existed in the process used to make decisions, as well as differences in value orientation which indirectly affected the decisions made. Although not conclusive, the findings support his primary hypothesis and indicate the combat veterans exhibit tendencies to regress to a level of moral functioning that is "self" vs. other directed in content.

Although prior to military service, VCVs may have experienced cognitively higher levels of moral development than witnessed after discharge, they had not the opportunity to integrate these beliefs into behaviors.

Lifton (1973, 1978), Shatan (1978), Thompson (1981), and Santoli (1983), as a result of interviews conducted with VCVs, have concluded that moral conflict associated with combat brutality may be present in veterans, but the feelings are denied or repressed to the extent that psychological resolution is often not possible. Lifton (1974) represents a small number of psychiatrists and psychologists who have argued that the Vietnam veteran was the victim of the war and not the cause or "victimizer." Polner (1971), based on personal interviews of over 200 combat veterans, concluded that, regardless of political ideologies, most combat veterans were uncertain as to the purpose, usefulness, and moral legitimacy of the war effort.

Marin (1981) has identified categories of moral pain and advocates that we avoid relabeling the problem using clinical terminology. The first category, "bad conscience," is "...a person's reaction to past actions he or she finds inexcusable or inexplicable...causing individual pain, shame and guilt and demands a way of setting right what has been done." The second category, "the world's pain," refers to "the way we internalize and experience as our own the disorder, suffering, and brutality around us. The responses of individuals to this form of suffering is usually to hide it away, repressing it or

ignoring it."

A third category of moral pain relates to, "...the way most of us suffer when we cannot act out in the world our response to the suffering we have seen in it (p. 86)." Marin encourages psychotherapists to assist VCVs in working through the moral pain they may be experiencing comvinced that to avoid this will deprive combat veterans from realizing they are a part of a collective guilt shared by all members of society.

Several research projects and articles, written on the topic of readjustment problems of VCVs, allude to the presence of unresolved moral-ethical conflict, but do not address the topic directly. Archer and Gartner (1976) accused members of society for causing violent reactions in VCVs; Egendorf (1975) reports that VCVs shared concerns during "rap sessions" of problems having themes of morality, guilt, and sex roles; and Solomon (1971) discussed three case studies each indicating the presence of moral problems. Hubert (1973), Haley (1978) and Fall (1972) have provided descriptive information related to the conflicted feelings present in VCVs but they did not actually label the situations being associated with moral conflict.

Prior to the work of Marin, there were a limited number of reports written that directly confronted the issue of atrocities committed during the Vietnam War. A comprehensive investigation was conducted by the U.S. Government during which VCVs described the inhumane actions taken toward the South Vietnamese people, but the results of the hearings were not

widely publicized (1972 Congressional Hearings; Emerson, 1973). Baker (1971) reported from interviews conducted with VCVs that many were experiencing strong feelings of remorse related to actions they had taken during combat. Figley and Leventman (1980) discussed, in general terms, the possibility of unresolved moral-ethical as contribuing to the psychological adjustment problems experienced by VCVs. The hypotheses proposed by the writers have not received empirical attention.

In the present paper, an assumption is made that the intensity of stress experienced by VCVs during combat was more intensive than usually exists in classrooms, laboratories, and day-to-day life situations. Typically, research on moral development, and the efforts to understand regression in the process, relies on creating hypothetical or simulated situations in the hopes that stress feelings will be created in the participants. VCVs were adolescents at the time they experienced combat and, according to cognitive-development theory, had not achieved sufficient maturity to function continuously within the highest level or moral reasoning they had experienced prior to service.

It is believed that Erikson's definition for psychosocial acceleration is applicable to the way in which VCVs were expected, by virtue of the situation they found themselves in, to make rapid and congruent moral decisions. The accelerated pace within which VCVs had to function in decision-making did not allow sufficient time to incorporate feedback into their

existing moral structures. Decisions were made on the basis of needing to survive, and as has been shown by Bettleheim (1948) and Frankl (1963), individuals will react to life-and-death situations in ways that may appear to be incongruent, to outside observers, with the statements they make as to how they "believe" they should perform.

The amount of research completed on VCVs, which is directed exclusively to assessing self-concept issues, is minimal. The information that is available on how VCVs feel about themselves, or compare their feelings of self-esteem with non-combat veterans, has been incorporated into larger studies and projects. Studies completed which are related to the feelings of self-esteem in VCVs address the: difficulties in establishing close interpersonal relationships (Egendorf, 1977); feelings of ambivalence about their futures (Figley, 1978); difficulties in tolerating ambiguously defined situations (Okelby, 1981); and a loss in the meaning for life they felt prior to serving in the military (Shatan, 1973).

As was discussed earlier in the chapter, how individuals feel about themselves is often a function of how they perceive situations in which they are involved. There have been several articles in which they are involved. There have been several articles and research projects completed on topics related to the presence of psychiatric symptoms in VCVs. The specific areas that have received the most attention include: elevated levels of depression (De Fazio, etal., 1970; Egendorf, et al.,

1977), and Elzer, et al., 1973); anger and rage (Bourne, 1970; Polver, 1971; and De War, 1976); the inability to tolerate ambiguity and corresponding problems of elevated levels of anxiety (Enzie, et al., 1973; Okelby, 1981; Penz, 1980; and Thompson, 1981); and "working through" feelings of grief and personal loss (Bourne, 1969; Borus, 1974; Stayer and Ellenborn, 1975; and Nance, et al., 1975). As a function of the presence of problems of this nature, it is hypothesized that VCVs do not possess positive feelings of self-esteem.

There have also been several articles written which allude to the possibility that VCVs may be characterized by low self-concepts when compared to same-aged, non-combat veterans. The themes of the studies include: having little confidence in self-determinism and associated feelings that external factors control their destinies (Pollack, et al., 1974; Yankelovich, 1974; Struen and Solberg, 1972); feeling ambivalence regarding their participation in the Vietnam War (De Fazio, et al., 1975); and the presence of clinical depression as a function of using a variety of psychometric instruments (Nace, et al., 1975; Helzer, et al., 1973; Williams, 1980).

The "residual stress perspective" emerged during the late 1970's. The theory has several elements that attempt to account for the poorly developed self-concepts hypothesized to be present in VCVs. The theory states:

> ...that combat-related stress reactions among combat veterans are inevitable and that significant numbers of veterans are trying to cope with severe psychosocial readjustment problems originating years ago in Vietnam (Wilson, et al., 1978; p. 93).

Several of the studies originating from this theory were designed in a way that VCVs were provided with an opportunity to respond to questions related to how they feel about themselves.

Figley and Leventman (1980) have offered a conceptual model which may prove useful in designing instruments for evaluating the level of self-concept, existence of unresolved moral conflict, and identity diffusion experienced by people in stressful situations. If utilized in its entirety, the model may also be useful in diagnosing symptoms of P-TSD. The critical components of the diagnostic categories include: (1) impaired cognitive functioning, i.e., mistrust, alienation, low self-esteem and (2) problems with interpersonal relationships, i.e., maintaining relationships, difficulties interacting with authority figures, a preference for social isolation (p. 136).

Contradictory information has been provided by Scruggs, et al. (1977), who discovered no difference in level of self-esteem present between combat and non-combat veterans except with respect to draftees who scored slightly lower on a self-concept measure than those who enlisted. Carr (1973), when evaluating combat veterans and non-veterans enrolled in college, predicted that no differences would exist on dimensions of self-concept. He ultimately showed that combat veterans

feel they have very little control over their future and feel angry about the helpless feelings. Worthington (1977) discovered no significant differences existed between combat and non-combat veterans when examining anomie, self-concept, and level of social adjustment. The studies have been vigorously attacked on the basis of weak methodologies and the introducing of bias directions during testing (Penz, 1980).

A second theory, proposed in 1976 advocates principles which are in direct opposition to those presented in the residual stress perspective, and is known as the "stress evaporation perspective." The theory maintains:

> ...that the combat veteran probably does suffer some psychosocial readjustment problems during and immediately following military service, but that any problems disappear after returning home, in other words, time heals all wounds (Wilson, et al., 1978; p. 101).

In addition to the authors referenced above, a few psychologists reported no significant differences in the: feelings of anxiety reported by VCVs when compared to non-combat veterans (Enzil, et al., 1973); number of self-reported pre-military disciplinary or legal maladjustment levels (Borus, 1973); and problems experienced in interpersonal relationships (Penz, 1980). The study completed by Carr (1973) used three scales from the Tennessee Self-Concept Scales and predicted, on the basis of responses given by VCVs and non-veterans on the self-criticism, self-perception, and response-bias subscales, that no differences in feelings of self-esteem existed.

His results supported the hypothesis of no difference between groups.

The studies have been attacked vigorously because of methodological weaknesses involving the sample selection and the lack of control groups. Over the years, research has gradually emerged that effectively discredited the stress evaporation theory. Efforts to examine the psychosocial dimension of self-concept used by the researchers who support the theory have diminished considerably. The present study represents an attempt to revitalize the earlier attempts to examine components of self-concept in terms of its importance in understanding Post-traumatic Stess Disorder.

Relationship of the Study to Existing Research

A review of the literature on the psychological adjustment problems facing Vietnam Combat Veterans (VCVs) has been selectively presented. The research completed during the past 15 years suggests that psychosocial developmental factors are, in some way, involved in the problems being experienced by VCVs as they approach adult maturity. The developmental characteristics of identity, moral reasoning and self-concept have been selected for examination in the present study because of their critical contribution to human development and the eventual ability of individuals to accept adult responsibilities. Although there have been a few studies completed related to psychosocial development in VCVs, most have

been a few studies completed related to psychosocial development in VCVs, most have been incorporated into larger research projects. The researchers have de-emphasized the importance of these factors when other findings emerged more conclusively, relied upon subjective recall and narrations, and failed to include appropriate control groups. A major shortcoming of the available research on psychosocial development of VCVs is the weakness in identifying a comprehensive philosophical and theoretical model to be used in designing the research projects.

The studies of Wilson, et al. (1977), and Figley (1980) represent a close approximation of rectifying this deficiency. The authors eventually resorted to discussing the larger topic of Post-Traumatic Stress Disorder and evaluated traditional clinical symptoms and diagnostic processes predicted to be useful in alleviating stress feelings. The authors were able to generate descriptive information but did not produce empirically solid designs or data.

In view of the above discussion, the present study begins with an elaborate process of establishing a theoretical model from within which the three dimensions of psychosocial development: identity formation; moral-ethical development; and self-concept can be examined. The relationship between the three psychosocial dimensions, as assessed by the _Tennessee Self-Concept Scales_ (TSCS), clinical and research form, and self-perceptions of combat intensity, pre-military moral and

identity development as measured by the Personal Information Questionnaire (PIQ), will be examined within the theoretical model. In order to ascertain whether there are significant differences in the three characteristics, between comparable groups of Vietnam Combat Veterans who are experiencing symptoms of PTSD, Vietnam Combat Veterans without PTSD symptoms, and non-combat veterans, the following four research questions have been developed:

1. Are Vietnam Combat Veterans (VCVs) characterized by more frequent statements reflecting the presence of identity diffusion than are non-combat veterans?

2. Do non-combat veterans express themselves as having greater self-satisfaction and better general adjustment to activities of life than do VCVs?

3. Are there differences between the stated needs of non-combat veterans to be socially involved and less isolated than those of VCVs?

4. Are VCVs experiencing more intensive feelings of moral-ethical conflict than are non-combat veterans?

CHAPTER III

METHODOLOGY

Sample Population

The sample population in this study consisted of 107 subjects who were divided into three groups of unequal numbers of subjects. Group A consisted of 32 Vietnam Combat Veterans (VCVs) who have been diagnosed as experiencing symptoms of Post-Traumatic Stress Disorder (P-TSD); Group B consisted of 44 VCVs who have not been diagnosed P-TSD; and Group C consisted of 31 non-combat Vietnam-era veterans. All subjects were volunteer male adults ranging in ages from 29-44 and who lived in the greater Chicago metropolitan area at the time of the study. For purposes of the present investigation, a combat veteran is defined as a male who meets the above criteria and was in the country of South Vietnam between the dates of August 8, 1964, and May 7, 1975. A non-combat veteran in the present investigation is defined as a male between the ages of 29 and 44 who served for a period of time on active duty during the same 11 years, but in areas of the world exclusive of the country of South Vietnam, including naval vessels located off the cost of Vietnam.

The 76 combat veterans used in the study were drawn from one of three veteran outreach centers located in the Chicago area and from the treatment programs located in the North Chicago and Hines Veterans Administration Medical Centers. The 32 combat veterans who were diagnosed as experiencing symptoms of P-TSD were volunteers from the two medical centers exclusively. The 31 non-combat veterans were volunteers from a variety of locations including veteran centers, veteran organizations, colleges, and federal agencies located in Chicago and surrounding suburban areas.

The three groups were matched on the basis of age, educational level attained, and geographic areas where they were raised. Although all individuals who volunteered for the study completed the questionnaires, only those who matched on these criteria were included in the final analysis. The only exception to the matching guidelines relates to the educational background of the participants. A small proportion of the subjects had successfully completed more than four years of college. This characteristic has been analyzed statistically instead of being used as a criteria for exclusion from the study. It should be noted, therefore, that the subjects in this study were not randomly selected from a pool of VCVs but were individuals who met the basic criteria for the study and were willing to complete the questionnaire.

The composition of the sample and a breakdown of the three groups according to the five critical factors--employment

history, current marital status, period of time served on active duty, race, and whether individuals enlisted or were drafted into the service--is shown in Table 1. In four of the five categories represented in Table 1, veterans in Group A differ appreciably from veterans in Groups B and C. Subjects in Group A have been divorced in 65% of the cases as compared to 37% and 24% respectively for Groups B and C. White veterans constitute 72% of those diagnosed as having P-TSD while making up only 53% of combat veterans generally. There is 74% of the veterans in Group A who were unemployed during the time of the study, while 14% of the veterans who are non-combat were unemployed. There is no appreciable difference between the feelings of veterans who have been diagnosed as having symptoms of P-TSD and combat veterans who have not been diagnosed with respect to the feelings they have regarding their combat experience.

In Table 2, an effort has been made to present data on the three secondary variables which had originally been identified for matching in an attempt to control for extraneous variability. In Group A, a considerably greater percentage of veterans who have been diagnosed P-TSD are younger than 38 (61%) than are older (39%). Examining Table 3 we also see that 55% of the veterans in Group A were younger than 19.5 years old during the time they were in combat. Similarly, a large difference exists between groups regarding educational level. Group C participants, in 69% of the cases, completed two or

more years of college while individuals in Groups A and B, 16% and 25% respectively, completed an equal amount of education. Somewhat more disturbing are the figures from Table 2 representing the percentage of high-school graduates present in each of the Groups. Individuals in Group A are represented by 39% who did not complete high school, while in Group B 26% did not graduate and in Group C only 10% are not high-school graduates.

Table 1

Demographic Data on Subjects

	Combat Vets P-TSD Group A (n = 32)	Combat Vets No P-TSD Group B (n = 44)	Non-Combat Vets Group C (n = 31)	Total Sample
Marital Status				
Married	29%	60%	66%	52%
Divorced	65%	37%	24%	42%
Single	6%	3%	10%	6%
Ethnicity				
Black	22%	35%	17%	25%
White	72%	53%	76%	67%
Hispanic	6%	12%	7%	8%
Induction Status				
Drafted	26%	35%	41%	34%
Enlisted	74%	65%	59%	66%
Employment				
Unemployed	74%	26%	14%	37%
Employed	26%	74%	86%	63%
Feelings About Serving in Vietnam				
Neutral	3%	5%	--	4%
Proud	23%	37%	--	31%
Regretful	39%	35%	--	36%
Confused	35%	23%	--	29%

Tale 2

Sample Distribution by Matching

	Combat Vets P-TSD Group A (n = 32)	Combat Vets No P-TSD Group B (n = 44)	Non-Combat Vets Group C (n = 31)	Total Sample
Age				
< 38	39%	47%	52%	46%
≥ 38	61%	53%	48%	54%
Education				
< High School	39%	26%	10%	25%
High School Graduate	45%	49%	21%	40%
2 Yrs. College	16%	25%	69%	35%
Geographic				
Cook County	23%	13%	11%	15%
Chicago	27%	47%	48%	41%
Suburbs	50%	40%	41%	44%

Table 3

Combat Experience

	Combat Vets P-TSD Group A (n = 32)	Combat Vets Non-P-TSD Group B (n = 44)	Total Sample
Duration			
$\leq$ 12 Months	42%	56%	50%
$>$ 12 Months	58%	44%	50%
Intensity			
High	70%	51%	58%
Average	23%	26%	25%
Low	7%	23%	17%
Age at Time of Combat			
$<$ 19.5	55%	45%	49%
$\geq$ 19.5	31%	32%	32%
$>$ 21.0	14%	23%	19%

In Table 2, distribution of subjects along geographic dimensions is skewed in favor of the suburban area with respect to individuals in Group A (50%) while Cook County veterans appear to be under-represented in Group B (13%) and Group C(11%). This represents selection bias in accepting volunteers for the study and also suggests why the factor no longer represents one which was used for matching. The stress program at the North Chicago VA Medical Center, from which 90% of the veterans in the study who have been diagnosed as experiencing serious psychological adjustment problems came, accepts applicants from several geographic areas. In effect, it became an unrealistic process if sufficient numbers of veterans were to be included in the study, to match according to geographic parameters. The effects of this will be addressed in Chapter V of the present paper.

Information included in Table 3 represents a comparison within the combat veteran groups related to age, subjective interpretations of the intensity of combat VCVs experienced and the age of veterans during the time they were in combat. When examining the three categories, differences between group members can be seen. Combat VCVs in Group A are characterized by a longer period of time in combat than are VCVs in Group B. By a significant margin, Group A VCVs (70%) feel that the intensity of the combat they experienced was in the high category while 51% of Group B veterans believed they experienced high levels of combat. Overall 58% of the total combat

veteran sample believed they experienced high levels of combat; 25% believed what they experienced was average; and 17% felt they encountered a low level of combat intensity.

As can be seen from Table 2, there exists obvious differences in educational levels among groups. The initial plan was to match subjects in each of the groups on this variable, but it was quickly discovered that to consistently apply this rule across groups would result in reducing the availability of sufficient subjects necessary in order to validate the study. Although the difficulties associated with controlling for the education variable were administrative in nature, Fitts (1967) has shown that few scales on the TSCS are affected as a function of the educational level of respondents. For purposes of the present study, therefore, a modified matching process related to the education of subjects was introduced. The category, "two or more years of college," has been expanded to include individuals who have up to and including a B.A. degree. Matching has occurred to the extent that individuals who have completed graduate degrees, i.e., masters or doctorates and professional degrees, i.e., lawyers and physicians, have been excluded from the study. The level of education has been identified for all subjects, and the information was analyzed in an effort to determine whether a relationship exits between education and the three dependent variables of identity formation, moral conflict and self-esteem.

The research completed to date by Wilson, et al., (1977, 1978); Figley (1978); Figley and Leventman (1981); and Williams (1980) suggest that non-combat veterans, on the average, are characterized by having more advanced education, higher employment rates, and fewer problems sustaining interpersonal relationships than VCVs. Penz (1980) and Worthington (1978) argue that a disproportionately high level of minority veterans served in Vietnam when compared to their representation in the general population. The characteristics of the subjects in the present study coincide with the findings from earlier research and are potentially representative of the larger Vietnam veteran population in the country.

Research Design

The principles and procedures associated with quasi-experimental research designs have been selected for use in the present study. The specific quasi-experimental designs used have been referred to by Cook and Campbell (1979) as "Passive Observational Studies (POS)." The authors selected the title POS as a means of distinguishing the procedures used from those associated with traditional correlational studies. The designs encourage investigators to ask research questions rather than limit themselves to the use of closed-ended null hypotheses. Through the use of research questions, data can be analyzed using more sophisticated statistical techniques which are capable of evaluating the effects of

several variables on each other as opposed to examining the relationship between two or three variables.

The use of POS is applicable to a research project when the following criteria have been met: (1) there is a treatment variable, i.e., combat vs. non-combat; (2) there is an outcome measure, i.e., unresolved moral conflict, identity diffusion, poor self-concept; and (3) there are experimental units, i.e., measures on the PIQ and the TSCS. The Passive Observational designs provide methods useful when inferring casual relationships existing as a function of the observations made of concomitancies and sequences as they occur in natural settings without the advantage of deliberate manipulation and controls to rule out extraneous causal influences (Cook and Campbell, p. 295).

Cook and Campbell indicate that when the sources of variability are numerous, and it is not realistic to expect that controlling them is possible, an alternative is to control interfering variability through the application of statistical methods. Stanley and Campbell (1963) have described ex post facto exerimentation as a research process in which the effects of antecedent treatment variables on current behaviors of individuals are being studied. In the present study, "treatment" refers to the type of military duty experienced by veterans and the intensity of combat exposure to which VCVs were exposed. In a quasi-experimental design, the groups

of interest are naturally formed and the treatment occurs within a setting other than a scientific laboratory.

The basic statistical procedures used in this study have several steps associated with them and will be reported in detail in Chapter IV. The 20 items on Section B of the PIQ required that information be synthesized and collapsed into manageable proportions when evaluating the research questions. There are seven TSCS scales of interest to this researcher and used in the present study. The information obtained on individual scales were combined in a manner that accommodates the research questions as presented.

The four research questions of the study listed in Chapter II will be examined using a series of one-way and two-way analyses of variance (ANOVA) as applied to the eight independent variables. The eight independent variables are represented such that two each have been selected to measure the four research questions. The eight independent variables are: identity; total conflict; self-satisfaction; general maladjustment; social-self; total positive feelings about self; moral-ethical self and self-criticism. The four descriptive variables are: education level; entrance status; age; and combat level. There are three groups: PTSD-diagnosed; combat not PTSD-diagnosed; and non-combat veterans. The remainder of this chapter will be devoted to a discussion of the strengths and limitations of the research design selected and conclude with a presentation of the methods and procedures

used in obtaining volunteers and securing completed questionnaires. Three specific areas of concern exist related to the design and can be discussed in terms of: (1) the method of selecting subjects and corresponding concerns about weak randomization procedures; (2) the selection of instruments and whether they are capable of gathering information of use in evaluating the four research questions; and (3) the rationale behind selecting the particular subscales from the available 29 subscales constituting the TSCS.

The criteria which veterans had to meet before being included in the present study included: (1) being between the ages of 28 and 44 years of age and (2) having spent a significant part of their developmental years living within the five counties constituting the greater Chicago metropolitan area. The particular age range has been selected as it represents the current ages of veterans who would have been 19 or 20 years of age during the time they were in combat. The Vietnam era included the periods August 8, 1964, through May 7, 1975, and the average age of VCVs was 19.5 years old (Shatan, 1973). The veterans who were within this average-age category would have been born between 1945 or 1946 when the war first began. Veterans who served near the end of the Vietnam War in 1975 were born between 1955 and 1956. The age criteria has been established to ensure that veterans who had made the military their career, and who had served during the Korean conflict and possibly World War II, were not included

in the study. The purpose of the study is to examine developmental issues in VCVs, and it is assumed these are not present in older veterans.

Subjects have been selected on the basis of a geographic restriction in the anticipation that by doing so some control over the type of adult-role modeling they experienced during their early developmental years was ensured. The five counties included in the study are Cook, Kane, Lake, DuPage and Will. The objective has been to ensure that subjects either spent the initial 4-6 years of their lives, or the first and second grades of school, within one of the five counties. Clark and Clark (1972) have shown that the value systems taught to children differ as a function of whether they were raised in the east, midwest, or west areas of the United States. The authors also argued that variations exist with respect to how children are raised when living in an urban, suburban, or rural area of the country. Possible differences that may surface in the study due to environmental factors will be evaluated statistically in addition to controlling for them through the use of matching subjects during the selection process.

Two additional factors have been selected to be statistically matched as they represent additional sources of variability which is external to the design of the study. First, the Vietnam veterans who have achieved a two-year college degree, or its equivalent, will be matched. Veterans who have completed more than two-year degrees will also be statis-

tically evaluated. Second, subjects have been matched with respect to the level of skill involved with their employment. Statistical techniques have been used in an effort to ensure that a certain degree of homogeneity among subjects has been attained. Turiel (1973) and Rest (1971) have presented empirical support for the theory that a positive correlation exists between the level of education individuals attain and the type of moral reasoning they typically use. The assumption is applied in the present study with the use of this criteria. Individuals who have completed the requirements for a four-year college degree have passed courses in ethics and philosophy which may affect the way situations are viewed. Subject matter of this nature influence the moral and ethical developmental processes. VCVs who have completed these courses may have been exposed to processes of moral alterations which non-college degree students have not experienced.

Instruments

Two surveys have been used in the present study. The Personal Information Questionnaire (PIQ) which was developed by this researcher and consists of forms A and B. The second instrument used is the Tennessee Self-Concept Scales (TSCS). Form A of the TSCS has been used in its original form (Fitts, 1965), and Form B is a modification of the original form which this researcher has developed for the purpose of obtaining information related to the independent variables. Pre-morbid (pre-military) characteristics of Vietnam veterans will also

be obtained on the primary variables of identity, moral development, and self-esteem.

The PIQ has undergone numerous revisions with the resulting form being capable of obtaining information useful in assessing the independent variables. The PIQ has received only minimal attention in regards to standardization processes. A small group of VCVs living in Chicago volunteered to complete the instrument and be interviewed in conjunction with this process. The interview corresponded to the PIQ questions, and content validity was evaluated. As a result of the standardization process, it was determined that the instrument is capable of gathering the necessary information to establish measures of the independent variables with moderately high levels of differentiation between subjects. The usefulness of the instrument exists on the basis of the statistical validity of the survey's contents and the manner in which the results can be applied immediately within a therapeutic situation.

The instrument has been developed on the basis of apriori reasoning and grounded in heuristically derived theories presented by researchers such as Wilson, et al. (1978), and Figley (1978). The PIQ provides the capability of securing from subjects information about themselves that can be used as a supplement to standardized psychometric tools. The information obtained will provide immediate feedback to psychotherapists in their work with veterans. There has been

insufficient research completed on Section B of the PIQ to consider using it as an instrument for securing information which can be generalized to large populations of individuals. Therefore, it is recommended that the PIQ be viewed as a instrument capable of gathering information for the present study and not for use under other circumstances. Further research will be completed for the purpose of establishing internal and external validity of the PID in the anticipation that it will become useful in obtaining standardized data.

Form A of the PIQ has been used in order to obtain demographic data on each of the subjects in the study. There are seventeen statements and questions on Form A, each having as their purpose the goal of assisting in the control of extraneous sources of variability. The questions have also been designed for the purpose of gathering information related to the secondary variables. Form B of the PIQ is being used in an attempt to evaluate how subjects recall their social involvement, moral education and personal direction during their high school years. Four questions have been included that evaluate how veterans feel about the intensity of their combat experiences. A final area of Section B has to do with measuring the feelings VCVs now have as adults about their involvement in the Vietnam War.

The Tennessee Self-Concept Scales (TSCS) provides several psychological and psychosocial scales, several of which relate to the research questions to be studied in this paper. There

are two forms of the instrument including the counseling and the clinical/research forms. The clinical and research form consists of 29 scales, and eight have been selected for use in the present study. The Identity and Total Conflict Scales are associated with the first research question; Self-Satisfaction and General Maladjustment are measures for the second research question; Social Self and Total Positive Scores correspond to the third research question; and Moral-ethical and Self-Criticism Scales are related to the final research question.

According to Fitts (1965), the scales of the TSCS were developed through the use of phenomonological classification scheme which resulted in defining each diagnostic label as a function of how individuals, other self-concept scales, and clinicians assigned meanings to them. The manual for the TSCS discusses each of the eight scales in considerable detail (Fitts, 1965).

The eight subscales selected from the 29 available on the TSCS for use in the present study have been examined by Fitts (1965) and compared one with the other. The correlation coefficients associated with each pair of independent variables are presented in the manual and include: Identity and Total Conflict (r = .10); Self-Satisfaction and General Maladjustment (r = -.79); Social-Self and Total Positive (r = .88); and Moral-Ethical Self and Self-Criticism (r = -.06). The negative correlations existing between certain of the scores is constant with what each proposes to measure and not

inconsistent with the objectives for each of the corresponding research questions.

There are two scales on the TSCS that are available for use in ensuring that subjects are responding honestly, openly, and in a consistent way. The "Defensive Positive" scale represents a subtle measure of defensiveness present in the test-taker. Self-theory is the basis upon which the Defensive Positive subscale was developed. Fitts (1965) writes that "...individuals with established psychiatric difficulties do have negative self-concepts, at some level of awareness, regardless of how positively they describe themselves on psychometric instruments (p. 26)." A high score indicates the presence of a positive description of self, but the feelings may be experienced as a function of defensive distortions of real perceptions of "self." A significantly low defensive positive score means that the individual is lacking in the usual defenses useful in maintaining even minimal, positive self-esteem.

The "Variability" scores provide a simple and direct measure of the amount of inconsistency existing from one area of self-perception to another. High scores indicate that subjects are irregular in their response patterns, while low scores suggest the presence of a lower amount of inconsistency in their responses to critical items. If the variability score is extremely low, one may suspect rigidity in the individual's perception of self.

The subscales of the TSCS are complex and generally need to be interpreted in terms of how interaction with other scales occur. The Self-Satisfaction, Total Conflict, and Self-Criticism Scale are particularly dependent on where subjects scored on other subscales. The "Self-Satisfaction Score" is complicated by the fact that individuals may score high because they have high standards and expectations for themselves but still may feel inadequate because of perceived failure to achieve their expectations. The self-satisfaction score can only be completely understood when examined in conjunction with the self-esteem scales, i.e., personal-self, physical-self, family-self, etc. A high score on this subscale will in the present paper, however, be interpreted as the participant feeling generally self-satisfied.

An elevated "Total Conflict Score" reflects feelings in individuals of confusion, contradiction, and generally conflicted self-perceptions. Persons with extremely low scores have a very tight and rigid self-description suggesting that they may be responding in accordance with artificial feelings and defensive stereotypes rather than representing their true self-images. Fitts (1965) created an important distinction between the conflict and the variability scores. The variability scores refer to the presence of fluctuations between the various self-perception measures rather than representing intra-perceptual confusion.

The "Self-Criticism Scale" has been elaborated on by Fitts (1972) in terms of what particular scores mean. High scores generally indicate a normal, healthy openness and capacity for self-criticism. Extremely high scores indicate that the individual may be lacking in defenses and may, in fact, be pathologically undefended. Low scores indicate defensiveness, and suggest that positive statements are made about oneself are probably artificially elevated by this defensiveness.

The TSCS consists of 100 self-descriptive statements which are presented to subjects in such a way so as to elicit from them one-of-five responses ranging from "completely true" to "completely false." The survey was developed by borrowing items from a number of different self-concept instruments each representing self-descriptive statements. A large pool of self-descriptive statements was generated, and the statements most frequently used in the instruments were selected by Balester (1956), Engle (1956), and Taylor (1953) and used in self-report surveys. Fitts (1965) introduced a phenomonological system of thought associated with measuring individual self-concepts and the generated item pool subsequently resulted in a prototype of the TSCS. The instrument was standardized by classifying items in accordance with the different methods used by patients and non-patients to describe the feelings they had about themselves.

The TSCS has been standardized using a variety of populations. During the initial norming process, high school and junior high school students were used resulting in reliability coefficients ranging from a high of .86 (split-half) to a low of .79 (test-retest). Fitts (1965) has also reported the results obtained by Hall (1964), Sundby (1962), and Congden (1958), each of whom utilized a test-retest method on high school students and reported reliability coefficients ranging from .80 to .90. Studies as to how effectively the TSCS correleates with other instruments have been completed by McGee (1960), the MMPI; Sundby (1962), the Edwards Personal Preference Scales (EPPS); Quinn (1957), the Minnesota Teacher Attitude Inventory; and Wayne (1963), Izard's Self-Rating Positive Attitude Scale. The correlational coefficients existing between subscales on the TSCS, the MMPI and the EPPS are within acceptable ranges overall, but certain of the scales are less well-correlated than desirable. The subscales selected for use in the present study are among the most highly correlated ranging from .45 to .69. When the "Total P" was used in comparison with Izard's Self-Rating Scale, internal validity resulted in a correlational ratio of .68.

Subsequent validity studies reported by Fitts (1965) are somewhat low but still within an acceptable limit as they range from between .49 through .54. Since publiciation of the TSCS, several validation studies have been completed using the test as a part of vocational rehabilitation with juvenile delinquents.

(Fitts and Hammer, 1969; Fitts, 1974; and Seeman, 1966); differentially diagnosing various psychiatric conditions (Helbig, 1967; McFern, 1968; and Fitts, et al., 1971); and assessing students related to their academic tolerance (Fitts, 1978 and Vargas, 1968). The results of the research completed to date suggests that the TSCS may eventually be useful in differentiating between individuals who are characterized by high levels of positive self-concept from those who are not, and the factors which contribute to this. Although there are limitations associated with individual subscales, the overall validity of the instrument appears to be strong.

Stanley and Campbell (1963) have indicated than an effective method for controlling extraneous sources of variability, which customarily accompany ex post factor designs, is to match subjects on pre-treatment attributes. To some extent, this has been completed in the present study, but the effects of history, testing, instrumentation, and regression toward the mean continue to be areas of concern in the study which need to be addressed.

Kerlinger (1973) defines ex post factor research as a:

> "...systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred or because they are inherently not manipulatable. Inferences about relations among variables are made without direct intervention from concomitant variation of independent and dependent variables (p. 379)."

The description provided us by Kerlinger suggests that from a

purely scientific perspective insufficient control of extraneous sources of variability exists and casual relationships between experimental variables cannot be concluded. Goldman (1978) and Cook and Campbell (1979) have argued that the replication of studies and matching on pre-treatment characteristics of subjects, respectively, will serve to support relationships existing between independent and dependent variables.

Pre-testing is not a requirement of the POD, but the availability of pre-treatment information is useful for the purpose of hypothesizing as to the causes for the change scores that are obtained. In an effort to secure pre-military feelings of VCVs related to the primary research variables, a modified form of the TSCS was introduced. The reasons for deciding to use the instrument in an effort to secure pre-military information included: (1) the need to develop an instrument that can be used during therapeutic intervention and this represents the beginning point in the process; (2) the method is cost efficient in terms of the amount of time required of subjects; and (3) the anxiety level that may have been created in VCVs if they were asked to allow access to their high school records or complete a lengthy personal interview did not appear to be a suitable risk for individuals who were already in treatment.

The use of the modified TSCS was limited because of several administrative complications. First in an effort to

reduce contaminating effects of having responded to the original TSCS, and eight-week period of time was to elapse between the first and second administering of the two instruments. Between the first and second testing, many of the veterans in the first testing session were not available for the second. Second, nearly everyone who agreed to assist in the study strongly resisted when asked to complete a second, but more demanding form, which was also viewed as a replication of the initial testing session. Given the apparent stress feelings created in VCVs, when they were asked to complete the Modified TSCS, individuals were not pressured to participate. Where feasible, comparison data between the TSCS and Modified TSCS will be analyzed and presented in this paper.

Procedures

To initiate the process of obtaining volunteers for the study separate proposals for the study were sent to 10 different, but interrelated, medical centers and outreach programs. Once approval had been received from each group, procedures were set in motion to send letters, make personal appearances, and complete telephone calls to team leaders and therapists, who were meeting with veterans on a weekly basis, and appointments were scheduled. First, meetings were held with the staff members of each center during which time the purpose and procedures of the study were described. Second, upon approval from Team Leaders and Therapists, meetings were conducted with potential participants.

The ultimate selection of participants occurred on the basis of how individuals responded to Part A of the Personal Information Questionnaire (PIQ). Initially, it was anticipated that a minimum of 90 veterans (30 per group with three groups being used) would be involved in the study, but this goal was attained rather quickly in the combat group but not the other groups. The result has been the inclusion of 107 subjects in an effort to ensure that a sufficient number of individuals are represented in each group. The outcome is unequal groups which has had an impact on the statistical design used. Subjects were not randomly selected for participation in the present study, but controls were used in the selection process as discussed earlier in this chapter.

Although randomization is an effective method for eliminating several threats to the internal validity of studies, it was administratively not possible to accomplish this using the guidelines established for the present study. Four assumptions have been made in the present study in an effort to circumvent the problem of having not used randomization techniques. These include: (1) the city of Chicago and surrounding suburban areas is representative of typical urban areas throughout the country; (2) the purpose of the study, and the corresponding use to be made of the results, does not require that representation of all veterans be achieved; (3) the objective of the study is not to make available results that are capable of being generalized to veterans living in

other geographic areas; and (4) although minimally effective, the process of matching subjects along various dimensions, was useful in accounting for extraneous sources of variability.

The counselors and psychologists who had volunteered to assist in obtaining volunteers were given consent to utilize their own methods in accordance with how they operated their vet center or treatment program, i.e., announcing the study as a part of group therapy, posting an announcement on the bulletin board, etc. In all instances, this researcher met with prospective participants before the study actually began.

One-of-three methods were followed by all of the professionals who assisted this researcher in gathering completed questionnaires from the subjects. The most frequently used method involved an invitation of this researcher to join the therapy groups and the questionnaires were completed and returned within the same evening. The second approach accommodated the request of therapists who decided they would like to give the questionnaires out to their people and send the results to this researcher. The final method was available if subjects felt they could not handle the stress of completing the instruments at the time they were handed out. They were allowed to take them home, complete them, and mail them back to the Vet Center or directly to this researcher.

Veterans representing Groups B and C responded individually to announcements they read or had heard about regarding the study and contacted this researcher themselves. During

the single contact volunteers completed the questionnaires, signed the consent and privacy forms, and left the completed instruments with this researcher. In a few instances, subjects were allowed to complete them at their convenience and in their homes. The instruments were accepted from all veterans who expressed an interest in helping with the study. If during a later review of the instruments volunteers did not meet the criteria for inclusion in the final data analysis, their questionnaires were not used.

When counselors from individual centers desired to handle the administration of the questionnaires, each was given an orientation period during which time instructions were shared related to administering the instruments. It was anticipated that, with the training sessions, administration of the instruments would be standardized and procedures uniform. Related to the procedure of allowing subjects to take instruments home with them, several were not returned. The sample size is considerably smaller as a result of having used this procedure.

Regardless of how subjects were contacted, the same procedure in administering the questionnaires was followed. Initially, Section A of the Personal Information Questionnaire (PIQ) was given to subjects. The proctor who was responsible for administering the surveys and reviewing each was also asked to determine: (1) if subjects were born or raised in the five-county area of Chicago and (2) if they were within the

designated age range. Individuals who were properly matched completed the following sequence of assessment: Section B of the PIQ and the Tennessee Self-Concept Scales (TSCS).

The therapists and psychologists who agreed to administer and collect the questionnaires from subjects were also instructed in the methods to be used to ensure that individuals were informed of their right of privacy of information. They also obtained from participants a signed consent to participate form. In an effort to ensure that participants could not be identified, as well as to provide confidentiality to VCVs when the outcome of their questionnaires were discussed with them, a coding system was introduced. Each participant was assigned a number which: (1) identified the vet center, medical center or agency from which they originally volunteered; (2) their ethnic background; and (3) the particular order in which they volunteered from each center. There were six sources of volunteers and subjects were assigned, in the first category, ranging from 01-06. Four ethnic groups were established and, depending on the one represented by a subject, an appropriate number was assigned between 01-04. The final category of numbers assigned represented the sequence within the particular center that subjects represented. In this study, the highest number ranged from 001-031. The three-digit number was established for computer purposes and ultimately a running accumulation of all subjects in the study was completed and ranged from 001-107.

The "Informed Consent Form," which all subjects were asked to sign, also requested that they include their social security numbers. This caused some alarm among a few of the subjects as they felt that the responses they provided could be matched with their social security number. They were informed that the questionnaires and the Informed Consent forms are never associated one with the other, and this information helped to reduce anxious feelings.

In the original proposal, a Modified TSCS was introduced for the purpose discussed earlier in the present chapter. As a result of having conducted a mini-standardization process on the Modified TSCS, using the same 15 VCV volunteers as participated in evaluating items used in Section B of the PIQ, it has been discovered that the instrument has little practical utility. The events of Vietnam, as well as intrusive thoughts associated with their experiences as civilian adults, continuously disrupted their efforts to recall events from their adolescent years. Although the results obtained in the present study reflect the same basic patterns as were observed during the pilot study, the usefulness of such information in meeting the objectives of this study is limited.

The failure of the "Modified TSCS" to provide statistically accurate information has resulted in the existence of very weak pre-treatment characteristics of VCVs. Section B of the PIQ provides a moderate amount of insight into how veterans felt about themselves prior to the military, but the

baseline data needed is insufficient for achieving an "ideal situation." Rather, the information that is available will be used and appropriate qualifying statements used during the interpretation phase of the write-up. The reluctance of veterans to complete the modified TSCS, and the research limitations associated with the process, will be highlighted during a discussion of the results and elaborated on when the recommendations for further studies are made.

Summary

The purpose of the present study is to systematically investigate the three developmental issues of identity diffusion, moral-ethical conflict, and poor self-concept as they affect three groups of veterans in their process of adjusting psychologically to an adult civilian lifestyle. A standardized test, the Tennessee Self-Concept Scales, clinical/research form, and Section B of the Personal Information Questionnaire, a non-standardized instrument developed by this researcher, were administered to 107 volunteer Vietnam-era veterans together with a brief questionnaire of relevant biographical information. The total sample of 107 subjects was divided into three unequal groups representing: combat veterans who have been diagnosed as having symptoms of PTSD (n = 32); combat veterans who have not been diagnosed with the condition (n = 44); and non-combat Vietnam-veterans (n = 31). The three groups were matched along dimensions of race, age and geographic area where they were raised.

In Chapter IV, the data analysis is presented and basic statistical interpretations of the results are made as related to the primary objectives for the present study. The interpretation of the data will be completed in three ways: (1) as related to establishing baseline information from which additional research can be completed; (2) to provide empirical support of the current four research questions; and (3) in immediate use to therapists in the provision of personal adjustment therapy which emphasized attending to issues surrounding psychosocial development.

CHAPTER IV

RESULTS

To determine whether a relationship exists between the three groups of subjects selected for the present study, along the dimensions outlined in the four primary research questions, the data obtained on the _Tennessee Self-Concept Scales_ (TSCS) and the _Personal Information Questionnaire_ (PIQ) have been statistically analyzed. The three groups of subjects studied include: combat veterans who have been diagnosed as experiencing symptoms of Post Traumatic Stress Disorder (PTSD); combat veterans who have not been so diagnosed; and non-combat veterans. Identity diffusion, moral conflict, social orientation, and feelings related to self-esteem represent the areas of psychosocial development that have been examined. The primary objective is to determine if the trauma experienced by Vietnam veterans during combat has had an effect on developmental processes.

The data obtained from the questionnaires have been analyzed using descriptive statistics as well as one-way and two-way analyses of variances. Chapter IV is organized so the reader can evaluate the results of the statistical analyses completed on the data for each research question. At the

conclusion of the presentation of the statistics for each research question general comments and observations are presented.

The statistical level of significance at which each null hypothesis is accepted or rejected has been established as .01. The statistical analyses that attained this statistical level are included in the present chapter, while those that have not are presented in Appendix D.

> Research Question #1: Do Vietnam combat veterans (VCVs) present themselves as experiencing more symptoms reflective of identity diffusion than do non-combat veterans?

The two scales of the TSCS selected for use in measuring feelings veterans have related to identity diffusion or confusion are: Identity and Total Conflict. A null hypothesis has been generated from the research question which includes both measures of Identity formation.

> Null Hypothesis: There is no statistical significance between groups on the scores obtained on the Identity and Total Conflict scales of the TSCS.

The results presented in Tables 4 and 5 suggest that there is a significant difference between the mean scores at the three groups of Vietnam veterans on the Identity and Total Conflict sclaes of the TSCS. The hypothesis of no difference between the groups is rejected.

Table 4

One-Way ANOVA for
Groups and Identity Scores

Source	Degrees of Freedom	Sum of Squares	Mean Squares	F-Value
Groups	2	10574.6075	5287.3003	26.830
Error	103	20297.6155	197.0642	
Total	105	30872.2227		

* $p < .01$

Table 5

One-Way ANOVA For
Groups and Total Conflict Scores

Source	Degrees of Freedom	Sum of Squares	Mean Squares	F-Value
Groups	2	778.3459	389.1729	4.782
Error	103	8382.2119	81.3807	
Total	105	9160.5547		

* $p < .01$

Table 6
Comparison of the three Groups on
Identity and Total Conflict Scores

Group	n	Variable	Mean	STD Deviation
PTSD Diagnosed	32	Identity	98.750	16.888
		Total Conflict	34.281	9.978
Combat	44	Identity	116.273	13.842
		Total Conflict	33.659	8.078
Non-Combat	30	Identity	123.967	10.868
		Total Conflict	27.933	9.266

Table 6 provides information useful in identifying where the specific between group mean score differences exist. The difference between the mean scores on the Identity and Total Conflict Scales for veterans in the PTSD-diagnosed group is statistically significant at the .01 level when compared to the scores obtained from combat and non-combat veterans. Fitts (1965) states that the higher individuals score on the Identity subscale the more integrated they perceive themselves to be. Conversely, he states that the lower the score received on the Total Conflict Scale the less interpsychic conflict is being expressed by individuals.

The results of the statistical analyses presented in Tables 4 through 6 address the potential effects of the independent variables of age, education level, entrance status,

Table 7

Comparison of Groups with Age, Combat Level and Enlistment Status on Identity and Total Conflict Scores

	Combat Level	Var.	< 19 Years Old A	< 19 Years Old B	< 19 Years Old C	> 19 Years Old A	> 19 Years Old B	> 19 Years Old C
Enlisted	High	Ident.						
		n	15	13	0	4	2	0
		$\bar{x}$	99.93	111.77	0.0	91.00	120.50	0.0
		S.D.	15.79	12.57	0.0	17.19	4.95	0.0
		Tot. Con.						
		n	15	13	0	4	2	0
		$\bar{x}$	34.53	35.69	0.0	26.75	45.50	0.0
		S.D.	11.85	6.69	0.0	4.50	2.12	0.0
	Med.	Ident						
		n	3	2	0	0	2	0
		$\bar{x}$	98.00	113.00	0.0	0.0	119.50	0.0
		S.D.	19.16	2.83	0.0	0.0	19.09	0.0
		Tot. Con.						
		n	0	2	0	0	2	0
		$\bar{x}$	0.0	38.50	0.0	0.0	45.00	0.0
		S.D.	0.0	4.95	0.0	0.0	2.82	0.0

Table 7 (Cont.)

	Combat Level	Var.	< 19 Years Old A	< 19 Years Old B	< 19 Years Old C	> 19 Years Old A	> 19 Years Old B	> 19 Years Old C
Enlisted	Low	Ident.						
		n	2	5	5	0	4	13
		$\bar{x}$	110.00	107.20	118.20	0.0	125.75	123.85
		S.D.	7.07	7.82	18.21	0.0	15.52	9.93
		Tot. Con.						
		n	0	1	3	0	4	13
		$\bar{x}$	0.0	38.00	37.67	0.0	31.00	27.38
		S.D.	0.0	0.0	5.03	0.0	8.83	10.29
		Ident.						
	High	n	2	2	0	3	6	0
Drafted		$\bar{x}$	106.50	116.00	0.0	89.00	126.50	0.0
		S.D.	28.99	19.80	0.0	2.00	13.16	0.0
		Tot. Con.						
		n	2	2	0	3	6	0
		$\bar{x}$	37.00	43.50	0.0	34.00	28.33	0.0
		S.D.	15.56	12.02	0.0	9.17	7.50	0.0

Table 7 (Cont.)

Drafted

Combat Level	Var.	< 19 Years Old A	< 19 Years Old B	< 19 Years Old C	> 19 Years Old A	> 19 Years Old B	> 19 Years Old C
Medium	Ident.						
	n	0	2	0	2	1	0
	$\bar{x}$	0.0	125.50	0.0	100.00	102.00	0.0
	S.D.	0.0	14.85	0.0	41.01	0.0	0.0
	Tot. Con.						
	n	0	2	0	2	1	0
	$\bar{x}$	0.0	38.50	0.0	37.50	24.00	0.0
	S.D.	0.0	4.95	0.0	2.12	0.0	0.0
Low	Ident.						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	93.00	121.00	103.00	120.25	128.33
	S.D.	0.0	0.0	5.57	0.0	16.13	7.81
	Tot. Con.						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	38.00	37.67	40.00	26.50	22.78
	S.D.	0.0	0.0	5.03	0.0	4.20	7.28

A = PTSD-Diagnosed Combat Veterans
B = Combat Veterans
C = Non-Combat Veterans

Table 8

Comparison of Groups with Age, Combat Level
Education Level on Identity and Total Conflict Scores

Combat Level	Var.	< High School A	< High School B	< High School C	High School Grad A	High School Grad B	High School Grad C	College A	College B	College C
High	Ident.									
	n	6	3	0	8	7	0	5	5	0
	$\bar{x}$	91.00	109.67	0.0	99.13	110.57	0.0	104.80	118.20	0.0
	S.D.	16.84	20.98	0.0	18.84	9.57	0.0	6.91	10.16	0.0
	Tot.Con.									
	n	6	3	0	8	7	0	5	5	0
	$\bar{x}$	32.67	39.33	0.0	35.38	34.71	0.0	29.20	38.80	0.0
	S.D.	9.18	6.81	0.0	14.29	8.38	0.0	7.89	5.59	0.0
Enlisted Med.	Ident.									
	n	1	0	0	1	3	0	1	1	0
	$\bar{x}$	120.00	0.0	0.0	85.00	119.67	0.0	89.00	106.00	0.0
	S.D.	0.0	0.0	0.0	0.0	11.72	0.0	0.0	0.0	0.0
	Tot.Con.									
	n	0	1	0	1	3	0	1	1	0
	$\bar{x}$	0.0	42.00	0.0	24.00	36.33	0.0	36.00	43.00	0.0
	S.D.	0.0	0.0	0.0	0.0	9.29	0.0	0.0	0.0	0.0

Table 8 (Cont.)

	Combat Level	Var.	< High School			High School Grad.			College		
			A	B	C	A	B	C	A	B	C
Enlisted	Low	Ident.									
		n	0	2	2	2	4	3	0	3	13
		$\bar{x}$	0.0	120.50	106.00	110.00	119.75	113.67	0.0	106.33	126.77
		S.D.	0.0	14.85	8.49	7.07	17.78	22.19	0.0	9.71	6.80
		Tot.Con.									
		n	0	2	2	2	4	3	0	3	13
		$\bar{x}$	0.0	31.00	48.00	36.00	29.50	29.33	0.0	30.67	25.85
		S.D.	0.0	12.73	11.31	4.24	5.20	1.15	0.0	5.69	6.41
Drafted	High	Ident.									
		n	2	2	0	1	4	0	2	2	0
		$\bar{x}$	107.00	118.00	0.0	91.00	120.75	0.0	87.50	136.00	0.0
		S.D.	28.28	22.63	0.0	0.0	13.02	0.0	2.12	0.0	0.0
		Tot.Con.									
		n	2	2	0	1	4	0	2	2	0
		$\bar{x}$	34.00	35.00	0.0	24.00	29.75	0.0	42.00	34.00	0.0
		S.D.	11.31	24.04	0.0	0.0	6.18	0.0	8.49	5.66	0.0

Table 8 (Cont.)

Combat Level	Var.	< High School A	B	C	High School Grad. A	B	C	College A	B	C
Drafted High	Ident.									
	n	2	2	0	1	4	0	2	2	0
	$\bar{x}$	107.00	118.00	0.0	91.00	120.75	0.0	87.50	136.00	0.0
	S.D.	28.28	22.63	0.0	0.0	13.02	0.0	2.12	0.0	0.0
	Tot.Con.									
	n	2	2	0	1	4	0	2	2	0
	$\bar{x}$	34.00	35.00	0.0	24.00	29.75	0.0	42.00	34.00	0.0
	S.D.	11.31	24.04	0.0	0.0	6.18	0.0	8.49	5.66	0.0
Drafted Med.	Ident.									
	n	0	1	0	2	1	0	0	1	0
	$\bar{x}$	0.0	115.00	0.0	100.00	136.00	0.0	0.0	102.00	0.0
	S.D.	0.0	0.0	0.0	41.01	0.0	0.0	0.0	0.0	0.0
	Tot.Con.									
	n	0	1	0	2	1	0	0	1	0
	$\bar{x}$	0.0	42.00	0.0	37.50	35.00	0.0	0.0	24.00	0.0
	S.D.	0.0	0.0	0.0	2.12	0.0	0.0	0.0	0.0	0.0

Table 8 (Cont.)

Drafted Combat Level	Var. Ident.	< High School			High Schoo Grad.			College		
		A	B	C	A	B	C	A	B	C
Low	n	0	0	0	1	3	3	0	2	9
	$\bar{x}$	0.0	0.0	0.0	103.00	114.33	121.67	0.0	115.50	128.11
	S.D.	0.0	0.0	0.0	0.0	25.11	5.86	0.0	10.61	7.98
	Tot.Con.									
	n	0	0	0	1	3	3	0	2	9
	$\bar{x}$	0.0	0.0	0.0	40.00	31.67	29.33	0.0	24.50	25.56
	S.D.	0.0	0.0	0.0	0.0	6.51	10.02	0.0	3.54	9.62

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

c = Non-Combat Veterans

and combat level on the Identity and Total Conflict Scores. The results are useful in rejecting the null hypothesis of no difference between group means, but the information in the tables does not assist in determining whether the independent variables have contributed to the between group differences observed. Further analyses have been completed and results are presented in Tables 7-10. In an attempt to conserve space in the tables, each of the three groups has been labeled according to: PTSD-diagnosed combat veterans, Group A; combat veterans, Group B; and non-combat veterans, Group C.

The information included in Tables 7 and 8 provides additional insight into the powerful effects of Group on Identity and Total Conflict scores when age and education level are held constant. Vietnam Combat Veterans who have been diagnosed as experiencing PTSD symptoms and were older than 19 years of age at the time of combat scored consistently lower on both the Identity and Total Conflict scores of the TSCS. The differences, when examining the mean scores of enlisted veterans, are inconsistent and difficult to interpret. For example, in the category which includes non-combat veterans and combat veterans who indicated they experienced a low amount of combat intensity the former scored lower than the latter on the Identity scale. The patterns present related to drafted veterans in that veterans diagnosed as experiencing PTSD symptoms consistently score lower on the Identity scale and

higher on the Total Conflict scale. Age does not appear to interact with the Group variable in a consistent manner.

The level of education achieved by veterans, as it interacts with the variables of entrance status, combat level, and diagnostic groups are presented in Table 8. Once again, it can be seen that, regardless of the other variables used, PTSD diagnosis emerges as consistently representing the group with the highest Total Conflict scores and lowest Identity scores. The PTSD-diagnosed veterans who state that their experiences during combat were highly intensive, and are either high school graduates or have some college education, reflect considerably lower Identity scores and higher Total Conflict scores than do veterans in the other categories.

Table 9

Two-Way ANOVA for Identity Scores, Group and Independent Variables

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	3	10999.88	3666.63	19.932
PTSD	2	8584.43	4292.22	23.332*
Age	1	425.30	425.30	2.312
2-Way Interactions	2	1476.27	738.14	4.012
PTSD Age	2	1476.27	738.13	4.012
Explained	5	12476.15	2495.23	13.564*
Error	100	18395.95	183.96	
Total	105	30872.10	294.02	

Table 9 (Cont.)

Source	Degrees of Freedom	Sum of Squares	Mean Squares	F-Value
Main Effects	4	10864.62	2716.15	13.776
PTSD	2	8458.91	4229.45	21.452 *
Ed Lvl	2	290.04	145.02	0.736
2-Way Interactions	4	883.02	220.75	1.120
PTSD Ed Lvl	4	883.01	220.75	1.120
Explained	8	11747.633	1468.454	7.448*
Error	97	19124.47	197.16	
Total	105	30872.10	294.02	
Main Effects	3	10855.44	3618.48	18.243
PTSD	2	9968.29	4984.15	25.128 *
Entstat	1	280.86	280.86	1.416
2-Way Interactions	2	181.93	90.97	0.459
PTSD Entstat	2	181.93	90.97	0.459
Explained	5	11037.37	2207.47	11.129*
Error	100	19834.73	198.35	
Total	105	30872.10	294.02	
Main Effects	4	10591.30	2647.82	13.103
PTSD	2	6210.88	3105.44	15.368 *
Combat	2	16.71	8.35	0.041
2-Way Interactions	2	275.28	137.64	0.681
PTSD Age	2	275.28	137.64	0.681
Explained	6	10866.57	1811.09	8.962*
Error	99	20005.54	202.08	
Total	105	30872.10	294.02	

* $p < .01$

Table 10

Two-Way ANOVA for Total Conflict Scores, Group, And Independent Variables

Source	Degrees of Freedom	Sum of Square	Mean Square	F-Value
Main Effects	3	1263.57	421.19	5.448
PTSD	2	372.62	186.31	2.410 *
Age	1	485.23	485.23	6.276
2-Way Interactions	2	165.14	82.57	1.068
PTSD Age	2	165.14	82.57	1.068
Explained	5	1428.72	285.74	3.696*
Error	100	7731.73	77.32	
Total	105	9160.44	87.24	
Main Effects	4	1129.89	282.47	3.722
PTSD	2	392.91	196.45	2.589 *
Ed Lvl	2	351.54	175.77	2.316
2-Way Interactions	4	669.99	167.49	2.207
PTSD Ed Lvl	4	669.97	167.49	2.207
Explained	8	1799.86	224.98	2.965*
Error	97	7360.58	75.88	
Total	105	9160.44	87.24	
Main Effects	3	836.88	278.96	3.417
PTSD	2	735.26	367.63	4.504 *
Entstat	1	58.54	58.54	0.717
2-Way Interactions	2	160.49	80.24	0.983
PTSD Ed Lvl	2	160.49	80.24	0.983
Explained	5	997.37	199.47	2.444*
Error	100	8163.07	81.63	
Total	105	9160.44	87.24	
Main Effects	4	992.84	248.21	3.080
PTSD	2	106.22	53.11	0.659 *
Comb.	2	214.50	107.25	1.331
2-Way Interactions	2	188.18	94.09	1.167
PTSD Comb.	2	188.18	94.09	1.167
Explained	6	1181.03	196.84	2.442*
Error	99	7979.41	80.60	
Total	105	9160.44	87.24	

* $p < .01$

The Two-Way ANOVAs presented in Tables 9 and 10 further support the conclusion that the primary source of variability in the Identity and Total Conflict Scores is the diagnosis of PTSD. Regardless of the independent variable matched with PTSD diagnosis, the outcome of evaluating a series of interactions between variables consistently results in the latter being the primary source of variability. There is no statistically significant contribution made to the mean score differences by age, entrance status, education level, or combat intensity experienced.

Fitts (1965) reports that the mean scores obtained from subjects involved in the standardization of the TSCS for the Identity scale range from 116.2 (patient group) to 127.1 (non-patient group). The analysis of the present data suggests that regardless of which of the three veteran groups are examined the results reflect consistently lower scores than Fitts' non-patient norm groups. The PTSD-diagnosed group averaged 98.75, combat veterans 116.27, and non-combat veterans 123.97 which are below the average for the non-hospitalized group.

The manual for the TSCS (1963) provides normative data for the Total Conflict scale and reports that the non-patient scample scored on an average (30.10), which is considerably lower than the hospitalized subjects (35.1). Subjects of the present study who are diagnosed PTSD (34.28) and combat veterans who are not diagnosed (33.66) scored lower than hospitalized

subjects and only the non-combat veterans scored below Fitts' non-hospitalized sample of subjects. The Vietnam veterans used in the present study scored, on an average, lower than the hospitalized norm sample--regardless of the group they represented.

> Research Question #2: Do non-combat veterans express themselves as having greater self-satisfaction and better general adjustment to activities of life than do VCVs?

The two scales of the TSCS that have been used to measure the feelings of veterans toward the demands of society to accept adult responsibilities and the extent to which they feel comfortable with whom they view themselves to be include General Maladjustment and Self-Satisfaction. A null hypothesis is presented below which represents the statistical version of the research question.

> Null Hypothesis: There is no statistically significant difference between PTSD-diagnosed, combat, and non-combat veterans on measures of self-satisfaction and general adjustment to life's demands.

Table 11

One-Way ANOVA For Groups and Self-Satisfaction

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Groups	2	9544.734	4772.363	16.678
Error	103	29473.262	286.148	
Total	105	39017.992		

$p < .01$

Table 12

One-Way ANOVA for Groups and General Maladjustment

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Groups	2	5814.270	2907.135	24.241
Error	103	12352.188	119.924	
Total	105	18166.457		

$p < .01$

Table 13

Comparison of the Three Groups On Self-Satisfaction and General Maladjustment Scores

Group	n	Variable	Mean	Standard Deviation
PTSD Diagnosed	32	Self-Satisfaction	84.625	19.345
		General Maladjustment	76.563	
Combat	44	Self-Satisfaction	101.386	16.803
		General Maladjustment	90.523	11.011
Non-Combat	30	Self-Satisfaction	108.533	14.058
		General Maladjustment	94.767	8.791

The results presented in Tables 11 and 12 indicate that with respect to both Self-Satisfaction and General Maladjustment there are statistically significant differences in the mean score obtained as a function of which of the three groups of veterans subjects represent. The hypothesis of no difference between the groups is rejected. Table 13 contains data which is useful in further interpreting the source of between group mean score differences. On the Self-Satisfaction scale, combat veterans who have been diagnosed as experiencing symptoms

of PTSD scored considerably lower on the average (84.63) than did either combat veterans without a PTSD diagnosis (101.39) or non-combat veterans (108.53). The difference in mean scores between combat and non-combat veterans is not statistically significant.

The General Maladjustment subscale scores are significantly different from one another in that combat veterans who have been diagnosed with PTSD scored lower (76.56) than either combat veterans (90.52) or non-combat veterans (94.77). The differences between the scores of combat and non-combat veterans are not statistically significnat.

To determine what effect exists for veterans as a function of the groups they are a member of or the independent variable by which they are characterized, the means and standard deviations for combinations of variables have been calculated. In Table 16, the data is presented using a 2 x 2 x 3 x 3 design in which age at the time of entrance into the military, entrance status, combat intensity, and PTSD diagnosis are compared. In Table 17, a similar design is used, but the age variable is replaced by education level resulting in a 2 x 3 x 3 x 3 design.

The data presented in Tables 14 and 15 reflect the same problems as existed in Tables 7 and 8 and are present in subsequent tables used to present measures of central tendancy. There are insufficient scores available to adequately fill the cells of the design. This reduces the accuracy of the

analysis completed. Related to this is the presence of numerous completely empty cells which exist as a result of including non-combat veterans in the design. The statistical analysis depends upon combat intensity as a critical variable. Non-combat veterans have not experienced combat. They have been coded as "low" combat intensity and included with veterans who legitimately feel they experienced low combat intensity. To eliminate non-combat veterans from the analysis would have further reduced the accuracy of examining the remaining independent variables. The summary comments must be evaluated with an understanding of the limited number of responses per cell available from which to draw conclusion. To adequately analyze the interaction between the numerous variables would have required numerous subjects in excess of what are available here.

It can be seen in Table 14 that the Group effects on PTSD-diagnosed veterans differ in the mean scores on the Self-Satisfaction and General Maladjustment scales significantly from either combat or non-combat scores. The pattern is present regardless of the age they were at the time they entered the military, if they were enlisted or drafted, or reported having experienced high, average, or low levels of combat intensity.

Table 14

Comparison of Groups with Age, Combat Level and Enlistment Status on Self-Satisfaction and General Maladjustment Scores

	Combat Level	Var.	< 19 Years Old			> 19 Years Old		
			A	B	C	A	B	C
Enlisted	High	Self-Sat.						
		n	15	13	0	4	2	0
		$\bar{x}$	89.73	98.62	0.0	71.50	109.50	0.0
		S.D.	21.32	11.51	0.0	25.93	7.78	0.0
		Gen. Mal.						
		n	15	13	0	4	2	0
		$\bar{x}$	79.47	88.77	0.0	71.50	95.00	0.0
		S.D.	12.84	7.21	0.0	14.80	5.66	0.0
	Med.	Self-Sat.						
		n	3	2	0	0	2	0
		$\bar{x}$	79.00	100.00	0.0	0.0	107.00	0.0
		S.D.	4.58	8.49	0.0	0.0	19.80	0.0
		Gen. Mal						
		n	3	2	0	0	2	0
		$\bar{x}$	68.67	91.00	0.0	0.0	94.50	0.0
		S.D.	11.50	4.24	0.0	0.0	19.09	0.0
	Low	Self-Sat						
		n	2	5	5	0	4	13
		$\bar{x}$	85.00	81.80	102.00	0.0	109.25	106.23
		S.D.	14.14	13.79	11.79	0.0	27.56	15.78

Table 14 (Cont.)

	Combat Level	Var.	< 19 Years Old A	B	C	> 19 Years Old A	B	C
Enlisted	Low	Gen. Mal.						
		n	2	5	5	0	4	13
		$\bar{x}$	85.50	81.40	90.00	0.0	94.75	95.23
		S.D.	6.36	7.92	14.02	0.0	10.44	8.99
	High	Self-Sat.						
		n	2	2	0	3	6	0
		$\bar{x}$	86.00	101.00	0.0	83.00	111.50	0.0
		S.D.	31.11	31.11	0.0	7.94	12.44	0.0
		Gen. Mal						
		n	2	2	0	3	6	0
		$\bar{x}$	78.50	87.50	0.0	71.00	99.17	0.0
		S.D.	21.92	14.85	0.0	2.00	11.20	0.0
Drafted	Med.	Self-Sat.						
		n	0	2	0	2	1	0
		$\bar{x}$	0.0	112.50	0.0	82.50	78.00	0.0
		S.D.	0.0	2.12	0.0	26.16	0.0	0.0
		Gen. Mal						
		n	0	2	0	2	1	0
		$\bar{x}$	0.0	95.50	0.0	74.00	72.00	0.0
		S.D.	0.0	12.02	0.0	21.21	0.0	0.0

Table 14 (Cont.)

Combat Level	Var.	< 19 Years Old A	B	C	> 19 Years Old A	B	C
Low	Self-Sat.						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	93.00	99.67	83.00	108.25	118.44
	S.D.	0.0	0.0	14.43	0.0	19.24	6.80
	Gen.Mal.						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	68.00	91.00	77.00	95.25	98.00
	S.D.	0.0	0.0	3.46	0.0	13.52	5.10

Drafted

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

C = Non-Combat Veterans

Table 15

Comparison of Groups with Age, Combat Level, and Education Level on Self-Satisfaction and General Maladjustment Scores

	Combat Level	Var.	< High School A	< High School B	< High School C	High School Grad. A	High School Grad. B	High School Grad. C	College A	College B	College C
Enlisted	High	Self-Sat.									
		n	6	3	0	1	4	0	5	5	0
		$\bar{x}$	80.33	95.33	0.0	92.00	110.00	0.0	91.40	101.00	0.0
		S.D.	33.72	17.39	0.0	0.0	13.87	0.0	13.81	10.17	0.0
		Gen.Mal.									
		n	6	3	0	8	7	0	5	5	0
		$\bar{x}$	72.67	87.00	0.0	77.38	88.14	0.0	84.60	93.20	0.0
		S.D.	15.20	10.58	0.0	14.29	7.36	0.0	6.88	4.32	0.0
	Med.	Self-Sat.									
		n	1	0	0	1	3	0	1	1	0
		$\bar{x}$	83.00	0.0	0.0	74.00	107.00	0.0	80.00	93.00	0.0
		S.D.	0.0	0.0	0.0	0.0	13.53	0.0	0.0	0.0	0.0
		Gen. Mal.									
		n	1	0	0	1	3	0	1	1	0
		$\bar{x}$	80.00	0.0	0.0	57.00	96.67	0.0	69.00	81.00	0.0
		S.D.	0.0	0.0	0.0	0.0	10.26	0.0	0.0	0.0	0.0

Table 15 (Cont.)

Combat Level	Var.	<High School A	<High School B	<High School C	High School Grad. A	High School Grad. B	High School Grad. C	College A	College B	College C
Enlisted Low	Self-Sat.									
	n	0	2	2	2	4	3	0	3	13
	$\bar{x}$	0.0	108.00	85.50	85.00	100.25	100.33	0.0	76.33	109.15
	S.D.	0.0	16.97	7.79	14.14	31.16	10.02	0.0	3.79	13.83
	Gen.Mal.									
	n	0	2	2	4	2	3	0	3	13
	$\bar{x}$	0.0	89.00	76.00	90.50	85.50	89.00	0.0	82.00	97.62
	S.D.	0.0	7.07	8.49	14.55	6.36	16.82	0.0	8.89	5.20
Drafted High	Self-Sat.									
	n	2	2	0	1	1	0	2	2	0
	$\bar{x}$	94.00	92.00	0.0	92.00	110.50	0.0	70.50	112.50	0.0
	S.D.	19.80	18.38	0.0	0.0	0.0	0.0	9.19	6.30	0.0
	Gen.Mal.									
	n	2	2	0	1	4	0	2	2	0
	$\bar{x}$	81.50	91.50	0.0	73.00	93.25	0.0	67.00	107.00	0.0
	S.D.	17.68	20.51	0.0	0.0	10.31	0.0	5.66	0.0	0.0

Table 15 (Cont.

Combat Level	Var.	< High School			High School Grad.			College		
		A	B	C	A	B	C	A	B	C
Med.	Self-Sat.									
	n	0	1	0	2	1	0	0	1	0
	$\bar{x}$	0.0	111.00	0.0	82.50	114.00	0.0	0.0	78.00	0.0
	S.D.	0.0	0.0	0.0	26.16	0.0	0.0	0.0	0.0	0.0
	Gen. Mal.									
	n	0	1	0	2	1	0	0	1	0
	$\bar{x}$	0.0	87.00	0.0	74.00	104.00	0.0	0.0	72.00	0.0
	S.D.	0.0	0.0	0.0	21.21	0.0	0.0	0.0	0.0	0.0
Low	Self-Sat.									
	n	0	0	0	1	3	3	0	2	9
	x	0.0	0.0	0.0	83.00	102.00	113.67	0.0	110.00	113.78
	S.D.	0.0	0.0	0.0	0.0	21.00	9.82	0.0	18.38	13.17
	Gen. Mal									
	n	0	0	0	1	3	3	0	2	9
	$\bar{x}$	0.0	0.0	0.0	77.00	88.00	94.67	0.0	92.50	96.78
	S.D.	0.0	0.0	0.0	0.0	21.66	8.62	0.0	13.44	4.79

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

C = Non-Combat Veterans

A similar pattern exists regardless of the educational level attained by the veterans.

There is insufficient data included in several of the design cells to perform an elaborate analysis of the within group differences in mean scores. Two general observations can be made related to scores obtained on the General Maladjustment scale. Veterans who enlisted when they were older than 19 years of age, were involved in combat and are not presently diagnosed as experiencing symptoms of PTSD score consistently higher than veterans in the same category but who entered the military when younger than 19 years of age. The variable of education level does not appear to be influencing the scores obtained on either the Self-Satisfaction or General Maladjustment scales.

Through the use of two-way ANOVAs, a further analysis of the data has been completed and presented in Tables 16 and 17. Self-Satisfaction and general Maladjustment have been compared to the independent variables of age, entrance status, education level and combat intensity.

Table 16

Two-Way ANOVA for Self-Satisfaction Scores, Groups and the Independent Variables

Source	Degrees Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	3	10153.188	3384.396	12.593
PTSD	2	7515.445	3757.723	13.982*
Age	1	608.493	608.498	2.264
2-Way Interactions	2	1988.609	994.305	3.700
PTSD Age	2	1988.611	994.305	3.700
Explained	5	12141.797	2428.359	9.035*
Error	100	26876.102	268.761	
Total	105	39017.898	371.599	
Main Effects	4	9888.598	2472.149	8.606
PTSD	2	8126.922	4063.461	14.145*
Ed Lvl	2	343.909	171.955	0.599
2-Way Interactions	4	1264.813	316.203	1.101
PTSD Ed Lvl	4	1264.813	316.203	1.101
Explained	8	11153.410	1394.176	4.853*
Error	97	27864.488	287.263	
Total	105	39017.898	371.599	
Main Effects	3	10294.61	3431.54	12.116
PTSD	2	8720.73	4360.37	15.395*
Entrance Status	1	749.92	2.65	2.648
2-Way Interactions	2	399.77	199.88	0.706
PTSD Ed Lvl	2	399.77	199.88	0.706
Explained	5	10694.38	2138.88	7.552*
Error	100	28323.52	283.24	
Total	105	39017.90	371.60	
Main Effects	4	9797.60	2449.40	8.326
PTSD	2	7233.68	3616.84	12.294*
Combat	2	252.91	126.45	0.430
2-Way Interactions	2	94.88	47.44	0.161
PTSD Comb.	2	94.88	47.44	0.161
Explained	6	9892.47	1648.75	5.604*
Error	99	29125.43	294.20	
Total	105	39017.90	371.60	

* $p < .01$

Table 17

Two-Way ANOVA for General Maladjustment Scores, Groups and Independent Variables

Source	Degrees Freedom	Sum of Squares	Mean Squares	F-Value
Main Effects	3	6083.31	2027.77	18.200
PTSD	2	4761.58	2380.79	21.250*
Age	1	269.04	269.04	2.401
2-Way Interactions	2	879.57	439.79	3.925
PTSD Age	2	879.57	439.79	3.925
Explained	5	6962.88	1392.58	12.430*
Error	100	11203.45	112.03	
Total	105	18166.33	173.01	
Main Effects	4	6159.69	1539.92	13.128
PTSD	2	4559.29	2279.65	19.435*
Ed. Lvl	2	345.42	172.71	1.472
2-Way Interactions	4	628.71	157.18	1.340
PTSD Ed Lvl	4	628.71	157.18	1.340
Explained	8	6788.40	848.55	7.234*
Error	97	11377.94	117.30	
Total	105	18166.33	173.01	
Main Effects	3	5863.53	1954.51	16.092
PTSD	2	5583.03	2791.52	22.983*
Entrance Stat.	1	49.26	49.26	0.406
2-Way Interactions	2	156.91	78.46	0.646
PTSD Entstat	2	156.91	78.46	0.646
Explained	5	6020.44	1204.09	9.914*
Error	100	12145.90	121.46	
Total	105	18166.33	173.01	
Main Effects	4	5934.91	1483.73	12.291
PTSD	2	4162.83	2081.42	17.243*
Combat Level	2	120.64	60.32	0.500
2-Way Interactions	2	280.85	140.43	1.163
PTSD Comb.	2	280.85	140.43	1.163
Explained	6	6215.76	1035.96	8.582*
Error	99	11950.57	120.71	
Total	105	18166.33	173.01	

* $p < .01$

The results of the two-way ANOVAs indicate that regardless of the independent variable used in the evaluation both the Self-Satisfaction and General Maladjustment scores vary primarily as a function of PTSD diagnosis and corresponding groups of which Vietnam veterans are a part. The two-way ANOVAs reflect that at a statistically significant level of .01 the effects of PTSD diagnosis accounts for the majority of the variability existing in the Self-Satisfaction and General Maladjustment mean scores.

The one-way ANOVAs suggest that for Self-Satisfaction 24.5% and for General Maladjustment 32% of the score variability is accounted for by PTSD diagnosis (Group effects). The results of the two-way ANOVAs using the four secondary variables of age, education level, entrance status and combat intensity and comparing the data using only the PTSD-diagnosed group suggest that the percentage of variability does not increase significantly. On the Self-Satisfaction scale, when PTSD is examined in conjunction with the independent variables, the following percentages for the score variability emerge: age (31%); education level (29%); entrance status (27%); and combat intensity (25%).

On the General Maladjustment scale, when a series of two-way ANOVAs are calculated, the following percent of the score variability are witnessed: age (38%); education level (37%); entrance status (33%); and combat intensity (34%).

Related to both Self-Satisfaction and General Maladjustment, it can be seen that, regardless of the secondary variable examined in conjunction with PTSD diagnosis, the amount of score variability, separate from that occurring as a result of error, is not increased appreciably.

> Research Question #3: Are there differences between the stated needs of non-combat veterans to be socially involved and less isolated than the statements made by VCVs?

The purpose of the third research question is to examine the extent to which Vietnam Combat Veterans perceive themselves to be comfortable and personally satisfied in a socially isolated status. The research reports that VCVs, because of fear of loss, feelings of inadequacy of generally fearing failure and hurting others, prefer to remain socially distant and interpersonally isolated (Wilson, et al., 1978; Figley, 1978, 1981; Williams, 1981). The above research question examines the differences existing between the three groups of subjects in the present study within the context of social involvement. A null hypothesis is presented for the purpose of establishing parameters within which the responses of subjects to measures of social involvement can be statistically examined.

> Null Hypothesis #3: There is no statistically significant difference between the needs of PTSD, combat, and non-combat veterans to be socially isolated and inclined to avoid social involvement.

Two measures of social involvement have been used in the present study and labeled on the TSCS as Social-Self and Total Positive.

Table 18

One-Way ANOVA for Groups and Social-Self Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Groups	2	3433.726	1716.863	16.649
Error	103	10621.303	103.119	
Total	105	14055.027		

$p < .01$

Table 19

One-Way ANOVA for Groups and Total Positive Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Groups	2	90525.693	45262.844	25.468
Error	103	183053.734	1777.221	
Total	105	273579.375		

$p < .01$

Table 20

Comparison of the Three Groups
On Social-Self and Total Positive Scores

Group	n	Variable	Mean	Std.Deviation
PTSD Diagnosed	32	Social-Self	53.594	11.578
		Total Positive	272.250	8.370
Combat	44	Social-Self	63.932	9.583
		Total Positive	323.273	6.774
Non-Combat	30	Social-Self	67.800	9.316
		Total Positive	346.133	5.545

The results presented in Tables 18 and 19 suggest that there are statistically significant differences in the mean scores obtained on the Social-Self and Total Positive scales of the TSCS dependent upon which of the three groups of subjects are represented. The hypothesis of no difference between the groups is rejected. Table 20 provides information that is helpful in further interpreting the source of the between group mean score differences. Vietnam Combat Veterans who have been diagnosed as experiencing symptoms of PTSD scored considerably lower (272.50) than did non-combat veterans (346.13) on the Total Positive Scale. Combat veterans scored in the direction of non-combat veterans (346.13) suggesting that individuals who are experiencing PTSD symptoms score in a direction that reflects lower positive feelings about themselves than other combat veterans. Although not conclusive, the evidence suggests that factors other than being in combat have contributed to the mean score differences observed.

The same pattern of differences exist in the scores obtained on the Social-Self scales, but the range in scores appear to be less dramatic. PTSD-diagnosed veterans scored lower (53.59) than both combat veterans (63.93) and non-combat veterans (67.80).

Tables 21 and 22 show that the source of variability emerging in the one-way ANOVA conducted on Social-Self and Total Positive scores is attributed specifically to the group of combat veterans who have been diagnosed as experiencing

symptoms of PTSD. A further analysis of information in cells containing two or more subjects indicates that within the PTSD category level of combat also contributes to score variability to the extent that veterans who have experienced high or average levels of combat score lower on the Social-Self scales than veterans who were non-combat status. Veterans who were older than 19 years of age when they entered the military, were in combat, but are not diagnosed as having PTSD, scored along the same patterns as above on the Social-Self scores. The Total Positive scores do not follow a consistent pattern as they vary considerably but within the parameter of the overriding source of variability which is PTSD diagnosis.

Table 22 indicates that education level does not appreciably effect the pattern of scores. In addition to PTSD diagnosis being the primary source of variability, Table 22 further suggests that non-combat veterans score higher on the Social-Self and Total Positive scales than either the PTSD-diagnosed or combat veterans. The level of education achieved by veterans, regardless of which of the three groups they are a member, has an effect on PTSD diagnosis, but the data in the table shows that the more education a veteran has, the higher is the mean score on the Social-Self and the Total Positive scales.

Table 21

Comparison of Groups with Age, Combat Level and Enlistment Status on Social-Self and Total Positive Scores

		< 19 Years Old			> 19 Years old		
Combat Level	Var.	A	B	C	A	B	C
High	Soc.Self						
	n	15	13	0	4	2	0
	$\bar{x}$	55.00	60.85	0.0	48.50	60.00	0.0
	S.D.	12.63	7.13	0.0	7.59	11.31	0.0
	Tot.Pos.						
	n	15	13	0	4	2	0
	$\bar{x}$	281.20	310.00	0.0	242.75	340.50	0.0
	S.D.	49.07	45.31	0.0	62.15	0.71	0.0
Enlisted Med.	Soc.Self						
	n	3	2	0	0	2	0
	$\bar{x}$	52.67	59.00	0.0	0.0	65.50	0.0
	S.D.	6.51	1.41	0.0	0.0	20.51	0.0
	Tot.Pos.						
	n	3	2	0	0	2	0
	$\bar{x}$	259.67	310.00	0.0	0.0	324.00	0.0
	S.D.	29.67	11.31	0.0	0.0	66.47	0.0

Table 21 (Cont.)

Combat Level	Var.	< 19 Years Old A	< 19 Years Old B	< 19 Years Old C	> 19 Years Old A	> 19 Years Old B	> 19 Years Old C
Low (Enlisted)	Soc.Self						
	n	2	5	5	0	4	13
	$\bar{x}$	59.50	61.60	60.60	0.0	70.50	68.54
	S.D.	0.71	4.93	12.03	0.0	12.40	6.49
	Tot.Pos.						
	n	2	5	5	0	4	13
	$\bar{x}$	289.00	289.20	320.80	0.0	350.00	344.69
	S.D.	42.43	32.74	44.37	0.0	58.94	26.15
High (Drafted)	Soc.Self						
	n	2	2	0	3	6	0
	$\bar{x}$	57.00	62.50	0.0	50.67	70.33	0.0
	S.D.	25.46	17.68	0.0	5.86	8.73	0.0
	Tot.Pos.						
	n	2	2	0	3	6	0
	$\bar{x}$	293.00	318.50	0.0	257.00	358.00	0.0
	S.D.	74.95	62.93	0.0	13.53	37.05	0.0

Table 21 (Cont.)

Combat Level	Var.	< 19 Years Old A	B	C	> 19 Years Old A	B	C
Drafted Med.	Soc.Self						
	n	0	2	0	2	1	0
	$\bar{x}$	0.0	72.00	0.0	49.00	57.00	0.0
	S.D.	0.0	7.07	0.0	25.46	0.0	0.0
	Tot.Pos.						
	n	0	2	0	2	1	0
	$\bar{x}$	0.0	352.50	0.0	267.50	246.00	0.0
	S.D.	0.0	23.33	0.0	85.56	0.0	0.0
Low	Soc.Self						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	48.00	63.33	55.00	66.75	72.22
	S.D.	0.0	0.0	4.73	0.0	11.03	10.52
	Tot.Pos.						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	274.00	331.33	274.00	318.00	367.22
	S.D.	0.0	0.0	16.01	0.0	37.43	16.81

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

C = Non-Combat Veterans

Table 22

Comparison of Groups with Age, Combat Level, and Education Level on Social-Self and Total Positive Scores

	Combat Level	Var.	< High School			High School Grad.			College		
			A	B	C	A	B	C	A	B	C
Enlisted	High	Soc.Self									
		n	6	3	0	8	7	0	5	5	0
		$\bar{x}$	51.33	58.67	0.0	53.25	60.43	0.0	57.00	62.40	0.0
		S.D.	14.05	11.37	0.0	13.58	6.63	0.0	6.56	6.88	0.0
		Tot.Pos									
		n	6	3	0	8	7	0	5	5	0
		$\bar{x}$	257.83	300.67	0.0	272.00	312.14	0.0	293.20	348.20	0.0
		S.D.	71.21	49.80	0.0	52.91	20.84	0.0	19.95	55.67	0.0
	Med.	Soc.Self									
		n	1	0	0	1	3	0	1	1	0
		$\bar{x}$	59.00	0.0	0.0	53.00	66.00	0.0	46.00	51.00	0.0
		S.D.	0.0	0.0	0.0	0.0	12.17	0.0	0.0	0.0	0.0
		Tot.Pos.									
		n	1	0	0	1	3	0	1	1	0
		$\bar{x}$	291.00	0.0	0.0	232.00	330.33	0.0	256.00	277.00	0.0
		S.D.	0.0	0.0	0.0	0.0	36.12	0.0	0.0	0.0	0.0

Table 22 (Cont.)

Combat Level	Var.	< High School A	< High School B	< High School C	High School Grad. A	High School Grad. B	High School Grad. C	College A	College B	College C
Enlisted Low	Soc.Self									
	n	0	2	2	2	4	3	0	3	13
	$\bar{x}$	0.0	68.00	58.00	59.50	69.25	61.33	0.0	59.00	68.77
	S.D.	0.0	9.90	2.83	0.71	12.09	15.01	0.0	1.00	6.85
	Tot.Pos.									
	n	0	2	2	2	4	3	0	3	13
	$\bar{x}$	0.0	339.00	280.00	289.00	331.50	321.33	0.0	280.67	350.85
	S.D.	0.0	52.33	2.83	42.43	67.83	48.76	0.0	17.62	17.50
Drafted High	Soc.Self									
	n	6	3	0	1	4	0	2	2	0
	$\bar{x}$	51.33	58.67	0.0	53.00	67.00	0.0	41.50	79.50	0.0
	S.D.	14.05	11.37	0.0	0.0	7.87	0.0	3.54	2.12	0.0
	Tot.Pos.									
	n	2	2	0	1	4	0	2	2	0
	$\bar{x}$	301.00	317.00	0.0	271.00	343.25	0.0	242.00	389.00	0.0
	S.D.	63.64	60.81	0.0	0.0	36.48	0.0	2.83	9.90	0.0

Table 22 (Cont.)

Combat Level	Var.	< High School A	< High School B	< High School C	High School Grad. A	High School Grad. B	High School Grad. C	College A	College B	College C
Med.	Soc.Self									
	n	0	1	0	2	1	0	0	1	0
	$\bar{x}$	0.0	67.00	0.0	49.00	77.00	0.0	0.0	57.00	0.0
	S.D.	0.0	0.0	0.0	25.46	0.0	0.0	0.0	0.0	0.0
	Tot.Pos.									
	n	0	1	0	2	1	0	0	1	0
	$\bar{x}$	0.0	336.00	0.0	267.50	369.00	0.0	0.0	246.00	0.0
	S.D.	0.0	0.0	0.0	85.56	0.0	0.0	0.0	0.0	0.0
Drafted Low	Soc.Self									
	n	0	0	0	1	3	3	0	2	9
	$\bar{x}$	0.0	0.0	0.0	55.00	64.00	69.00	0.0	6.50	70.33
	S.D.	0.0	0.0	0.0	0.0	17.69	5.29	0.0	3.54	11.45
	Tot.Pos									
	n	0	0	0	1	3	3	0	2	9
	$\bar{x}$	0.0	0.0	0.0	274.00	289.67	351.00	0.0	338.50	360.67
	S.D.	0.0	0.0	0.0	0.0	13.58	21.28	0.0	50.20	23.86

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

C = Non-Combat Veterans

In his report of the results of standardizing the TSCS, Fitts (1965) indicates that for non-hospitalized subjects the mean score for the Social-Self scale was 68.14 and for the Total Positive feelings it was 345.57. The patient sample produced a mean group score on the Social-Self scale of 65.0 and on the Total Positive scale the mean was 323.0. Comparing the scores of the Vietnam veteran sample on the Social-Self scale with the statistics presented by Fitts suggests that both Vietnam Combat Veteran groups, those diagnosed as experiencing PTSD symptoms and those not experiencing overt psychological adjustment problems, scored lower than the non-patient and patient groups. The non-combat veteran group scored higher (67.80) than the patient group (65.0) but slightly lower than the non-patient group (68.14).

Further analysis of the data associated with the two measures of social involvement are presented in Tables 23 and 24. Through the use of the two-way ANOVAs, it is possible to examine the relative strength of the Group effects when evaluated against the four independent variables of age, education level, entrance status and combat intensity.

Table 23

Two-Way ANOVA for Social-Self Scores
Groups and the Independent Variables

Source	Degrees of Freedom	Sum of Squares	Mean Squares	F-Value
Main Effects	3	3684.06	1228.02	12.760
PTSD	2	2694.62	1347.31	14.000*
Age	1	250.32	250.32	2.601
2-Way Interactions	2	747.04	373.52	3.881
PTSD Age	2	747.04	373.52	3.881
Explained	5	4431.10	886.22	9.209*
Error	100	9623.81	96.24	
Total	105	14054.91	113.86	
Main Effects	4	3454.48	863.62	8.209
PTSD	2	3003.66	1501.83	14.275*
Ed Lvl	2	20.74	10.38	0.099
2-Way Interactions	4	395.67	98.92	0.940
PTSD Ed Lvl	4	395.67	98.92	0.940
Explained	8	3850.15	481.27	4.575*
Error	97	10204.76	105.20	
Total	105	14054.91	133.86	
Main Effects	3	3571.44	1190.48	11.501
PTSD	2	3204.52	1602.26	15.480*
Entstat	1	137.69	137.69	1.330
2-Way Interactions	2	132.81	66.40	0.642
PTSD Enstat	2	132.81	66.40	0.642
Explained	5	3704.66	740.85	7.158*
Error	100	10350.66	103.51	
Total	105	14054.91	133.86	
Main Effects	4	3479.56	869.89	8.187
PTSD	2	1895.45	947.73	8.919*
Comb	2	45.82	22.91	0.216
2-Way Interactions	2	55.82	27.91	0.263
PTSD Comb	2	55.82	27.91	0.263
Explained	6	3535.38	589.23	5.545*
Error	99	10519.53	106.26	
Total	105	14054.91	133.86	

* $p < .01$

Table 24

Two-Way ANOVA for Total Positive Scores
Groups and the Independent Variables

Source	Degrees of Freedom	Sum Of Squares	Mean Squares	F-Value
Main Effects	3	93231.88	31077.29	18.513
PTSD	2	74679.00	37339.50	22.244*
Age	1	2706.29	2706.29	1.612
2-Way Interactions	2	12480.75	6240.38	3.718
PTSD Age	2	12480.73	6240.36	3.718
Explained	5	105712.63	21142.52	12.595*
Error	100	167864.38	1678.64	
Total	105	273577.00	2605.50	
Main Effects	4	94398.00	23599.50	13.336
PTSD	2	70066.13	35033.06	19.797*
Ed Lvl	2	3872.38	1936.19	1.094
2-Way Interactions	4	7530.13	1882.53	1.064
PTSD Ed Lvl	4	7530.16	1882.54	1.064
Explained	8	101928.13	12741.02	7.200*
Error	97	171648.88	1769.58	
Total	105	273577.00	2605.50	
Main Effects	3	93051.75	31017.25	17.337
PTSD	2	85246.19	42623.09	23.824*
Enstat	1	2526.18	2526.18	1.412
2-Way Interactions	2	1614.63	807.31	0.451
PTSD Enstat	2	1614.64	807.32	0.451
Explained	5	94666.38	18933.27	10.583*
Error	100	178910.63	1789.11	
Total	105	273577.00	2605.50	
Main Effects	4	92656.06	23164.02	12.793
PTSD	2	64327.90	32163.95	17.764*
Comb	2	2130.45	1065.23	0.588
2-Way Interactions	2	1664.13	832.06	0.460
PTSD Comb	2	1664.12	832.06	0.460
Explained	6	94320.19	15720.03	8.682*
Error	99	179256.81	1810.68	
Total	105	273577.00	2605.50	

* $p < .01$

The results of the two-way ANOVAs presented in Tables 23 and 24 suggest that the primary source of score variability exists within the PTSD-diagnosed group. The outcome of eight ANOVAs--four each related to the Social-Self and the Total Positive scales that were calculated support that, regardless of the independent variable contrasted with PTSD diagnosis, the latter emerges as producing a statistically significant source of variability. The significance level at which this exists is .01.

The amount of variability contributed by the four independent variables in the mean scores of the Social-Self and Total Positive scales, when PTSD diagnosis is included, can be examined through comparing the one-and-two ANOVAs. The PTSD diagnosis contributed 24% of the score variability on Social-Self and 33% on the Total Positive scores. The results of the two-way ANOVAs in which the independent variables are contrasted with PTSD diagnosis on the Social-Self and Total Positive scales reflect that the following percentage of variations in scores are present: age (32%); education level (27%); entrance status (26%); and combat intensity (25%) related to Social-Self; and age (39%); education level (37%); entrance status (35%); and combat intensity (34%) for Total Conflict scores. The percent of accountable variability in the Social-Self score increased appreciably only when age and PTSD diagnosis were combined, but adding the other variables to the PTSD category resulted in minimal change in

accounting for additional sources of variability. Age and education level both, when combined with PTSD diagnosis on the Total Conflict score, increased the ability to account for variability in excess of that associated with "error."

> Research Question #4: Are Vietnam Combat Veterans experiencing more intensive feelings of moral-ethical conflict than are non-combat veterans?

The two TSCS scales selected for use in measuring the feelings of veterans related to unresolved moral conflict are moral-ethical self and self-criticism. The null hypothesis developed out of the research question is discussed below followed by a presentation of the results of data analysis.

> Null Hypothesis 4: There is no statistically significant difference between the responses given by PTSD, combat, and non-combat veterans reflective of feelings of unresolved moral-ethical conflict.

Table 25

One-Way ANOVA for Groups and Moral-Ethical Self Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Groups	2	2225.373	1112.686	12.182
Error	103	9408.054	91.340	
Total	105	11633.426		

$p < .01$

Table 26

One-Way ANOVA for Groups and Self-Criticism Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Groups	2	254.836	127.418	3.933
Error	103	3337.160	32.400	
Total	105	3591.995		

$p < .01$

The results of the one-way ANOVA completed on the scores from the moral-ethical scale of the TSCS suggest that the effects of PTSD diagnosis contributes significantly to the score variability observed. The differences in the mean scores are statistically significant at the .01 level of confidence. The results reported in Table 26 indicate that the effects of group diagnosis do not contribute in a statistically significant manner to the variations observed in the group means of the Self-Criticism scores. Table 27 indicates that the PTSD-diagnosed group of veterans feel more self-critical and less morally congruent than combat or non-combat veterans. The difference between the three groups on the Self-Criticism scale are not statistically significant.

Table 27

Comparison of the Three Groups on
Moral-Ethical and Self-Criticism Scores

Group	n	Variable	Mean	Std. Deviation
PTSD Diagnosed	32	Moral-Ethical	60.281	10.430
		Self-Criticism	38.156	5.854
Combat	44	Moral-Ethical	68.432	9.665
		Self-Criticism	32.217	4.766
Non-Combat	30	Moral-Ethical	71.800	8.344
		Self-Criticism	34.100	4.766

Table 28 shows that the difference in moral-ethical scores obtained by Vietnam veterans consistently exists as a function of group effects and within this, PTSD-diagnosed veterans vary significantly from combat and non-combat veterans in their scores. Level of combat intensity and age at the time of entering the military interact to produce variability in scores within the combat group which results in veterans who were younger than 19 years old and feel they experienced average combat intensity scoring higher than veterans in the other five cells on both scales. Possibly if PTSD diagnosis were held constant, combat level and age may produce a significant effect on the scores.

Table 28

Comparison of Groups with Age, Combat Level and Enlistment Status on Moral-Ethical and Self-Criticism Scales

	Combat Level	Var.	< 19 Years Old A	< 19 Years Old B	< 19 Years Old C	> 19 Years Old A	> 19 Years Old B	> 19 Years Old C
Enlisted	High	Mor-Eth						
		n	15	13	0	4	2	0
		$\bar{x}$	63.33	68.31	0.0	53.25	73.00	0.0
		S.D.	9.82	9.39	0.0	17.33	1.41	0.0
		Self-Crit						
		n	15	13	0	4	2	0
		$\bar{x}$	38.07	37.15	0.0	40.25	39.00	0.0
		S.D.	6.15	4.86	0.0	6.55	7.07	0.0
	Med	Mor-Eth						
		n	3	2	0	0	2	0
		$\bar{x}$	58.33	69.50	0.0	0.0	60.00	0.0
		S.D.	7.57	2.12	0.0	0.0	16.97	0.0
		Self-Crit						
		n	3	2	0	0	2	0
		$\bar{x}$	43.00	34.50	0.0	0.0	32.50	0.0
		S.D.	3.61	3.54	0.0	0.0	4.95	0.0

Table 28 (Cont.)

	Combat Level	Var.	< 19 Years Old A	< 19 Years Old B	< 19 Years Old C	> 19 Years Old A	> 19 Years Old B	> 19 Years Old C
	Low	Mor-Eth						
Enlisted		n	2	5	5	0	4	13
		$\bar{x}$	57.50	58.50	67.50	0.0	77.00	70.15
		S.D.	17.68	4.92	13.99	0.0	8.37	6.77
		Self-Crit						
		n	2	5	5	0	4	13
		$\bar{x}$	35.00	39.60	34.00	0.0	31.50	34.23
		S.D.	5.66	2.88	4.69	0.0	12.18	5.63
	High	Mor-Eth						
Drafted		n	2	2	0	3	6	0
		$\bar{x}$	66.00	67.50	0.0	58.33	73.00	0.0
		S.D.	4.24	4.95	0.0	4.51	8.51	0.0
		Self-Crit						
		n	2	2	0	3	6	0
		$\bar{x}$	30.00	39.50	0.0	36.67	35.00	0.0
		S.D.	0.0	2.12	0.0	6.43	8.72	0.0

Table 28 (Cont.)

Comb Level	Var.	< 19 Years Old A	B	C	> 19 Years Old A	B	C
Med.	Mor-Eth						
	n	0	2	0	2	1	0
	$\bar{x}$	0.0	74.50	0.0	55.50	48.00	0.0
	S.D.	0.0	4.95	0.0	12.02	0.0	0.0
	Self-Crit						
	n	0	2	0	2	1	0
	$\bar{x}$	0.0	37.00	0.0	40.50	40.00	0.0
	S.D.	0.0	1.41	0.0	2.12	0.0	0.0
Low	Mor-Eth						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	55.00	73.00	58.00	72.75	76.22
	S.D.	0.0	0.0	4.36	0.0	6.55	6.48
	Self-Crit						
	n	0	1	3	1	4	9
	$\bar{x}$	0.0	26.00	32.67	39.00	36.75	34.44
	S.D.	0.0	0.0	1.15	0.0	2.75	4.75

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

C = Non-Combat Veterans

Table 29

Comparison of Groups with Education Level, Combat Level and Enlistment Status on Moral-Ethical and Self-Criticism Scales

	Combat Level	Var.	< High School A	< High School B	< High School C	High School Grad. A	High School Grad. B	High School Grad. C	College A	College B	College C
Enlisted	High	Mor-Eth									
		n	6	3	0	8	7	0	5	5	0
		$\bar{x}$	59.17	63.67	0.0	60.13	67.29	0.0	65.40	74.40	0.0
		S.D.	19.24	10.50	0.0	9.01	7.99	0.0	2.70	7.80	0.0
		Self-Crit									
		n	6	3	0	8	7	0	5	5	0
		$\bar{x}$	38.17	39.67	0.0	38.63	36.57	0.0	38.80	37.20	0.0
		S.D.	7.86	4.93	0.0	6.32	4.24	0.0	4.55	6.38	0.0
	Med.	Mor-Eth									
		n	1	0	0	1	3	0	1	1	0
		$\bar{x}$	67.00	0.0	0.0	53.00	70.33	0.0	55.00	48.00	0.0
		S.D.	0.0	0.0	0.0	0.0	2.08	0.0	0.0	0.0	0.0
		Self-Crit									
		n	1	0	0	1	3	0	1	1	0
		$\bar{x}$	42.00	0.0	0.0	47.00	32.67	0.0	40.00	36.00	0.0
		S.D.	0.0	0.0	0.0	0.0	4.04	0.0	0.0	0.0	0.0

Table 29 (Cont.)

	Combat Level	Var.	< High School A	B	C	High School Grad. A	B	C	College A	B	C
Enlisted	Low	Mor-Eth									
		n	0	2	2	2	4	3	0	3	13
		$\bar{x}$	0.0	74.50	56.00	57.50	67.00	66.33	0.0	61.67	72.15
		S.D.	0.0	6.36	11.31	17.68	14.63	5.86	0.0	9.02	7.51
		Self-Crit									
		n	0	2	2	2	4	3	0	3	13
		$\bar{x}$	0.0	31.50	36.50	35.00	35.75	31.67	0.0	39.33	34.38
		S.D.	0.0	13.44	0.71	5.66	10.59	4.04	0.0	4.04	5.81
Drafted	High	Mor-Eth									
		n	2	2	0	1	4	0	0	0	0
		$\bar{x}$	66.00	70.50	0.0	58.00	69.25	0.0	58.50	77.50	0.0
		S.D.	4.24	9.19	0.0	0.0	8.73	0.0	6.36	4.95	0.0
		Self-Crit									
		n	2	2	0	1	4	0	2	2	0
		$\bar{x}$	32.00	38.00	0.0	32.00	35.00	0.0	37.00	36.50	0.0
		S.D.	2.83	4.24	0.0	0.0	2.58	0.0	9.90	19.09	0.0

Table 29 (Cont.)

	Combat Level	Var.	< High School			High School Grad.			College		
			A	B	C	A	B	C	A	B	C
Drafted	Med.	Mor-Eth									
		n	0	1	0	2	1	0	0	1	0
		$\bar{x}$	0.0	71.00	0.0	55.50	78.00	0.0	0.0	48.00	0.0
		S.D.	0.0	0.0	0.0	12.02	0.0	0.0	0.0	0.0	0.0
		Self-Crit									
		n	0	1	0	2	1	0	0	1	0
		$\bar{x}$	0.0	36.00	0.0	40.50	38.00	0.0	0.0	40.00	0.0
		S.D.	0.0	0.0	0.0	2.12	0.0	0.0	0.0	0.0	0.0
	Low	Mor-Eth									
		n	0	0	0	1	3	3	0	2	9
		$\bar{x}$	0.0	0.0	0.0	58.00	69.00	71.00	0.0	69.50	76.89
		S.D.	0.0	0.0	0.0	0.0	12.17	3.61	0.0	9.19	6.05
		Self-Crit									
		n	0	0	0	2	1	3	0	2	9
		$\bar{x}$	0.0	0.0	0.0	34.67	39.00	33.33	0.0	34.50	34.22
		S.D.	0.0	0.0	0.0	7.57	0.0	2.309	0.0	0.71	4.71

A = PTSD-Diagnosed Combat Veterans

B = Combat Veterans

C = Non-Combat Veterans

Table 29 suggests that the level of education attained by veterans does not produce a significant source of variability in the scores obtained on the two scales. It is difficult to evaluate the effects of entrance status because of the number of empty cells present. In the cells where two or more subjects are present, the veterans who have some college score higher on the scales than do veterans who are high school graduates or did not graduate from high school. Two-way ANOVAs have been calculated and presented in Table 30 for the purpose of experiencing further the power of PTSD diagnosis when combined with the four independent variables of age, entrance status, education level, and combat intensity. The results of the one-way ANOVA for Self-Criticism scores did not achieve statistical significance so further analysis is not warranted and have not been presented here.

Table 30

Two-Way ANOVA for Moral-Ethical Scores, Group and Independent Variables

Source	Degrees Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	4	2248.56	749.52	8.512
PTSD	2	1922.78	961.39	10.918*
Age	2	23.23	23.23	0.264
2-Way Interactions	4	578.76	289.38	3.286
PTSD Age	4	578.76	289.38	3.286
Explained	8	2827.33	565.47	6.421*
Error	97	8805.91	88.06	
Total	105	11633.24	110.79	

Table 30 (Cont.)

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	4	2372.39	593.098	6.675
PTSD	2	1688.84	844.420	9.504*
Ed Lvl	2	147.06	73.529	0.828
2-Way Interactions	4	642.56	160.641	1.808
PTSD Ed Lvl	4	642.56	160.641	1.808
Explained	8	3014.96	376.870	4.242*
Error	97	8618.28	88.848	
Total	105	11633.24	110.739	
Main Effects	3	2370.40	790.134	8.687
PTSD	2	2046.76	1023.377	11.251*
Entstat	1	145.07	145.070	1.595
2-Way Interactions	2	166.73	83.367	0.917
PTSD Entstat	2	166.73	83.367	0.917
Explained	5	2537.14	507.428	5.579*
Error	100	9096.10	90.961	
Total	105	11633.24	110.793	
Main Effects	4	2440.08	610.019	6.574
PTSD	2	1672.26	836.130	9.010*
Comb Level	2	214.74	107.371	1.157
2-Way Interactions	2	6.23	3.117	0.034
PTSD Comb Level	2	6.23	3.117	0.034
Explained	6	2446.31	407.718	4.394*
Error	99	9186.93	92.797	
Total	105	11633.24	110.793	

* $p < .01$

The results of the two-way ANOVAs support the contention that the primary source of variability is contributed by PTSD diagnosis. In each of the four analyses completed. PTSD diagnosis contributed sufficient variability in excess of the other independent variable to attain a statistical significance of .01. In contrast, the two-way ANOVAs conducted using the

four independent variables as they cause variations in the Self-Criticism scores. The results of the ANOVAs are presented in Appendix E as to review them produces no insight into the causes of score variability.

The additional amount contributed by each of the four secondary variables when examined in conjunction with PTSD diagnosis on scores from the Moral-Ethical scale are as follows: age (24%); education level (26%); entrance status (22%); and combat intensity (21%). The percentage of variability accounted for in the Moral-Ethical scores of the sample population by PTSD diagnosis has been shown in the one-way ANOVA is 19%. The addition of the variables of education level and age of the veterans at the time they entered the military add to the variability appreciably, while entrance status and combat intensity do not.

As a conclusion to Chapter IV, the results of the Personal Information Questionnaire (PIQ) are presented along with brief interpretive comments. The original purpose of the PIQ was to gather pre-military information on the veteran sample for the purpose comparing how veterans changed as a result of combat experiences. The PIQ was developed to assess feelings veterans recall having when they were adolescents along dimensions of identity formation, moral development, and self-esteem. An analyses of the results have produced no statistically significant differences between

combat and non-combat veterans related to the independent variables. The results of the analyses are presented in Tables 31 through 36, but a review of the contents of each table fails to provide useful or meaningful information to explain the fact that no statistically significant results occurred.

Table 31

One-Way ANOVA for Identity-2 Measures and Groups

Source	Degrees Freedom	Sum of Squares	Mean Square	F-Value
Between Groups	2	2.4568	1.2284	0.106
Within Groups	103	55.0346	0.5343	
Total	105	57.4914		

p < n.s.

Table 32

One-Way ANOVA for Moral Development Measures and Groups

Source	Degrees Freedom	Sum of Squares	Mean Square	F-Value
Between Groups	2	0.7182	0.3591	.498
Within Groups	103	52.7375	0.5120	
Total	105	53.4557		

p < n.s.

Table 33

One-Way ANOVA for Self-Concept Measures and Groups

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Between Groups	2	2.1169	1.0585	0.0556
Within Groups	103	36.6866	0.3562	
Total	105	38.8035		

p < n.s.

Although the results presented in Tables 31 through 33 are not significant and do not necessarily warrant a further examination through the use of two-way ANOVAs, such have been performed in an effort to examine whether interactional effects between variables may contribute more powerfully to sources of variability than do individual variables. The results of the analysis have not confirmed this but are reported in Tables 34 through 36 for the reader's use.

Table 34

Two-Way ANOVA Between Independent Variables And Group on Identity-2 Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	4	4.82	1.204	2.276
PTSD	2	1.94	0.971	1.835
Comb. Level	2	2.36	1.179	2.229
2-Way Interaction	2	0.31	0.157	0.297
PTSD x Combat	2	0.31	0.157	0.297
Error	99	52.36	0.529	1.616
Total	105	57.49	0.548	

Table 34 (Cont.)

Source	Degrees Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	3	2.52	0.840	1.545
PTSD	2	2.33	1.166	2.144*
Age	1	0.06	0.062	0.114
2-Way Interaction	2	0.61	0.307	0.564
PTSD x Combat	2	0.61	0.307	0.564
Error	100	54.36	0.544	1.152
Total	105	57.49	0.548	
Main Effects	4	3.320	0.830	2.085
PTSD	2	2.242	1.121	2.155*
Ed Level	2	0.863	0.432	1.365
2-Way Interactions	4	3.303	0.826	4.096
PTSD x Ed Level	4	3.303	0.826	4.096
Error	97	50.868	0.524	2.890
Total	105	57.491	0.548	
Main Effects	3	3.143	1.048	2.085
PTSD	2	2.165	1.083	2.155*
EntStat	1	0.686	0.686	1.365
2-Way Interactions	2	4.115	2.058	4.096
PTSD x Enstat	2	4.115	2.058	4.096
Error	100	50.233	0.520	2.890
Total	105	57.491	0.548	

* n.s.

Table 35

Two-Way ANOVA Between Independent Variables and Group on Moral Development Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	4	2.596	0.649	1.269
PTSD	2	0.044	0.022	0.043 *
Comb. Level	2	1.878	9.939	1.835
2-Way Interactions	2	0.217	0.108	0.212
PTSD x Comb. Level	2	0.217	0.108	0.212
Error	99	50.643	0.512	
Total	105	53.455	0.509	
Main Effects	3	1.375	0.458	0.913
PTSD	2	1.138	0.569	1.134 *
Age	1	0.657	0.657	1.309
2-Way Interactions	2	1.891	0.946	1.884
PTSD x Age	2	1.891	0.946	1.884
Error	100	50.189	0.502	1.302
Total	105	53.455	0.509	
Main Effects	4	1.038	0.259	0.495
PTSD	2	0.324	0.162	0.310 *
Ed Level	2	0.320	0.160	0.305
2-Way Interactions	4	1.618	0.404	0.772
PTSD x Ed Level	4	1.618	0.404	0.772
Error	97	50.800	0.524	0.634
Total	105	53.455	0.509	
Main Effects	3	1.453	0.484	0.966
PTSD	2	0.552	0.276	0.550 *
Entstat	1	0.736	0.736	1.467
2-Way Interactions	2	1.849	0.925	1.843
PTSD x Enstat	2	1.849	0.925	1.843
Error	100	50.153	0.502	1.317
Total	105	53.455	0.509	

* n.s.

Table 36

Two-Way ANOVA Between Independent Variables and Group on Self-Concept Scores

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	4	2.467	0.617	1.685
PTSD	2	2.176	1.088	2.973 *
Comb. Level	2	0.350	0.175	0.479
2-Way Interactions	2	0.097	0.049	0.133
PTSD x Comb. Level	2	0.097	0.049	0.133
Error	99	36.238	0.366	1.168
Total	105	38.803	0.370	
Main Effects	3	2.529	0.843	2.397
PTSD	2	2.258	1.129	3.210 *
Age	1	0.412	0.412	1.173
2-Way Interactions	2	1.105	0.552	1.571
PTSD x Age	2	1.105	0.552	1.571
Error	100	35.169	0.352	2.067
Total	105	38.803	0.370	
Main Effects	4	3.923	0.981	2.941
PTSD	2	2.460	1.230	3.689 *
Ed Level	2	1.806	0.903	2.708
2-Way Interactions	4	2.534	0.634	1.900
PTSD x Ed Level	4	2.534	0.634	1.900
Error	97	32.346	0.333	2.421
Total	105	38.803	0.370	
Main Effects	3	2.231	0.760	2.093
PTSD	2	2.207	1.103	3.037 *
Entstat	1	0.164	0.164	0.452
2-Way Interactions	2	0.190	0.095	0.262
PTSD x Entstat	2	0.190	0.095	0.262
Error	100	36.331	0.363	1.361
Total	105	38.803	0.370	

* n.s.

There is little that can be said about the results reported above other than to emphasize that no statistically significant results have emerged from the data. The results of calculating measures of Central Tendencies have been presented in Appendix E in as much as the information contained in the table does not provide assistance in appreciating or understanding the information emerging from the one-way and two-way analyses of variances. In Chapter V, a discussion is presented outlining the significance of the findings on the Personal Information Questionnaire and the effect the lack of significance in the statistical analysis has on the overall results of the study.

Summary

The results of a series of one-way ANOVAs has shown that PTSD-diagnosed combat veterans consistently score significantly different on the TSCS subscales than combat or non-combat veterans. The effects of PTSD diagnosis is present on the Identity, Self-Satisfaction, General Maladjustment, Social-Self, Total Positive, and Moral-Ethical scales as the scores are statistically significant in the degree they are lower when compared to the scores of combat and non-combat veterans. As a function of the present data analyses, the effects of PTSD diagnosis exist regardless of how the independent variables are applied during the calculating of one- and two-way ANOVAs. Statistically significant differences are also present on the other

measures of psychosocial development (Total Conflict and Self-Criticism) resulting in the need to reject each of the four null hypotheses as not being true.

The differences between the two groups of combat veterans--those diagnosed as experiencing PTSD symptoms and those without symptoms on scores from the TSCS subscales--are considerably larger than the differences observed between combat veterans who have not been diagnosed as experiencing PTSD symptoms and non-combat veterans. This decision to reject each of the null hypotheses occurs as a result of the way the research questions are phrased. In reality, only a part of the combat veteran group, those diagnosed as experiencing PTSD symptoms, differ significantly in their scores on the independent variables from the non-combat veteran group. It is anticipated that the differences in the mean scores of combat veterans would not significantly different from those of non-combat veterans would not significantly differ from those of non-combat veterans if the factor of PTSD diagnosis were held constant.

The results of the two-way ANOVAs support the premise that the differences existing in the mean scores on the independent variables are strongly associated with the presence of PTSD diagnosis. The direction and intensity of the differences between the scores of PTSD-diagnosed and non-combat veterans suggest that combat veterans who have been diagnosed with PTSD

symptoms are experiencing serious psychological and psychosocial adjustment problems. The differences in the scores obtained by the PTSD-diagnosed combat veteran group are closely related to the scores produced by both non-patient and patient subjects who participated in standardizing procedures for the TSCS (Fitts, 1965).

Further examination of the data through the use of measures of Central Tendency suggest that the amount of score variability is influenced considerably by PTSD diagnosis while the influence of the four independent variables is insignificant. Additional analyses of the data, directed by alternative research questions, must occur if a more complete understanding of how exposure to intensive combat experiences adversely contributes to processes of psychosocial development.

In the present study, an attempt has been made to examine the effects of combat intensity, educational level, entrance status, and age at the time of entering the military on selected aspects of psychosocial development. The empirical support for the research questions has been generated. However, a further analysis of the information reflects that: (1) an insufficient number of subjects were involved resulting in many statistical cells being empty preventing extensive evaluation of the data to occur; and (2) the effort to secure pre-military information, through the use of PIQ, has been unsuccessful. As a result, the effects of age at the time of entering the military, the

entrance status, the level of education attained, and the level of combat intensity experienced are not understood. Also, because there is no statistical validity associated with the results on the PIQ, there is little that can be stated about the sample population related to pre-military feelings on issues of Identity Formation, Moral Conflict, and Self-Concept. The result is the need to evaluate and discuss the findings within the context of developmental compared to situational causes of developmental differences hypothesized to exist among Vietnam veterans.

CHAPTER V

CONCLUSIONS

Summary of Study

The purpose of this study has been to examine the relationship between three characteristics of psychosocial development in Vietnam veterans and how each has been affected by their combat experiences. The dimensions of psychosocial development selected for use in the present study include identity formation, moral development, and level of self-concept. In the study, differences have been statistically evaluated on the three psychosocial dimensions as they emerge from three groups of Vietnam veterans. The three groups into which the sample population has been divided include: 32 Vietnam veterans who have been diagnosed as experiencing PTSD symptoms; 44 combat veterans who have not been so diagnosed; and 30 non-combat veterans. The 106 veterans who participated in the study reside in the Chicago metropolitan area. By comparing combat with non-combat veterans, the study explored whether combat intensity, entrance status, education level, and age at the time of entering the military contributed to how veterans feel about themselves as reflected along the dimensions of Identity, Moral Congruency and Self-Concept.

A fourth aspect of psychosocial development examined in the present study is the amount of social orientation and social awareness characterizing Vietnam veterans.

The four aspects of psychosocial development were initially discussed using theoretical terms but ultimately were evaluated statistically after the traits were operationalized and presented in quantitative form. The four research questions have been restated in the form of null hypotheses which meet the criteria for empirical research. Identity continued as "identity self;" social orientation becomes "social-self; moral development is measured according to "moral-ethical self;" and self-concept is translated into "self-esteem."

The procedures used in the present study have been described by Leedy (1980) and Cook and Campbell (1979) as "passive observation" or "non-experimental/quasi-experimental" methodologies. The research design accommodates situations in which there is no opportunity to administer the treatment variables or directly control for extraneous sources of variability. In the present study, treatment is combat exposure and sources of contaminating variability are too numerous to list here and too individually defined to generalize to all veterans. The 15-or-20 years that have passed since the treatment (combat) variables represents the primary source of variability. An attempt to control for this problem

involved randomly selecting participants as well as controlling for age and education level. Combat intensity has also been treated as a secondary variable. The information obtained from subjects on the Personal Information Questionnaire (PIQ) has provided the baseline, pre-military information which has been used in comparing how veterans believed they felt when 17 or 18 years of age and the current feelings they have on the same issues.

In the present study, one standardized test and one non-standardized survey were employed to measure identity formation, moral-ethical development, social orientation, and consistency related to self-esteem. The sample population completed the Tennessee Self-Concept Scales (TSCS) and the Personal Information Questionnaire (PIQ). A total of 107 subjects volunteered for and were initially selected to participate in the study. One volunteer's scores were excluded from the final sample due to his subsequent statements that he was unable to read and comprehend the TSCS items. The instruments were completed by subjects under conditions of guaranteed anonymity. Subjects were identified according to: Group A, PTSD diagnosed; Group B, combat veterans who have not been so diagnosed; and Group C, non-combat veteran "controls."

The manual for the TSCS reports test-retest reliability as ranging from .75 (Total Conflict) to .92 (Total Positive) on the scales selected for use in the present study. The reliability coefficients fall primarily in the .80 to .90

range. Discrimination between subscales occurred with an 80% accuracy rate suggesting that the content validity of the TSCS is within acceptable statistical limits. The TSCS adequately differentiated regardless of the norming group examined. Clinical validation studies predominate, and self-theory is used to explain the appropriateness of using TSCS scales as a means of verifying feelings of subjects along dimensions of psychosocial development. The statistical information presented appears to satisfactorily meet the criteria for viewing the instrument as valid.

The four research questions, and corresponding null hypotheses, have been empirically evaluated through the use of two subscales of the TSCS for each question. This resulted in a total of eight subscales being used which have achieved, according to the manual (Fitts, 1965), inter-correlation coefficients of: Identity with Total Conflict (-.10); Self-Satisfaction with General Maladjustment (.79); Social-Self with Total Positive (.88); and Moral-Ethical Self with Self-Criticism (-.06).

The one-way and two-way analyses of variances completed in the present study have resulted in a rejection of each of the four null hypotheses. Statistically significant score differences have been observed on the eight subscales of the TSCS with Group effects representing the primary sources of score variability. The secondary variables of age, education level, entrance status, and combat intensity did not make significant

contributions to the observed differences in the group scores. Specifically, the PTSD-diagnosed veterans consistently score lower than do combat veterans who have not been so diagnosed and non-combat veterans regardless of the variables identified as being critical.

The results of group data analysis, using measures of control tendancy, suggest that the four secondary variables contribute minimally to the differences in scores obtained on the eight TSCS scales unless combined with PTSD diagnosis. The three variables of age at the time of entering the military, education level, and entrance status, when viewed in combination with PTSD diagnosis, affect the mean scores but only on selected scales. The variability in Identity and Total Positive scores is not affected when the independent variables are analyzed individually with PTSD diagnosis. the score variability on the Self-Satisfaction and General Maladjustment scales is accounted for in an appreciable way when age and education level are combined with PTSD diagnosis. Combining age and PTSD diagnosis accounts for a considerably larger amount of score variability than does PTSD diagnosis examined in isolation on each of the TSCS subscales. The addition of education level to PTSD diagnosis produces an increase in the variability accounted for with the exception of the Social-Self and Self-Criticism scales where the effect is not significant. Entrance status and combat intensity do not provide additional sources of accounting for score variability on the eight subscales of the TSCS.

Although statistically significant data are present supporting the hypotheses that differences exist between combat and non-combat veterans on measures of identity formation, moral development, positive self-concept, and social orientation the differences are not definitive or easily identified. The mean scores for Group B (combat) are closer to the mean scores for Group C (non-combat) than to Group A (combat diagnosed PTSD). The existance of a PTSD diagnosis provides the critical element differentiating the mean scores of the combat from the non-combat veterans. This suggests that there are fundamentally distinctive and clinically different issues characterizing PTSD-diagnosed veterans when compared to combat veterans who have not been diagnosed as experiencing symptoms of PTSD and non-combat veterans. The results of the present study have produced data supporting that clinically different problems are present in the groups and is primarily a function of experiencing symptoms of PTSD.

One-way and two-way ANOVA procedures were employed to determine the possible effects of age, entrance status, education level, combat intensity, and PTSD diagnosis on the eight independent measures. Most of the variables, with the exception of PTSD diagnosis, themselves were found to have no significant influences on any of the scores obtained on eight independent measures. PTSD diagnosis has surfaced as a critical variable in the mean score differences. Therefore, group classification is the critical source of variation in scores

obtained on the eight subscales of the TSCS. The interaction between PTSD diagnosis, age and education level accounts for a considerable amount of variability in group mean scores, but when examined alone, neither age nor education level contributes a statistically significant amount of variability.

The three groups of subjects, combat veterans diagnosed with PTSD symptoms, combat veterans who are not diagnosed as having PTSD symptoms and non-combat veterans, generally scored on the eight TSCS scales used in the present study in a direction opposite from those established by Fitts (1965) as being "normal." The veterans who have been diagnosed with PTSD symptoms scored significantly different than the hospitalized segments of Fitts' standardizing group. This suggests the presence of relatively serious pathological complications in the lives of PTSD-diagnosed veterans. This raises several questions which need to be addressed, but on the surface it appears that the current diagnostic criteria used by psychologists and psychiatrists, when working with distressed Vietnam Combat Veterans, are accurately accounting for problems in psychosocial development. The manner in which this is occurring is not certain to this writer.

Discussion

In evaluating the results of the present study, it is important to restate certain methodological limitations inherent in the research design. The most apparent deficiency is the limited number of subjects in each of the various categories. A second limitation is associated with the representativeness of the sample with regard to the total population it is meant to reflect. There were two problems associated with efforts to randomly select subjects to participate in the study. First, an emphasis was placed on using volunteers to ensure that veterans who have been diagnosed as experiencing symptoms of PTSD were included. The use of volunteers relies heavily on self-selection. Second, consideration was given to using a modified randomization process if a sufficient number of individuals had expressed an interest a "pool" would have been generated from which a specific number of subjects could have been selected. This did not materialize, and all of the volunteers were included. A final characteristic of the present study which needs to be kept in mind relates to the internal validity of the study and specifically concerning the instruments used. The *Personal Information Questionnaire* (PIQ) was developed for use primarily as a clinical survey and has not been properly standardized for research purposes. The *Tennessee Self-Concept Scales* (TSCS) is appropriate for research purposes but is limited in terms

of the number of items available to measure each dimension of the psychosocial development selected for use in the present study.

Although it is necessary to view the findings of this study with reservations because of the observations made above, three features of the present investigation have provided unique and innovative information useful in examining characteristics related to the diagnosis of Post-Traumatic Stress Disorder (PTSD) that have not been previously discussed in the literature or been specifically referenced in the reports used in justifying the use of PTSD as a diagnostic category.

1. To this author's knowledge, no other study on the psychological adjustment problems of VCVs has focused exclusively on psychosocial issues with which Vietnam veterans are confronted.

2. Other variables which may affect identity formation, moral development, self-concept, and social involvement, such as age, education level, and geographic area where raised, were controlled through matching procedures so that age at the time of military, entrance status, education level, and combat intensity were left as the major differences between the groups.

3. Two objective measures each of identity, moral-ethical feelings, self-esteem, and social involvement were used rather than clinical interviews and subjective reports which resulted in clearer comparisons between groups.

On the whole, the analytical survey method of investigation used in the study can make no claim to causality among the variables. There are certain logical inferences and implications that can be made to the effect that therapists who are providing services to VCVs may benefit from using alternative approaches, especially in regards to diagnosis, when attempting to alleviate feelings of psychological distress in VCVS. As has been reported throughout the study, and particularly in Chapter II, there have been numerous theoretical articles presented arguing that Vietnam veterans had experienced problems related to psychosocial development, but the efforts to produce empirical support have been limited to descriptive analyses developed primarily on the basis of self-reports given by the veterans (Wilson, et al., 1978; Figley, 1978).

Lifton (1973) and Shatan (1973) suggested that the psychological adjustment problems of VCVs include a critical psychosocial dimension that is characterized by psychological elements, but the researchers were unable to distinguish between the psychological and the social qualities. As a result, further research efforts were curtailed. Wilson, et al. (1978) reported that statistically significant differences were observed between groups of veterans along dimensions of identity formation, ideological belief systems, self-esteem, and feelings of social isolation (pp. 69-84).

The researchers were unable to institute adequate stiatistical controls which served to reduce the extent to which the results could be generalized to other veteran populations.

As a result of the efforts made by several researchers during the 1970's, it has become possible to design contemporary studies so as to identify and attempt to accommodate sources of extraneous variability. The strongly supported sources of variability emerging from earlier research include: the need to differentiate between combat veterans along dimensions of combat intensity and combat duration (Bourne, 1969; 1970); controlling for response bias which occur primarily as a function of press coverage of Vietnam (Worthington, 1973; 1977); and the importance of obtaining valid pre-military information on VCVs (Figley, 1978; Figley and Leventman, 1980).

Few studies have been designed specifically for the purpose of examining how developmental issues may contribute to the psychological adjustment of Vietnam veterans. In the few articles that have been completed, the researchers have not devoted energy in an attempt to differentiate between situational and developmental factors as being contributors to the presence of PTSD symptoms in Vietnam Combat Veterans (VCVs) (Goodman, 1980; Thompson, 1981). Several researchers discussed differences in pre-existing adjustment levels of veterans prior to combat but did not design their studies so as to acquire the needed information or control for extraneous sources of variability (Penk, et al., 1981; Buchbinder and Miller, 1980).

There are several design problems associated with attempting to identify and distinguish between situational and developmental factors and determining which is the primary factor contributing to the psychological adjustment problems of VCVs. First, unless a longitudinal research design is implemented, the researcher must complete a lengthy historical investigation in an effort to reconstruct the past (Goldman, 1980; Campbell and Cook, 1978). Second, self-reports provided by the individuals regarding what life was like at an earlier age are frequently used, and the influences of interfering factors, including distorted self-perceptions, are numerous (Leedy, 1980). Finally, the field of developmental psychology has insufficiently matured so as to provide researchers with methods useful in distinguishing between problems which are brought about as a function of current situations or on the basis of developmental obstacles that have not been successfully negotiated (Erikson, 1968; Perry, 1971).

The problems inherent in conducting developmental studies, as outlined above, are further complicated by the "second-hand" information often provided by other people in describing how other people remember the individual when of adolescent age. The perceptual problems of how others remember an individual are particularly troublesome when attempting to reconstruct the developmental processes associated with identity formation. Attempts to examine

identity problems from within a developmental model are, according to Erikson (1968), particularly difficult without the benefit of an accurate childhood history from which to create a baseline for comparison.

Erikson's hypothesized concepts of grounding, centering, and fixation are difficult to empirically validate when a verifiable developmental history is unavailable. In addition, the significance of having experienced psychological trauma, during a critical developmental phase in identity formation, is extremely difficult to evaluate and understand (Evans, 1968; Muuss, 1971). In the present study, developmental issues are not addressed in a pure sense, but the significance of the score differences between groups suggest that the problems are unique to VCVs who have been diagnosed PTSD. The differences may have occurred as a function of problems in developmental processes.

The definition for Identity provided earlier in this paper allows for one to speculate along dimensions presented by Frankl (1963) when he described an existential vacuum as a source of serious difficulty to individuals who are struggling with attempts to provide purpose in their lives. Identity formation, which continues well into adulthood (Shelby, 1978; Gilligan, 1980), represents the psychosocial ingredient to discovering meaning in life. Niederland (1981) and Horowitcz (1973), in their studies related to holocaust

survivors, have described alterations in the sense of identity as representing a serious issue which frequently cannot be changed or altered appreciably through treatment.

Erikson's theoretical model of psychosocial development emphasizes that identity and successful identity formation emerges as a function of stages being completed successfully prior to attempting to accomplish tasks associated with identity formation. Recent research in the area of identity development has provided empirical support for the contention that individuals are involved in states of perpetual motion regarding stabilizing a sense of continuity and consistency in who they are and what they believe (Sheely, 1976). As observed earlier in this paper, there are growing numbers of research reports substantiating the premise that foreclosure may occur during development of identity characteristics. The differences in scores on the Identity and Total Conflict subscales obtained by combat veterans who have been diagnosed PTSD (Group A) and veterans from both Groups B and C suggests that the consistency of feelings about themselves are less conflict free and more reduced than the other groups.

It is speculated by this author that because combat veterans in Group C are experiencing identity confusion they are simultaneously encountering feelings of internal conflict. Although the present study has not been designed to examine particular areas of identity formation, i.e., centering, foreclosure, and regression, the results are highly supportive

of the need to examine the concepts in more detail. The typical Vietnam veteran is approximately eight-to-nine years older now than during the time of Wilson's and Figley's studies and yet we continue to observe at an age when peers are progressing into the next developmental stages. Interestingly, although less discrepant from the standardized groups than are those diagnosed PTSD, combat veterans generally score in a way suggestive of feeling identity diffusion. The research on regressed identity formation is difficult to locate and to suggest that once regression occurs is it possible to experience foreclosure at that point in time?

The issues discussed earlier in the paper, as outlined by social psychologists such as Kenniston (1970) and Clark and Clark (1972) suggesting that, primarily because of the technological and familial changes present in today's society, that adolescence is in a stage of transformation and elongation with additional sources of turmoil being present from the traditional "storm and stress" issues discussed in the literature of Bandura and Walters (1963). The results of the present study suggest that research needs to be completed which assumes that Vietnam Combat Veterans are experiencing Identity Diffusion (or confusion) and to focus on specific internal processes associated exclusively with Identity formation.

The results of the present study confirm earlier findings to the extent that both of the combat veteran groups (those in the PTSD-diagnosed category and those who are not diagnosed) score lower on measures of self-esteem than do non-combat veterans. Specifically, the information obtained in the study provides justification to speculate that VCVs who have been diagnosed PTSD are also characterized by poor self-concepts. The difficulty in interpreting the results in this study evolve around determining whether combat veterans were characterized by poor self-concepts prior to their military experiences or the negative feelings emerged as a function of situations encountered during the South Vietnam War (Husaini, 1982; Egendorf, 1982).

The effects of poor self-concept on the existence of symptoms of PTSD and a diagnosis of psychological stress reactions in VCVs have been theoretically addressed in several writings, but empirical results have not been available for substantiation (Wilson, et al., 1978; Figley and Leventman, 1980; Van Patten, 1984). The writings presented have focused on self-report processes and antecdotal analyses. This investigation has used antecdotal and subjective reporting of pre-military experiences, but has done so for the exclusive purpose of examining psychosocial dimensions of the adjustment problems of veterans without becoming entangled in describing clinical symptoms. The results of the present study confirm

what has been previously reported on the self-concept of VCVs, but the scales used from the TSCS to measure Self-Concept, Self-Satisfaction and General Maladjustment have associated with them additional meaning to acquiring insight into the psychological adjustment problems of VCVs. The degree to which combat veterans scored lower than non-combat veterans suggests that combat experience is in some way related to the lack of self-satisfaction felt by veterans diagnosed PTSD and the extent to which they perceive themselves to be "different" from mainstream society. Feelings of this nature were shared by Lifton (1973), Shatan (1973) and, more recently, Bailey (1985) and Egendorf (1982).

Regardless of the results currently being shared within the professional journals, few articles are available on the topic of treatment techniques of use in improving the self-concept of veterans (Walker and Nash, 1981; Brende, 1981). The related research presented in Chapter II would suggest that it is not unusual for individuals who have experienced continuous and intensive stressful events to experience self-doubt, feelings of helpessness, and a loss of control over their lives (Maslow, 1968; Rogers, 1952).

Support for the premise that combat veterans who have been diagnosed as experiencing symptoms of PTSD and have poorly developed self-concepts can be seen in the responses given on the PIQs. Veterans in Group A have achieved less education, greater amounts of unemployment, and less success in maintaining

long-term relationships (See Appendix E) than veterans in Groups B and C. It is not possible to emphatically state that a relationship exists between poor self-concepts and the differences observed in these areas, but the data supports the need for further research on the topic of self-concept and achievement of VCVs.

The literature review presented in Chapter II provides information suggesting that individuals who have poor self-concepts are not inclined to become involved in productive activities which are reflective of a need for achievement or success-oriented, extra-curricular activities (Evans, 1970; Hamachek, 1971; Combs & Snygg, 1959).

The relationship between the confusion experienced by veterans related to unresolved moral-ethical conflict will serve to produce detrimental effects on how they feel about themselves (Wrenn, 1983; Shatan, 1973; Lifton, 1973). The entire experience of the Vietnam conflict, as reported by Webb (1971), Caputo (1972), DeWar (1972), provided an atmosphere and environment characterized by a: 1) lack of opportunity for individual decision-making; 2) minimum amount of public recognition for the good and positive things accomplished but characterized by numerous and continuous news coverage of a negative nature; and 3) the individual veteran initially made a decision to enter the military for purposes of patriotic duty and actually experienced involvement in a war effort that had a questionable amount of public support

or made sense in terms of the original premises upon which the initial decisions were made.

Third, the results of the study support the hypothesis that combat veterans who have been diagnosed as experiencing symptoms of PTSD are "at a different developmental place" than other combat veterans or non-combat veterans. Although it is not possible, as a function of the TSCS scores, to state that PTSD-diagnosed veterans are experiencing more unresolved moral conflict than other veterans, the information does suggest that veterans in Group A are less "satisfied" with their moral-ethical sense of self than are veterans from Groups B and C. The information obtained in the present study could be interpreted as being reflective of dissatisfaction with moral decisions they have made in the past which is adversely affecting their confidence in current decision-making processes. The uncertainty or conflicted feelings may exist as a function of guilt, feeling overwhelmed because they lack a solid moral foundation, or as a result of lacking information about themselves in relation to developmental fixation.

The information from the present study is inadequate for use in arguing that veterans who have been diagnosed with PTSD symptoms are experiencing regressive tendencies or are fixated at a particular level of moral development. It is possible to state that the PTSD sample is experiencing higher levels of dissatisfaction with moral-self than other veterans,

but Rest (1974) presents questions which address the interactional possibilities of moral cognitions and affective dispositions of individuals, but does not produce empirical evidence related to the theory. To what extent are the psychological adjustment problems of VCVs influencing their responses to moral-ethical questions?

Although of questionable validity, the Personal Information Questionnaire (PIQ) is useful in providing a baseline from which moral-ethical score differences between groups can be evaluated. The measure of moral development associated with the PIQ does not reflect statistically significant differences between the three groups of veterans as they recall the beliefs they held and the moral teachings they experienced prior to entering the military. The lack of statistically significant differences could be interpreted to reflect a common developmental history along a moral-ethical dimension. The results of the TSCS suggests that the outcome of this training is not consistant across groups and, in fact, is considerably different for veterans in their adult lives depending on the level of intensity experienced during combat.

As discussed in Chapter II, the issues surrounding moral conflict and moral development in Vietnam Combat Veterans received little attention in the psychological research until the early 1980's (Wilson, et al., 1978;

Figley, 1978). The results obtained in the present paper highlight earlier presentations which suggested that VCVs are dissatisfied with their personal moral-ethical selves (Shatan, 1973; Tanay, 1973; Penk, 1980) and provides objective information suggesting this dissatisfaction is creating in them feelings of internal conflict. The results extend the heuristic arguments developed by Marin (1981) and support his contentions that psychotherapy with VCVs requires movement beyond the encouragement of veterans to project onto others the responsibility they must accept for having participated in the Vietnam War.

There has recently developed in the professional field an intense effort of psychologists, psychiatrists and religious leaders to understand the moral and ethical implications for the psychological adjustment of VCVs. Devine (1985) and Stockdale and Stockdale (1984) have emphasized the importance of exploring with VCVs during psychotherapy the extent to which they encountered religious experiences during combat. Devine states, "an exhaustive search of PTSD studies...reveals no systematic approach to the spiritual dimension (p. 18)." Although there is currently attention being given by therapists to addressing the spiritual needs of VCVs the emphasis is on alleviating feelings of existential guilt and not with examining issues surrounding moral development. The philosophical emphasis in the treatment of VCVs diagnosed as experiencing symptoms of PTSD has begun to change, but there is

a continual avoidance by researchers in examining moral development and issues associated with unresolved moral conflict.

The results of the present study support the continued need for research in the area of moral development and moral conflict resolution in VCVs. When viewed in combination, one with the other, the statistically significant differences obtained on the Total Conflict, Self-Satisfaction, Total Positive and Moral-Ethical Self scales by VCVs who have been diagnosed PTSD, when compared to the scores of combat veterans who have not been diagnosed and non-combat veterans suggests that the psychosocial problems are too complex and interactional to address in isolation. Further research having more focalized questions related to moral development needs to be completed before the extent of the conflicted feelings VCVs have can be appreciated.

The least surprising outcome of the present study relates to the differences present between the three groups of veterans when examining their need for social involvement and commitment toward others. VCVs who have been diagnosed as experiencing symptoms of PTSD score significantly lower on the Social-Self and Total Positive subscales of the TSCS. Fitts (1965) describes individuals who score low on the Social-Self scale as feeling inadequate or of little worth in their social interactions with other people. Fitts describes people who score low on the Total Positive scale as doubting their own worth generally; see themselves as undesirable, and as having little faith or confidence in themselves.

Although veterans who have been diagnosed as experiencing symptoms of PTSD score lower than either combat veterans who have not been diagnosed and non-combat veterans, all three groups score, on an average, lower than both the patient and non-patient groups used by Fitts during standardization procedures. The results are unique to research generally completed on Vietnam veterans in that they feel inadequate and unworthy to be involved in social alliances. The information reported in earlier articles suggest that veterans do not wish to develop close relationships, prefer to be socially isolated and feel they cannot trust others and so avoid becoming involved in close interpersonal relationships (Wilson, et al., 1978; Figley and Leventman, 1981; Santoli, 1985).

Additional reasons provided in earlier research for VCVs stating they preferred social isolation to community involvement include: feeling alienated and misunderstood (Lifton, 1973; Figley, 1978); an inability to trust others for fear of abandonment (Williams, 1980; Thompson, 1980); and "psychic numbing" with associated features of anger and rage (Lovr, et al., 1975; Penz, 1980). The sources for the feelings of anger and rage appear to be possibly the only contribution to social isolation which were not projected onto others as being the cause. To this author's knowledge, nowhere in the literature is it suggested that a primary source of the tendency for VCVs to seek social isolation as being due to

their feelings of inadequacy or unworthiness to be a part of the lives of others.

The implications for further research in this area are numerous, and the use of a psychosocial model of development to understand reasons for the need in veterans to seek isolation appears to be warranted. Although the results of the present study do not lend themselves to addressing casual relationships, the data that has been generated justifies the need for additional research to explore more thoroughly the reasons behind VCVs feeling inadequate and unworthy with regards to being associated with others in close relationships.

Recommendations

The results of this study indicate that Vietnam Combat Veterans who have been diagnosed as experiencing symptoms of Post-Traumatic Stress Disorder (PTSD) score significantly different from combat veterans who are not diagnosed PTSD and non-combat veterans on selected subscales of the Tennesse Self-Concept Scales (TSCS). The configuration of score differences are unique and require interpretations that entail receiving interactional effects between measures of Self-Concept. Treatment approaches for VCVs need to establish therapeutic goals consistent with the multiple nature of the negative feelings combat veterans have of themselves. The results encourage therapists to examine factors associated with both psychosocial development and feelings related to

self-concept through the use of multiple methods of diagnosis. The suggestions offered below are based on the major findings of the present investigation including: that the sample of VCVs who had been diagnosed as experiencing symptoms of PTSD suffer from a severe sense of identity diffusion; dissatisfaction with their moral-ethical selves; negative feelings about themselves including a pervasive sense of meaninglessness in their lives; and feelings of inability and unworthiness to be socially involved. These results lead to the following recommendations:

1. The completion of follow-up research on each of the psychosocial dimensions used in the present investigation for the purpose of: a) developing a diagnostic instrument of use in determining the level of severity associated with each as it imparts on individual veterans; and b) identifying causal factors associated with each area of psychosocial development that is a problem.

2. The relationship of Identity formation to PTSD diagnosis underscores the importance of using positive social reinforcement and psychoeducational models of teaching and therapy to allow for VCVs to experience personal growth in areas they may be deficient.

3. Psychological counseling and psychotherapy provided to VCVs needs to emphasize the building of self-esteem through a systematic approach such a logotherapy or existential counseling.

4. There is a need for therapists to adopt a treatment philosophy which encompasses elements of development psychology and the resolution of moral conflict when counseling VCVs. Although symptom relief is necessary, there is a need, on the part of VCVs, to explore their individualized moral dilemmas and this requires the willingness and support of therapists to venture into moral and spiritual realms of human existance.

5. Psychotherapists need to approach VCVs during treatment on the basis of individual needs and to be prepared to join them "where they are" in the developmental process. Therapists must be alert to their own anxious feelings which may encourage reverting back to the use of traditional methods of intervention which emphasize the treatment of classic symptoms of psychopathology.

Implications for Further Research

The results of the present study, including the review of related literature on Vietnam Combat Veterans suggests that there is a need for additional research in the areas of identity formation, moral development, and feelings of self-worth before a comprehensive understanding of Post-Traumatic Stress Disorder can be acquired. Further research is strongly recommended related to the following questions and through the use of specific methodologies:

1. Replicate the present study with the exception of increasing considerably the size of the research sample. A

minimum of n = 250 is recommended.

2. Establish different guidelines for the inclusion of subjects in the PTSD-diagnosed group. In the present study, veterans who were hospitalized and awaiting a decision on service-connected disability ratings were used, and this may have influenced the way they responded on the questionnaires.

3. It is recommended that the control group in future studies consist of non-veterans. Three experimental groups should be used including: PTSD diagnosed; combat not diagnosed PTSD; and non-combat veterans.

4. Established a more accurate method of determining combat intensity. Duration is believed to be critical, but the quality of combat exposure needs to be objectively determined.

5. There are several standardized instruments available for use in measuring identity and self-concept. It is recommended they be used as well as "moral dilemmas" which have been examined through research procedures.

6. It is strongly recommended that considerable attention be given, in subsequent research, to establishing premilitary baseline information on subjects rather than use the perceptions and recall ability of the participants. Methods that may be useful in acquiring the information includes interviewing high school friends, family members, and examining high school records.

7. Identity formation should be studied independent of other psychosocial characteristics. Of particular importance is the need to examine VCVs within the context of foreclosure, grounding and centering.

8. As a function of several of the recommendations outlined above, it is suggested that research investigations to be conducted in the future use an individual case study model. More detailed and indepth information can be obtained and analyzed using four or five subjects as compared to 100 or 200 participants.

Adler, A., Social Interest: A Challenge to Mankind, Translated by J. Linton & R. Vaughn, New York: Capricorn Books, 1969.

Adler, A., Understanding Human Nature, New York: Chilton, 1927

Allport, G. W., Theories of Perception and the Concept of Structure, New York: Wiley & Sons, Published, 1965

Archer, D.; Gartner, R., The Myth of the Violent Veteran, Psychology Today, Dec., 1976

Archibald, H.C.; Lang, Dorothy; Miller,Christine; Tuddenham, Gross Stress Reaction in Combat: A Fifteen-Year Follow-Up, American Journal of Psychiatry, Oct., 1962

Archibald, H.C. & Tuddenbom, R. D., Persistent Stress Reaction After Combat, Archives of General Psychiatry, 1965, 12, 475-481

Aronson, E., The Theory of Cognitive-Dissonance: A Current Perspective, In L. Berkowitz (ed), Advances in Experimental Social Psychology, Vol. 4, New York: Academic Press, pp. 2-35, 1969

Bailey, J.E., Differential Diagnosis of PTSD and Anti-Social Personality Disorder, Hospital and Community Psychology, 1985, 36, (8), 426-439

Baker, S.L., U.S. Army Heroine Abuse Identification Program in Vietnam: Implications for Methodone Program, American Journal of Public Health, 1971, 62: 857-860

Balester, R. J., "The Self-Concept and Juvenile Delinquency," unpublished doctoral dissertation, Vanderbilt University, 1956

Bandura, A. & McDonald, F., Influence of Social Reinforcement and the Behavior Models in Shaping Children's Moral Judgments, Journal of Abnormal and Social Psychology, 1963, 67, 274-281

Bandura, A. & Walters, R.H., Social Learning and Personality Development, New York: Holt, Rinehart and Winston, 1963

Bandura, W., The Stormy Decade: Fact or Fiction?, Psychology in the Schools, 1964, 1,224-231

Berkowitz, L., Aggressive Cues in Aggressive Behavior and Hostility Catharsis, Psychological Review, 1964, 71, 104-122

Bettelheim, B., Individual and Mass Behavior in Extreme Situations, Journal of Abnormal and Social Psychology, 1943, 38, 417-452

Birren, J. E., The Psychology of Aging, New York: Prentice-Hall, 1964

Blasi, A., Bridging Moral Cognition and Moral Action: A Critical Review of Literature, Psychology Bulletin, 1980, 88, 1-45

Blatt, M., Studies on the Effects of Classroom Discussion Upon Children's Moral Development, unpublished doctoral dissertation, University of Chicago, 1975

Blatt M. & Kohlberg, L. A., The Effects of Classroom Moral Discussion Upon Children's Level of Moral Judgment, Journal of Moral Education, 4, 129-161, 1969

Boehm, L. & Nass, M. L., Social Class Differences in Conscience Development, Child Development, 1962, vol. 33, 565-574

Borus, J., Re-Entry I: Adjustment Issues Facing the Vietnam Returnees, Archives of General Psychiatry, 1973, 28

Borus, J. F., Re-Entry III: Facilitating Healthy Readjustment in Vietnam Veterans, Psychiatry, 1973, 36 (4): 428-439

Bourne, P. G., Men, Stress, and Vietnam, Boston: Little, Brown, 1970, 165-176

Bourne, P. G. (Ed), The Psychology and Physiology of Stress, New York: Academic Press, 1969

Brende, J. O., Combined Individual and Group Therapy for Vietnam Veterans, International Journal of Group Psychotherapy, 1981, 31, 3, 367-377

Brittain, C. V., Adolescent Choices and Parent-Peer Cross-Pressures, in Rolf E. Muuss (Ed), Adolescent Behavior and Society: A Book of Reading, New York: Random House, 1971, 224-234

Brittain, C. B., Adolescent Choices and Parent-Peer Cross-Pressures, American Sociological Review, 1963, 28 385-391

Bronfenbrenner, U., Freudian Theories of Identification and Their Derivatives, Child Development, 1960, 31, 15-40

Broughton, J., The Cognitive-Developmental Approach to Morality: A Reply to Kurtines & Grief, Journal of Moral Education, Vol. 7, 2, 1978

Broughton, J., The Cognitive-Developmental Approach to Morality: A Reply to Kurtines and Grief, Journal of Moral Education, 1976, (7) 2, 136-151

Buchbinder, J. T. and Miller, T., Conceptualization and Measurement of Traumatic War Neuroses in Vietnam Veterans. Paper presented at the 88th Annual Convention of the American Psychological Association, Montreal, Canada, September, 1980

Caputo, P., A Rumor of War, New York: Holt, Rinehart, Winston, 1977

Carlson, R., Stability and Change in the Adolescent's Self-Image, Child Development, 1965, 36, 659-666

Carr, R. A., A Comparison of Self-Concept and Expectations Concerning Control Between Vietnam-Era Veterans and Non-Veterans, unpublished doctoral dissertation, St. Louis University, 1973

Castanzo, P. R., and Shaw, M. E., Conformity as a Function of Age Level, Child Development, 1966, 37, 967-975

Chickering, A. W., Education and Identity, San Francisco: Jossey-Bass, 1969

Clark, B. S., The Acquisition and Extinction of Peer Imitation in Children, Psychonomic Science, 1965, 2, 147-148

Clark, S. M. & Clark, F. P., Youth in Modern Society, New York: Holt, Rinehart and Winston, Inc., 1972

Colby, A; Kohlberg, L; Gibbs J.; Lieberman, M., A Longitudinal Study of Moral Judgment, Monographs of the Society for Research in Child Development, 1983, 48 (1-2)

Cole, R., Children of Crisis, New York: Dell Publishing Co., Inc., 1965

Combs, A. W.; Snygg, D., Individual Behavior (Rev. Ed.), New York: Harper and Row, 1959

Congdon, C. S., Self-Theory and Chloropromazine Treatment, unpublished doctoral dissertation, Vanderbilt University, 1958

Cook, S. M. & Campbell, D. J., Quasi-Experimentation: Design and Analysis Issues for Field Settings, Chicago: Rand McNally College Publishing Co., 1979

Cressey, D. and Ward, D., Delinquency, Crime and Social Process, New York: Harper & Row, Published, 1969

Cross, H. and Allen, J., Ego Identity Status Adjustment and Academic Achievement, Journal of consulting and Clinical Psychology, 1970, 34, 288

D'Augelli, J. F. and Cross, H. J., Relationship of Sex Guilt and Moral Reasoning to Pre-Marital Sex in College Women and Couples, Journal of Consulting and Clinical Psychology, 1975, 43, 40-47

DeFazzio, V. J., The Vietnam-Era Veteran: Psychological Problems, Journal of Contemporary Psychotherapy, 1975, 7 (1): 9-15

Devine, P., PTSD Shadows Moral/Spiritual Dimension, Vet Center Voice, 1985, 6 (6), 1-9

Diagnostic and Statistical Manual, Volume III, Washington, D.C.: American Psychiatric Association, 1980

Döbert, R. & Nunner-Winkler, G., Adoleszenzkrise Und Identitätshildung, Frankfurt: Suhrkamp, 1975

Donovan, J., A Study of Ego Identity Formation, unpublished doctoral dissertation, University of Michigan, Published, 1970

Egendorf, A., The Post-War Healing of Vietnam Veterans: Recent Research, Hospital and Community Psychology, 1982, 33 (11), 901-922

Egendorf, A., Vietnam Veteran Rep Groups and Themes of Post-War Life, In D. M. Mantell & Pilisuk (eds) Journal of Social Issues: Soldiers In and After Vietnam, 1975, 31 (4): 111-124

Egendorf, A., A Case Study of One Vietnam Veteran: Readjustment Issues, unpublished doctoral dissertation, University of Michigan, 1973

Emerson, G., Winners and Losers, New York: Random House, 1976

Engle, M., The Stability of the Self-Concept in Adolescence, unpublished doctoral dissertation, George Peabody College, 1956

Enzio, R. F.; Sawyer, R. N.; Montgomery, F. A., Manifest Anxiety of Vietnam Returnees and Undergraduates, Psychology Reports, 1973, 33, 446

Enzio, R. F.; Sawyer, R. N.; Montgomery F. A., Manifest Anxiety of Vietnam Returnees and Undergraduates, Psychological Association, 1965, 359-360

Erikson, E. H., Dimensions of a New Identity, New York: W. W. Norton & Co., 1974

Erikson, E. H., Identity: Youth and Crisis, New York: W. W. Norton & Co., 1968

Erikson, E. H., Childhood and Society (2nd Edition), New York: W. W. Norton, 1963

Erikson, E. H., The Problem of Ego Identity, Journal of American Psychoanalytic Association, ap. 1958

Erikson, E., The Problem of Ego Identity, Journal of the American Psychoanalytic Association, 1956, (4) 56-74

Erikson, E. H., Childhood and Society, New York: W. W. Norton Co., 1950

Evans, E. D., Adolescents: Readings in Behavior and Development, Illinois: The Dryden Press, Inc., 1970

Eysenck, H. J., Handbook of Abnormal Psychology, New York: Basic Books, 1961

Fairbairn, W. R., Psychoanalytic Studies of the Personality, London: Tavistock, 1952

Fall, B., The Last Reflections on a War, New York: Schocken,1972

Festinger, L., A Theory of Cognitive-Dissonance, Stanford Co.: Stanford University Press, 1957

Figley, C. (Ed.), Stress Disorders Among Vietnam Veterans: Theory Research and Treatment, New York: Brunner/Mazel, Published 1978

Figley, C. & Leventman S., Strangers at Home: Vietnam Veterans Since the War, New York: Praeger Pub., 1980

Fitts, W. H., A Conceptualization of the Self-Concept in The Self-Concept and Self-Acutalization, by William H. Fitts, et al., Nashville, Tennessee: Counselor Recordings and Tests, 1971, 11-26

Fitts, W. H., The Self-Concept and Self-Actualization, Nashville, Tennessee: Counselor Recordings and Tests, 1971, 5-108

Fitts, W. H. and Hammer, W. T., The Self-Concept and Delinquency, Nashville, Tennessee: Counselor Record and Tests, 1969, 7-96

Fitts, W. H., Manual: Tennessee Self-Concept Scale, California: Western Psychological Association, 1965

Fitts, W. H., Tennessee Self-Concept Scale, Nashville, Tennessee: Counselor Recordings and Tests, 1965

Flacks, R., Youth and Social Change, Chicago: Markham Publishing Co., 1971

Frankl, V. E., The Will to Meaning, New York: Ward, 1969

Frankl, V. E., Man's Search for Meaning, Boston: Beacon Press, 1962

Frankl, V. E., Man's Search for Meaning, Boston: Beacon Press, 1959

Friedman, M. L. & Marcia, J. E., Ego Identity: Status in College Women, Journal of Personnel, 1970, 2, 249-263

Freud, A., The Ego and the Mechanisms of Defense, New York: International Universities Press, 1937

Freud S., The Ego and the Id, London: Hogarth, 1947

Fromm, E., Escape From Freedom, New York: Rinehart, 1941

Gerwirtz, J. L. & Stingle, K., Learning of Generalized Initiation as the Basis for Identification, Psychology Review, 1968, 75, 374-397

Gilligan, C., In a Different Voice: Women's Conceptions of the Self and of Morality, unpublished manuscript, Harvard University, 1976

Glasser, J. R., 365 Days, New York: Bantam Books, 1971

Goldenson, R. M., The Encyclopedia of Human Behavior: Psychology, Psychiatry and Mental Health, (Vol. 2), New York: Doubleday & Co., Inc., 1970

Goldman, L., (Ed.), Research Methods for Counselors: Practical Approaches in Field Settings, New York: John Wiley and Sons, 1978

Goldstein, K., The Organism, New York: American Book, 1939

Goodman, S., Current Status of the Theory of the Super Ego, Journal of the American Psychoanalytic Association, 1965, 13, 172-180

Goodwin, J., The Etiology of Combat Related Post-Traumatic Stress Disorder, 1980, D.A.V., Brochure

Gould, R., Adultlike Stages: Growth Towards Self-Tolerance, Psychology Today, 1975, 8 (9), 74-78

Gould R., The Phases of Adult Life: A Study of Developmental Psychology, American Journal of Psychiatry, 1972, 126, 33-43

Greenacre, P., Early Physical Determinants in the Development of the Sense of Identity, Journal of the American Psychoanalytic Association, 1958, 6: 131-142; 6: 612-627

Grinker, R. R., On Identification, International Journal of Psychoanalysis, 38: 379-390

Haier, R. J., Moral Reasoning and Moral Character: A Comparison of the Kohlberg and the Hogan Models. Doctoral Dissertation, Johns Hopkin University, 1975. Dissertation Abstracts International, 1976, 36, 3672 B. (University Microfilms No. 76-1514)

Haley, S. A., Treatment Implications of Post-Combat Stress Response Syndrome for Mental Health Professionals, in C. R. Figley (Ed.), Stress Disorders Among Vietnam Veterans, New York: Brunner/Mazel, 1978

Haley, S. A., When the Patient Reports Atrocities, Archives of General Psychiatry, 1972, 30, 191

Hall, C. S. & Lindzey, G., Theories of Personality (3rd Ed.), New York: John Wiley & Sons, 1978

Hall, G. S., Adolescence, Vol. 1, New York: Appleton, 1926, 360-375

Hall, J. D., An Investigation of Acquiescence Response Set, Extra Version, and Locus of Control as Related to Neuroticism and Maladjustment, unpublished doctoral dissertation, George Peabody College, 1964

Hamachek, D.E., Encounters With the Self, New York: Holt, Rinehart and Winston, Inc., 1971

Harsthorne, E. & May, M. A., Studies in the Nature of Character (Vol. I), New York: MacMillan Co., 1928

Hartmann, H., Comments on the Psychoanalytic Theory of the Ego. In: Essays on Ego Psychology: Selected Problems In Psychoanalytic Theory, New York: International Universities Press, 1964

Hartmann, H., Ego Psychology and the Problem of Adaptation, New York: International Universities Press, 1958

Hartmann, H., The Development of the Ego Concept in Freud's Work, International Journal of Psychoanalysis, 1956, 37: 425-438

Hartmann, H., Ego Psychology and the Problem of Adapatation, New York: International Universities Press, 1939

Hartup, W. W., Friendship Status and the Effectiveness of Peers as Reinforcing Agents, Journal of Experimental Child Psychology, 1964, 154-162

Hartup, W. W. & Coates, B., Imitations of a Peer as a Function of Reinforcement from the Peer Group and Rewardigness of the Model, Child Development, 1967, Vol. 38, 1003-1016

Havighurst, R., Developmental Tasks and Education, New York: Longmans Green, 1951, 76-89

Havighurst, R., _Developmental Tasks and Education,_ Chicago: University of Chicago Press, 1948, 30-65

Havighurst and Dreyer, _Youth,_ Chicago: University of Chicago Press, 1975

Heilbrun, A. B., The Measurement of Identification, _Child Development,_ 1965, 36: 111-127

Helzer, J.; Robins, C.; Wish, E.; Hesselbrock, M., Depression in Vietnam Veterans and Civilian Controls, _American Journal of Psychiatry,_ 1979, 136 (4-B), 526-529

Henry, M. & Renaud, H., Examined and Unexamined Lives, _Research Reporters,_ 1972, 7,5

Hogan, R., Moral Conduct and Moral Character: A Psychological Perspective, _Psychological Bulletin,_ 1973, 79, 217-232

Holt, R. R., Ego Economy Re-evaluated, _International Journal of Psychiatry,_ 1965, 46, 151-167

Horney, K., Our Inner Conflicts, New York: Norton Pub., 1945, 166-183

Horowitz, M. & Solomon, G., A Prediction of Delayed Stress Response Syndromes in Vietnam Veterans, _Journal of Social Issues,_ Fall, 1974

Husaini, B. A., (Spec. Ed.), Stress and Psychiatric Symptoms. Personality and Social Support as Buffers...in _Community Psychology,_ 1982, 10, Brandon W., _Clinical Psychology_ Publishing Co., 1982

Isco, I.; Williams, M.; Harvey, J., Modification of Children's Judgments by a Simulated Group Technique: A Normative Developmental Study, _Child Development,_ 1963, 34, 963-978

Jacobson, E., _The Self and the Object World,_ New York: International University Press, 1964

Jordan, D., Parental Antocedents and Personality Characteristics of Ego Identity Statuses, unpublished doctoral dissertation, State University of New York at Buffalo, 1971

Josselson, R. L., Psychodynamic Aspects of Identity Formation in College Women, Journal of Youth & Adolescence, 1973, 2, 3-52

Jourard, S. M., The Transparent Self, New York: Van Nostrand Reinhold Co., 1971, 79-86

Jung, C. G., The Theory of Psychoanalysis, In Collected Works, Vol. 4, Princeton: Princeton University Press, 1961 (First German Edition, 1913)

Jurkovic, G. J., The Relationship of Moral and Cognitive Development to Dimensions of Juvenile Delinquency, Doctoral Dissertation, University of Texas at Austin, 1975. Dissertation Abstracts International, 1976, 36, 5262 B-5263 B (University Microfilms, No. 76-7,088)

Kagen, J., Individual Differences in the Resolution of Response Uncertainty, Journal of Personality and Social Psychology, 1965, 2, 154-160

Kagen, J., The Concept of Identification, Psychology Review, 1958, 65, 296-305

Kantner, J. E., The Relationship Between Moral Judgment and Personality Variables in Adult Offenders (Doctoral Dissertation, Purdue University, 1975), Dissertation Abstracts International, 1976, 36, 5262 B-5263 B)

Kenniston, K., Prologue: Youth as a Stage of Life in Havighurst & Deyer, Pub. House, University of Chicago Press, Chicago Youth, 1975, 8-21

Kenniston, K., Youth as a Stage of Life, in Adolescent Psychiatry, Vol. 1, New York: Basic Books

Kerlinger, F. N., Foundations of Behavioral Research, (2nd Edition), New York: Holt, Rinehart and Winston, 1973

Klein, H.; Zellermeyer, J.; Shannon, J., Former Concentration Camp Inmates on a Psychiatric Ward, Archives of General Psychiatry, 1963, 8, 334-342

Klein, M., On Identification, In: New Directions in Psychoanalysis, ed. M. Klein, et al., New York: Basic Books, 1955

Kohlberg, L., The Meaning and Measurement of Moral Development, Heinz Werner Memorial Lecture, Worcester: Clark University Press, 1979

Kohlberg, L., Moral Education in the Schools: A Developmental View in Rolf Muuss, Adolescent Behavior and Society: A Book of Readings, 1971, 193-214

Kohlberg, L., Moral Development and the Education of Adolescents, New York: Holt, Rinehart, and Winston, Inc., 1970

Kohlberg, L., Stage and Sequence: The Cognitive-Development Approach to Socialization. In D. Gaslin (Ed.), Handbook of Socialization Theory and Research, Chicago: Rand McNally, 1969

Kohlberg, L. & Blatt M., The Effects of Classroom Moral Discussion Upon Children's Level of Moral Judgment In L. Kohlberg, Collected Papers on Moral Development and Moral Education, Cambridge, Mass: Center for Moral Education, 1973

Kohlberg, L. & Kramer, R., Continuities and Discontinuities in Childhood and Adult Moral development, Human Development, 12, 1969, 93-120

Kohut, H., The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders. Mew York: International Universities Press, 1971

Krebs, D. & Rosenwald, A., Moral Reasoning and Moral Behavior In Conventional Adults, Merrill-Palmer Quarterly, 1973, (9) 430-439

Kris, E., Ego Psychology and Interpretation in Psychoanalytic Therapy, The Psychoanalytic Quarterly, 20, 1951, 15-30

Kuhn, D., Short-Term Longitudinal Evidence for the Sequentiality of Kohlberg's Early Stages of Moral Judgment, Developmental Psychology, 1976, 12, 2, 162-166

Kuhn, T. S., The Structure of Scientific Revolution, (2nd edition), Chicago: The University of Chicago Press, 1973

Lawrence, J. A., Moral Judgment Intervention Studies Using the Defining Issues Test, In J. R. Rest (Ed), Development in Judging Moral Issues--A Summary of Research Using the Defining Issues Test, Minnesota Moral Reasoning Projects, Technical Report #3, 1977 (ERIC Document Reproduction Service, No. ED 144980)

Leedy, P. D., Practical Research: Planning and Design. New York: MacMillan Publishing Co., 1980

Levinson, D., The Mid-Life: A Period of Adult Psychosocial Development, Psychiatry, 1977, 40, 99-112

Levinson, D.; Darrow, C.; Klein, E.; Levinson, M.; McKee, B., Periods in the Adult Development of Men: Ages 18-45, Counseling Psychologist, 1976, 6, 21-25

Lichtenstein, H., The Dilema of Human Identity. New York: Jason Aronson, Pub., 1977

Lifton, R. J., The Life of the Self, New York: Simon and Schuster, 1976

Lifton, R. J., Home from the War, New York: Simon and Schuster, 1973

Lind, G., Sozialisation in Der Universität: Einstellung-Sänderung oder Kognitive-Moralische Entwicklung? In: G. Lind; H. A. Hartmann; R. Wakenhut (Eds.). Moralisches Urteilen Und Soziale Umwelt. Weinheim: Beltz, 1983, 153-170

Lind, G., Growth and Regression in Cognitive-Moral Development of Young University Students, unpublished manuscript, University of Konstanz, 1980

Lind, G., Experimental Questionnaires: A New Approach to Personality Research. In A. Kassakawski & K. Obuchowski (Eds.), Progress In Psychology of Personality. Amsterdam: North Holland, 1982, a, 132-144

Lockwood, A. L., The Effects of Values clarification and Moral Development curriculum on School-Age Subjects: A Critical Review of Recent Research, Review of Educational Research, 1978, 48 (3), 325-364

Loevinger, J., Ego Development: Conceptions and theories, San Francisco: Jossey-Bass, 1976

Long, B.; Henderson, E.; and Ziller, R., Developmental Changes in the Self-Concept During Middle Childhood, Merrill-Palmer Quarterly of Behavior and Development, 1967 13, 201-215

Lowenstein, R. M., Conflict and Autonomous Ego Development During the Phallic Phase, Psychoanalytic Study of the Child, 1956 (5) 47-52

Mahler, M., Thoughts About Development and Individualtion. The Psychoanalytic Study of the Child, 1948, 18, 307-324, New York: International Universities press

Mahler, M., Problems of Identity (abstract). Journal of the American Psychoanalytic Association, 1958, 6, 131-142

Mahler, M., On the First Three Subphases of the Separation-Individuation Process, The International Journal of Psychoanalysis, 1972, 53, 333-338

Marcia, J.E., Development and Validation of Ego-Identity Status, Journal of Person & Social Psychology, 1966, 3, 551-558

Marcia, J. E., Ego Identity Status: Relationship to Change in Self-Esteem, General Maladjustment, Authoritarianism, Journal of Personality, 1967, 35, 118-133

Marcia, J. E. & Toder, N. L., Ego Identity Status and Response to Conformity Pressure in College Women, Journal of Personality and Social Psychology, 1973 26, 287-294

Mantill, D. M.; Pilsenik, M., eds. Soldiers In and After Vietnam, Special Issues of the Journal of Social Issues, 1975, 31, 4

Marlowe, D. & Gregen, K. J., Person and Social Interaction, In G. Lindzey and E. Aronson (Eds), The Handbook of Social Psychology (2nd Ed) Vol. 3, Reading Mass: Addison-Wesley, 1969, 590-665

Marin, P., Living in Moral Pain, Psychology Today, 1981, 15 (11) 68-80

Maslow, A. H., Toward a Psychology of Being (2nd Ed.) New York: Von Nostrand Reinhold, 1968

May, R., Antidotes for the New Puritanism, Saturday Review, March 26, 1965, 19-20

May, R., Existential Psychology. (Ed), 1961, New York: Random House

McGee, R. K., Personal Communications, New York: Van Nostrand Reinhold Pub. 1960

Minuchin, S.; Rosman, B. L.; Baker, L., Psychosomatic Families, Cambridge: Harvard University Press, 1978

Minuchin, S., Families and Family Therapy, Cambridge, Mass: Harvard University Press, 1974

Mischel, W., Continuity and change in Personality, American Psychologist, 1969, 24, 1012-1018

Mischel, W., Introduction To Personality, New York: Holt, Rinehart and Winston, Inc., 1971

Mitchell, J. V., Jr., Goal-Setting Behavior as a Function of Self-Acceptance, Over- and Under-Achievement, and Related Personality Variables, Journal of Educational Psychology, 1959, 50, 93-104

Moreland, J. R., Some Implications of Life-Span Development for Counseling Psychologist, Journal of Personnel and Guidance, 1979, 57, 6, 299-303

Murphy, J. M. & Gilligan, C., Moral Development in the Late Adolescence and Adulthood. A Critique and Reconstruction of Kohlberg's Theory, Human Development, 1980, 23, 77-104

Muuss, R. E., Adolescent Behavior and society: A Book of Readings, (Ed.) New York: Random House, 1971

Nace, E. D.; Meyers, A. L.; O'Brien, C. D.; Ream, N., Depression in Veterans Two Years After Vietnam, unpublished material, 1975

Niederland, W. G., The Survivor Syndrome: Further Observations and Dimensions, Presented at a meeting of the Swiss Psychoanalytic Society, Zurich, August 3, 1981

Offer, D., The Psychological World of the Teenager. New York: Basic Books, 1969

O'Kelley, F. R., Personality Characteristics of Vietnam Combat Veterans Who are Experiencing Post-Traumatic Stress Disorder, Dissertation Abstracts International, 1981, 42 (6-B), 2543

Paolino, T. J. & McCrady, B. S., Marriage and Marital Therapy: Psychoanalytic, Behavioral and Systems Perspective, New York: Brunner/Mazel Pub., 1978

Penk, W. E.; Robinowitz, R.; Roberts, W. R.; Patterson, E. T.; Dolan, M. P.; Atkins, H. G., Adjustment Differences Among Male Substance Abusers Varying in Degree of Combat Experience in Vietnam, Journal of Consulting & Clinical Psychology, 1981, 49 (3). 426-437

Perry, W. G., Jr., Forms of Intellectual and Ethical Development in the college Years. New York: Holt, Rinehart and Winston, 1970

Petitpas, A., Identity Foreclosure: A Unique Challenge, Personal and Guidance Journal, 1978, 56, 558-561

Phares, E. J.; Ritchie, E. D.; Davis, W. L., Internal-External Control and Reaction to threat, Journal of Person and Social Psychology, 1968, 10, 402-405

Piaget, J.; Inhelder, B., The Psychology of the Child. (H. Weaver, Trans.) New York: Basic Books, 1969

Piaget, J., The Moral Judgment of the Child (M. Gabain, Trans.). New York: The Free Press, 1965

Piaget, J., The Moral Judgment of the Child, Ill: Free Press, 1948

Piaget, J., The Moral Development of the Adolescent in Two Types of Society Primitive and Modern. Lecture given to The United Nations Educational, Scientific and Cultural Organization, Paris, 1947

Piaget, J., Judgment and Reasoning in the Child. New York: Hartcourt, Brace, 1928

Pollack, J.; White, D.; Gold, F.; When Soldiers Return: Combat and Political Alienation Among White Vietnam Veterans. In New Directions in Political Socialization, ed. D. Schwartz and S. K. Schwartz. New York: The Free Press, 1975

Polver, M., No Victory Parades, New York: Halt, Rinehart, and Winston, 1971

Quinn, M.C., A Study of the Relationship Between Attitudes Toward Teaching and Attitudes Toward the Self, of Forty-Eight Teacher-Trainees at Tennessee A and I State University, Nashville, Tennessee, Unpublished masters thesis, Tennessee A and I University, 1957

Rest, J. R., Moral Judgment Research and the Cognitive-Developmental Approach to Moral Education, Personnel & Guidance Journal, 1980, 58, 9, 602-605

Rest, J. R., Developmental Psychology as a Guide to Value Education: A Review of Kohlberg's Programs, Review of Educational Research, 1974, 44, 241-259

Rest, J. R., The Cognitive Developmental Approach to Morality: The State of the Art, Counseling and Values, 1973, 18, 2, 64-75

Rest, J. R.; Turiel, E.; Kohlberg, L., Level of Moral Development as a Determinant of Preference and Comprehension of Moral Judgments Made by Others, Journal of Personality, 1969, 37, 225-252

Rogers, C. R., a Theory of Therapy, Personality, and Interpersonal Relationships, As Developed in the Client-Centered Framework. In S. Koch (ed.) Psychology: A Study of a Science, Vol. 3, New York: McGraw-Hill, 184-256

Rogers, C. R., Client-Centered Therapy: Its Current Practice, Implications, and Theory, Boston: Houghton-Mifflin, 1952

Rogers, C. R., Client-Centered Theory, Boston: Houghton-Mifflin, 1951

Rosen, B. C.; D'Andrade, R., The Psychosocial Origins of Achievement Motivation, Sociometry, 1974, 22, 185-218

Roffler, J. B., Generalized Expectancies for Internal Vs. External Control of Reinforcement, Psychology Monographs, 1066, 80 (Whole No. 609)

Santoli, A., To Bear Any Burden, New York: E. P. Dutton, Inc., 1985, 165-245

Santoli, A., Everything We Had, New York: Dell Books, Inc., 1983, 96-110

Sarason, I. G., Contemporary Research in Personality (Ed), New York: Van nostrand Reinhold Co., 1972

Sarason, E. G., Personality: An Objective Approach, New York: John Wiley & Sons, 1966

Schafer, J.; Strong, W., Facing Value Decisions: Rationale Building for Teachers, Belmont, California: Wadsworth, 1976

Scruggs, J. C.; Berman, A. L.; Hoage, C., The vietnam Veteran: A Preliminary Analysis of Psychosocial Status, Military Medicine, 1977, 145 (4), 267-269

Schmidlin, S. S., Moral Judgment and Delinquency: The Effect of Institutionalization and Peer Pressure (Doctoral dissertation, University of Florida, 1975) Dissertation Abstracts International, 1977, 37, 3630 B (University Microfilms No. 77-124)

Schwarz, D. A., The Relationships Among Sexual Behavior, Moral Reasoning, and Sex Guilt in Late Adolescence (Doctoral dissertation, Columbia University, 1975) Dissertation Abstracts International, 1976, 36, 6400 B (University Microfilms, No. 76-12, 782)

Segal, D. R. & Segal, M. W., Consequences of Military Service. Presented at Research Seminary on Social Psychology of Military Service, Chicago, Illinois, 1975

Selman, R. L., The Relation of Role Taking to the Development of Moral Judgment in Children. Child Development, 1971, 42, 79-91

Shatan, C. F., Stress Disorders Among Vietnam Combat Veterans: The Emotional Content of Combat Continues. In Stress Disorders Among vietnam Veterans, (ed), C. R. Figley. New York: Brunner/Mazel, 1978, 44-69

Shatan, C. F., The Grief of Soldiers: Vietnam Combat Veterans' Self-Help Movement, American Journal of Orthopsychiatry, 1973, 43: 640-653

Sheely, G., Passages: Predictable Crises of Adult Life, New York: E. P. Dutton & Co., Inc., 1976

Smythe, O., Kohlbergian Moral Development Theory and the Legacy of John Dewey, unpublished manuscript, Department of Philosophy, Harvard University, 1974

Solomon, G., Three Psychiatric Casualties from Vietnam, Archives of General Psychiatry, 1971, 11, 139-152

Spitz, R. A., No and Yes: On the Genesis of Human Communicatopms. New York: International University Press, 1957

Starley, J. C. & Campbell, D. T., Experimental and Quasi-Experimental Designs for Research, Chicago: Rand McNally College Pub., 1963

Starr, P., The Discarded Army: Veterans After vietnam. The Nader Report on Vietnam Veterans and the Veterans Administration, Charterhouse, 1973

Strange, R. E. & Brown, D. E., Jr., Home From the War: A Study of Psychiatric Problems in Vietnam Returnees, American Journal of Psychiatry, 1970, 127:4, 488-492

Stayer, R. & Ellenborn, L., Vietnam Veterans: The Emotional Content of Combat continues. In D.M. Mantell & M. Pilisuk (Eds) Journal of Social Issues: Soldiers In and After Vietnam, 1975, 31(4): 81-93

Struen, M.R. & Solberg, K. B., The Vietnam Veterans: Characteristics and Needs in the Vietnam Veteran in Contemporary Society. Washington, D.C. Veterans Administration, 1972

Sullivan, H. S., Clinical Studies in Psychiatry. New York: Norton Pub., 1956

Sullivan, H. S., The Interpersonal Theory of Psychiatry, New York: Norton Pub., 1953

Sunby, E. S., A Study of Personality and Social Variables Related to Conformity Behavior, unpublished doctoral dissertation, Vanderbilt University, 1962

Swenson, C. H., Ego Development and a General Model for Counseling and Psychotherapy, Journal of Personnel & Guidance, 58, 5, 1980, 328-388

Tanay, E., In Discussion of Shatan C. Vietnam Combat Veterans as Survivors of Atrocity, presented to the Michigan Psychiatric Society, Detroit, February, 1973

Taylor, D. M., Consistency of the Self-Concept, unpublished doctoral dissertation, Vanderbilt University, 1962

Thompson, G. (Ed.) Social Development and Personality, New York: John Wiley & Sons, Inc., 1971

Trent, J. W. & Medsker, L. L., Beyond High School, San Francisco: Jossey-Bass, Inc., 1968

Turiel, E., Stage Transition in Moral Development. In R. M. Travers (Ed.), Second Handbook of Research on Teaching. Chicago: Rand McNally, 1972

Turiel, E., An Experimental Analysis of Developmental Stages in the child's Moral Judgment, Journal of Personality and Social Psychology, 3, 1966, 611-618

Van Patten, T.; Jager, J., PTSD, Archives of General Psychiatry, 1984, 41: 411-413

Walker, J. I. & Nash, J. L., Group Therapy in the Treatment of Vietnam Combat Veterans, International Journal of Group Psychotherapists, 1981, 31 (3), 379-389

Washington, C. S., Men Counseling Men: Redefining the Male Machine, Personnel and GuidanceJournal, 1978, 57, 462-463

Wayne, S. R., The Relation of Self-Esteem to Indices of Perceived and Behavioral Hostilities, unpublished doctoral dissertation, Vanderbilt University, 1963

Webb, J., Fields of Fire, New Jersey: Prentice Hall, Inc., 1978

Williams, T., Vietnam Veterans. Unpublished paper presented at the University of Denver, School of Professional Psychology, Denver, Colorado: April, 1979

Wilson, J. P., Identity, Ideology and crisis: The Vietnam Veteran in Transition: Part II, Psychological Attributes of the Veteran Beyond Identity: Patterns of Adjustment and Future Implications, Cleveland State University

Wilson, J. P., Identity, Ideology and crisis: The Vietnam Veteran in Transition, Part I, unpublished monograph, Cleveland State University, 1977

Wilson, J. P. & Doyle, C., Stigmatization of the Vietnam Veteran, unpublished monograph, Cleveland State University, 1978

Worthington, E. R., Post-Service Adjustment and the Vietnam-Era Veteran, Military Medicine, 1977, 142, 865-867

Wortley, D. B.; Amatea, E. S., Mapping Adult Life Changes: A Conceptual Framework for Organizing Adult Development Theory, Personnel & Guidance Journal, 1982, 60, (8), 476-482

Wrenn, T. E., Moral Reasoning and the Reflexive Structure of Moral Motivation. Paper presented at International Conference on Morality and Moral Development, Miami: December 19, 1981

Wylie, R. C., The Self-Concept. Lincoln, Nebraska: University of Nebraska Press, 1961

Yankelovich, D., A Study of American Youth. New York: McGraw-Hill Pub., 1974

Zimbardo, P. G., The Cognitive Control of Motivation: The Consequences of Choice and Dissonance, Glenview, Il: Scott Foresman, 1969

APPENDIX A

BIOGRAPHICAL DATA

PART A: PERSONAL INFORMATION QUESTIONNAIRE

number: ____________

Please read each of the statements carefully and respond as openly and honestly as possible. The more detailed your answers are, the more meaningful will the results of the study be. Thank you for your time and effort in this process, and be assured that your responses will be kept in the strictest of confidence unless you request to have them sent to another party.

DATE OF BIRTH: ____________________________

MARITAL STATUS: ____Married ____Widowed ____ Separated
____Divorced

Indicate the city in which you were born: _______________________

Where is the elementary school located which you attended? ____

Location of the high school you attended: ____

Did you graduate from high school? ___ Yes ___ No ___ GED

Indicate the highest level of education you achieved:

___ Some technical school
___ Some College
___ Technical school diploma
___ 2-year college degree
___ More than 2 years of college
___ 4 years college +

How did you enter the Military? ___enlisted ___ drafted

Did you serve in Vietnam? ___yes ___no ___off-shore on ship

If you did not serve in Vietnam, where did you serve? ____

For how many months did you serve in Vietnam? __________________________

Did you volunteer for Vietnam____ or did you draw a number?___

Did you receive a service-connected disability rating from either the military or the Veterans Administration?
____ Yes ____ No

If so, for what condition are
you rated? ____

Are you currently employed? ____ Yes ____ No

If you are unemployed, for how long a period of time?
___ Less than six months ___1 Year ___Longer than 1 year

Your feelings about serving in Vietnam? ___Neutral
___Regretful ___Disappointed (mark all that apply)

APPENDIX B

PART B:

PERSONAL INFORMATION QUESTIONNAIRE

Instructions

The statements in the attached questionnaire have been developed for you to answer as if you were in high school or between the ages of 16 and 18. Please respond to the statements as if you were telling yourself this is how you felt, what you believed in, and how active you were while in high school. DO NOT OMIT ANY ITEM. Read each statement very carefully, then select one of the five responses listed at the top of the page (and as appears below). To the immediate right of the statement please write the number which most closely reflects how you feel about the statement. Put only one number per statement.

There are four statements in the Questionnaire that have to do with Vietnam. Those of you who were not in battle in Vietnam, please do not respond to these statements. Simply leave them blank and move onto the next. Those of you who are combat veterans please DO NOT LEAVE THESE STATEMENTS BLANK.

Remember, answer each statement leaving only appropriate blanks as mentioned above and answer as though you are describing yourself to you! The questionnaire is not timed, so you may take as long as you wish to give thought to your answers. Try very hard to thknk of how you would respond to these when you were 16 or 17 years old and not how you feel today.

DISAGREE STRONGLY	DISAGREE SOMEWHAT	NEUTRAL	AGREE SOMEWHAT	AGREE STRONGLY
1	2	3	4	5

You will find these response numbers repeated at the top of each page to help you remember them.

PERSONAL INFORMATION QUESTIONNAIRE

NUMBER: ________

DISAGREE STRONGLY	DISAGREE SOMEWHAT	NEUTRAL	AGREE SOMEWHAT	AGREE STRONGLY
1	2	3	4	5

1. When in high school, I was quite active in extra-curricular activities, i.e., sports, clubs, debate. ____
2. When in high school, I had specific career and educational plans once I graduated. ____
3. When compared to my high school friends, I experienced more rigid moral training than they did. ____
4. While in Vietnam, I experienced many more fire-fights than the typical infantryman. ____
5. When in high school, I rarely had difficulty determining what was right from that which was wrong. ____
6. Having made the decision as to what was right I would always act accordingly. ____
7. While in Vietnam, I was a part of more major operations than was the typical infantryman. ____
8. I had to attend church when I was growing up more often than did my friends. ____
9. During my high school years, I liked myself and what I was accomplishing. ____
10. While in high school, I had several very close friends. ____
11. While in high school, I went on dates at least once a month. ____
12. If I compare the grades I received in high school with those of my classmates, mine will be much lower. ____

DISAGREE STRONGLY	DISAGREE SOMEWHAT	NEUTRAL	AGREE SOMEWHAT	AGREE STRONGLY
1	2	3	4	5

13. I feel that while in Vietnam I experienced more intense fighting than did other infantrymen. ____

14. When in high school, I was definitely oriented toward high achievement. ____

15. When I was in high school, my father and mother were constantly disciplining me if it appeared I was doing something wrong. ____

16. When in Vietnam, I witnessed the death of comrades, the enemy or citizens on a regular basis. ____

17. When in high school, it seemed I was always in trouble with various authority figures, i.e., parents, teachers. ____

18. When in high school, I never seemed to have difficulty making and keeping active with friends. ____

19. During my high school years, it seems like I was constantly being forced to make decisions involving right and wrong actions. ____

20. During the years I was living with my parents, I always felt they were very moral people. ____

APPENDIX C

DELAYED STRESS REACTION*
(Post-Traumatic Stress Disorder)

Thelist appearing below include symptoms that are necessary, in a variety of combination, to warrant considering that an individual is experiencing symptoms of Post-Traumatic Stress Disorder (PTSD).

. Depression
. Anger
. Anxiety
. Sleep Disturbances
. Emotional Constriction
. Survivor Guilt
. Hyper-Alertness
. Alienation
. Psychic or Emotional Numbing
. Loss of Interest in Activities
. Flashbacks to Vietnam
. Negative Self-Image
. Memory Impairment
. Suicidal Feelings and Thoughts
. Hypersensitivity to Justice

. Tendency to react under stress with survival tactics
. Avoidance of activities that arouse memories of traumas in war zone
. Fantasies of retaliation and destruction
. Cynicism and distrust of government and authority
. Concern with humanistic values overlayed by hedonism
. Problem with intimate relationships
. Difficulty with authority figures
. Emotional distance from children, wife and others
. Self-deceiving and self-punishing patterns of behavior such as an inability to talk about war experiences, fear of losing others and a tendency to fits of rage

* Reprinted from DAV Magazine, Special Edition, January, 1980, Washington, D.C.

APPENDIX D

Two-Way ANOVA For Self-Criticism Scores, Group and Independent Variables

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Main Effects	3	257.92	85.97	2.627
PTSD	2	211.45	105.73	3.231
Age	1	3.08	3.08	0.094
2-Way Interactions	2	61.75	30.87	0.943
PTSD Age	2	61.75	30.87	0.943
Explained	5	319.67	63.93	1.954*
Error	100	3272.33	32.72	
Total	105	3591.99	34.21	
Main Effects	4	281.14	70.28	2.088
PTSD	2	268.68	134.34	3.990
Ed Lvl	2	26.30	13.15	0.391
2-Way Interactions	4	45.14	11.28	0.335
PTSD Ed Lvl	4	45.14	11.28	0.335
Explained	8	326.27	40.78	1.211*
Error	97	3265.73	33.67	
Total	105	3591.99	34.21	
Main Effects	3	372.73	90.91	2.758
PTSD	2	235.34	117.67	3.569
Entstat	1	17.89	17.89	0.543
2-Way Interactions	2	22.65	11.32	0.343
PTSD Entstat	2	22.65	11.32	0.343
Explained	5	295.37	59.08	1.792*
Error	100	3296.62	32.97	
Total	105	3591.99	34.21	
Main Effects	4	286.06	71.52	2.198
PTSD	2	73.67	36.84	1.132
Comb Lvl	2	31.22	15.61	0.480
2-Way Interactions	2	84.58	42.29	1.300
PTSD Comb Lvl	2	84.58	42.29	1.300
Explained	6	370.64	61.77	1.898*
Error	99	3221.36	32.54	
Total	105	3591.99	34.21	

* n.s.

APPENDIX E

Comparison of Demographic Information
With Defensive Positive Scores

	$\bar{x}$ Education	% Unemployed	% Unmarried	$\bar{x}$ Score Defen. Pos.
PTSD Diagnosed	12.5	74%	71%	42.3*
Combat	13.4	26%	40%	49.6
Non-Combat	15.4	14%	34%	59.9

* Low D P score reflects lack of defenses to maintain minimal Self-Esteem.

51.2 = $\bar{x}$ for Patient Group (norming)

54.4 = $\bar{x}$ for Non-Patient Group (norming)

Comparison of Demographic Information
With Variability Scores

	$\bar{x}$ Education	% Unemployed	% Unmarried	$\bar{x}$ Score Defen. Pos.
PTSD Diagnosed	12.5	74%	71%	52.5*
Combat	13.4	26%	40%	46.0
Non-Combat	15.4	14%	34%	45.4

* High score reflects scattered Self-Concept; no unity or integration.

51.6 = $\bar{x}$ for Patient Group (norming)

48.5 = $\bar{x}$ for Non-Patient Group (norming)

APPROVAL SHEET

The dissertation submitted by Leland Karl Martin has been read and approved by the following Committee:

Dr. Marilyn Susman, Director
Assistant Professor, Counseling Psychology and Higher Education
Loyola University of Chicago

Dr. Carol Harding
Associate Professor, Foundations of Education
Loyola University of Chicago

Dr. Todd Hoover
Associate Professor, Curriculum and Instruction
Loyola University of Chicago

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

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

4-16-86
Date

Marilyn Susman
Directors Signature