Study pursues answers to questions about coping

by Keith Murray, Rumi Kato Price and Gary Collins

The turning of the millennium reminds us of the weight of time for some Vietnam War veterans, even as it is difficult to believe that a quarter century has passed since the fall of Saigon. Why do some Vietnam veterans thrive today, while others find managing life’s changes and problems difficult, even as they have reached midlife? That is one of the questions posed by the Protective Factor Study, a new phase now being planned of the Washington University Vietnam Era Study, with the hope that answers will help improve treatment and access to care for veterans in need.

The new study continues work begun by the original Vietnam Drug User Returns Study in 1972 and 1974, when interviews of about 1,000 male veterans were conducted by Washington University School of Medicine in St. Louis, Missouri, under the sponsorship of the White House Special Action on Drug Abuse Prevention. Two decades later, researchers from Washington University, directed by Rumi Kato Price, Ph.D., initiated the Vietnam Era Study to assess the quality of life of these veterans in the years since VDURS interviews (see Vet Center Voice, Vol. 17, No. 3, pp. 14-15, and Vol. 17, No. 1, p. 32). The follow up study was funded by the National Institutes of Health and joined by researchers from the St. Louis VA Medical Center.

For the follow-up, 841 respondents were traced and interviewed in 1996-97. One finding of the follow-up was that veterans who tested positive for drug use at the time they left Vietnam have died at a significantly higher rate over the years than veterans who tested negative or nonveterans. (Price, R. K., et al, “Vietnam drug users twenty-five years later: patterns and early predictors of mortality,” in submission.) Formal systems of care were utilized only minimally by those with substance abuse or psychiatric problems. (Price, R. K., “Remission from illicit drug use over a 24 year period, Part I. Patterns and predictors of remission and treatment use,” in press, American Journal of Public Health)

The suicide of a respondent in September 1996 began a course that has led to new areas of inquiry for the study. Although this death was unrelated to the survey interview, a suicide follow-up protocol was added as part of Vietnam Era Study activities. The protocol was designed to identify and help respondents at risk for suicide. In compiling information on risk and assessing the interviewers’ descriptions of the circumstances of the respondents’ lives, the researchers turned to the issue of how Vietnam War veterans cope with the traumatic experiences of their lives. Part of the issue concerns how middle age has affected their self-concept, their expectations, the way they manage their past and present stresses, and their risk status.

Why have some veterans done better than others in coping with the effects of their traumatic experiences? While much information has been compiled on what factors put people at risk for poor outcomes, little has been done to learn about what aspects of people’s lives protect them in the face of adversity. Understanding the way these risk and protective factors interrelate as people cope with their problems could help improve treatment strategies for veterans in need.

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To examine these issues, Vietnam Era Study researchers have planned further interviews with more than 500 members of the sample. In this new phase, called the Protective Factor Study, respondents will be asked in face-to-face interviews about the times they dealt with difficult situations or felt the most stressed—what happened, how they felt, what they thought, who they talked to, and what they did or did not do to resolve the problem and feel better. Vet Centers, VA medical facilities, and crisis centers in the respondents’ locales will be contacted and refer-
...he takes the coin out of his pocket as a reminder of how far he's come, and that he is in control even when things seem haywire...
Larry figured that if you stayed numb you could keep going, although he didn't expect things to get better or that life would improve. Nevertheless, he felt very angry at what had happened to him in Vietnam. It became harder for him to be out in public and around people. His issues made it difficult for him to keep working and he had a breakdown. If not for the support of one friend, who has since died, he believes he would not be alive now.

In the time since he started to come to the Vet Center, Larry has been helped with understanding his veterans entitlements and by receiving counseling. He can talk about his experiences and hopes that someone will benefit by his speaking out. He still tries to cope by stifling his memories and feelings, and by fighting suicidal urges, which he deals with every day. He resists medication for his psychiatric condition because he is concerned that he will be tempted to overdose. Although he doesn't expect ever to be happy, Larry said he does feel a little bit of hope now and that if he just holds on something might change.

The impact of PTSD symptoms related to wartime experiences especially stood out in the pilot interviews. Pilot respondents also admitted the importance that coming out and dealing directly with their symptoms had for them, even now that they are middle-aged. They cited a strong sense of family and spiritual beliefs as being important to helping them cope and keeping them from harm.

Pilot results suggest that veterans will be willing to provide the depth and breadth of information needed by the Protective Factor Study. Pilot interviews supported the belief that having respondents describe their experiences and thoughts in their own words will provide the best basis for planned analyses. Funding arrangements for the Protective Factor Study are being pursued as further findings of the Vietnam Era Study are being released. Field work is tentatively planned to begin in spring 2001 and continue into the next year. Vet Centers will be notified of interviews being conducted in their areas, in the event referrals are to be made.

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