

**HOW MILITARY WIVES COPE WITH GEOGRAPHICAL  
SEPARATION ANXIETY AND THE FEAR OF DEATH**

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**DAYLE ANN HADLEY-DELONG**



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SEPARATION ANXIETY AND THE FEAR OF DEATH

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A Research Paper  
Presented to  
the Graduate Council of  
Austin Peay State University

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

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by  
Dayle Ann Hadley-DeLong

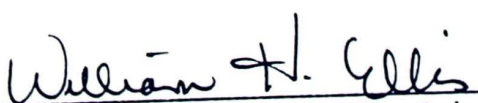
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To the Graduate Council:

I am submitting herewith a research paper written by Dayle Ann Hadley-DeLong entitled "How Military Wives Cope with Geographical Separation Anxiety and the Fear of Death." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

  
Major Professor

Accepted for the Graduate and  
Research Council:

  
Dean of the Graduate School

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D.A.D.



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## CHAPTER 1

### Review of the Literature

#### The Stress of Separation

The literature stated that military wives' adjustment to separation and the loss of the husband's companionship is parallel to wives' grieving over the death of a spouse (Bermudes, 1973, 1977; Stratton, 1978). In other words, the wives of deployed servicemen may suffer through the same processes of emotion that newly widowed women experience, such as showing the various stages of anger, depression, emotional release, withdrawal, and shock. Gonzalez (1970) concluded that these wives felt abandoned, frustrated and angry. Cretikos (1971, cited by Bay & Lange, 1974) contended that some wives displayed pathological mourning symptoms following separation. Bay and Lange (1974) found that although the wives and children complained of more physical illnesses, when they were checked by the doctor physical problems could not be found. They suggest more structured support groups and more caring, understanding physicians to assist these families during the absence of their husbands, similar to that provided to a combat soldier under stressful situations.

During routine separations, wives may feel frustrated and abandoned with no purpose or funnel for their feelings (Hunter, 1982). The more active the military wife is



outside the home, the less lonely she seems. Thus, it would be expected that in time of family separation, the military wife would fight off her loneliness by heightening social contacts and recreational activities. The literature only alludes to military wives' social and recreational outlets (Hunter, McCubbin, & Metzger, 1974; McCubbin and Dahl, 1976;). According to Duvall (1945), more active women felt less lonely than less active women. Duvall advocates that the community develop programs which would include recreation, child care, and counseling services designed to help women in their adjustment to separation.

Research conducted by Isay (1968) found that the submariners' wives syndrome is a result of depression suffered by these wives during the last few weeks of the submariner's sea tour (6 to 9 months of the year) or shortly after his return. The reasons for the syndrome cited by Isay were anger, guilt, and resentment. The symptoms included severe dysphoria, uncontrollable weeping, irritability, sleep disturbance and/or loss of appetite. Other symptoms were persistent and diffuse headache, a higher level of agitation, depression, and sexual disturbances.

Rienerth (1978) stated that sociologists believe that wives' greatest stresses occur in situations where their spouses' employing institution operates within a social

environment such as the military institution. The wife participates in activities which she may personally repudiate, but nonetheless is forced to support. She may only go through the motions, feeling no purpose or motivation. Unfortunately, the ambivalence she experiences can be destructive to her self-esteem.

A study by Rozenzweig, Gampel, and Dasberg (1981) regarding stress and Israeli military families reports many health and emotional problems of wives and children. The continual balancing and adjusting to the different roles as the husband/soldier leaves and returns from the field created much added stress to the families. Social problems also result as a function of the military family; for example, superficial contacts with neighbors with no emotional depth in the relationships, feeling competition with the Army for the husband's attention, and anger at the civilian population for their "misjudgement and lack of insight into the emotional stress of their particular situation" (p. 93).

Economic status appears to greatly affect separation anxiety also. Financial difficulties during family separation can be frustrating and compound adjustment problems of military wives who are struggling also with the responsibility for all family decisions and loneliness (Hunter, 1979). Money problems can also hinder the wives' ability to cope with even the routine family stresses.



Recently, two reports discussing the relationship of separation anxiety and support systems of Army wives during peace-time operations were completed at Walter Reed Army Institute of Research in Washington, D.C. (VanVranken, Jellen, Knudson, Marlowe, & Segal, 1984; Lewis, 1984). The VanVranken et al. study found that wives of junior enlisted men reported experiencing moderate to severe difficulty in dealing with separation, while the others in the study only reported minimal difficulty. It was also stated that the enlisted wives were the least informed about their husbands' work or the military support systems. Their study concluded, "There is little question that deployment separation creates various degrees of psychosocial disruption and stress for military families" (p. 14).

#### Death Anxiety--The Ultimate Form of Separation Stress

Blazer (1973) indicated that people with high purpose in life have less fear of death; the opposite was found with the low purpose in life subjects. Davis, Martin, Wilee, and Voorhees (1978) also found that those people with high self-esteem had low death anxiety and that the opposite was also the case.

Hayslip and Stewart-Bussey (1986) found subjects with higher Templer death anxiety scores also scored higher on the Levenson locus of control scale chance scores, but "expressed less overt fear of their own death/dying"

(p. 44). Those with internal locus of control found it essential to deny their own death-related fears while those with external locus of control had a "belief in the control of events in one's life by powerful others/chance forces . . ." which strengthened them against fear of death (pp. 46-47). By believing that circumstances are beyond their control, those with external locus of control were less agitated by the deaths of others (Hayslip & Steward-Bussey, 1986).

Patton and Freitag (1977) discussed locus of control and death anxiety employing other means of measurement. Using the Pandley (1975) study of attitudes toward death and the Minnesota Multiphasic Personality Inventory (MMPI), Patton and Freitag found that the depressive-fear factor was positively correlated with an external locus of control. According to these researchers, since death anxiety is related to external locus control, it should create more anxiety.

Submariner wives who grew up with a religious background and who had remained dedicated to their beliefs and faith actually adjusted better to recurring separations than did those wives without a religious background (Bermudes, 1977). This conclusion corresponds with that of Lester (1970), who found that low religious subjects had a high fear of death for self, whereas high religious subjects had a high fear of death for others. Templer



(1972) also found that for very religiously involved persons, those with more religious conviction had lower Death Anxiety scores.

Kubler-Ross (1969), in her book On Death and Dying, stated that religion is another form of denial in that religion teaches life after death, i.e., immortality. Therefore, a believer will live on after death, but those that do not believe will perish. This conclusion agrees with Lester's findings with regard to the fear for others' death.

Some researchers have found no relationship between the Death Anxiety score and religious beliefs for college students (Templer, 1970; Templer & Dotson, 1970). However, others give contradictory arguments (Axelrod, 1986; Blazer, 1973). Blazer found that those with a strong religious background feared death less than those with weak religious backgrounds. Axelrod, on the other hand, did not address the issue directly, but he reported that those who are brought up reading the Bible daily and are encouraged in its teachings will fear death less. He suggests that the Bible teaches from the beginning that death is a way of life. People are born, grow up, have children and die; the Bible teaches of generations that lived and died. Thus, practicing death as a step in life, the Bible reader will consequently be subject to less fear of death.

The results of Iammarino's (1975) research links death anxiety to fear of separation. In his study, significantly higher death anxiety scores were reported for ninth grade students living with one parent. Therefore, he concluded that the separation of the students from one parent created a greater fear of being permanently separated from the other parent.

Lester (1985) found the fear of death of self to be negatively related to depression scores on the Collet and Lester (1969) fear of death scale. At the same time, depression scores were related to the fear of death of others. Hopelessness scores reflected depression scores as related to others, but not significantly to one's self.

Templer, Lester, and Ruff (1974) found that women had a slightly higher death anxiety than men. But they related femininity and high death anxiety to general anxiety, a measure on which women also score higher on than men.

A cross-cultural project was implemented by McMordie and Kumar (1984) relating observations found in the western cultures, Australia, Canada, and the United States of America with those in India, an eastern culture. Their results suggested that the tendency for men to score lower on death anxiety scales than women may be cross-cultural. They also found that the eastern samples of men and women scored significantly lower than western culture samples



when men were compared to men and women compared to women. Additionally, they believed that it is also possible that age may affect the death anxiety scores.

Many studies (McMordie & Kumar, 1984; Patton & Freidtag, 1977) have indicated that age has an effect on death anxiety. This hypothesis has been tested with many scales: Templer's, Templer/McMordie, and Collett-Lester. Stevens, Cooper, and Thomas (1980) found that younger people have higher fear of death scores than elderly people. The age groups in this study were broken down into youth (16-22 years), young adult (23-39 years), middle-aged (40-59 years) and elderly (60-83). It should be noted that in the Stevens et al. study all groups of men had lower mean scores than the women, except for the youth group which had a nonsignificant higher mean for men than for women. However, in the Schell and Zinger (1984) study age was not significantly related to death anxiety.

An explanation for the absence of expressed fear of death or dying was given as an indication of denial or the simple acceptance of death or dying by Westman, Canter, and Boitos (1984). Westman et al. stated, "Assuming that acknowledgement of fear in the general case or in general but not in one's own case constitutes denial, fear of death and of dying were responded to differently" (p. 414). The results of this study found denial of death

in the younger group tested, but not in the elderly group. The young group's mean age was 22.69 years and the elderly group's mean age was 69.41 years. The results of this study agree with those of Stevens et al. (1980) who found age differences correlate with death anxiety.

Patton and Freitag (1977) also found age to be a factor in their study. They observed that the older the person, the less "depressive-fear" was recorded.

Death, being the ultimate separation, has been discussed by numerous personality theorists. Their ideas are summarized in a comprehensive study by Dickstein and Blatt (1966). Freud contended that man sees himself to be immortal in his unconscious mind, and fear of death is a "secondary phenomenon" to his "unconscious wish for the death of loved ones" (cited in Dickstein & Blatt, p. 11). Jung disagreed with Freud's premise and believed that "death contributes meaning to life and that the collective unconscious seeks to prepare man for death" (cited in Dickstein & Blatt, p. 11). Murphy compared the fear of death to the fear of loneliness and separation and the fear of the unknown, (cited in Dickstein & Blatt, p. 11). Feifel believes women "to be more concerned about death than men," and "that religious people are more afraid of death than are nonreligious people" (cited in Dickstein & Blatt, p. 12). Swenson believes "that those who were healthy and had many interests were the ones with the

least positive attitude toward death" (cited in Dickstein & Blatt, p. 12).

### Coping with Death Anxiety

Axelrod (1986) discussed different theories and behaviors for coping with death anxiety. One theory, based on the writings of The Tibetan Book of the Dead, proposes that if a person take the opportunity to "practice death," in this case by writing a speech and practicing it for presentation to others that describes what death is to you, he or she can overcome their fear of death by reflecting on mortality. It was emphasized that death means different things to different people, and an audience participant listening to another's feelings toward death does not necessarily diminish his or her fear of death. Only by actively participating, writing one's own speech and delivering it, can people truly lower their own fear of death.

Kubler-Ross's theory as described in her book On Death and Dying, was also presented by Axelrod (1986). She believes that given the chance to express one's own feelings by talking through them to a second person the person will be able to free themselves of their fear of death.

The third theory discussed by Axelrod (1986) was described in the Old Testament of the Holy Bible. The idea presented in the Old Testament is that in the



beginning there was life and death. This theme is carried through by not only describing the birth, life, and death of great men, but of a whole generation of people, thus alluding to the idea that death is a part of life and has been from the beginning of time. Christians who read the Bible daily are conditioning themselves to the idea that death is a part of life, and the New Testament gives Christians the promise of life after death, again showing them that death is just a step in the process of life.

Another study (McDonald & Hilgendorf, 1986) discussed death imagery and death anxiety. The subjects in this study described what death looked like to them. Those who visualized death as a pleasant person as opposed to "Grim Reaper" experienced lower death anxiety scores.

#### Measures of Death Anxiety

Many researchers have attempted to study death anxiety using various scales of measurement. Some of these studies have tried to compare scales in order to find the best measure. Holmes and Anderson (1980) compared Templer's Death Anxiety Scale (DAS) (Templer, 1970) with Boyar's Fear of Death Survey (Boyar, 1964), the Nelson and Nelson Death Fear Scale (Nelson & Nelson, 1975), and self-ratings. Their findings confirm that the "scales correlate reasonably well with each other" (p. 1342). The authors suggest, however, that one might want to just administer the self-report, saving time, as

it correlates well with all other death anxiety ratings.

Templer and Lester (1974) tried to use questions from the MMPI to develop a more reliable death anxiety scale. They found nine items out of 33 items to be significant indicators of death anxiety: introversion, worry, anxiety, a concern about sickness and pain, and lack of self confidence. They suggest the unlikelihood of using the MMPI as a death anxiety scale due to the mirrored effect of general anxiety. The MMPI tends to measure the same indicators of general anxiety references as death anxiety references and, for this reason, it may be difficult to discern between the two measures.

McMordie (1979) tried to improve on the Templer Death Anxiety Scale (DAS) by converting it to a Likert format. He found that his two new scales, the Templer/McMordie and the Templer/McMordie II, compared to the Templer DAS with no significant differences. Further, he found that females scored higher than men on all three scales.

One particular study (Durlak, 1982) argues against using Templer's DAS. The researcher cites four studies that have found that the DAS measures more than just death anxiety and suggests that future investigators use one of the other fear of death scales that have been published.

Several investigators (Brown, 1975; Klug, 1976; McMordie, 1978, all unpublished doctoral dissertations cited in McMordie, 1979, 1982; Lucas, 1974) believe that

Templer's DAS is the most reliable and valid measure of death anxiety and, therefore, the best one to use in assessing death anxiety. McMordie (1982) suggests that from the findings in his study that the Templer/McMordie scale may not be more advantageous than the Templer DAS. Even though a greater range of answers are offered due to the Likert format of the Templer/McMordie, which increased the internal consistency of the original scale (McMordie, 1979), no significant differences were found between scales.

The Templer and Ruff (1971) study found that there was not a significant difference in DAS scores, means, or standard deviations when the DAS questions were embedded in a questionnaire. Based on their research Schell and Zinger (1984) ruled out that embedding the DAS in their 293 item questionnaire had any effect on the DAS scores of their subjects. Therefore, by embedding Templer's DAS in their questionnaire Schell and Zinger found with Canadian students the same results as others have predicted; women have higher death anxiety scores than men. In their study, occupational status and age were not significant factors related to death anxiety scores.

#### Statement of Problem

The purpose of the present study was to further investigate the effects of separation anxiety on geographically-separated Army wives from their spouses.



The groups surveyed provided information on how they coped with the fear of the ultimate separation, death. All previous Army studies, with two exceptions (Koob, 1976; Koob & Davis, 1977), have been done on Viet Nam and other war situation separations. This study questioned Army wives undergoing temporary geographical separation from husbands on special temporary duty assignments or short tours overseas and those wives whose husbands were away from the home an extended number of months for training in unknown locations.

A second purpose of this study was to compare the responses of military wives presently separated from their husbands to the responses of military wives' groups not separated investigated by Koob (1976) and Koob and Davis (1977) to determine if the separation itself increases death anxiety as measured by the Templer's Death Anxiety Scale (Templer, 1970).

In accordance with the literature reviewed, the researcher hypothesized that geographically-separated wives should have higher DAS scores than the female subjects investigated by Koob (1976) who were co-located. Due to the age and economic status differences of enlisted men's wives and officers' wives, enlisted men's wives should score higher on the DAS than the officers' wives. It was believed that economic status would play a role in the ability of geographically-separated wives to participate

in recreational activities and thus, enlisted men's wives .  
would suffer greater general stress which would then cause  
greater death anxiety.

## CHAPTER 2

### Method

#### Sample

The subjects were sixty servicemen's wives stationed at Fort Campbell, Kentucky, who volunteered to participate in the study. They were members of the Waiting Wives group, the Special Task Force officers' wives, and the Special Task Force enlisted men's wives. These wives were selected based on their participation at three meetings attended by the present researcher. All participants were wives whose husbands were on assignment to Korea, Germany, Honduras, or the Sinai 6-12 months out of the year, or their husband spent 3-12 months of the year absent from the home due to mission requirements or training.

#### Materials Used

A questionnaire with five parts was developed by the researcher. The first part contained descriptive data, the second coping questions, and the third part contained short answer questions regarding feelings toward separation and differences in children's behavior patterns when the spouse was gone. The fourth part was subdivided into 15 true-false questions from the Templer's Death Anxiety Scale (DAS) and 16 questions either modified from Templer's DAS or constructed to reflect the fear of death and/or illness of significant others; more specifically, the subjects' husband and children. Six of the 16



questions were to reflect the fear of death specifically for husband; six questions were to reflect fear for significant others' health and life, more specifically, the subject's husband and children as related to her own; and the last four true-false questions asked about death imagery and practice, religion, and knowledge of support systems. The DAS scores were used to compare death anxiety during the period of separation with death anxiety while the husband is living at home. The fifth part was simply a question asking for any other comments. Therefore, the DAS was embedded halfway through the questionnaire between several other questions. A copy of the questionnaire appears in Appendix A.

### Procedure

The researcher attended three meetings to select subjects for the study: the monthly Waiting Wives meeting, a meeting called for all those interested in getting together to become more informed about their husband's absence and training missions, and a gathering of the monthly officers' wives meeting for one of the units on post. At each meeting the researcher gave a brief description of the study and the reason for the research. A form letter describing the research was given to subjects to read and complete (See Appendix B). At the end of each meeting the questionnaires were collected and a brief time was set aside to answer any questions or

discuss the feelings of the subjects. This time also allowed questions and answers about what support groups and other assistance was available to the wives while their husbands were separated from the family. Information provided by Army Community Services concerning support groups was passed out along with phone numbers of people to contact for assistance, if and when needed.

## CHAPTER 3

### Results

Of the 60 questionnaires that were distributed a total of 76% were returned in completed form. Eleven participants did not complete Templer's DAS and three did not return the questionnaire. The 11 questionnaires that were incomplete were not used in the statistics for comparison of the DAS scores, but their answers for items concerned with coping with fear of separation will be incorporated in the discussion.

The age range of subjects was from 23-50 years for officers' wives ( $\bar{X}$  = 29.75 years; SD = 5.08), and 19-32 years for enlisted men's wives ( $\bar{X}$  = 25.27 years; SD = 3.78). Officers' wives had been married an average of 8.92 years, and enlisted men's wives had been married an average of 6.27 years. The total number of years their husbands had been in service was 10.67 for officers and 7.48 years for the enlisted men. Both groups had an average of 1.5 children. The mean number of months separated for officers' wives and enlisted men's wives was 6.1. The grades of the husbands ranged over the four ranks of Chief Warrant Officer and included Captains and Majors for the officers. The enlisted men's grades ranged from E-3 (the rank of Private First Class) to E-7 (Technical Sergeant). The husband's rank, together with his number of years in service, was obtained for the purpose



of estimating the family income. The mean family monthly income based only on the husband's rank (salary plus Basic Allowance for Quarters) was for officers \$2,390.79 and \$1,333.11 for enlisted men.

There were only two significantly different answers in the coping section, one of which was in response to the question, "How do you deal with separation?" Using a chi square measurement for significance, a larger number of enlisted men's wives said that they stayed home more <sup>2</sup> ( $\chi^2 = 17.624$ ,  $p < .001$ ), and smoked more cigarettes during their husband's separation ( $\chi^2 = 9.77$ ,  $p < .005$ ); all other measures were comparable (see Table 1).

This researcher modified six of Templer's true-false questions from the DAS test to find how geographically-separated women felt about significant others dying. The six questions used were 1, 2, 5, 7, 9, and 11. They were modified to reflect the subjects' response to fear of her husband's death as opposed to her own, (i.e., question 1 of Templer's DAS reads, "I am very much afraid to die," and the researcher altered the question to read, "I am very much afraid to think about my husband's death"; question 2 of the DAS reads, "The thought of death seldom enters my mind," and the altered form reads, "The thought of my husband's death seldom enters my mind," and so on). Based on Templer's answer key of high death anxiety scores the results indicated that the subjects' reported higher

Table 1

Differences in the way officers' and enlisted men's wives cope with separation.

	Officers' Wives (N=26)		Enlisted men's Wives (N=31)	
How do you deal with separation?	X	%	X	%
I eat too much	8	31	8	26
I eat much less	13	50	11	35
I visit my friends frequently	18	69	19	61
I visit my family frequently	2	8	2	6
I stay home more	1	4	12	39
I lose myself in work	10	38	10	32
I smoke more cigarettes	2	8	19	61
I go on buying sprees	14	54	17	54
I can afford this	11	42	8	26
I can not afford this	0	0	4	13
I need something to help me sleep	4	15	7	23
I use relaxation techniques	1	4	0	0
I meditate	0	0	1	3
I exercise	12	46	10	32
I use over-the-counter drugs	0	0	1	3
I use prescribed drugs	0	0	3	10

Table 1 (continued)

How do you deal with separation?	Officers' Wives (N=26)		Enlisted men's Wives (N=31)	
	X	%	X	%
I have a nightcap	4	15	4	13
I have two or more alcoholic drinks every night	0	0	2	6
Other	4	15	8	23
I indulge in hobbies or crafts	14	54	18	58
I physically feel quite bad often	2	8	8	26
I get sick and go to the doctor a lot	2	8	2	6



anxiety for husbands than self in both groups in all cases except one and that was equal (see Table 2).

Three questions were developed by the researcher to compare fear of illness for self to that of husband and/or children and to compare fear of death to that of husband and/or children. A short description of the three questions regarding health read, "When my husband is away I worry a lot about his health" (question 18), ". . . my health" (question 20), and ". . . my children's health" (question 21). The results showed that wives in both samples had greater concern for their children's health than their own when their husband was away. They also had much greater concern for their husband's health when he was away than they did for either their children's health or their own health (see Table 3).

Three questions were developed by the researcher regarding concern for life: "When my husband is away I worry a lot about his life" (question 19), ". . . my children's life" (question 22), and ". . . my life" (question 23). The results to these questions indicated a trend for both groups to worry more about their husband's life than their own life while the husband was away. The officers' wives also worried more about their children's lives than their own, but less than they worry about their husband's life. The enlisted men's wives worried more about their own life than their children's life, but

Table 2

Questions from DAS and altered form of DAS show wives' fear of death for self compared to husband.

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Questions on Templer's DAS/Altered Form (AF)	Officers' Wives Fear of Death				Enlisted Men's Wives Fear of Death			
	for Self (DAS)		for Husband (AF)		for Self (DAS)		for Husband (AF)	
	High	Low	High	Low	High	Low	High	Low
Fear of Death Questions 1 / 16	21%	79%	50%	50%	50%	50%	82%	18%
Thoughts of Death Questions 2 / 17	42%	58%	83%	16%	59%	41%	73%	27%
Fear of Death Questions 5 / 24	79%	21%	96%	4%	77%	23%	86%	14%
Thoughts of Death Questions 7 / 25	88%	13%	92%	8%	73%	27%	91%	9%
Fear of Painful Death Questions 9 / 26	54%	46%	75%	25%	68%	32%	91%	9%
Fear of Heart Attack Questions 11 / 27	0%	100%	13%	88%	27%	73%	27%	73%

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Table 3

Extent to which subjects worry about health of self and significant others (questions 18, 20, and 21).

	Worry about husband's health				Worry about my health				Worry about children's health			
	High		Low		High		Low		High		Low	
	X	%	X	%	X	%	X	%	X	%	X	%
Officer (N=24)	9	37.5	15	62.5	2	8.0	22	92.0	3	12.5	21	87.5
Enlisted (N=22)	17	77.0	5	23.0	5	23.0	17	77.0	12	55.0	10	45.0



less than they worried about their husband's life (see Table 4). On all questions the enlisted men's wives scored higher than the officers' wives, indicating that enlisted men's wives reported a greater anxiety for their significant others' health and life than do officers' wives.

This study contained two questions regarding death imagery and the practice of deciding what to do or say if were notified of your husband's death. Of the officers' wives, 20 (80%,  $N=25$ ) said they had thought about how they would feel if notified, yet only 7 (27%,  $N=26$ ) said that they practiced what they would say to those who notified them of their loss. Of the enlisted men's wives, 13 (56%,  $N=32$ ) answered that they had thought about how they would feel if notified and only 5 (16%,  $N=31$ ) said that they had practiced what they would say when notified.

The mean DAS score for all the wives combined was 7.11 with a standard deviation of 3.11. The mean DAS score for the officers' wives only was 6.25 with a standard deviation of 2.40. The mean DAS score for the enlisted men's wives was 8.05 with a standard deviation of 3.44. Using the  $t$ -test for independent samples, there was a significant difference between the two groups on DAS scores ( $t(44) = 2.12$ ,  $p < .05$ ). There was also a significant difference between the age of enlisted men's wives ( $\bar{X} = 25.27$ ) and officers' wives ( $\bar{X} = 29.75$ ,  $t(44) =$

Table 4

Extent to which subjects worry about life or self and significant others (questions 19, 23, and 22, respectively).

	Worry about husband's life				Worry about my life				Worry about my children's life			
	High		Low		High		Low		High		Low	
	X	%	X	%	X	%	X	%	X	%	X	%
Officer (N=24)	11	46	12	50	2	8	21	88	6	25	18	75
Enlisted (N=22)	18	8	4	18	11	50	11	50	9	41	12	55

Note: These figures do not represent 100%, some subjects answered "other" to these questions. It should be mentioned that "other" was not a choice. But in some instances where the wife was not a mother she answered "other" as opposed to writing false.

3.32,  $p < .01$ ).

Testing for variance using the  $t$ -test for independent samples the researcher found that the difference in the family income, based on husband's salary alone (not encompassing whether any spouses in either sample worked outside the home) was significant at the .01 level ( $t(44) = 2.77$ ).

For research using the Templer (1970) DAS as a measure for death anxiety the following was found: There was no significant difference in anxiety level between Templer's psychiatric patients (control group) and either of the two groups of wives discussed in this study. In comparison to the Koob (1976) and the Koob and Davis (1977) research. Only one inferences can be made. There appears to be difference between their study sample (wives whose husbands are co-located) and this study's geographically-separated wives, even though present study officers' wives scored higher than those in the Koob study, the difference was not significant. Also, it could be deduced that since this study's enlisted men's wives scored significantly higher than officers' wives, who scored higher than those wives questioned in the Koob study, then this study's enlisted men's wives scores would also be significantly higher than the officers' wives in the Koob study (see Table 5).

In conclusion, enlisted men's wives have greater



death anxiety than officers' wives, and both groups reported greater anxiety for significant others, especially husbands, than for self.

Table 5

Means and Standard Deviations of Death Anxiety Scores as discussed in the literature and by this researcher.

subjects	DAS	SD	References
Geographically-separated			Present study
Enlisted men's wives	8.05	3.44	
Officer's wives	6.25	2.40	
Undergraduate females	7.38	3.32	McMordie (1979)
same sample retest	7.33	3.57	
Undergraduates			McMordie (1982)
neutral scenario	6.80	3.20	
Control group			Templer (1970)
psychiatric patients	6.77	2.58	
Undergraduates	6.66	----	Templer & Ruff (1971)
Apartment house			
residents (females)	6.11	----	
Adolescent females	6.43	----	
Mothers of adolescents	6.48	----	
Female heterogeneous			
psychiatric patients	7.15	----	
Female psychiatric aides	6.33	----	
Bloomfield (N.J.) college			
females	7.84	—	

Table 5 (continued)

subjects	DAS	SD	References
Females (youth)	7.43	3.64	Stevens et al. (1980)
(young-adult)	7.42	2.79	
(middle-aged)	7.02	2.67	
(elderly)	6.16	2.97	
Nursing students (93% female)	7.47	2.83	Vargo (1980)
Medical school students (30% female)	5.54	2.87	Vargo & Black (1984)
Female students:			Schell & Zinger
computer science	7.31	3.30	(1984)
part-time University	7.50	3.27	
funeral service	7.50	3.27	
Licensed funeral service directors	6.25	2.50	
Officer's wives (co-located with husband)	5.70	----	Koob (1976)

## CHAPTER 4

### Discussion

The results of this study lend support to many of those discussed in the review of the literature (Patton & Freidtag, 1977; Hunter, 1979; Templer et al., 1974; McMordie & Kumar, 1984). As hypothesized, it appears that age and economic status play a role in the death anxiety scores of geographically-separated officer's and enlisted men's wives. Enlisted men's wives scored significantly higher on the DAS and there was a significant difference between the mean age and mean economic status, both lower, than officers' wives. Even though there was a significant difference between ages of the groups, there was not a significant difference between ages within each group when broken down into age categories described by Koob (1976) or Stevens et al. (1980). It could be that the economic status of these groups combined with differences in age affect anxiety as measured by the DAS for enlisted men's wives. However, as discussed in the review of the literature, a lower economic indicator suggests also greater general stress and predictibly higher DAS scores. Therefore, the results could be attributable to general stressors.

It appears that separation itself may influence DAS scores as suggested by Iammarino (1975). The present



research indicated that officers' wives geographically-separated from their husbands did in fact score higher on the Templer DAS than the officers' wives in the Koob (1976) study, but not significantly so. Perhaps since it was found that the officers' wives in the present study and those wives in Koob's study both scored lower on the DAS compared to the enlisted men's wives in the present study, it could also be suggested that rank plays a part in the DAS score. It could be argued that the only part rank plays is its relationship to the economic indicator, thereby influencing greater general anxiety within the enlisted ranks. This assumption is supported by Hunter (1979) and VanVranken (1984).

This research looked at many areas (religiosity, denial, activity levels, and locus of control) that might help military wives cope with the geographical separations caused by their husbands' careers. Although there is no statistical evidence that any of these areas caused greater or less separation anxiety, due to the size of the sample, some generalizations can be made.

The subjects' answers on how they dealt with separation provided some insight about the relationship of religiosity to death anxiety. Only two of the enlisted men's wives (neither one completed the DAS questions) discussed in the questionnaire the feeling of support they felt from their religion, while 11 (50%) of those who

completed the DAS answered question 30 true, that religion helped them to cope with their separation. Of the officers' wives that completed the DAS, 12 (50%) answered question 30 true and one of them discussed the support they felt from their religious upbringing, while the other discussed prayer. As discussed in the above examples, it could be that the two enlisted wives presumably felt such high death anxiety that they could not complete the DAS portion of the questionnaire (based on the fact that out of the 15 questions on the DAS one wife did not answer questions 1, "I am very much afraid to die," and 7, "The thought of death never bothers' me," while the other wife did not answer question 2, "The thought of death seldom enters my mind," and both wives did not answer question 5, "I am not at all afraid to die"). Two of the officer's wives both scored 5 on the DAS which is lower than the mean DAS for officers' wives. It is suggested that perhaps with a larger sample religion may affect differences in the DAS.

Westman et al. (1984) tells us that absence of expressed fear of death for self, yet acknowledgement of fear of death may indicate denial. The results of Tables 3 and 4 may reveal the wives' denial of fear of death and dying. As indicated, nearly all wives reported a greater fear for children than themselves and all wives indicated a greater fear for their husbands' death than their own.

Holmes and Anderson (1980) believe that a self-reported score may be as valuable as any other measuring device for death anxiety. These wives' self-reported score for others dying may be then either projections of their own fears, or in fact, related strictly to their fear of others dying. One wife stated (DAS-7, age 23), "I think the majority of women don't want to really face the fact your husband could die. The thought is not a comforting one and at each memorial service we are all reminded how mortal we are. I think everyone copes in different ways, some more destructive than others. But one can't help but wonder what kind of effect this has on our lives as opposed to other women whose husband's have sane jobs."

With regard to the activity level of the wives and its relationship to death anxiety one wife stated (DAS=1), "I get involved with many crafts or major jobs around the house . . . (6 hours a day, 7 days a week)." Another wife (DAS=9) indulges in hobbies 5 hours a day, 6 days a week. She was well aware of the army support groups, but stated "I do miss my spouse, but enjoy the time alone. When he is gone only for a brief period (less than 2 weeks) there is relief of duties--no cooking, less cleaning, but there is increased anxiety for husband's welfare." By these two examples it would be difficult to tell if awareness of support groups or activity in hobbies precludes high death anxiety as discussed by Duvall (1945). Again, the sample



is too small to draw any valid conclusions.

It is interesting to note regarding locus of control that the individual (an enlisted man's wife) that scored 0 on the DAS related, "I feel it does no good to worry about things that you can't change." This single incident corresponds to the findings reported in the study by Hayslip and Stewart-Bussey (1986), which concluded that one had more control over fear of death by believing that events in one's life were out of personal control and thereby could only be affected by chance.

In the literature that discussed separation anxiety and the fear of death the emotions that the wives went through were also described. The present study found similar results. The wives felt the entire range of emotions related to the separation (Bermudes, 1973, 1977; Gonzalez, 1970; Hunter, 1982; Isay, 1968; Rozenzweig et al., 1981; Stratton, 1978). They described their feelings as "scared" of being alone; angry to very angry with the army, their husbands, and with themselves for feeling angry; withdrawal from their husbands just before the separation, and from their neighbors after his departure; resentment for having to accept all the responsibilities of the house and children, bills, car, etc.; worry; disappointment; hate; heart-broken; sick; frustration; abandoned; and loneliness. Nearly every subject answering the questionnaire wrote "I miss my husband."



Physical symptoms as a result of the separation and its effects on wives' emotional well being as discussed by Bay and Lange (1974) was also examined. Of the enlisted wives, six stated they physically felt quite bad often and cited symptoms as: heart trouble (age 23); depressed and lonely; bad back; depression and stomachache; bad stomach and headaches; a lot of headaches; and depressed and mad at the Army. Of the enlisted men's wives that stated that they got sick and went to the doctor often (N=2), one cited a heart condition and female problems (age 30) and the other cited head colds.

The findings of this research regarding difficulty in dealing with separation were similar to the results discussed by VanVranken et al. (1984). One officer's wife in the present study with a DAS score of 8, age 34, related that she was familiar with many of the support channels, friends at work and within the battalion, chaplain, social services, etc., and her comments were, "I think often support is needed most by those who are least aware of the resources available. Separations for me are not a big problem, but I attribute that to the fact that I have been independent for so long . . . If I did not have the resources . . . I would probably feel very different . . . No military wife should be without the family of a unit. This may be the only place where she is really family and belongs." Based on the assumption that self-expressed

death anxiety was a good indicator, this wife's DAS score of 8 was not predictable; however, it was significantly higher than the mean officers' wives scores ( $\bar{X} = 6.25$ ) based on the results of the t-test between wives' groups, which described the mean score ( $\bar{X} = 8.05$ ) for enlisted men's wives to be significantly higher than the officers' wives.

None of the wives in this sample used imagery as a part of their coping mechanisms to deal with separation and death anxiety as discussed by different theorists (Axelrod, 1986). It is possible that such a technique could be beneficial for reducing separation anxiety in the present study's subjects, as well as many others with high death anxiety.

Lewis (1984) discusses the importance of open communication with the military wives regarding their husbands' training and mission objectives as a means of reducing stressors. She stated, "In the broadest sense, it is difficult, if not impossible, for wives to support the Army lifestyle and to make the necessary adjustments to its intrinsic stress if their lack of knowledge prevents them from participating in it in meaningful ways" (p. 14). One of the wives in this study may have summed this up quite well. She stated, "I feel that what this unit is all about, really says it all . . . I am not upset, when my husband leaves, because it's what he enjoys . . . Also,

I feel it brings us closer together." The DAS of this officer's wife was 3 and her age was 36. Another officer's wife stated (DAS=2, age 28), "For the most part the separations are not uncomfortable. I've grown accustomed to them over the years . . . I understand how important the training is to his safety and proficiency as well as that of others and am not resentful of the separations for that reason."

The study by Rozenzweig et al. (1981) regarding stress in Israeli military families reported many of the same health and emotional problems with wives and children as were described by the subjects in this study. To this extent one of the wives in the present study wrote, "I don't like being married to the Army. That's how I feel sometimes. The Army changes men. My husband isn't the same man I married." Many wives in the present study resented having to hide their frustration, anger and feelings of sadness and play the part of the warm and loving wife upon their husband's return. Others were ashamed to admit that when the husband returned home it actually disturbed their well organized life at home with the children. They also discussed the children's sense of the mother's tension and their acting out as a result. "The wife feels rejected and excluded from the material benefits and the social and emotional support her husband receives [by the army]" (Rozenzweig et al., 1981, p. 95).



They also stated that the "military wives' deepest anger, frustration and despair relates to their fear of loss of their husband . . ." (p. 95).

One officer's wife in the present study stated, "My children go through a short adjustment period then settle down and when he comes home they have to adjust again. Role reversals are hard for them to cope with; who's the boss, mom or dad?"

Several of the officers' wives stated that they felt guilty about enjoying the time when their husbands were gone and being able to do things they wanted to do. And at the same time, the women voiced jealousy or envy about not getting to go and see and do some of the things their husbands were doing.

The expressed problems with children went from none to hostile. All wives that related problems with their children noted a marked difference between the eldest child's problems and those of the other children in the family. Those who had the most trouble with their children also had the most difficult time accepting the separation themselves. For example, one wife stated, "My child has severe behavior problems; he's very hostile and hard to get along with. He screams, I scream. These are times I hate him because he gives me so much trouble." Another wife stated, "My children seem to go through a wide range of emotions that affect behavior. The baby



acts as if she doesn't know my husband, the older one has more behavior problems the longer the separation. Sometimes it gets too much to handle--I cry a lot and I don't feel I have control." And still another relates, "My kids give me a hard time when he's gone. I get very nervous. They don't do what I tell them, they do what they want." One wife picked up on this relationship between her own emotions and her children's. She stated, "Yes I have a harder time making him mind. He also just seems to give up on school work. I have already seen this since my husband has gone. He completely quit doing anything in school. I sort of felt as if I had failed him in some way. I also believe that he picked up on my tensions during that time." Similar reactions were also described in the review of the literature.

Under the "other comments" section of this questionnaire many wives expressed the thought that some things should be done about their medical attention, others about their financial and home responsibilities, and some wives gave more ideas for future research. Their comments are as follows:

This questionnaire didn't focus on my social difficulties.

Why doesn't this survey ask questions about how you deal with the way people handle the emotional feelings.

Something should be done about the hospital system.

It would be helpful to have soldiers at Ft. Campbell volunteer with the Chaplain's office to help wives who own their own homes, help keep up maintenance or help fix things that fall apart.

We basically can't do anything without our husband signing or him there.

I think the commanders of each company should check on the wives every now and then.

We are classified as mental cases, the doctors at the hospital send us all to social work services when they find out our husbands are gone.

The army hospital is the pits. They don't really treat our illness. The doctors just tell me either nothing is wrong or give me unnecessary pain killers.

We as wives should be considered when field problems etc. come up--the army now says the family unit is important, but it doesn't really happen.

Emotions as waiting wives, so many have problems, fiance's, husbands seldom write, crying all the time, suicidal attempts.

Many wives have attempted or talked about suicide, the problems with children, sickness, beating children, drinking problems. We need

morale phone calls at least twice a month.

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The present study was limited by the size of the sample, but it also points to many ideas for future researchers. It is suggested that the same questionnaire be given to a larger sample in order to verify some of the ideas presented. Giving the same questionnaire to the husbands who spend 3-6 months of the year in the field on maneuvers or away from the home for training may provide an insight into their feelings to see if they are also reflected by the wives' feelings as suggested by Koob (1976) and Koob and Davis (1977).

As summarized by many authors (Rozenzweig et al., 1981; VanVranken et al., 1984; Lewis, 1984), more open communication between the companies and wives may help wives adjusting to first separation or prolonged separations from their spouses. Setting up rear detachment teams that work with the Chaplain's office, as discussed by one wife, that can make weekly or by-monthly calls on wives to ensure their safety, pass on company information about their husbands' training mission, and in general to let them know that someone is there that is truly concerned for their health and welfare in the absence of their husband. This team would also put the husband's mind at ease while he is so far away to do something himself. If nothing else this team could minimize the general stressors that geographically-separated wives

experience. Support groups developed with the lower economic group of people in mind, which allow for free baby-sitting so that the younger enlisted men's wives can attend meetings, could generate information and provide leisure at the same time. More of the enlisted wives' meetings or officers wives' meetings for each individual company or larger unit, battalion or division, could be useful in disseminating more of this helpful information.



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## APPENDIX A



General Overview:

Age \_\_\_\_\_

Number of years married \_\_\_\_\_

Rank \_\_\_\_\_

Number of years in service \_\_\_\_\_

Home of Record \_\_\_\_\_

Number of children \_\_\_\_\_

Husband's Duty Station \_\_\_\_\_

Is your husband making the Army a career? \_\_\_\_\_

Geographically separated how many months out of a year? \_\_\_\_\_

Did you husband serve in WWII? \_\_\_\_\_ Yes \_\_\_\_\_ No

Korea? \_\_\_\_\_ Yes \_\_\_\_\_ No

VietNam? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other? \_\_\_\_\_ Yes \_\_\_\_\_ No

Questions: Please answer as many as apply by checking the appropriate statements.

How do you deal with separation?

\_\_\_\_\_ I eat too much

\_\_\_\_\_ I eat much less

\_\_\_\_\_ I visit my friends frequently

\_\_\_\_\_ I visit my family frequently

\_\_\_\_\_ I stay home more

\_\_\_\_\_ I lose myself in work

\_\_\_\_\_ I smoke more cigarettes

\_\_\_\_\_ I go on buying sprees: \_\_\_\_\_ I can afford this or

\_\_\_\_\_ I really can not afford this

\_\_\_\_\_ I need something to help me sleep:

\_\_\_\_\_ I use relaxation techniques

\_\_\_\_\_ I meditate

\_\_\_\_\_ I exercise

\_\_\_\_\_ I use over-the-counter drugs, (i.e., Sleep-Eze or Somnex)

\_\_\_\_\_ I use prescribed drugs; my doctor prescribed \_\_\_\_\_.

\_\_\_\_\_ I have a nightcap (one alcoholic drink)

\_\_\_\_\_ I have two or more alcoholic drinks every night

\_\_\_\_\_ Other. (Please give explanation and feel free to explain the amount of any of the above. The more your answers, the better for my research.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I indulge in hobbies or crafts. My hobbies are \_\_\_\_\_

\_\_\_\_\_

I work on my hobbies \_\_\_\_\_ hours a day \_\_\_\_\_ days a week.

\_\_\_\_\_ I physically feel quite bad often; my symptoms are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I get sick and go to the doctor a lot; my symptoms are \_\_\_\_\_

\_\_\_\_\_

### Short Answers

How do I feel about being separated? (i.e., I miss my spouse, I'm glad for the break, I'm angry and with whom --the Army, myself, my husband, other such feelings that you are having.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I see differences in my children's behavior. (i.e., increased behavior problems at home - at school, withdrawal, others. please explain your answers and how this effects your behavior, how you feel about it.) \_\_\_\_\_

True - False Questions: Please circle the correct answer to the following statements as they apply to you.

- |   |      |       |
|---|------|-------|
| 1. I am very much afraid to die.                                | True | False |
| 2. The thought of death seldom enters my mind.                  | True | False |
| 3. It doesn't make me nervous when people talk about death.     | True | False |
| 4. I dread to think about having to have an operation.          | True | False |
| 5. I am not at all afraid to die.                               | True | False |
| 6. I am not particularly afraid of getting cancer.              | True | False |
| 7. The thought of death never bothers me.                       | True | False |
| 8. I am often distressed by the way time flies so very rapidly. | True | False |
| 9. I fear dying a painful death.                                | True | False |
| 10. The subject of life after death troubles me greatly.        | True | False |
| 11. I am really scared of having a heart attack.                | True | False |
| 12. I often think about how short life really is.               | True | False |
| 13. I shudder when I hear people talking about a World War III. | True | False |
| 14. The sight of a dead body is horrifying to me.               | True | False |

- |     |   |      |       |
|-----|---|------|-------|
| 15. | I feel that the future holds nothing for me to fear.  |      |       |
| 16. | I am very much afraid to think about my husband's death.  | True | False |
| 17. | The thought of my husband's death seldom enters my mind.  | True | False |
| 18. | When my husband is away I worry a lot about his health.   | True | False |
| 19. | When my husband is away I worry a lot about his life.   | True | False |
| 20. | When my husband is away I worry a lot about my health.  | True | False |
| 21. | When my husband is away I worry a lot about my children's health.                                 | True | False |
| 22. | When my husband is away I worry more about my children's life.                                    | True | False |
| 23. | When my husband is away I worry more about my life.   | True | False |
| 24. | I am not at all afraid for my husband to die.   | True | False |
| 25. | The thought of my husband's death never bothers me.   | True | False |
| 26. | I fear for my husband to die a painful death.   | True | False |
| 27. | I am really scared that my husband could have a heart attack.                                     | True | False |
| 28. | I often think about how I would feel if I saw the Chaplain and Commander coming down my sidewalk. | True | False |
| 29. | I practice what I would say to the Chaplain and Commander in case they ever knock on my door.     | True | False |
| 30. | My religious affiliation helps me to cope with all my feelings.                                   | True | False |



31. I am familiar with the support systems available to me at Fort Campbell.  
(Please list as many as you can think of;  
i.e., ACS, Waiting Wives, etc.)

True

False

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Comments: Anything you would like to add about your feelings over this separation or anything else not mentioned in the Questionnaire.

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## APPENDIX B

INFORMED CONSENT STATEMENT

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The purpose of this research is to investigate how army wives cope with being separated from their spouses and to determine the kinds of fears they may experience. Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The potential hazards which may occur from participation in the research include: strong emotions could result from the discussion and completion of questions in the questionnaire. If you experience emotions that you wish to discuss with someone, you may call Major Caputo, Social Work Services, 798-8801 or Dayle Ann DeLong, present researcher, 647-6083.

The demographic information collected will be used only for purposes of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time without any penalty.

The scope of the project will be explained fully upon completion.

Thank you for your cooperation.

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I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing or both, about the procedures to be followed and about any discomforts or risks which may be involved. The investigator has offered to answer any further inquiries as I may have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date