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Altruism and the Vietnam War Veteran: The Relationship of Helping to Symptomatology

Ronit Kishon-Barash,[1] Elizabeth Midlarsky,[2,4] and David R. Johnson[3]

This study examines the relationships among demographic factors, combat experiences, personality characteristics, altruism, and posttraumatic stress disorder (PTSD) symptomatology. Participants were Vietnam War veterans currently undergoing treatment for PTSD. The developmental level of internalized schemas of interpersonal relations (object relatedness) and the altruistic intent to help were significant predictors of PTSD symptomatology, with lower levels of symptomatology associated with higher levels of altruism. Results indicated that predispositional variables and altruistic intentions may be important factors to consider in designing and implementing treatment programs for chronically impaired veterans with PTSD.

KEY WORDS: posttraumatic stress disorder; altruism; personality characteristics.

Trauma is experienced when an overwhelming external force jeopardizes the sense of meaning and the bond with others (Herman, 1992). Among the strategies that have been cited as a means for coping with trauma is altruistic helping by the traumatized individual (Kahana, Kahana, & Harel, 1988; Midlarsky, 1991). Studies of Vietnam War veterans indicate that veterans manifest an inclination to help others (Laufer, Gallops, & Frey-Wouters, 1984; Wilson, 1986). Some treatment programs have been specifically designed to involve veterans in community service and in volunteer work in the hope of helping to attenuate PTSD symptomatology (Johnson, Feldman, Southwick, & Charney, 1991). It is noteworthy, however, that helping by Vietnam veterans with PTSD is not always related to psychological

[1]Department of Psychology, University of Tel Aviv, Ramat-Aviv, Israel.
[2]Department of Counseling and Clinical Psychology, Box 148, Teachers College, Columbia University, New York, New York 10027.
[3]National Center for Posttraumatic Stress Disorder, VA Medical Center, New Haven, Connecticut 06516.
[4]To whom correspondence should be addressed.

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integrity or to the sense of connection with others (Wilson, 1986). This leads to the speculation that involvement in motor helping acts may not be as critical a predictor of mental health as altruism, wherein the individual is motivated by a genuine concern for the other.

Helping can stem from motives that range from developmentally immature, self-centered needs to the mature (i.e., altruistic) desire to respond to others' needs. Altruistic motivation is based upon ego development and upon empathic concern, both of which permit the individual to transcend personal concerns and to attend fully to others (Shane & Shane, 1990). Therefore, we hypothesized that the altruistic intent to help among veterans would be related to higher levels of motivational maturity, and to empathic concern.

The primary goal was to explore the relationships between the altruistic intention to help and the level of PTSD symptomatology. Prior studies have indicated that helping based on concern for others is associated with psychological well-being (Midlarsky and Kahana, 1994). Thus, we expected that the altruistic intention to help would be related to the level of PTSD symptoms even after controlling for demographic variables, trauma variables, and psychological and/or motivational variables, all of which have been found to be associated with the level of symptomatology.

Trauma variables included the level of exposure to combat and the veterans' perceptions of homecoming experiences. Among the personality variables with hypothesized relationships to PTSD symptomatology was maturity of motivation, defined as the extent to which the individual is differentiated enough from others that his or her responses are based on the desire to meet the others' needs, rather than on self-centered concerns (Kishon-Barash, Midlarsky, & Johnson, 1996). We hypothesized that higher levels of mature motivation are related to lower levels of symptoms. The second variable with a hypothesized relationship to PTSD symptomatology was object relatedness. A disrupted developmental level of object relatedness can affect perceptions of interpersonal relationships, and ultimately may be related to psychological adjustment (Boscarino, 1995). We therefore proposed that veterans with higher levels of object relatedness manifest lower levels of PTSD symptomatology.

Method

Participants

Participants were 100 male Vietnam era combat veterans, all of whom were patients at the National Center for Posttraumatic Stress Disorder at the West Haven Department of Veterans Affairs. The diagnosis of PTSD was established following both the use of the PTSD Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993), and extensive DSM-III R based interviews by experienced and

highly trained psychiatrists, psychologists, and social workers. The preponderance (86%) of the individuals who were approached agreed to participate. There were no demographic differences between those who agreed to participate and those who did not.

The mean age of the study participants was 46, the mean educational attainment was completion of one year of postsecondary education, and 46% were currently married. Eighty-eight percent were white, 6% were Native American, and 6% were African American. Forty-one percent identified themselves as Catholic, 25% were Protestant, 13% reported other religious identifications, and 21% reported no religion. Over 90% of this chronically impaired patient population were unemployed at the time of the study.

Instruments

Primary trauma was measured by the Combat Exposure Scale (Keane, Fairbank, Caddell, Zimering, Taylor, & Mora, 1989) for which the internal consistency was alpha = .85 in this study. *Secondary trauma* was measured by the Support and Return subscales of the West Haven Secondary Trauma Scale (Johnson & Lubin, 1992). The Support subscale assesses the degree to which the veteran received support from friends, family, and the Veterans' Administration in the postwar period. The Return subscale assessed the frequency of adverse experiences upon the veterans' return from the war.

Personality/motivational variables included empathy, maturity of motivation, and object relatedness. The measure of empathy, one of the hypothesized predictors of the altruistic intent to help, was the Empathic Concern subscale of the Interpersonal Reactivity Index (Davis, 1983), wherein respondents indicate the degree to which each item describes them on a 5-point scale. Empathic concern is construed as the tendency to experience warmth, compassion, and concern for others ("I often have tender, concerned feelings for others"; "I would describe myself as a very soft-hearted person."). Cronbach's alpha for this subscale was .73 in the current study.

The Maturity of Motivation Scale (Kishon-Barash et al., 1996) measures the extent to which the individual is motivated by thoughts that represent differing levels of maturity. Items describing situations requiring help are followed by five statements, each of which represents a motive. Examples are "I wouldn't want to help because helping would be too difficult for me" (motivation by self-centered concern), "I would want to help because he is a human being just like me" (motivation by a sense of "we-ness," or common humanity), and "This person is in need, so I want very much to be sure that he gets help" (motivation by thoughts about the other person's need). For each of the items, respondents indicate the degree to which they have each of the five thoughts. Evidence for discriminant validity comes from a nonsignificant relationship with the Social Desirability Scale (Crowne &

Marlowe, 1960). Regarding convergent validity, maturity of motivation is related to altruistic moral judgment, an index of moral maturity, $r(98) = .47$, $p < .001$, and has been found to be inversely related both to the egocentric component of empathy, personal distress (Davis, 1983; $r(98) = -.23$, $p < .05$), and to the Egocentricity subscale of the Object Relations Inventory ($r(98) = -.42$, $p < .001$). Internal consistency for this scale was alpha = .73.

The measure of object relatedness, the Bell Object Relations Inventory (Bell, Billington, & Becker, 1986) is an inventory of descriptive statements that respondents indicate are "true" or "false" in their "most recent experience." This scale was employed to measure the capacity for interpersonal relations ("It's hard for me to get close to anyone"; "I put a lot into relationships and get a lot back"; "I can deal with disagreements at home without disturbing family relationships."). The internal consistency for the total scale was alpha = .85.

The altruistic intent to help was measured by the Interpersonal Behavior Questionnaire (Kishon-Barash et al., 1996). Items consisted of scenarios, each of which described a problem (e.g., "You hear that someone broke an arm and a leg in a car accident"), for which a specific type of help is needed ("He needs help with household chores over the weekend"). In each case, helping entails a sacrifice by the helper ("You have made other plans for the weekend"). After each scenario, respondents indicate how likely it is that they will help on a 5-point scale. The internal consistency in this investigation was alpha = .87. Discriminant validity is indicated by nonsignificant correlations with the Social Desirability Scale (Crowne & Marlowe, 1960). Evidence for convergent validity comes from significant correlations with two standard measures of helping, the Altruism Scale, $r(98) = .35$, $p < .001$ (Rushton, Chrisjohn, & Fekken, 1981), and the Nurturance Scale of the Personality Research Form, $r(98) = .48$, $p < .001$ (Jackson, 1974).

PTSD symptomatology was measured by the Mississippi Scale for Combat Related Posttraumatic Stress Disorder (Mississippi Scale; Keane et al., 1989). Internal consistency in the current study was alpha = .92.

Results

Results of bivariate analyses yielded no significant relationships between the demographic variables and either helping or PTSD symptomatology. The relationship between help intentions and PTSD symptomatology was $r(98) = -.33$, $p < .01$. The correlates of help intentions consisted of the degree of postwar support received by the veteran ($r(98) = .29$, $p < .001$), empathic concern ($r(98) = .48$, $p < .001$), and maturity of motivation ($r(98) = .32$, $p < .001$).

Hierarchical regression analysis was performed to investigate the relationships of the demographic, trauma, and personality/motivational variables to helping intentions. None of the demographic variables or trauma variables in this study was

Table 1. Standardized Regression Coefficients for the Effects of Demographic Factors, Combat Experiences, Personality Characteristics, and Altruism on PTSD Symptomatology ($N = 100$)

Variable	Block 1	Block 2	Block 3	Block 4
Age	.08	.08	.09	.09
Education	.04	.03	.00	−.03
Ever married	.11	.09	.09	.11
Never married	−.11	−.14	−.15	−.19
Combat exposure		.15	.18	.17
Support upon return		−.17	−.06	.01
Adverse reactions upon return		.03	.05	.02
Object relatedness			.30**	−.32**
Mature motivation			−.01	.09
Help intentions				−.35*
R^2 Block	.02	.05	.08*	.10*
R^2 Model	.02	.07	.16	.26*

*$p < .05$. **$p < .01$.

significantly related to help intentions. Of the personality/motivational variables, both empathy ($\beta(100) = .45$, $p < .01$), and maturity of motivation ($\beta(100) = .23$, $p < .05$) were significantly related to help intentions. The increase in R^2 for this block was significant: $R^2 = .25$, $F(2, 97) = 13.74$, $p < .001$.

Results of a second hierarchical regression analysis, of the relationship between the altruistic intent to help and PTSD symptomatology, are presented in Table 1. Object relatedness was found to be significantly associated with PTSD symptoms after controlling for demographic factors and trauma, and remained significant in the final step, as well. The altruistic intent to help was associated with PTSD symptoms even after controlling for the demographic factors and personality/motivational variables.

Discussion

The findings of this investigation indicate that more than two decades after a traumatic event, the degree of PTSD symptomatology may vary with personality and with help intentions more than with external factors. The preponderance of studies has focused on the influence of demographic variables, trauma variables, and social support received from others. The results of the present investigation, however, indicate that the capacity for interpersonal relations (object relatedness) and help intentions were the only significant predictors of current adjustment among veterans under treatment for PTSD. Help intentions of these veterans were predicted, in turn, by empathic concern and maturity of motivation. This suggests that rather than being motivated by narcissistic or approval-seeking needs, veterans with higher levels of help intention were concerned with the needs of others—that is, were motivated altruistically.

These findings can, at first, seem paradoxical. Groups suffering adverse reactions to trauma generally are characterized as needy victims, who require help from others, and who cannot be expected to be empathic. However, the notion that PTSD destroys one's empathy needs to be questioned in light of the present findings. There was no relationship found here between PTSD symptoms and empathic concern, or between PTSD and maturity of motivation. Indeed, the relationship between empathic concern and help intentions suggests that when confronted by the distress of another individual, certain veterans are able to transcend their own distress, and to feel the desire to help on behalf of the other, rather than for egocentric reasons.

In the present investigation, the support received from family and society during the postwar period also was positively related to the veteran's altruistic intent to help. Postwar support may serve as an index of the childhood milieu. It may be the case that veterans whose social milieu had the capacity to provide support even after so problematic a war (Fox, 1974) were also the recipients of nurturance and encouragement throughout the early years of life, and developed altruistic motives.

Although the preponderance of studies has found demographic variables and trauma variables to be significant predictors of level of PTSD symptomatology in Vietnam veterans, the failure to find such differences here may reflect the relative homogeneity of this sample of veterans. Instead, within this sample, a personality variable—object relatedness—was related to PTSD symptoms. Internalized schemas of object relatedness are believed to evolve primarily during one's early years and, as discussed earlier, may be drastically affected by the trauma itself. Whether or not this is the case, the inverse relationship obtained in this study between object relatedness and PTSD symptoms suggests that the capacity for interpersonal relations may constitute part of the personality makeup that assists the Vietnam veteran in dealing with chronic distress during adulthood.

It is noteworthy that the help intentions studied here can be characterized as altruistic, or other oriented, in that they are associated with other-oriented dispositions and motives. In contrast to findings that motoric helping is not always associated with well-being (Wilson, 1986), altruistic help intentions were related to PTSD symptomatology. The altruistic help intentions and object relatedness studied here often have been treated as predispositions, or traits, that are products of early socialization (Midlarsky & Kahana, 1994). In this study, the absence of significant associations between help intentions and trauma variables accords with the treatment of altruism as a trait. Nevertheless, it is well beyond the purview of this cross-sectional investigation to deny that pervasive trauma may affect altruism and object relatedness. Although theoretically resistant to change during adulthood, there is documentation that motives and predispositions may indeed change, either spontaneously (Midlarsky & Kahana, 1994) or after exposure to treatments such as object-relations therapy (Shane & Shane, 1990).

This study has several limitations. First, the sample size is small ($N = 100$) and is limited to chronically distressed, treatment-seeking veterans. Second, all findings rely on self-reports. Third, the employment of a cross-sectional design limits the capacity of this study to determine the direction of the relationship between help intentions and emotional distress. Although help intentions and altruistic helping may lead to the alleviation of symptoms, obversely, distress may impede altruism. Most likely, perhaps, there is a cyclical relationship wherein compassionate helping can distract the distressed individual from egocentric concerns. With lessened egocentric concerns and the consequent alleviation of distress, altruistic help intentions and help giving can result more readily—leading, in turn, to more alleviation of distress. Review of the literature indicates that this is the first time that these relationships have been examined, indicating the need for replication employing methodological refinements. The primary clinical implication is that both individual differences and the degree of psychological distress should be considered in the development and implementation of volunteer and community service projects for Vietnam veterans with PTSD.

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