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PSYCHOLOGICAL DYSFUNCTION IN REPATRIATED AMERICAN PRISONERS
OF WAR AND ITS RELATIONSHIP TO CAPTIVITY AND DEMOGRAPHIC VARIABLES

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Psychological Dysfunction in Repatriated American Prisoners
Of War and Its Relationship to Captivity and Demographic Variables*

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The psychological dysfunction evidenced by 235 recently repatriated Army, Navy, and Marine Corps former POWs was examined in relation to their captivity experiences and demographic variables. Two criteria -- cognitive dysfunction and emotional/social dysfunction were uniquely predicted by both captivity and demographic variables. Measures of the captivity experience and demographics were examined and discussed in relation to the psychological dysfunctioning of the returnees following repatriation.

Historically, psychiatric examinations of repatriated prisoners of war (POW) have been less than optimal from a research point of view both in formulation and execution. Following the end of World War II, because of the large numbers of men to be evaluated, only a very general physical examination was administered to returning POWs. This included a brief psychiatric screening procedure designed as to detect gross pathology (Brill, 1946). After the Korean War, the first systematic psychiatric evaluations of repatriated POWs were carried out. (Lifton, 1954, and Strassman, Thaler, & Schein, 1956).

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Many of the studies of concentration camp survivors (Bettelheim, 1960; Chodoff, 1966; Koranyi, 1969) have emphasized the irreversible nature of the effects of environmental stresses within the concentration camp. Some authors thought that psychiatric problems induced or precipitated by extreme coercion and oppression might be reduced or even disappear once the stresses were removed. However, Eitinger (1964) found evidence of a latency period during which psychological dysfunction was apparently absent; but subsequent to this latency period, psychiatric symptomatology sometimes emerged. At the time of release from prison camp, a state of euphoria on the part of the returnee, coupled with the desire to return home as quickly as possible, often led to inadequate documentation of the physical and mental status of the POW. These factors may, at least in part, have accounted for what appeared to be a lack of psychological dysfunction which may have been present initially.

The purpose of this paper is to examine the relationship between demographic variables and captivity experiences on the one hand, and psychological dysfunction in former Army, Navy, and Marine Corps prisoners of war of the Vietnam Conflict following repatriation.

The Sample:

Of the 241 repatriated Army, Navy, and Marine Corps POWs who returned in early 1973, the records of 235 (97.5%) were utilized for this study. The records of six additional Navy POW returnees were eventually obtained but these were not available for analysis at the time this study began.

Navy RPWs numbered 138; an additional 26 RPWs were Marine Corps personnel; and there were 77 Army returnees. Navy returnees were all officers and flight personnel, ranging in age from 23 to 42 years at time of capture. Almost half of the Marine Corps personnel were aviators. Their ages ranged from 19 to 36. Of the Army personnel, 49 were enlisted and 28 were officers. The Army, Navy, Marine Corps POWs represented 42.6 percent of the 566 military POWs returned during Operation Homecoming. The remaining RPWs were Air Force personnel whose records were not used in this study.

All returnees received extensive physical and psychiatric evaluations at the time they were repatriated. The results were recorded on a standardized medical form, titled the Initial Medical Evaluation Forms (IMEF). There were two psychiatric sections contained in the IMEF. These were completed by military psychiatrists at eleven Naval and eight Army hospitals throughout the United States. Form VI of the IMEF is the Psychiatric Questionnaire which is composed of two portions. The first portion consists of 10 open-ended questions pertaining to experiences in captivity. Only two items from this section were used in the analysis: (a) whether the POW felt proper clothing/shelter were lacking in captivity and (b) whether the POW suffered from serious illness or injury while imprisoned. The second portion of the Questionnaire was used to record the frequency of

25 different types of manipulations the captors used to control the prisoners' behavior, such as solitary confinement, physical punishment, and use of propaganda.

Other predictor variables were taken from the captivity debriefings and the men's service records, including: (a) number of weeks in solitary confinement, (b) where the prisoner was held (North Vietnam, South Vietnam, Cambodia, or Laos), (c) time spent in cuffs and irons, (d) length of captivity, (e) rank at capture, (f) age, (g) whether the returnee was an officer or enlisted, (h) regular or reserve, (i) religion, (j) birth order, (k) race, (l) marital status, and (m) number of male and female children.

A multidimensional rank-ordering cluster analysis, utilizing a procedure similar to the Burt-Holzinger method, was performed on the items contained in the second section of the Psychiatric Questionnaire. Two clusters were derived: (1) "Harsh" treatment by the captor, and (2) "moderately harsh" treatment by the captor. The "harsh" treatment cluster included items pertaining to (a) actual punishment, (b) threatened physical punishment, (c) withdrawal or diminishing of food or water, (d) placement in isolation, (e) actual harm to other prisoners of war, (f) torture devices or procedures, (g) forced self-punishment, and (h) sleep disruption/deprivation.

The "moderately harsh" treatment cluster included the following items: (a) promises of early release, (b) logical persuasion, (c) attempts to induce guilt for bombing and role in war, (d) special privileges or treatment, and (e) attempts to induce guilt for violation of camp rules.

The independent variables were (1) the "harsh" and "moderately harsh" treatment clusters, whether proper clothing/shelter were lacking, and whether serious illness or injury were present, (2) variables derived from the captivity debriefings, and (3) demographic variables taken from both the IMEF and service records.

Form VII of the IMEF is the Psychiatric Examination which consists of a comprehensive mental status examination divided into 13 areas of psychological functioning, as follows: (a) reliability of information, (b) barriers to communication, (c) state of consciousness, (d) orientation, (e) memory, (f) appearance and behavior, (g) characteristics of speech, (h) thought process, (i) affect and feelings, (j) perception, (k) intellectual functions, (l) somatic functioning, and (m) social interaction and personality characteristics. Each subject was given a score of either "0" or "1" on each of the 13 scales of the Psychiatric Examination. A score of "0" was assigned if the psychiatrist found that no psychological dysfunction was present, and a score of "1" was assigned if dysfunction were present. The dependent variables were also clustered by a multidimensional rank ordering of the intercorrelations of the 13 scales. Two clusters emerged. They were identified as the criterion variables in this study. The first was labeled the "cognitive cluster" and consisted of items such as memory and perception, while the second

cluster was labeled the "social/emotional cluster" and contained items such as social interaction, affect and feeling.

Results and Discussion

Data analysis occurred in two steps: (1) correlations of the dependent and independent variables, and (2) linear multiple regression analysis procedures. Significant correlations between the predictor and criterion variables were identified and then introduced into a linear multiple regression equation.

Table 1

EQUATIONS PREDICTIVE OF PSYCHOLOGICAL DYSFUNCTION

Variables Uniquely Predictive of Cognitive Dysfunction

<u>Variable</u>	<u>Validity</u>	<u>Beta Weight</u>	<u>p of Beta</u>	<u>R</u>
Captivity Location	.344	.25179	<.001	.380
Officer/Enlisted	.310	.18574	<.01	

Variables Uniquely Predictive of Emotional/Social Dysfunction

<u>Variable</u>	<u>Validity</u>	<u>Beta Weight</u>	<u>p of Beta</u>	<u>R</u>
Lack of clothing/ shelter	.194	.20489	<.001	.422
Solitary Confinement in weeks	.239	.28720	<.001	
Officer/Enlisted	.231	.30199	<.001	

Both captivity and demographic variables were examined to determine whether they contributed to the variance in both the cognitive and emotional/social dysfunction criteria. Analysis of the data revealed that both pre-captivity and captivity variables accounted for unique variability in the returnees' adjustments at the time of their repatriation.

Among the captivity variables, the following emerged as unique predictors of the criteria: (1) Captivity location; (2) lack of proper clothing and shelter, and (3) length of solitary confinement. Those prisoners confined in areas other than North Vietnam (i.e., South Vietnam and Laos) endured harsher conditions of captivity, greater nutritional deprivation, and inferior health services. Furthermore, those men held captive in the South were closer to active combat areas and were confined with fewer prisoners, thus precluding the elaborate military and social organization reported by those PWs imprisoned in North Vietnam. Those prisoners who suffered from lack of proper clothing and shelter also evidenced significantly greater emotional/social dysfunction. They were ill-provided with

sufficient physical resources to withstand extremes of heat, cold, and tropical rain, apparently regardless of the areas of confinement.

Solitary confinement was endured for longer periods than PWs in past military conflicts, the longest being confined alone in Vietnam for periods in excess of five years. Isolation and sensory deprivation have long been reported in the psychological literature to be associated with heightened suggestibility, auditory and visual hallucinations, intellectual deterioration, and lack of ego discrimination. (Bexton, Heron, and Scott, 1954). Accordingly, one might expect profound effects upon psychological functioning resulting from the experience of prolonged solitary confinement. The results tend to support this expectation. Those prisoners confined alone for the longest periods appeared to have the greatest difficulty in emotional/social dysfunction following repatriation.

A single demographic predictor, officer vs enlisted status, was predictive of both criteria. Enlisted personnel, were primarily imprisoned in areas other than North Vietnam and thus endured comparatively harsher conditions of captivity and less interaction with fellow prisoners. Furthermore, enlisted personnel were younger, less well-educated, and less experienced in dealing with stresses associated with military life. Nardini, 1952 and 1962, has also suggested that lower ranking personnel, being younger and more inexperienced, had more difficulty adjusting both to captivity and repatriation during World War II.

Conclusion:

The pre-captivity and captivity factors examined in this investigation were found to be related to the psychological functioning of former prisoners at the time of repatriation. The more potent predictors of dysfunction were factors which were aspects of the captivity experience as such, i.e., location of captivity, length of solitary confinement, and lack of proper clothing and shelter. Although it had less predictive weight, one demographic factor (officer-enlisted status) was identified as a unique predictor of both criteria.

In conclusion, this investigation has demonstrated that captivity factors, when evaluated in conjunction with pre-captivity variables, significantly enhance the explanation of variations in psychological dysfunction evidenced by the POWs during the repatriation period.

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