

ADA100260

LEVEL II

2

FAMILIES IN CRISIS: THE FAMILIES OF PRISONERS OF WAR

E. J. HUNTER

REPORT NO. 77-45

DTIC
ELECTE
JUN 16 1981

See 1473



DTIC FILE COPY

NAVAL HEALTH RESEARCH CENTER

P. O. BOX 85122
SAN DIEGO, CALIFORNIA 92138

NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND
BETHESDA, MARYLAND

DISTRIBUTION STATEMENT A

Approved for public release;

81 6 15 024

**FAMILIES IN CRISIS: THE FAMILIES OF
PRISONERS OF WAR***

**Edna J. Hunter, Ph.D.
Head, Family Studies Branch
Naval Health Research Center
San Diego, CA 92152**

Accession For	
NTIS GRA&I	☒
DTIC TAB	☐
Unannounced	☐
Justification	
By	
Distribution/	
Availability Codes	
and/or	
Dist	total
A	

*Paper to be presented as part of a panel entitled, "Prisoners of War Since 1939," at the Joint Session with the American Committee on the History of the Second World War, American Historical Association Convention, Dallas, Texas, 27-30 December 1977. The views presented in this paper are those of the author. No endorsement by the Department of the Navy or the Department of the Army has been given or should be inferred. Report No. 77-45, supported by the Navy Department N0018-77-WR-00003 and Army Department MIPR No. 7701.

INTRODUCTION

Over the years, attempts have been made to formalize a set of international rules governing the treatment of prisoners of war (Mowery, Hutchins & Rowland, 1975). There have never been any rules, however, for families of captives to follow in coping with the prolonged absence of POW husbands, fathers or sons. Except for Reuben Hill's classic study of family separation and reunion (World War II), a few personal accounts of the problems Japanese families interned within the United States during World War II (Bosworth, 1967; Houston, 1973; Kitagawa, 1967; Umemoto, 1971), and two chapters on post-release family adjustment in a book entitled, "Internment in Concentration Camps and Its Consequences," by Paul Matussek (1975), there has been little in the literature about families' responses to a captivity experience until recently.

The Center for POW Studies

Humanitarian concerns for the eventual welfare of our prisoners of war in Vietnam during the late 1960s, as well as concerns for the immediate and longterm welfare of their families and the families of those men declared missing in action, were the major motivating factors which led to the establishment of the Center for Prisoner of War Studies in San Diego in early 1972.

The activities of the Center for Prisoner of War Studies during 1972, and prior to the release of the POWs from Southeast Asia during

Operation Homecoming in early 1973, were directed primarily toward the accomplishment of three major goals. The first was to accumulate as much information as possible about prisoner-of-war matters--what was to be expected in terms of the health of the potential returnees, problems of their reacculturation, what was known of POW problems from former wars, advice from former POW experts and anecdotes of former POWs themselves. We obtained access to data tapes of morbidity and mortality findings for World War II and Korean War POWs and their controls through the period up to 1965. Homecoming in early 1973 was upon us, however, before we had had the opportunity of exploring the interrelationships of those data to the fullest (Plag, 1977).

Our second objective was to prepare a medical examination protocol which was extensive, would not fail to detect pathology, if in fact pathology existed, and was organized in a standard fashion so that comparisons could be made between returned prisoners exposed to varying conditions of imprisonment, and organized as a baseline of information for future medical studies.

Finally, our third goal was to study and define the scope of the difficulties of the long-term absence of husbands or fathers which were being experienced by literally hundreds of POW/MIA families. By the time the announcement came that the men would be released, our Family Studies staff had personally interviewed over fifty percent of all Army, Navy, and Marine Corps POW/MIA families. We had collected a very

valuable fund of knowledge which served as a basis for studying and predicting family adjustments subsequent to the Homecoming reunions. Initially we were engaged primarily in humanitarian endeavors with little emphasis upon POW research or upon research or upon research dealing with POW/MIA families. On the other hand, while we provided many clinical services to families, either directly or through referral, we constantly anticipated the research potential of our data. At present, medical data, family interview data, service record information and correspondence, collected many times over on an annual basis, as well as most of the intelligence debriefing data, form the core of our archives for research and study (Plag, 1977).

The Center for POW Studies has three major branches: (a) medical specialities, (b) family studies, and (c) the captivity branch, whose data are of the intelligence debriefing variety from Vietnam. We also have an in-house information processing and an archival function. We maintain close liaison with other governmental agencies who have an interest in POW issues, such as the State Department, the Veterans Administration, and the National Research Council of the National Academy of Sciences, as well as with foreign governments on unclassified topics pertaining to POW and MIA matters.

Research Questions

There exist for study four different POW populations: (a) those incarcerated during World War II, (b) those from the Korean Conflict

(c) the small but interesting group which comprised the crew of the Pueblo, and (d) the prisoners recently returned from Vietnam. We are presently involved in studies dealing with three of these groups, but most of our attention over the past five years has been focused upon the Vietnam returnees and their families.

We have been attempting to answer such questions as:

(a) Are there significant differences in the later health and adjustment of officer versus enlisted men which might reflect differences in coping abilities during captivity?

(b) Are there differences in the later health and adjustment of former prisoners which are related to length of imprisonment, conditions of captivity, time spent in solitary confinement, one's perception of the stresses of torture, etc?

(c) Does the stress of captivity have a cumulative effect, or perhaps an accelerating one, so that in future years the returned POWs will pay an additional price for the years of incarceration they endured?

(d) Do the members of the families also show heightened vulnerability to psychological and physical illness which relates to the social and emotional stresses they endured while their husbands or fathers were incarcerated?

(e) Will there be differential effects of father-absence on children depending upon the age and sex of the child and the length of father-absence? Do RPW/MIA children really differ in emotional social adjustment from non-RPW/MIA children?

The Southeast Asian Captivity Experience

Each captivity experience of course, is clearly unique in terms of the nature of the captive, captor culture, length and conditions of internment, attitudes towards the war, and many other factors. Nonetheless, there appears to be a consistency with which captivity effects appear across time and across widely divergent settings and populations of POWs (Segal, Hunter & Segal, 1976).

It would not be unexpected that the physical stresses of the South Vietnam POW experience and the overwhelming psychological stresses of the North Vietnam experience would be reflected in differential residual symptomatology manifested by the men and their families both at the time of release and over time. Moreover, the latency and degree of incarceration effects could be expected to be tempered by the time of capture and the duration of captivity.

Follow-up studies of concentration camp victims and American prisoners of war of the Japanese, North Koreans and North Vietnamese indicate that permanent psychic and psychophysiological damage can indeed occur to adult human beings if they are subjected to prolonged malignant and cataclysmic stress (Arthur, 1971). It has also been emphasized that the cumulative weight of findings from existing follow-up studies leads to the conclusion that the extraordinary stresses of incarceration are related to a heightened vulnerability to physical and psychological health problems over the long-term. Such heightened vulnerability can perhaps explain the delay, sometimes as long as five to ten years, in

appearance of symptoms in POW populations that seemed remarkably free of pathology immediately upon release from captivity.

The number of POWs captured and interned in Southeast Asia (766) was very small indeed when compared with the numbers held captive in Korea (7,140) or World War II (130,201). The men returned in early 1973 were a highly select group compared with the POWs of earlier conflicts. The majority were officers, and as a group they were older and more highly educated. Of those men captured in the North, all but one were air crew members. Five hundred ninety-one Americans, including 25 civilians, were repatriated in early Spring, 1973. An additional 84 men, held prisoner anywhere from 36 hours to five and one-half years, escaped or were released prior to 1973. The military group who returned in 1973 included 325 Air Force, 77 Army, 26 Marine Corps, and 138 Navy POWs.

The Families of the POWs

What about the families? It would be surprising indeed if the years the prisoner of war spent in solitude and privation did not reverberate in the world to which he returns. Since the manner in which families coped with the ambiguity of the separation period appears to be related to their adjustment to reunion, let's begin with the family's adjustment at the crisis of casualty.

One of the fascinating early observations of the Center's staff was the recognition of the similarity between the captured husband and his waiting wife in terms of their experiences and feelings in adjusting to their dissimilar situations following casualty (Berg, 1974). Typically, the POW described the process of adjustment to capture as a cycle which

began with psychological shock and numbing, followed by a period of several days or weeks of hyperalertness and intense interest in even the most trivial details of the prison environment and his captors. Then ensued a period of weeks, months, or even years of mental depression, which finally culminated in a conscious decision to survive, to make the best of things, to become active again--a process which parallels the normal process of grieving which it indeed was. The man grieved over the loss of his freedom; the wife grieved over the loss of her husband.

Analogous to the man's process of adjusting to his capture, initially the wife too was psychologically numbed by the news of her husband's casualty. As the shock wore away, she put forth an intense effort to learn everything possible about the circumstances of his capture, whether he had been injured, or if he were still alive. When all sources of information were exhausted, the wife also entered a depressed phase, just as the POW had done. However, the wife did not lose her freedom as her husband had; in contrast, she suddenly found herself with both freedom and new responsibilities she had never before known. Moreover, over time, she learned to cope admirably with that new-found independence, and as the months and years passed, she became more and more reluctant to relinquish it.

Personal in-depth interviews by the Center's staff in 1972, prior to the men's release, indicated the depressed stage for the wife usually ended sometime between the second or third year following casualty. At

that point in time, she typically made a conscious decision that in order to cope with the marital limbo she was in, she had to quit "marking time in place and get on with living." She then perhaps became very active in POW/MIA organizations, returned to school, or went to work. She sometimes moved off the military post where she had waited during the initial months or years and purchased a home in the civilian community and perhaps began dating.

Coping with the captivity of her husband, to some extent, meant closing out his role within the family system. She might adopt other coping styles, however. Just as the men used various mechanisms for coping with captivity, a variety of coping patterns--some functional and others dysfunctional--were utilized by wives in dealing with family separation. These patterns appeared to be related to the wife's background, perceived quality of marriage, husband's background, his motive for going to Southeast Asia, the stresses experienced by the wife during separation, and the family's preparation for separation (McCubbin, Dahl, Lester & Ross, 1975).

The marital relationship of the repatriated captive is clearly vulnerable to the stresses of separation. After prolonged absences, many of the wives experienced extreme ambivalence and guilt immediately prior to their husbands' return. Family reunions were indeed stressful. Many of the wives of the POWs, however, reported to researchers from the Center for POW Studies that their greatest surprise at Homecoming was how little their husbands' basic personalities had actually changed during the long, stressful years of captivity.

Recent studies by the Center for POW Studies like Hill's (1949) classic WW II study, have shown that maintenance of the father's role in the family unit during separation was an important factor in the reintegration process. Three other variables found uniquely related to family reintegration were (a) the wife's assessment of the marriage before casualty, (b) the degree of wife's emotional dysfunction during separation, and (c) the length of the marriage at the time of the POW's casualty (McCubbin, Dahl, Lester, Benson & Robertson). In other words, the better the wife's satisfaction with the marriage and the longer the marriage at the time of casualty, and the fewer emotional problems the wife experienced during the separation period, the more likely the family would remain intact after the POW's return.

The Children of POWs

Children, too, had to cope with the captivity of their fathers, and their success in doing so reflected, to a large degree, their mother's ability to cope successfully with this stressful family crisis. Two or three years following father's release, however, the Center's studies suggest that father-absence continued to have a profound and generally negative effect upon these children when compared to general population norms--effects apparently not offset by father's return (Dahl, McCubbin, Lester & Hynds). Until these POW/MIA children are contrasted with a matched comparison group of children, however, we will not know if they really differ from any other comparable group of military children. These analyses are currently being carried out. Undoubtedly, the physical

and psychological residuals the POW brings back with him, coupled with the psychosocial events he meets upon his return, combine, at least in part, to determine the course of his future adjustment.

Psychiatric Residuals

At the time of the second year follow-up (1975), Navy psychiatrists found that the length of captivity was indeed a factor in whether or not the POW received a psychiatric diagnosis (Spaulding, 1976). The longer the captivity duration, the more likely the POW would receive a psychiatric diagnosis two years post-release. Most of the Navy returned POWs, however, appeared to be doing quite well psychiatrically two years after return. For those who were having problems, most of the symptoms appeared related to the marital relationship. Pathology related etiologically to the marital relationships had increased from 28 percent to 38 percent from the previous year (1974). Diagnoses etiologically related to captivity factors, unlike those related to marriage, decreased during the previous year from 24 percent to 10 percent. It is noteworthy that there were significantly more psychiatric diagnoses two years post-return for those Navy POWs who had never married than for those who were either married or had married and later divorced (Spaulding, 1976).

Of those Navy POWs who showed definite psychiatric deterioration during the period from the first year follow-up to the second year follow-up examination, depression was the most common diagnostic picture, with a suggestion that an obsessive-compulsive personality pattern was a predisposing factor. Interestingly, those men who showed no change between

the first- and second-year follow-up examinations received fewer psychiatric diagnoses than either the group that changed for the better or those men who changed for the worse (Spaulding, 1976).

Divorce and the POW

Almost thirty percent of the Army, Navy, and Marine Corps POWs, who had been married prior to captivity were faced with marital dissolution within the first year after return. Many of these were marriages of short duration or problem marriages prior to casualty. Actually, the rate is not too different from divorce rates in general within the United States today. Typically, however, divorce rates within the military are lower than those for the general population. When compared with the divorce statistic for the matched comparison group preliminary analyses have shown the POW rate was two to three times higher. At the point in time three years post-release, we looked to see how many in each group had experienced at least one marital dissolution since date of casualty. We found that 32.3 percent of the Army, 25.0 percent of the Marines, and 27.9 percent of the Navy POWs had experienced marital dissolution compared with only 11.1 percent of the comparison group for the Navy sample for the same period (Hunter, 1976a).

Family Roles

As mentioned previously, maintenance of a husband/father role within the family was found to be an important factor for successful family reintegration following return. Ironically, successful coping for the wife during the separation period required at least a partial "closing

out" of the father's role through reassignment of his tasks to other family members. It was, then, predictable that major adjustments in family roles would have to occur in the initial weeks and months after repatriation in order for successful reintegration to take place.

Preliminary comparisons between the family role structure of Navy POW families and matched control families showed some interesting differences. Three years subsequent to return, the POW families, as a group, were significantly more "female-centered" or matriarchal than the more "traditional" control families. In other words, even though the POW father had returned to the family many months before, not all his previous roles had been reassumed by him. The wife of the POW was still performing some of the roles or family tasks that were more likely, in the group of comparison families, to be performed by the husband. Other between-group differences were apparent from these comparative studies. For example, the family of the POW was less independent and less cohesive, according to reports of the wife of the POW, when compared with the comparison families. The wives of the returned POWs also perceived their husbands' career adjustment as lower than did the wives of the matched controls in judging their husbands' job performance (Hunter, 1976c).

Solitary Confinement during Captivity

One other noteworthy finding should perhaps be mentioned here. It was found that the amount of solitary confinement the POW experienced during captivity was highly related to his perception of how well he was

doing in his career three years subsequent to return. The longer the period of solitary, the lower the POW's perceived career adjustment. Before we put too much credence in this relationship, however, we must look further for objective measures of how well he is performing his job. Because these returned POWs, as a group, appeared to be trying to "make up for lost time" -- perhaps even neglecting family obligations -- during the years immediately following release from captivity and because these men tended to set extremely high expectations for themselves, they may have been performing more than adequately even though they perceived they should be doing better (Hunter, 1976b). Again, it would appear there may be more problems in the post-return period for either the POW who over-achieves or the one who becomes depressed and gives up, than for the middle-of-the-roader who sets more realistic goals for himself.

Parent-Child Relations

Although the absence of the father in a military role poses difficult problems for any child, when the father is a POW in a long and unpopular war, there are additional burdens imposed by the situation. Mothers must cope not only with their own problems and feelings, but also with those of their children. Father-child relations within the POW family have been shown to be highly related to the father's perceived abuse in captivity. In other words, the more stressful the captivity experience was viewed by the POW, the more difficult it appeared to be for him to re-establish close and satisfying father-child relationships after return. A firm resistance posture and harsh captor treatment have been found

related to poorer father-child relationships in later years (Hunter, 1976c). It was expected that POW father absence would show differential effects on children as a function of age and sex of a child. However, the Center's studies to date have been unable to establish any significant relationships between sex of child and age of child at the time of the father's casualty and satisfactory father-child relationships in the post-return period although such relationships may yet become apparent in later phases of these longitudinal studies.

Preliminary findings indicate that incarceration by a foreign power has both immediate and long-term effects which may become manifest only after a latency period of several months or years. Both the events of casualty and reunion have been shown to be stressful family crises. To quote one physician who has followed the POWs closely during the four years subsequent to their release from captivity: *"It is now apparent that the process of recovery from the stress of shootdown, capture, captivity, and repatriation appears to require, among other things, recovery of self-esteem through reintegration with the group: the POW group, the military, the family, and society ... To the degree that there is failure, there will be ... psychopathology"* (O'Connell, 1976).

Perhaps it should be emphasized that although the Center's studies may at times appear to focus heavily on psychopathology, they can also afford new insights both into the manner whereby POWs are able to survive their ordeal and into the ways in which the ordeal of captivity

served to strengthen them and build new resources -- both for the men and their families (Segal, Hunter & Segal, 1976). Preliminary comparisons are beginning to suggest, in fact, that in some respects the returned POWs may actually be healthier than their matched comparisons. Our in-depth longitudinal study of this small group of men and families who have experienced prolonged stress offers a unique opportunity to understand how families cope in similarly unique ways.

REFERENCES

- Arthur, R. Proposal for enhancement of health care to released prisoners of war through initial evaluation and documentation and subsequent follow-up care. (Unpublished) San Diego, Calif., Navy Medical Neuropsychiatric Research Unit, 1971.
- Berg, S. The Vietnam POW: Different but not unfamiliar. Paper presented at the 27th National Convention of American X-POWs, Las Vegas, Nevada, 27 July 1974.
- Bosworth, A. Americas' Concentration Camps. New York, W. W. Norton & Co., Inc. 1967.
- Hill, R. Families under stress. Conn.: Greenwood Press, 1949.
- Houston, J. Farewell to Manzanar, Boston, Houghton Mifflin Co. 1973.
- Hunter, E. A Comparative analysis of family adjustment of returned POWs and Vietnam Veterans. Paper presented at 4th Annual DoD Health Care Task Force Meeting on POW/MIA Matters, San Antonio, Texas, 4-5 Nov. 1976a.
- Hunter, E. The prisoners of war: Coping with the stress of isolation. In Moos, R. (ed.) Human Adaptation: Coping with Life Crises. Lexington, Mass: D. C. Heath & Co., 1976b.
- Hunter, E. POW resistance posture in captivity in relation to subsequent career and family adjustment. Naval Health Research Pub. No. 76-65, 1976c.
- Kitagawa, D. Issei and Nisei: The Internment Years. New York, The Seabury Press. 1967.
- Matussek, P. Internment in concentration camps and its consequences. N.Y.: Springer-Verlag, 1975.
- McCubbin, H., Dahl, B., Lester, G., Benson, D. & Robertson, M. Coping repertoires of families adapting to prolonged war-induced separations. J. of Marriage & Family, August, 1976, 461-471.
- McCubbin, H., Dahl, B., Lester, & Ross, B. The returned prisoner of war: Factors in family reintegration. J. of Marriage & Family, August, 1975, 471-478.

REFERENCES (Cont'd)

- Mowery, E.; Hutchins, C.; Rowland, B. (eds.). The Historical Management of POWs. A Synopsis of the 1968 U. S. Army Provost Marshall General's study entitled: A Review of United States Policy on Treatment of Prisoners of War. San Diego, Naval Health Research Center, Center for POW Studies, 1975.
- O'Connell, P. Trends in psychological adjustment: Observations made during successive psychiatric follow-up interviews of returned Navy-Marine Corps POWs. In Spaulding, R. (ed.) Proceedings of the 3rd Annual Joint Medical Meeting Concerning POW/MIA Matters, San Diego, CA., 19-20 Nov. 1975, 1976, 16-22.
- Plag, J. The Center for Prisoner of War Studies: Past, present and future research. Paper presented at the DoD Research and Evaluation Meeting, Washington, D. C. 15 Feb. 1977.
- Segal, J.; Hunter, E.; & Segal, Z. Universal consequences of captivity: Stress reactions among divergent populations of prisoners of war and their families. Int. J. Soc. Sc., Vol. XXVIII (3), 1976, 593-609.
- Spaulding, R. (ed.) Proceedings of the 3rd Annual Joint Medical Meeting Concerning POW/MIA Matters, San Diego, Ca., 19-20 Nov. 1975, 1976.
- Unemoto, A. Crisis in the Japanese American Family. Asian Women, p. 31-34, University of California, Berkeley. 1971.

Unclassified

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER 77-45	2. GOVT ACCESSION NO. AD-A100260	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Families in Crisis: The Families of Prisoners of War		5. TYPE OF REPORT & PERIOD COVERED Final report
7. AUTHOR(s) Edna J. Hunter		6. PERFORMING ORG. REPORT NUMBER
9. PERFORMING ORGANIZATION NAME AND ADDRESS Naval Health Research Center P.O. Box 85122 San Diego, CA 92138		8. CONTRACT OR GRANT NUMBER(s)
11. CONTROLLING OFFICE NAME AND ADDRESS Naval Medical Research & Development Command Bethesda, MD 20014		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS AA1771804.6289
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office) Bureau of Medicine & Surgery Department of the Navy Washington, DC 20372		12. REPORT DATE 7 December 1977
		13. NUMBER OF PAGES 18
		15. SECURITY CLASS. (of this report) Unclassified
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited. (14) NAVHLTHRSCHC-77-45		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES Presented at the American Historical Association Convention, Dallas, Texas, 27-30 December 1977, and will appear in the Proceedings of the 92nd Annual Meeting of the American Historical Association Convention, Dallas, Texas, 28-30 December 1977.		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Prisoner of war Captivity Social isolation Family adjustment		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The report gives an overview of the longitudinal studies of the physical, psychosocial and family adjustment of the American prisoners of war returned from Southeast Asia in early 1973, being carried out at the Center for Prisoners of War Studies in San Diego. The article focuses primarily upon the relationship between the men's captivity experience and later family adjustments.		

DD FORM 1473
1 JAN 73EDITION OF 1 NOV 65 IS OBSOLETE
S/N 0102-LF-014-6601Unclassified
SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

391642