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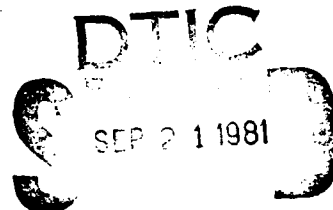


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**WARTIME STRESS
FAMILY ADJUSTMENT TO LOSS**

EDNA J. HUNTER

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WARTIME STRESS
Family Adjustment to Loss

EDNA J. HUNTER*

Wartime loss is a significant source of stress for military family members. Such loss may be prolonged but temporary, as during armed conflicts, peacekeeping missions or prisoner of war experiences. It may be ambiguous and indefinite as in the missing in action or hostage experience, or, it may be permanent, as when the serviceperson is killed in action or has been presumed to have died in captivity. This report reviews the literature on wartime stress and the military family's adjustment to these losses.

FOCI OF PAST RESEARCH

Military wives have suffered and endured the hardships and indignities involved in being with, and without, their active duty husbands since the frontier days, when they sometimes even fought side-by-side with their soldiers (Ribbel, 1980). Loss, separations, deprivation, and humiliation were common experiences of wives of fighting men in the old West, just as they often are for those wives of servicemen today. Military wives have been called "waiting wives;" they have also been referred to as "combat casualties who remain at home" (Hunter, 1980).

The earliest studies of families' coping with wartime stress come from World War II investigations (Bennett, 1945; Duvall, 1945; Eliot, 1946; Griffith, 1944; Hill, 1945, 1949; Hoffer, 1945; Kuhen, 1951; Patterson, 1945; Reeves, 1946; Rosenbaum, 1944; Spaulding, 1943; Stolz, 1952, 1954; Zurfluh, 1942). Several of these early investigations focused specifically on the children's adjustment to father absence during wartime (Carlsmith, 1973; Gardner & Spencer, 1944; Igel, 1945; Zitello, 1942).

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More recently, the Yom Kippur War in Israel resulted in the attention of psychologists and sociologists to family members' efforts to cope with wartime stress (Caplan, 1945; Eloul, 1975; Halpern, 1975; Kedem, 1975; Kristal, 1975; Levy, 1975; Milgram, 1975; Sanua, 1975, 1977; Sigal, 1974; Sternberg, 1975; Teichman, Spiegel & Teichman, 1975; Weider, 1975; Ziv, 1975).

However, the bulk of the literature on the effects of wartime stress on families has come from the 7-year longitudinal study at the San Diego Center for Prisoner of War Studies¹ which examined the adjustment and coping abilities of families of prisoners of war (POWs) and servicemen missing in action (MIAs) in Southeast Asia (Plag, 1974; Hunter, 1977). Thus, most of this report will deal with the Center's findings on military families' coping with extreme prolonged stress, such as was the situation for those POW/MIA families.

Although many of the studies based on the Vietnam conflict focused specifically on the period of separation (McCubbin et al., 1974, 1975, 1976; Nelson, 1974; Stewart, 1975), others focused primarily on the reunion/reintegration period (Hall & Malone, 1975; Hall & Simmons, 1973; Hunter, 1976, 1978, 1980, 1981; McCubbin, Dahl, Lester, & Ross, 1977; Nice, 1981; Segal, 1974; Segal, Hunter & Segal, 1976; Stratton, 1978).

Still other recent investigations have focused on the unique stresses on the MIA family (Boss, 1975, 1977, 1980; Clarke, 1979; Foley, 1980; Hunter, 1977; 1980, 1981) and of the children of these POW/MIAs (Dahl, 1976; Dahl, McCubbin, & Ross, 1977; McCubbin, Dahl, Lester, & Ross, 1977; McCubbin, Hunter, & Metres, 1974; Price-Bonham, 1972; Robertson, 1976; Spolyar, 1974).

Finally, another sizeable number of reports have dealt with the social and emotional supports and services recommended or available for families who experience wartime stress (Cronkite-Johnson,

* The Center for Prisoner of War Studies was disestablished in September 1978. However, the medical follow-up for the Navy ex-POWs has continued for a second 5-year period, with annual medical follow-ups being done at the Navy Aerospace Medical Institute, Pensacola FL.

1975; Ewing, 1972; Hunter & Dunning, 1973; Hunter, McCubbin, & Metres, 1974; Hunter & Plag, 1973; Meshad, 1974; Nice, 1978; Plag, 1974, 1976; Powers, 1974; Segal, 1973; Van Vranken & Hunter, 1976; Zunin, 1969, 1974).

The knowledge gleaned from these studies took on added import during the recent Iranian Hostage crisis. The major findings and conclusions from this voluminous body of literature are the focus of the present review.

THE 7-YEAR STUDY OF THE POW/MIAs OF THE VIETNAM CONFLICT

The Vietnam POW studies at the Center for POW Studies in San Diego were prompted by humanitarian concerns, and also because the situation offered a unique opportunity to study the effects of prolonged extreme stress that could never have been duplicated in a laboratory (Hunter, 1977; Plag, 1976). It was also an opportunity to better understand the etiology of the excessively high POW morbidity and mortality rates of POWs of other wars which had been reported in the literature (Beebe, 1975). Ex-POWs of the Japanese after World War II and of the Korean conflict showed a significantly higher mortality rate the first ten years post-return, compared with those veterans who were not captured (Plag, 1974).

Some of the questions asked by the Center for POW Studies' researchers remain of interest today to military planners, as well as to the State Department and large international corporations who send their employees and their families into developing nations where the risks of terrorism are high. These research hypotheses included such questions as:

- What factors determine who dies and who survives?
- Why are some individuals able to cope with extreme prolonged stress and still go on to lead productive lives, while others curl up in the fetal position shortly after capture and succumb to "give-up-itis," as it has been called?
- What are the typical coping techniques used by both captive and family members in dealing with the situation?

- Are the stresses created for the POW/MIA wives reflected in their physical health?

- What are the effects on children of prolonged indeterminant father absence? (Plag, 1976, Hunter & Plag, 1977)

To understand the effects of the POW experience upon family members, one must first understand its longterm effects upon the POW himself. From the results of this 7-year longitudinal study come a number of major conclusions. For example, it is now known that:

- Human beings can cope with much, much more stress, both physical and psychological, than they ever think they can (Segal, Hunter, & Segal, 1976).

- The physical stresses have fewer longterm effects than the psychological ones (Hunter, 1977).

- There is a whole range of coping abilities; although the older, more mature, more intelligent, more highly educated, "committed," individual is likely to cope better; personality factors definitely enter into the ability to cope and to resist coercive persuasion by the captor (Hunter, 1977; Spaulding, 1975).

- The person who typically feels that everything that happens to him is due to "luck" or "Fate," does less well in a stress situation than the one who has built-in self-determination (Hunter, 1981).

- Length of time in captivity, harshness of treatment, and the whim of the captor determine, to some extent, who survives as well as who is given favored treatment (Hunter, 1981).

- Outside of the event of capture itself and actual physical torture, solitary confinement is perhaps the most stressful of captor treatments (Vohden, 1974).

- Debilitation (e.g., sleep deprivation, physical illness) lowers one's ability to cope or to resist (Biderman, 1957).

- The period of time one has the power to refrain from behaving in ways which could be viewed as collaboration, lasts for a much shorter time than most of the POWs would have guessed prior to capture, usually one-half hour to three hours, at the most (Butler, 1980).

- If the treatment is harsh enough and long enough, the Military Code of Conduct is impossible to follow strictly (i.e., giving only name, rank, serial number, and birthdate) (Hunter, 1981).

- Training and knowledge acquired prior to capture can help one survive prolonged extreme stress. In other words, knowing what to expect and knowing that one can survive much, much more than one thought he could, helps. For example, knowing that the body heals itself lowers anxieties; knowing that you won't die from blood poisoning just because streaks are emanating from that open wound. Or, knowing that "Grandma's home remedies" helps; knowing what to do for heat rash when there's no Johnson's Baby Talc, or for a killing toothache when there is no dentist. Waiting seven years for a dental appointment can be painful! And, certainly, knowing that everyone can be "broken" can alleviate longterm guilt feelings subsequent to release (Berg & Richlin, 1977a, b, c, d).

- The support of the group (those in a similar situation) is very crucial for survival for both the captive and the family (McCubbin, Hunter & Dahl, 1975).

- Physical stresses have fewer longterm effects than the psychological ones (Hunter, 1977).

- The ability of children to cope with extreme stress is a reflection of their mother's ability to cope effectively (McCubbin, et al., 1974, 1977).

- The first two or three months following capture are the most difficult; after that one adjusts to some degree, but it is the ambiguity, for both the POW and the families, and especially the MIA families, that makes the long wait so very stressful. It's the not knowing (Hunter, 1980).

- Captives and their wives both find themselves on an emotional roller-coaster. Repeatedly when the news is good, they become hopeful, only to sink to the depths of despair when hope dims again. After these disappointments continue month after month and year after year, both tend to level out their emotions and develop what has been termed "psychological numbing" or blunted affect. It is too difficult to go up and down like a yoyo. Controlled emotions help one cope, but the

inability to show spontaneity may hamper family adjustment after release (Hunter, 1980).

- There were also benefits from the experience, according to some ex-POWs. Who else but a POW has months and months to contemplate who he is, what he's done, and what he'd like to do in the future? Many ex-POWs said they now know who they really are and what is really important in life (Segal, Hunter & Segal, 1976). Also, the families who survived (Most mature, well-established ones did) also look back and perceive some benefits. They report their marriages are more mature and more cohesive, and that their children are more responsible than they would have been, had not the long stressful separation intervened (Hunter, 1977, 1980).

- Because of the long separation, wives discovered they really were capable, independent persons who could make decisions for the family (Hunter, 1980).

SIMILARITIES AND DIFFERENCES BETWEEN THE VIETNAM AND THE IRANIAN SITUATIONS

More recently (1979-1980), 52 United States citizens were held hostage by Iran. Some of the knowledge derived from past studies of POWs was used in drawing up recommendations^{*} for the support of the families of those hostages during the disruption, as well as during the reunion period (Figley, 1980). There are both similarities and differences between the Vietnam POW experience and the Iranian hostage experience, with regard to time in captivity, treatment by the captor, the process of coping, and the later effects of the experiences (Hunter, 1981).

First, the major differences are listed below:

- With respect to differences in length of captivity, the Vietnam POWs were captive an average of five years; some were gone 6, 7, 8, almost 9 years! The Iranians held their hostages for 14 months (Hunter, 1981).

^{*}The Task Force on Families of Catastrophe met in February 1980 at Purdue University to discuss the plight of the families of the hostages held in Iran and make recommendations for supporting their special needs.

- As for differences in captor treatment, the POWs held in Vietnam were methodically tortured for the first months of captivity (at least those who were captured in the early years of the conflict were); there was no medical treatment, or at least only in extreme cases; those in South Vietnam also had to contend with mosquitos, malaria, and leeches. Injuries were left untreated, broken bones unset; those with open head wounds did not usually survive to return. For the most part in South-east Asia, the food consisted of pumpkin soup and a bit of wormy rice month after month. Those hostages held by Iran were provided with medical treatment when ill; one man was actually returned to the United States because of his illness. In Iran, food may have been substandard, but it was adequate to meet basic bodily needs (Hunter, 1981).

- The two experiences also differed with regard to the amount of group support they had. Those POWs held in Vietnam were kept in solitary at least prior to 1969; some were kept in solitary the entire time. Communication was forbidden, although the men usually did so through tap codes through the walls. This lack of communication did not occur in Iran, except for a few hostages who were segregated from the others, and for those few it would be predicted that there would be more long-term effects from the experience. As for mail communications, many of the families of the Vietnam POWs did not even know for three whole years whether their husbands and fathers were dead or held captive. The first mail for the families of men captured early in the conflict did not reach them until three years after capture, and then it was only a 6-line letter once a month, if that. Some families never did know whether the POW was even alive until the time of release in 1973. One wife had had no word for almost nine years, had presumed her husband dead, and was planning to remarry when the imminent release was announced and her husband's name was on the list. In contrast, many letters were allowed to pass between the hostages in Iran and their families, although with little consistency, and the hostages themselves were allowed to talk with each other, at least after the initial few weeks subsequent to the takeover of the Embassy (Hunter, 1981).

Many of the differences between the Vietnam POW experience and the Iranian hostage situation have been mentioned, but there were also similarities, such as:

- For both, the event of capture and the subsequent confinement were extremely stressful experiences. Even in the absence of brutal treatment, captivity per se is stressful --the verbal abuse, being accused of being a criminal, a spy; and being threatened with trial and/or execution. Both the POW in southeast Asia and the hostage in Iran experienced these stresses (Hunter, 1981).

- Also, both experienced the emotional roller-coaster effect mentioned earlier (Foley, 1980; Hunter, 1980).

- All captives and hostages experience the powerlessness, the denigration, the humiliation, the lowering of self-esteem which occurs when one must cope with a parent-childlike situation, where he must depend upon his captor for even the most basic of needs, even the privilege of going to the bathroom (Hunter, 1981).

- Guilt feelings, during and after captivity, occurred as a result of a combination of factors--the captor's verbal barrage, the powerlessness and loss of self-esteem ("I'm being punished, thus I must be guilty"); guilt over the family being left alone to cope; guilt over perhaps not behaving up to one's own standards, or of being made to say or sign something while under duress that one didn't think he could be made to say or sign; guilt over coming back when perhaps others did not live to come back because they resisted harder, or were killed trying to effect your rescue (Hunter, 1981).

- In coping with a POW/hostage experience, it has been found that there are essentially two somewhat dichotomous ways captives may cope: (a) either by resisting vehemently, or, especially where the captive or hostage is first threatened with death and then treated nicely and spared, (b) by identifying with the captor and actually feeling favorably towards him (called the "Stockholm Syndrome").* (Biderman, 1957; Figley, 1980; Hunter, 1981).

* The Stockholm Syndrome takes its name from a bank robbery in Stockholm where the captives actually went to the defense of the very person who had threatened their lives, although the process was mentioned much earlier in the research literature on "brainwashing."

- Ironically, upon release, the ex-hostage is more likely to voice hostility towards his rescuer than towards his captor, especially if he was isolated from other captives during his confinement (Jenkins, 1976).

It seems logical that if both the family and the ex-captive do not understand that many of their behaviors are merely normal coping with an abnormal situation, then the reunion/reintegration period may be even more difficult for all family members.

THE UNIQUE STRESSES ON THE MIA FAMILY

The matter of the 2490 American servicemen missing in action (MIA) in Southeast Asia is a poignant and tragic issue resulting from the Vietnam war (Clarke, 1979). Even today some of their wives and parents still struggle with the lack of knowledge as to whether these men are alive or dead, and the wives wonder whether they are wives or widows.

When the war ended in 1973, 566 prisoners of war (POWs) returned home. Approximately 1300 did not return at that time. Among the missing are 113 men who were known to have been held captive in Laos and Vietnam, but who were not released during "Operation Homecoming," and the figure does not include those men missing from Laos, Cambodia or China. These 113 are the cases in which the United States has firm evidence, such as a propaganda film clip from the Vietnamese, an intercepted radio transmission, or a reliable intelligence report, which reveal that at one time those particular individuals were actually alive and in enemy hands. Thus, some wives, and parents, have continued to wait and hope these many years.

The American demand for an accounting has undoubtedly created a dilemma for the Vietnamese, for just as it is certain that Hanoi could provide information on many more men, it is equally certain that they will never be able to provide an accounting of many of the men who crashed into the jungles of Southeast Asia. Nonetheless, even for those known to be alive in captivity at some time,

the other side has consistently denied any knowledge. Only 78 bodies have been returned to date.

A total of 560 United States airmen went down in Laos alone during the war. Apart from the nine prisoners sent to Hanoi prior to 1973 and repatriated with the other POWs in the Spring of that year, no live Americans have ever come out of that country, and the Laotians have only sent back two sets of remains.

Only last June, an ethnic Chinese expelled from Vietnam told of processing the remains of 426 American bodies as late as 1979 in a Hanoi mortuary. He also claims to have seen three live Americans. The hard cold facts of history show that no Communist nation has ever released all known alive POWs at the end of hostilities. In fact, after the French withdrew from Indochina in 1954 following Dien Bien Phu, captives from that war were repatriated for almost two decades. Thirteen French POWs were not released by Hanoi until 16 years later. Since 1954, French authorities and citizens have been literally buying back the remains of their dead. Just last March, it was reported that \$50,000 was paid for one set of bones (Satchell, 1981).

Are the American wives of MIAs realistic in continuing to hope for the return of their loved ones? To place the matter in perspective, we must remember that still today, there remain 389 men unaccounted for from the Korean War 30 years ago. Nonetheless, stories continue to persist that some Korean War POWs may still be languishing in remote prison sites in China or Russia.

From Vietnam refugees recently arrived in the United States have come scores of eyewitness accounts of groups of emaciated Americans, some in chains, being led under heavy guard along jungle trails or through villages to unknown destinations. As of May 1980 the Defense Intelligence Agency was checking out 370 "live sighting" reports alleged to have been made since 1975. Of these, 222 were said to have been first-hand sightings and the remainder hearsay. One high-ranking Vietnamese defector has stated that it was common knowledge among the party's cadre that an undetermined

number of Americans were being held for possible use in future bargaining with the United States for aid, trade, and diplomatic recognition (Singlaub, 1981). Such aid has not materialized; today the POWs are said to be held because it would be "embarrassing" at this point in time to admit that all American POWs were not returned in 1973, as Hanoi had agreed to do.

UNRESOLVED GRIEF AND THE MIA FAMILY

There is little doubt that during the Vietnam war, the American government prolonged the grief of the MIA families by maintaining many servicemen in the "missing" category, even where there was good indication that they had not survived. This policy substantially increased the monetary benefits paid to the MIA wife, compared to the war widow, but these inequities did not cancel each other out (Clarke, 1979). The unprecedented length of time these men were kept in the missing status placed unique strains on many surviving family members. It exposed them to immeasurable frustrations and interrupted the natural healing process of grieving. With the recent resurgence of reports that some of these men may still be alive in Southeast Asia, the "heart knowledge" of the wives and families who have waited these long, torturous years has been rekindled (Rowe, 1981).

THE NORMAL PROCESS OF GRIEVING

Most social scientists are familiar with the grief stages postulated by Kubler-Ross (1969); i.e., denial, anger, bargaining, depression, and acceptance. Other theorists have delineated similar stages which individuals pass through in coping with diverse types of losses. When one grieves over any loss, typically the final phase is the stage of acceptance.

In the studies of prisoners of war and their families and the families of servicemen missing in action carried out at the Center for Prisoner of War Studies in San Diego from 1971 through

1978 (Hunter, 1977), as mentioned earlier, it was found that, just as the POW himself went through these stages (e.g., shock and denial, anxiety, anger and guilt, depression and acceptance) in coping with his captivity, so too did his wife, in coping with the loss of her husband. Recently the wife of one former POW wrote, "Since loss and separation are facts of life, it should again be emphasized that the grieving process in reaction to that loss is necessary and 'normal'....Loss is a reality and coping with that loss is a growth-producing experience" (Stratton, 1978).

That statement may certainly hold true for POW wives, but for the MIA wife, grieving for loss that is not a reality is not growth-producing. When one does not know if she is wife or widow, there can be no final stage of acceptance or adequate coping with her loss, and thus, resolution of the grieving process is exceedingly difficult, if not impossible. Unresolved grief can effectively prevent one from 'getting on with living.' Continuing ambiguity with respect to one's marital status, with respect to life or death of one's loved one, and uncertainty as to one's future are indeed stress-producing (Boss, 1977; Boss, Hunter, & Lester 1977; Hunter, 1980).

THE MIA EXPERIENCE AND THE IRANIAN HOSTAGE SITUATION

Just a little over a year ago, a group of social scientists met to discuss the plight of the families of the hostages held in Iran.* At that meeting one MIA wife of the Vietnam conflict shared her comments, based upon personal experience, with the group:

The families of the hostages are probably experiencing all of Kubler-Ross' steps of the grief cycle, on a "temporary" basis. They are bouncing back and forth within that cycle....

*The Task Force on Families of Catastrophe is a group of scholars and practitioners with special interest and expertise in the area of immediate and longterm family reactions to catastrophe.

They are experiencing a sense of helplessness; they cannot control their own lives....their once-secure family now rests on the whims or fickleness of captors who are highly suspect. They cannot take charge of the issue that has disrupted their lives; it is far too big....Wives will experience intense fear for their husband's safety. They will also be angry, because they have been left alone, and then they will feel guilty because they are angry....The final outcome is uncertain; the "limbo" could end tomorrow or next year....Some wives may be able to reach decisions, based only on their husband's pre-stated wishes. Others may be able to demonstrate more independence or autonomy. Some may be paralyzed (Foley, 1980).

COPING AND THE POW/MIA WIVES

The studies at the Center for POW Studies showed that the Vietnam POW/MIA wives experienced extreme feelings of aloneness following the husbands' casualties. They discovered there really was no acceptable social role for women in an ambiguous marital status; they often reported feeling like "a fifth wheel," useless and superfluous, especially if there were no children to care for (Hunter, 1980).

Nonetheless, necessity bred independence; they learned to buy and sell houses and automobiles; they sold real estate. Some accumulated considerable wealth, not counting their husbands' salaries (which continued as long as the men remained in the missing status). They found they could make decisions; they could discipline children. But these abilities were not developed immediately. Personal in-depth interviews by the Center's staff in 1972, prior to the POWs' release, indicated that the depressed stage for the wives usually ended sometime between the second or third year following casualty. At that point in time, the wives typically made a conscious decision that in order to cope with the marital limbo they were in, they had to quit "marking time in place" and get on with living.

Coping effectively with the captivity of the husband, to some extent, meant closing out his role within the family system. The wife might adopt other coping styles, however. McCubbin and his associates found a variety of coping patterns, some functional and others dysfunctional, which wives utilized in dealing with

this ambiguous separation. These patterns appeared to be related to the wife's background, perceived quality of marriage prior to casualty, 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, Benson, & Robertson, 1976).

Interestingly, during separation, POW wives who had closed out the husband's role (that is, made decisions and took actions as if the husband were no longer in the family) actually coped better than those who did not, as measured by fewer personal/emotional adjustment problems, children's problems, and so forth. Ironically, those POW wives who coped best with separation were the ones most likely to have difficulty in adjusting during the reunion period when the POW husbands returned. For the MIA wives, it was a different story. Those MIA wives who closed out their husbands' roles during the period prior to the POWs' return in 1973 did better during the separation period, just as did the POW wives. However, when the POWs returned and these MIA husbands did not, the trauma did not appear as great for those MIA wives who had made the adjustment in family roles earlier. Conversely, for those MIA wives who had retained the husbands' place within the family through those many years, the post-repatriation period was traumatic indeed, and acute grieving recurred for many MIA wives (Boss, 1980; Boss, Hunter, & Lester, 1977; Hunter, 1980).

As mentioned earlier, continuing ambiguity is extremely stress-producing. Moreover, stress has often been shown to be related to actual physical illness, as well as to family dysfunctioning (Boss, 1980; Lewis, Beavers, Gossett, & Phillips, 1976; Holmes & Rahe, 1967). Based upon the factor of ambiguity, the Center's studies of the Vietnam POW/MIA wives predicted that personal adjustment would decrease, going from comparison group wives (wives of military men who had not been taken POW), to POW wives whose husbands had returned, to wives of men killed in action (KIA), and, lastly, to the MIA wives, who would be expected to manifest

the greatest number of psychological and health problems. These four types of wives were compared on an index derived from a health inventory completed four years after the POWs' release, and the hypothesis was supported (Hunter, 1980).

The MIA wives, as a group, reported significantly poorer physical and emotional health than the KIA wives, the POW wives, and the comparison wives. Looking at specific complaints in comparing the MIA wives with the POW wives, the MIA wife was more likely to report such physical symptoms as headaches, backaches, chest distress, as well as psychological problems such as nervousness and depression.

SUCCESSFUL COPING WITH STRESS

In a discussion of the ability to cope with stress, the point has been made that for successful adaptation, three major tasks must be accomplished (Moos, 1976). First, one must have satisfactory, adequate information about the environment. The MIA wives did not have this. They were expected to make all family decisions, and yet they had little information. In the early years of the Vietnam conflict, they were told not even to tell others that their husbands were missing in action (to protect the government's contention of non-involvement in Southeast Asia). Thus, they had no knowledge about other wives who were in a similar situation, and consequently they had no group support. Also, they had little if any information about details of their husbands' casualties. They did not know if the husband was alive or dead, and, if he were alive, they wondered whether he was severely injured, ill, psychotic, or whatever (Hunter, 1981).

The second requirement for successful adaptation to stress is that satisfactory internal conditions for processing information and for action must be available. This is where individual differences came in. These MIA wives suddenly had to cope with complete freedom within the family system, a freedom to which they were unaccustomed,

and each coped in her unique manner.

The third requirement for successful coping with stress is freedom of movement or autonomy (Moos, 1976). The MIA wife, to be sure, did not have freedom of movement or autonomy. Because the husbands' fates were unknown, the wives continued for many years within a limbo state. They could make only the day-to-day decisions, but often they found there was no way to buy or sell their house or car because ownership was in the husband's name, or jointly owned (Nelson, 1974; Stewart, 1975). Even with the Powers of Attorney, which many held, they usually expired within a year or two, and most separations extended far beyond that period of time.

Still, these wives felt responsible to their husbands and their husbands' military careers in making decisions and taking actions. Thus, they did not speak out of their frustrations, at least not in the beginning. Some men were lost as early as 1964, but it was not until 1969 that wives finally went public regarding their husbands' plights and joined together to insist that their husbands be granted treatment by the captor as guaranteed under the Geneva Conferences (Powers, 1974).

But from 1964 to 1969, there was no mail, no group support. The wives had to handle all contingencies by themselves, with little help from the military organization or other governmental agencies. Nonetheless, they were under pressure from those same groups to "behave themselves," "not to spend their husbands' money foolishly," etc. They had to "ask" for money to buy a much-needed larger house, since children were growing and required more room, for example. Thus, they really did not have autonomy. They had to be "good" wives, "brave" wives, and they were encouraged not to give up hope, not to grieve over their loss. The grieving process was not allowed to proceed. How different for the wife whose husband was killed in action in Vietnam. The widow knew immediately what her loss was. The husband was dead; thus, she could begin the grieving process and get it over with. The MIA wife was not allowed to do that (Hunter, 1981).

EFFECTS ON THE CHILDREN OF MIAs

The children were also prevented from grieving. The mother perhaps did not want to discuss the missing father because it was too painful for her. Often she was so involved with her own ambiguous situation, that children were closed out; she had no time to listen to them. Sometimes children felt as though they had been abandoned by both parents. Very young children did not really understand the situation. Studies at the Center for POW Studies found that children tended to accept only what they could handle at that point in time. At first many were adamant that their fathers were not dead; they rejected the idea completely, even when the mother had finally accepted it.

In some instances mothers tended to place too much responsibility on the child, especially firstborn sons. They were now the "head of the household," "they must take care of mother." But grieving is an individual thing for children also, and most accepted their father's situation in due time, when they were ready, and then they belatedly went through the stages of grief. Children who were not able to work through their grief completely, however, can be expected to have problems in future years (Hunter, 1981).

Younger brothers and sisters of MIAs were also affected. Parents were sometimes so overwhelmed with grief for the lost child, that they neglected the living children. As one young adolescent boy remarked, "My parents always talk about my dead older brother, but I'm alive! I guess I'll have to commit suicide to get them to care about what I do" (Hunter, 1981).

THE PROCESS OF GRIEVING

Although stages of grief are discussed as if they are discrete increments, there is great individual variation as to when and how long each stage lasts. Also, individuals tend to bounce back and forth between the stages. It is not a straight line progression

towards resolution; it vacillates with news events, for example, and thus it still persists for some wives even today.

The first stage of grief lasts for such a long time that there is a tendency to blame someone. There is much guilt, both for the parents of MIAs, as well as for wives and children. There are ruminations about what could have been. "We could have done so many things together." "Perhaps I didn't raise him to be strong enough to survive." Later the blame shifts from self to the POW/MIA husband. "He shouldn't have left us." "He could have asked for a different duty assignment." Still later the blame, anger, and hostility shift to the military: "The war is wrong." "He shouldn't even be over there." "They aren't trying hard enough to find him" Most wives discovered eventually that they had to get over the extreme guilt and anger in order to survive (Hunter, 1981).

The requirement for complete recovery from loss, such as the MIA wife experienced, is being able to view oneself as a widow and not as a wife (Zunin, 1969, 1974). However, MIA wives were not allowed to do that. They were still wives, still drawing the husband's salary. They could not proceed through the normal process of grieving. Many of these MIA wives, however, were finally able to accept the fact that the husband was dead once the other POWs returned in 1973, and their husbands did not. Memorial services held at that time were helpful for these wives since they aided in moving them towards finalization of the grief cycle, and the final stage of acceptance.

RECOMMENDATIONS FOR FUTURE POW/HOSTAGE SITUATIONS

Based upon the Vietnam POW/MIA experience, a number of suggestions have been made which can perhaps help individuals who find themselves in similar situations in future years.

The Need for an Outreach Program

First, there should be an outreach program from the very beginning because that is when the need for support from others

is greatest. When the Center for POW Studies' staff first contacted the wives in 1972, many of the husbands had already been missing or POW for 5, 6, or even 7 years. The wives asked, "Where were you when I really needed you?" The initial stresses can be alleviated considerably if the wives are given the opportunity to meet others in a similar situation. This opportunity decreases their own feelings of isolation and feelings that no one cares. A forum should be provided in which they can vent their frustrations (Foley, 1980). Empathic, well-informed counselors who understand what the families are going through can be very helpful. The Center's studies showed that those wives who were not active with social activities and/or other POW/MIA wives, or were isolated geographically, were particularly in need of support (Hunter, 1981).

The Providing of Information

The appropriate government sponsoring activity should keep close contact with the families on a regular basis, even when there are no new facts to report. Those facts which are available should be shared with the family members, especially where the facts are not particularly encouraging. Anticipating the worst outcome can promote better future adjustment in a situation such as the MIA experience than insisting on continual hope when the outlook is extremely hopeless (Hunter, 1981).

Taking Positive Action

Although family members may feel helpless and unable to control their own lives, nonetheless they should be encouraged and challenged to take charge of those things they can control, at least to whatever degree possible (Foley, 1980). Also, normalcy of family routines should be encouraged, i.e., birthdays should be celebrated, vacations taken, etc. Direct action promotes a feeling of power or control, even when little exists.

Sharing Feelings

Family members should be urged to express their feelings to others in similar circumstances, to understanding friends, to professional counselors, or to clergymen. The sharing of emotions,

whether "good" or "bad," is essential for effective coping. Each family member should be given "permission" to come to his/her own conclusions about the missing member's status and to develop his/her own method of coping with this stressful situation. Longterm adjustment can only be achieved when family members can accumulate a "personal history" of being able to cope with their stress over a period of time (Foley, 1980).

The Necessity for Controlling Emotional Lability

Each individual suffering an ambiguous situation such as the MIA experience, must realize that the emotions can and will vacillate from highest hope to deepest despair with, for example, a single news broadcast, and he/she must be urged to neutralize this "yo-yo," or "roller-coaster" effect, as it has been called. The MIA wives interviewed by the Center's staff frequently indicated that the other POW/MIA wives offered the greatest amount of support. Those who had been in the limbo status longer were of tremendous assistance to the others in the early stages of grieving. When the loss first occurred, these wives thought they would never be able to survive, but when they were afforded the opportunity of talking with others who had survived, others who had shed their depressions and could again laugh and enjoy themselves, then those wives with more recent losses were encouraged, saying, "Maybe, then, with time I can make the same adjustment" (Hunter, 1981).

Anticipating Loss as a Coping Mechanism

The studies of the Center show that where couples had been able to discuss, prior to casualty, the possibility of something happening which would prevent the return of the serviceman, those wives were better able to handle the ambiguous separation. In other words, where the couple faced the possibility of the man being killed, taken prisoner, or being declared missing in action (thus, that wife was more likely to have an adequate Power of Attorney, sufficient finances, etc.), there were fewer problems for them during the separation.

The Length of the Limbo Period

The Center's studies suggest that wives and other family members should not be kept in limbo year after year, as occurred during the Vietnam war. Undoubtedly, the government never anticipated that the Vietnam conflict would last beyond six months to a year; thus, the policy was made that all MIAs would remain in the missing status until the end of hostilities. Unfortunately, that period stretched on, year after year after year. In any future situation such as the MIA experience, there should be a policy that if there is no further information on the missing service person after one year, which definitely indicates that he is alive, then he would automatically be declared "presumed dead." The assumption during the Vietnam conflict was that if the wife had enough money, all would be well with the family. Research indicated, however, that it would have been far better psychologically for these women, had they been forced to resolve their grieving process much sooner and get on with their lives (Clarke, 1979; Hunter, 1981).

CONCLUSION

It is noteworthy that wives (as well as captives) tended to cope in six-month segments: "He'll be home by Christmas...." "He'll be home by June." They seemed to find this an effective coping mechanism. Many wives have said, "had I known what I had to cope with in the very beginning, I would have said, 'There is no way I can do it,' and I might have killed myself." Thus, analogous to the philosophy of Alcoholics Anonymous, the goal is to cope one day at a time, or even one hour at a time when necessary. Although crises like the POW/MIA situation are exceedingly stressful, crises also offer many individuals an opportunity for personal growth, and often, individuals, as well as families, become stronger because of them. Many of these wives now know they can cope with far more than they every thought they could. They have a "personal

history" of successful coping. Many of the children believe they are more mature, responsible individuals than they might have been. Family members are closer and the family is a more cohesive unit for many.

But even today, after 17 years, some MIA wives suddenly find themselves back in an earlier stage of the grieving process, a stage which they had thought they had already finalized, when a news report suggests the possibility of our men still in the jungles of Southeast Asia. Again, for a fleeting moment, they wonder if they are "wives" or "widows." The effects of wartime stress for these MIA families far exceed those for POW families, and even those for families whose husbands/fathers were killed in action (Hunter, 1980, 1981).

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18. SUPPLEMENTARY NOTES This report is the seventh in a series of reports which review the status of military family literature, and are based on <u>The Literature on Military Families 1980: An Annotated Bibliography</u> , USAFA-TR-80-11, DTIC#AD-A093-811, edited by E.J. Hunter, D. den Dulk, 7 J.W. Williams, 1980.		
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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) Wartime loss is a significant source of stress for military family members. This report reviews the literature on wartime stress and the military family's adjustment to loss. Particular attention is paid to the seven-year longitudinal studies of POW/MIAs of the Vietnam conflict, carried out at the Center for POW Studies in San Diego from 1971 through 1978. The unique stresses experienced by families of missing in action servicemen are also discussed. Based upon the extensive POW/MIA literature, the various recommendations which have been made for responding to the needs of families who		

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