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Conflicts in Adjustment

World War II Prisoners of War and Their Families

MURRAY M. BERNSTEIN

Regardless of its cause, trauma impacts upon the victim's self-image. Professionals in mental health have identified various patterns of coping with forms of trauma that range from denial of the severity of the event to overcompensation (deWind, 1984; LaCoursierre, Godfrey, & Ruby, 1986; Tanaka, 1988). Various stages of Posttraumatic stress disorder (PTSD) have been identified as a function of the types of defenses engaged by the individual (Fairbanks & Nicholson, 1986). For example, loss of control relating to trauma leads to intrusive thoughts and the repetition of traumatic events. A "dominate" continual coping mechanism for trauma has been attributed to denial and emotional numbing. The result for the victim is a state of denial of one aspect of the traumatic event and the experience of intrusive thoughts regarding another aspect of the same event.

In a study by Lazarus and Folkman (1984), three veterans' groups were examined. The first group was considered well adjusted. The second carried the diagnosis of PTSD, and a third group as a control was used to assess coping responses to present difficulties (financial, retirement, etc.) and past coping strategies with events of World War II. The result demonstrated that veterans with a diagnosis of PTSD were found to have more maladaptive coping strategies, whereas those who were more adjusted demonstrated strategies that utilized their experience in a positive manner. Dent, Tennant, and Goulston (1987) studied World War II combat veterans and former prisoners of war (POWs), who presented their symptoms as a form of anxiety, and assessed their moods by using direct interviews and the self-administered Beck Depression Inventory. Results showed a direct connection from wartime nervous illness to postwar and present-day depression. Another study of returning POWs examined mood states, relationships, and communication (Hall & Malone, 1976). They found that a POW's tendency toward emotional withdrawal was attributed to feeling guilty for being captured. Their study also showed that, occasionally, the wives of these men were unaware of such feelings.

MURRAY M. BERNSTEIN • Department of Social Work, Zablocki Veterans Administration Medical Center, Milwaukee, Wisconsin 53295.

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For many, readjustment problems seemed to manifest themselves within family relationships. In the “war on the home front,” families (parents, spouses, etc.) also underwent stress. The worries could be about those in combat, not heard from, missing in action, or prisoners. The constant anticipation was of loss, with feelings perpetually changing from hope to despair and back to hope. Role changes for compensation were necessary for survival. Members of the family took on dual roles relating to various responsibilities from child-rising to financial survival. Children also had to assume greater levels of responsibility. Stress and coping were daily struggles.

Upon returning from war, POWs’ homecoming brought on new problems. Tensions rose as family members needed to negotiate and redistribute roles and responsibilities (Hogancamp & Figley, 1983). Marital conflicts developed as family members were seen as more independent and assertive. Among the greatest sources of conflict were the feeling that families did not understand the experience of war. This led to periods of acting out, such as violent outbursts toward the family. Spouses unable to display their feelings tended to take things out on themselves in the form of guilt and depression. Divorce was frequently viewed as a solution to the interpersonal difficulties (Hall & Malone, 1976), with veterans often unable to perceive the difficulties that were attributed to their emotional detachment. The children often experienced the return of their father in yet another way, sharing the nightmares, low self-esteem, and vulnerability of their fathers—a concept later called secondary traumatization (Figley, 1985). This has been noted with both children of the Holocaust and offspring of POWs (Danieli, 1985; Figley, 1985; Rosenheck, 1986; Sigal, 1976). Sons were found to become more sensitive to criticism and daughters to manifest greater degrees of depression than control groups.

For most POWs, imprisonment was their first encounter with total loss of freedom. These experiences were extremely difficult for the American POWs, who were accustomed to interpersonal expression and validation from others. The result was often a sense of despondency. The sight and sound of pain were followed by the silence of death. For those captured on the field of battle, transportation to prison was by foot, truck, or by being crammed into boxcars or ships. For many men whose planes had been shot down, this was their first parachute jump. Surrounded by enemy fighters or ground fire (an experience different from that of ground troops), the pilot was usually separated from his crew members and left alone without support. For all prisoners, anxiety and depression were apparent. Starvation, interrogation, slave labor, torture, and in some cases, execution, were common. The marches from camp to camp lasted months in all weather. The food and medical care were poor, resulting in dysentery, pneumonia, fever, malnutrition, and frostbite. Bayonetings, clubbings, and shootings were frequent. After the initial shock, the prisoners typically would report a heightened sense of alertness, with their status and surroundings constantly evaluated in terms of their survival. In general, the primary focus was on their physical health and its maintenance.

For many, once freed from captivity, the only treatment received was for physical injuries. The need to leave the military seemed more important than any need for seeking psychological care. This has been substantiated through reports of POWs who left their hospital beds soon after receiving their discharge notice (Veterans Administration Office of Planning and Program Evaluation, 1979). Another factor was the strong feeling of elation most experienced upon being set free and the tendency to minimize their previous situation. Finally, many men experienced a powerful sense of guilt that stifled any attempts to communicate the experience with the military. This reflects a mind-set (often mutually held by the POW and the military) that associates captured lacked courage or acted in a cowardly fashion. Figley (1985), in his study of trauma, notes that those who were captured usually had been in severe and hopeless combat situations and were ordered to surrender by their superior officer.

Attention was drawn to the “survivor’s response,” a term coined by Figley (1978) to describe the mentality of soldiers while on tour. This involved a sense of alienation from others and depersonalization as a coping device to manage their experiences and feelings of isolation. Thus, survivors’s responses prevented emotional involvement with others and also reduced the fear of loss, since family and friends were often perceived as not interested in hearing about their experiences. The veteran relied upon denial, suppression, and repression as his coping mechanisms. As a result many generally paint their experiences in the best possible light. For some, however, feelings of guilt and anger are frequent and become worse with time. How does all this impact on returning veterans and their families? In our interviews with World War II POWs, it was noted that compulsive work habits (extending beyond 8 hours per day/40 hours per week) were a common form of behavior. As a result, many POWs avoided close emotional relationships with their spouses and children, and lacked social interaction in their community. Fear of closeness was related to wartime loss of friends, thoughts, and nightmares of combat, deaths, beatings, starvation, and isolation. These symptoms are outlined in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) under the diagnosis of Posttraumatic stress disorder. Included are the areas of sleep disturbance, recurrent dreams of traumatic events, feelings of detachment, diminished interest, guilt, and avoidance of social activities. Now in retirement, these World War II POWs are no longer able to escape into work. Fears of illness and death of family members emerge, leading to feelings of abandonment. The result may intensify such behaviors as withdrawal, depression, alcoholism, and marital conflicts.

To examine these concepts further, information was gathered through both personal interviews and correspondence with POWs. Questionnaires were completed that assessed their patterns of behavior since discharge from the military. These included communication within the family regarding community and social activities, as well as a self-report of nightmares, intrusive thoughts, and outbursts of anger. Additional interviews were completed with spouses and children. Fifty World War II POWs were randomly selected from a list of 150. Of these, 31 responded. In addition, 21 spouses and 24 children volunteered information.

An examination of the data for demographic information revealed that the ages of the POWs ranged from 67 to 76 years. Spouses’ ages ranged from 67 to 73, and the average for the children was 42 years. The range of years of marriage extended from 14 to 30 years. Educational statistics indicated that 4 of the veterans completed grade school, 13 completed high school, 5 had 1–2 years of college, 2 had associate degrees from a trade school, 13 had completed 4 years of college, and 3 had completed graduate school. Eleven of the veterans were in professional employment, 13 were in technical employment, and 7 were in service employment.

The results of the interviews indicated agreement among family members regarding the POWs’ emotional anxiety and mood changes. The POWs and their spouses showed emotional distance within relationships. Forty-eight percent of the spouses and 63% of the POWs identified sustained difficulties in the POW’s response to physical illness of friends and family, as well as fears of management should the POW be left widowed. The issue of mood swings (sudden shifts in the POW’s mood without appreciable precipitant) was reported by 73% of the POWs and confirmed by 70% of the spouses. Sudden anger outbursts were noted by 67% of the POWs and 70% of the spouses. The children’s responses were split on issues of both mood swings and anger outbursts.

The POWs’ responses showed that 38% engaged in social activities outside the home. Sixty-one percent were involved in community services organizations, such as the Disabled American Veterans, Veterans of Foreign Wars, or a Prisoner of War chapter. Fifty-one percent stated that they were comfortable within their community, and 53% of the spouses concurred.

Involvement outside of veterans groups was found to be infrequent. Seventy-three percent of the veterans and 81% of the spouses agreed that there was little or no military discussion by the veterans when engaged in outside activities.

Regarding retirement, 55% felt that their retirement had been unexpected (cutback, illness, or behavioral). About half (51%) described themselves as more irritable, and 49% had concerns regarding their role change after retirement. Seventy-two percent identified extended work hours prior to retirement (which included weekends) as a method of prolonging their absence. Spouses and children agreed with the importance that work held in the POW's life, with 58% and 68% affirming, respectively.

Areas of discrepancies included discussion of war experiences within the family, with 44% of POWs reporting open discussion of their capture, and 83% of spouses denying that this was discussed, as did 72% of the children. Regrettably, 90% of the children reported they were tired of hearing the POW's war stories, even though 86% identified a lack of knowledge regarding personal experience of the POW.

In the area of dependency, 76% of the POWs identified a dependency on their wives for support, whereas 70% of the wives disputed this matter. In like manner, 67% of the POWs reported engaging in most activities with their spouse, and 70% of the spouses responded negatively to the question regarding whether they were an active part of their husbands' social lives. When closeness was defined as knowing the whereabouts of the family, POWs agreed they were aware of family activity, but 59% responded that they purposely kept a distance emotionally from the family and preferred to be alone. Sixty percent of the POWs reported experiencing recurring thoughts and nightmares of war, whereas an equal percentage of the spouses and 50% of the children reported being unaware of any manifestation of these events. Suicidal ideation was reported by only 3% of the POWs.

The findings of this study indicate a high prevalence of psychiatric morbidity for POWs. Most of the subjects reported some form of difficulty at home, work, and in the community. Social problems appeared most pronounced, particularly in the area of communications as seen by the families but not the POWs. These POWs reported discomfort when among nonmilitary, non-POW social groups. Emotional problems were present in this group, particularly mood changes. In response to a list of overall feelings, the following emotions were identified as of major concern: discouragement, worthlessness, helplessness, loneliness, unworthiness, hopelessness, and annoyance. Sleep disturbance (nightmares and increased awakenings, often with startle reactions) continued, as did intrusive thoughts regarding the war and captivity. These affected both social and family roles.

Children reported estranged relationships with their fathers, and identified some carry-over effects into their own lives. The spouses and children split in their views as to the dependency of the veteran, with children viewing him as in need of care in the event of loss of spouse, and wives viewing the POW as dependent. The former importance of long work hours appeared to have increased the stress among family members further. Retirement, for many, caused an increase in withdrawal and hostile behavior. Such behaviors were noted in a later study of Vietnam POWs (Hall & Malone, 1976). Their cognitive functioning and ability to discuss emotional issues often evolved only after significant family crisis occurred and treatment was obtained. For the families of World War II POWs, interventions were not available. These families have survived under emotionally trying circumstances.

It has been demonstrated (Keating & Cole, 1980; Mutrian & Reitzes, 1980) that in the general population, relationships, socialization, and satisfaction with self were largely predicated by prior level of functioning. In addition, well-being was associated less with visiting friends than with socializing, as defined by community activities. Within such a context, the

retired POW faces a rather isolated existence, based on few relationships outside the family and little community involvement. There continues a fear of abandonment, alienation, guilt, rejection, and loss of respect. For many, anger, hostility, anxiety, lack of commitment, poor communication, depression, dependency, and fear of intimacy continue. Intrusive, painful memories plague many, thereby denying the POWs a normal retirement. Many POWs may be seen as living in the past *and* the present at the same time, trying to survive in the present, and struggling to separate themselves from the grief, guilt, anger, and fear of war. For many spouses and children, there may be an emotional emptiness. The impact of war continues to live within the minds and bodies of each veteran. Although very little may come from pain, the fact of these soldiers' survival is a living example of overcoming man's inhumanity to man, as well as of man's overcoming and emerging from this inhumanity.

Only recently, through the Former POW Act of 1982, have these soldiers received the recognition and treatment they deserve. Since the passage of this Act, many POWs have come forward with their stories, which were held inside for over 40 years. For many, it was the fear of rejection that caused this containment. POWs were and do remain survivors, representing the strength of a country engaged in war, and never giving up, even in the enemy's hands. Their courage has been passed on to their children and grandchildren as a symbol of what can be endured under life-threatening stress. Special conventions held annually (state and national) provide opportunities for POWs to gather together, along with their families, military groups, and community leaders to support, honor, and teach each experience as a symbol of remembering the price of freedom. During these occasions, many grandchildren have written and presented poems and essays about their grandparents' experiences and the impact they had upon them. Children and spouses are willing to share feelings with others, many for the first time.

Duty, honor, and country remain an ongoing symbol for all POWs interviewed in this research. Love and respect hold a high position within the family value system.

In conclusion, POWs are people who survived the battles of war and have moved beyond the field of combat. They carry with them the trauma of the past and the hope of the future.

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