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DIFFERENTIATION OF THE SELF AND POSTTRAUMATIC SYMPTOMATOLOGY AMONG EX-POWS AND THEIR WIVES

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War captivity is a highly traumatic experience which sometimes has deleterious effects on both ex-POWs and their wives. This study examined the relationships between posttraumatic stress disorder (PTSD) symptoms and differentiation among male ex-prisoners of war (ex-POWs; n = 103), their wives (n = 82), and comparable controls. Results show that ex-POWs and their wives endorsed more PTSD symptoms than controls. Ex-POWs endorsed more cut-off and fusion than controls, while their wives endorsed only more fusion than control wives. Finally, the relationship between differentiation and PTSD was found to be stronger among ex-POW couples than among control couples. The unique characteristics of war captivity and the relationships between avoidance symptoms and cut-off were suggested as possible explanations.

War captivity has been recognized as a highly traumatic experience (Hunter, 1993). Survivors of captivity are often exposed to extreme traumatic experiences such as torture, terror, solitary confinement, and systematic deprivation of basic human physical and mental needs. Therefore, they may be at especially high risk for developing pathogenic outcomes such as PTSD and general psychological distress (Neria et al., 2000; Sutker & Allain, 1996).

However, the trauma of captivity may affect not only the POW himself, but also people in his environment (McCubbin, Hunter, & Dahl, 1975b; Segal, Hunter, & Segal, 1976). This may be especially true for the wives of ex-POWs, as they often serve as a major source of support for their husbands and spend a considerable amount of time with them. Because of the intense and close relationship between husband and wife, these women often face the risk of suffering from secondary traumatization (Figley, 1986), or compassion fatigue (Figley, 1995). These terms are used to describe the mental distress suffered by family members (Danieli, 1986; Rosenheck & Nathan, 1985), therapists (Schauben & Frazier, 1995), and others surrounding the traumatized. Previous studies have found evidence for secondary traumatization among wives of combat veterans (Dekel & Solomon, 2007). Secondary traumatization has also been reported among wives of POWs. Hall and Simmons (1973), for example, found that POWs' wives experienced feelings of abandonment and role ambiguity and suffered from severe psychosomatic symptoms.

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Over the years, it has become clear that there is great variability in the levels of mental distress among both war veterans and their wives. Research points to the resilience of a substantial part of the veterans, showing that not all suffer from psychological distress and PTSD (e.g., Solomon & Dekel, 2005). The same was also found among the wives of veterans (e.g., Dent et al., 1998). This variability in levels of distress raises the question of which factors may contribute to the level of traumatization and secondary traumatization among war veterans. Factors such as battle intensity (King, King, Fairbank, Keane, & Adams, 1998), coping mechanisms (Stein et al., 2005), and social support (Koenen, Stellman, Stellman, & Sommer, 2003) were associated with the levels of posttraumatic distress among war veterans. In previous studies, several factors were also identified as predictors of secondary traumatization. Among these factors were the severity of the husband's PTSD (Riggs, Byrne, Weathers, & Litz, 1998), the degree of caregiver burden experienced by the wife (Calhoun, Beckham, & Bosworth, 2002), and the level of expressiveness within the family (Waysman, Mikulincer, Solomon, & Weisenberg, 1993). The present study aims to examine the specific role of differentiation among this population.

DIFFERENTIATION, STRESS, AND DISTRESS

According to Bowen's Family Theory, one's ability for differentiation is similar to the concept of emotional maturity (Bowen, 1978). Differentiation is created within one's family of origin, which either allows the child to grow and be an emotionally autonomous individual while still feeling connected to others, or prevents the child from becoming a person who feels, behaves, and acts according to his own inner standards.

Thus, on the interpersonal level, high differentiation involves the capacity to develop an autonomous sense of self while still maintaining close connections with significant others. Low differentiation, on the other hand, may be expressed by either pleasing others to a level of losing one's self or by an emotional cut-off from others (Bowen, 1978; Kerr & Bowen, 1988).

On the intrapsychic level, high differentiation involves the ability to distinguish intellect from emotion and to engage in either calm logical reasoning or affective experiencing, depending on situational demands. Low differentiation, on the other hand, may be manifested in a fusion of these two areas, causing the person to react in a dysfunctional manner—either by an emotional behavior which lacks intellectual monitoring or intellectual behavior dominated by emotions (Bowen, 1978).

According to the theory, highly differentiated individuals are thought to be more flexible and adaptive under stress since they are more capable of modulating emotional arousal, maintaining clear emotional boundaries with others, and using family support during a stressful event. As a result, they may have greater access to cognitive resources that allow the expression of more flexible responses. In contrast, poorly differentiated individuals are described as more emotionally reactive and may find it difficult to remain calm in stressful situations (Bowen, 1976; Kerr & Bowen, 1988). In interpersonal situations, poorly differentiated persons are thought to engage in fusion or emotional cut-off in response to stress or overwhelming anxiety (Nichols & Schwartz, 2000). Because of their functional ways of coping, differentiated individuals are also thought to suffer from less distress in reaction to adversity and attain higher well-being, compared with those who are more emotionally reactive and engage in either fusion or emotional cut-off from others.

Empirical findings support these claims regarding the ability of highly differentiated individuals to manage stress. Highly differentiated individuals were found to suffer from lower levels of avoidant and intrusive thoughts (Bartle-Haring & Gregory, 2003), general psychiatric distress (Tuason & Friedlander, 2000), behavioral dysfunctions (Haber, 1993), trait anxiety (Griffin & Apostal, 1993), and depression (Elieson & Rubin, 2001).

These findings are consistent with Bowen's claim that "chronic anxiety increases as the level of differentiation decreases" (Kerr & Bowen, 1988, p. 117). It seems that elevated levels of anxiety among poorly differentiated individuals prevent them from effectively coping with stressful events and therefore render them at higher risk for psychological and physical health problems, which in turn serve the function of "binding" anxiety (Bowen, 1976).

The present study will assess the role of differentiation among casualties of war-related trauma. To the best of our knowledge, no previous study has examined this issue. Studies that examined the buffering effect of differentiation in secondary trauma victims are also scarce. We have managed to find only one study (Ben-Arzi, Solomon, & Dekel, 2000), which found that wives of PTSD veterans with higher levels of separation-individuation reported a lower sense of burden and less psychological distress than their counterparts with lower levels of separation-individuation. Since differentiation involves the capacity to soothe one's own anxiety and resist being overwhelmed by or reacting to the anxiety of others (Schnarch, 1997), more differentiated individuals are thought to be capable of supporting their spouses without feeling a loss of self-direction or selfhood in the process (Schnarch, 1997). More differentiated individuals are expected to establish greater autonomy in a marriage without experiencing debilitating fears of abandonment and to achieve emotional intimacy in their relationships without fear of feeling smothered (Bowen, 1978; Kerr & Bowen, 1988).

DIFFERENTIATION LEVELS OF HUSBANDS AND WIVES: MUTUAL CONTRIBUTIONS

The level of differentiation of both the ex-POWs or the veterans and their wives may also have a mutual contribution. When both partners have a high level of differentiation, each partner responds to the other as a separate entity. Therefore, both partners have the ability to accept the otherness of their partner. On the other hand, in a system of low differentiation, the temptation to enter a merged relationship is greater and the reliance on the other and "borrowing" parts of him or her may turn into a source of distress, which makes it difficult to keep a balanced relationship. In the absence of balance in the system, anxiety may rise. Two major situations characterize couples with poor differentiation: (a) a state of fusion, where the anxiety to stay alone leads to diffusion of the boundaries between "I" and "We," or (b) a state of emotional cut-off, when the diffusion of the boundaries causes one of the partners to feel anxious about losing oneself, and consequently use physical or emotional avoidance or create conflicted relations with the other partner (Dicks, 1967; Karpel, 1976; Kear, 1978).

Most studies concerning couples' differentiation examined its contribution to partners' marital adjustment and marital satisfaction. Haber (1984), for example, found that couples with higher levels of differentiation had lower levels of relationship conflicts. Another study of married couples also found a significant relationship between differentiation and marital satisfaction (Richards, 1989). In a similar vein, Skowron (2000) found a positive correlation between differentiation and marital satisfaction, with husbands' emotional cut-off scores particularly correlated with both husbands' and wives' marital satisfaction scores.

However, only a few studies examined the contribution of differentiation in couples facing stressful circumstances. Beal (1979), for example, found that among families who sought counseling, highly differentiated parents knew better how to separate feelings from facts, did not hide their conflicts from their children yet did not involve them, and were better able to overcome these conflicts compared with couples with low differentiation levels. These findings point to the positive contribution of high differentiation levels to adjustment in the face of stress. Yet, no study examined the mutual contributions of partners' differentiation levels in the face of a traumatic event such as captivity or battle.

The present study will attempt to answer several questions: Do ex-POWs and their wives suffer from more PTSD than comparable veterans and veterans' wives? Are there differences in the differentiation patterns of both POWs and their wives and their respective comparison groups? Is there a connection between one's differentiation and one's level of posttraumatic symptomatology? And finally, what is the mutual contribution of both husbands' and wives' differentiation to each other's PTSD?

METHOD

Participants

Ex-POWs and controls. All the male participants had taken part in an earlier study of ex-POWs conducted in 1993 (for details, see Solomon, Neria, Ohry, Waysman, & Ginzburg, 1994). The data in the present study referring to ex-POWs, controls, and their wives were collected in the second wave of measurement in 2003.

Prisoners of war. According to records of the Israeli Ministry of Defense, 240 soldiers serving in the Israeli Army land forces were taken prisoner in the 1973 Yom Kippur War. Of the 164 ex-POWs who participated in the previous study, 10 could not be located, 4 had died, and 6 could not participate because of deterioration in their mental status. Of the remaining 144 ex-POWs, 103 participated in this study, constituting a 71.5% response rate.

Controls. A control group of 280 combat veterans of the Yom Kippur War, matched with the ex-POWs in their personal and military backgrounds, was sampled from the Israeli Defense Forces' (IDF) computerized data banks. Of the 185 men who participated in the previous study, 41 could not be located and one had died. Of the remaining 143 controls, 95 participated in this study, constituting a 66.2% response rate.

The two groups did not differ in age, education, religiosity, income, and length of marriage characteristics.

Ex-POWs' and Controls' Wives

Ex-POWs' wives. Of the 124 ex-POWs who had participated in the study, 111 were married or had a partner at the time of the study. Eighty-two of their wives (74% response rate) participated in the present study.

Control group. Of the 106 combat veterans who had participated in the previous study, 102 were married or had a partner. The control group consisted of the 72 wives (71% response rate) who agreed to be interviewed.

Examining the differences in the wives' background variables revealed no significant differences between the three groups in age, years of education, number of marriage years, number of children, and work status.

Procedure

As noted, all the male participants had taken part in an earlier study conducted in 1993. In order to locate participants for the second wave of measurement (2003), we used IDF files. Participants were contacted by telephone and were asked to take part in the study. A battery of questionnaires was administered to them in their homes or in other locations of their choice. Before filling out the questionnaires, participants signed an informed consent form.

Israeli wives (including cohabiting girlfriends) were located through their husbands. Using updated IDF files, we phoned those participants and their spouses. After we explained the purpose of the present study, the wives who agreed to participate were offered the option of filling out the research questionnaires either in their homes or in a location of their choice. Before fulfilling the questionnaires the participants signed an informed consent form.

MEASURES

Both partners were given the following questionnaires:

PTSD. Posttraumatic stress symptomatology was measured using the PTSD Inventory (Solomon et al., 1993). This is a self-report scale based on *DSM-III-R* criteria (American Psychiatric Association, 1987), which was the standard used at the time of the first measurement in 1993. The inventory consists of 17 statements corresponding to the 17 PTSD symptoms listed in the *DSM-III-R* (American Psychiatric Association, 1987). For each statement, POWs were asked to indicate whether or not they had experienced the symptom in the previous month. Women were asked about their reactions to their husbands' experiences of combat or captivity. An example is "I have recurrent pictures or thoughts about my husband's captivity." The intensity of their secondary traumatization was assessed by the number of symptoms they endorsed.

The inventory enables measuring both the number and intensity of PTSD symptoms, as well as positioning them in posttraumatic symptom clusters (i.e., intrusion, avoidance, and hyperarousal).

In the *DSM-IV* (American Psychiatric Association, 1994), the symptom referring to "physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event" was relocated from the hyperarousal symptom cluster (criterion D) to the intrusion symptom cluster (criterion B). Furthermore, a new criterion was added in it, referring to clinical distress/disability (criterion F). In order to conform to the updated definition, we analyzed the data from the 2002 measurement in accordance with the *DSM-IV* symptoms' clusters.

Internal consistency among the 17 items for both men and wives was high (Cronbach's $\alpha = .95$ for men and $\alpha = .91$ for wives). The scale was also found to have high convergent validity when compared with diagnoses based on structured clinical interviews (Solomon et al., 1993).

Differentiation of the self. This scale (Appel, 1996) measures three dimensions of differentiation of the self, as perceived by an individual, concerning his relation with his spouse: (a) differentiation of the self-more (Fusion): tapping one's tendency to give up one's differentiation and to be overinvolved and fuse within the relationship with one's partner; (b) differentiation of the self-balance: tapping one's capacity to participate in the experiences of one's partner without losing one's individuality on one side, and without totally fusing with one's partner, on the other side; (c) differentiation of the self-under (Cut off): tapping one's tendency to focus on one's individuality and to emphasize one's personal autonomy.

The scale contains nine statements for each of the three differentiation dimensions (27 items), ranked on a five-point scale ranging from 1 (absolutely no) to 5 (absolutely yes). The internal consistency (Cronbach's Alpha) of the Differentiation of the Self scale found in this study was 0.71–0.72 for men and 0.61–0.74 for wives, for the different subscales.

RESULTS

Differences in PTSD and Differentiation of the Self Between POWs and Controls and Their Wives

Table 1 shows the means, standard deviations, and multivariate test results of the study variables for ex-POWs and controls and their wives. The first MANOVA test of the four study variables for ex-POWs and controls yielded a significant main effect for group [$F(4,193) = 44.02$, $p < .00$]. As can be seen in Table 1, the two study groups differ in all study variables. Ex-POWs endorsed significantly more PTSD symptoms than controls. With regard to differentiation of the self-dimensions, ex-POWs presented higher scores of fusion and cut-off than controls. Controls, on the other hand, presented higher levels of differentiation of the self-balance.

The second MANOVA test of the four study variables for ex-POWs' and controls' wives yielded a significant main effect for group [$F(4,148) = 8.32$, $p < .00$]. As can be seen in Table 1, the two study groups differed in two study variables. Ex-POWs' wives endorsed

Table 1
Men and Women Means and Standard Deviations of the Study Variables Separated by Group

Variables	Ex-POWs		Controls		
	Mean	*SD*	Mean	*SD*	*F* test
Men					
PTSD symptoms	2.68	.71	1.52	.47	$F(1, 198) = 171.11$***
Fusion	2.47	.59	2.04	.60	25.93***
Differentiation of the self-balance	3.70	.55	3.86	.56	3.95*
Cut-off	2.41	.65	2.01	.58	18.63***
Women					
PTSD symptoms	2.00	.70	1.49	.36	$F(1, 153) = 29.27$***
Fusion	2.45	.62	2.24	.56	4.15*
Differentiation of the self-balance	3.91	.61	3.97	.58	3.27 n.s
Cut-off	1.96	.59	1.94	.58	.07 n.s

*$p < .05$; ***$p < .001$.

significantly more PTSD symptoms than controls' wives. With regard to differentiation of the self-dimensions, ex-POWs' wives presented higher levels of fusion than controls' wives. Neither cut-off nor differentiation of the self-balance differed significantly between the two groups.

The Contribution of War Captivity and Differentiation of the Self to Posttraumatic Symptomatology of Ex-POWs and Controls

In order to test potential moderating effects, a series of hierarchical regresions were performed in accordance with procedures described by Baron and Kenny (1986). In each regression we entered the group in the first step (POWs versus controls), then we entered men's differentiation dimensions, followed by wives' differentiation dimensions (second and third steps). In the fourth step, we entered (using stepwise selection of variables) all the interactions between group and men's differentiation dimensions and between husbands' and wives' differentiation of the self-dimensions.

The total set of variables explained 70.2% of the PTSD symptomatology variance [$F(9, 138) = 36.14$, $p < .00$]. As can be seen in Table 2 (Table 2 presents only the significant predicting variables), the group variable had a significant contribution on the first step. Ex-POWs endorsed a higher number of PTSD symptoms than controls. On the second step, both fusion and cut-off differentiation had a significant contribution to the outcome variable. In other words, the more one is overly enmeshed within one's relationship or detached from one's spouse, the more one endorsed PTSD symptoms. On the third step, none of the wives' differentiation dimensions were found to contribute to men's PTSD.

In the fourth step, we found two significant interactions: group*differentiation of the self-balance and men's cut-off * women's cut-off (F change $= 5.05$, $p < .05$). In order to examine the moderating role of war captivity on the relation between differentiation of the self and PTSD symptomatology, we followed Aiken and West's (1991) and Holmbeck's (2002) recommendations and conducted post hoc probing for these possible moderators. We calculated simultaneous regressions for the relation between differentiation of the self-balance and PTSD

Table 2
Four Step Hierarchical Regression of Men's PTSD Symptomatology on Group, Men and Women Differentiation of the Self Dimensions and Interactions

	Men's PTSD			
Variables	B	*SD* error	Beta	R^2 change
First step				
Research group	1.18	.10	.67***	45.3%
Second step				
Research group	0.82	.09	.47***	21.2%
Men's fusion	0.32	.05	.36***	
Men's cut-off	0.21	.07	.25**	
Third step				
Research group	0.81	.09	.46***	.6%
Men's fusion	0.30	.05	.35***	
Men's cut-off	0.23	.06	.27**	
Fourth step				
Research group	0.80	.09	.47***	3.1%
Men's fusion	0.27	.05	.30***	
Men's cut-off	0.24	.06	.28**	
Group * differentiation of self-balance	−0.20	.08	−.17*	
Men's cut-off * women's cut-off	0.12	.04	.15**	

*p < .05; **p < .01; ***p < .001.

symptomatology, separately for ex-POWs and controls. We found a nonsignificant low negative b coefficient for the ex-POWs group (b = −0.06) and a somewhat stronger relation for the control group (b = 0.14, $t(138)$ = 1.87, p < .05). In summary, the results show the moderating effect of war captivity. Balanced differentiation of the self contributes to a lower number of PTSD symptoms among controls but not for ex-POWs.

In order to understand the source of interaction between men's cut-off and women's cut-off, we separated these variables into low and high levels of differentiation by adding and subtracting one standard deviation from the value for each participant. Results of the post hoc probing supported the moderating effect. For wives who reported high levels of cut-off, we found a stronger b coefficient between men's cut-off and PTSD symptomatology [b = 0.37, $t(138)$ = 4.69, p < .00] than among those who reported low levels of cut-off [b = 0.12, $t(138)$ = 1.57, p = n.s.].

These results reveal the complex interaction between husbands' and wives' differentiation of the self. The more a wife had low differentiation of the self (more cut-off within the marital relationship), the more strongly her husband's low differentiation of the self was positively related to PTSD symptomatology.

The Contribution of War Captivity and Differentiation to Posttraumatic Symptomatology of Wives of Ex-POWs and Controls

The total set of variables explained 57.2% of the PTSD symptomatology variance [$F(9, 138)$ = 20.47, p < .00]. As can be seen in Table 3 (Table 3 presents only the significant

Table 3
Four-Step Hierarchical Regression of Women's PTSD Symptomatology on Group, Women and Men Differentiation of the Self Dimensions and Interactions

	Women's PTSD			
Variables	B	*SD* error	Beta	R^2 change
First step				
Research group	0.50	.09	.41***	16.8%
Second step				
Research group	0.40	.08	.32***	31.2%
Women's fusion	0.32	.04	.52***	
Third step				
Research group	0.33	.08	.27***	2.1%
Women's fusion	0.30	.04	.49***	
Men's fusion	0.10	.05	.16*	
Fourth step				
Research group	0.33	.07	.27***	7.1%
Women's fusion	0.16	.06	.26**	
Group * women's fusion	0.28	.07	.34***	
Women's cut-off * men's fusion	0.08	.03	.15*	

*$p < .05$; **$p < .01$; ***$p < .00$.

predicting variables), the group variable had a significant contribution on the first step—that is, ex-POWs' wives endorsed a higher number of PTSD symptoms than controls. On the second step, fusion was found to be a significant predictor of PTSD symptomatology. In other words, the more one is detached from her spouse the more she endorsed PTSD symptoms. On the third step, we found that men's fusion significantly predicted women's PTSD symptomatology, although this contribution did not significantly explain PTSD variance, above and beyond the previous variables.

On the fourth step, we found two significant interactions: group * women's fusion and men's fusion * women's cut-off (F change $= 6.18$, $p < .01$).

In order to examine the moderating role of being an ex-POW's wife on the relation between differentiation of the self and PTSD symptomatology, we followed Aiken and West's (1991) and Holmbeck's (2002) recommendations and conducted post hoc probing for these possible moderators. Simultaneous regressions for the relation between wives' fusion and PTSD symptomatology were calculated, separately for ex-POWs' wives and controls. Results of the post hoc probing supported the moderating effect of war captivity—the b coefficient for the ex-POWs' wives group was 0.44 [$t(137) = 4.73$, $p < .00$], while the b coefficient for the control group was lower—0.11 [$t(137) = 2.78$, $p < .00$].

In order to understand the source of interaction between men's fusion and women's cut-off we separated these variables into two by adding and subtracting one standard deviation from the value for each participant (high and low men's fusion, high and low women's cut-off). Results of the post hoc probing supported the moderating effect of low differentiation of the self on PTSD, although the b coefficients did not reach significance ($p < .06$). For those men who reported high values of fusion, we found a stronger b coefficient between wives' cut-off and PTSD ($b = 0.14$) than among those who reported low values of fusion ($b = -0.02$).

In summary, these results emphasize the complex interaction between husbands' and wives' differentiation of the self dimensions. The more fusion the husband reports, the more his wife's cut-off is positively related to PTSD symptomatology.

DISCUSSION

The present study examined PTSD and differentiation among ex-POWs and their wives. Ex-POWs endorsed significantly more posttraumatic symptoms, as well as higher levels of both cut-off and fusion, than controls. The wives of ex-POWs also endorsed significantly more PTSD symptoms than controls' wives. They also presented higher levels of fusion, but not cut-off, than controls' wives. For ex-POWs, a positive connection was found between both fusion and cut-off levels and PTSD symptoms. For their wives, on the other hand, such a connection was found only for cut-off. In addition, men's fusion was significantly associated with women's PTSD symptomatology, whereas none of the wives' differentiation dimensions were related to men's PTSD. Interactions between men's and women's differentiation were also found. When wives reported high cut-off, a stronger connection was found between men's cut-off and PTSD symptomatology than among wives who reported low cut-off. Also, the higher the ex-POW's fusion, the more strongly his wife's cut-off was positively related to PTSD symptomatology.

As expected, POWs suffered from higher levels of posttraumatic symptoms than non-POWs. This finding is in line with previous studies that documented the pathological implications of war captivity that are more widespread and enduring than the emotional wounds resulting from combat (e.g., Zakin, Solomon, & Neria, 2003). Two main explanations may be offered for this finding. First, there are unique hardships such as torture, humiliation, and isolation that are part and parcel of war captivity, but not of combat. These hardships are also deliberate, and aimed personally at the POW. The second possible explanation is the doubling of the traumatic experience with captivity. The cumulative damage of multiple traumas is known to be more severe than the damage of a single trauma (Herman, 1992). For most POWs, the trauma of captivity follows on the heels of the trauma of combat. Captivity extends the duration of the traumatic experience, thus further drawing on the soldier's already depleted coping resources.

We have also found that ex-POWs report both more cut-off and more fusion than comparable veterans. Thus, it seems that soldiers who have experienced captivity tend to display more extreme, maladaptive patterns of differentiation. They either display a tendency to detach from other people or, alternatively, to be overly enmeshed with them. The fact that the experience of captivity is associated with cut-off differentiation may be understood in light of the avoidance symptoms that often follow trauma (American Psychiatric Association, 1994). The traumatized try to distance themselves from other people, in a general effort to reduce emotional stimulation. They also do so in an attempt to avoid any reminders—physical or emotional—of the trauma itself. On the other hand, the heightened levels of fusion differentiation among ex-POWs may be attributed to the traumatized individuals' need for safety and protection. A sense of fusion with their spouses may thus help them feel more protected and less helpless in the face of a dangerous and cruel world. This tendency to resort to the extreme poles of interpersonal relations has by now become one of the well-known characteristics of posttraumatic casualties. In the words of Judith Herman (1992): ''In an attempt to create for themselves a feeling of safety, casualties' relations with other people tend to move between extremes. Sometimes they seek to constantly surround themselves with people, while at other times tend to total isolation'' (p. 197).

As for the wives of ex-POWs, they too endorsed significantly more PTSD symptoms than controls' wives. While there is a large body of research dealing with secondary traumatization following combat (for a recent review of the literature, see Galovski & Lyons, 2004), only a

few studies have examined this phenomenon in the aftermath of war captivity (e.g., Hall & Simmons, 1973; McCubbin, Dahl, Lester, & Ross, 1975a). Our finding that the magnitude of secondary traumatization was higher among wives of ex-POWs compared with control veterans may be related to our first finding—that is, that POWs suffer from more PTSD than veterans. Previous studies revealed that the most salient predictor of secondary traumatization is the husband's PTSD. Several studies on wives of war veterans indicate that the more severe the husband's PTSD, the more severe his wife's distress (Beckham, Lytle, & Feldman, 1996; Riggs et al., 1998). More specifically, wives of veterans with PTSD were found to report more emotional problems (Jordan et al., 1992; Solomon et al., 1992; Verbosky & Ryan, 1988) and marital problems (Mikulincer, Florian, & Solomon, 1995; Wilson & Kurtz, 1997) than wives of war veterans without PTSD.

The wives of ex-POWs also displayed different patterns of differentiation than wives of combat veterans. Our findings reveal higher levels of fusion among women married to ex-POWs. This may be attributed, among other things, to the spouses' need to protect their husbands who suffered from psychological distress following their traumatic experiences. Spouses have been found to be the most important source of support for married adults (Stroebe, Stroebe, Abakoumkin, & Schut, 1996). Therefore, those married to ex-POWs may have felt that the best way to protect their husbands is by staying close to them, constantly providing them with a safe environment. Another explanation may be that wives of ex-POWs have great difficulty separating themselves from their husbands, because of the latter's high need for support and holding. The highly dependent ex-POW may cling to his wife, thus pulling her into a "fused" relationship.

As noted, we have also examined which patterns of differentiations are predictive of PTSD among POWs and their wives. For ex-POWs, both extreme patterns of differentiation (i.e., cut-off and fusion) were associated with higher levels of PTSD. This finding is in line with Bowen's (1978) theory that poorly differentiated individuals tend to exhibit more psychopathology. It is also in line with previous studies that found a significant connection between poor differentiation and various psychiatric problems (e.g., Bartle-Haring & Gregory, 2003; Tuason & Friedlander, 2000). More specifically, the finding that cut-off is related to emotional distress may stem from the fact that this state of over-differentiation corresponds to and reminds ex-POWs of the original experience of captivity. When held captive, POWs are usually isolated from the outside world and often spend many days without human contact. Thus, when in a state of cut-off, the ex-POW might experience negative feelings akin to those which he had experienced in captivity. This, in turn, may cause him significant emotional distress. Another explanation for the association between PTSD and cut-off differentiation is the inclusion of avoidance symptoms as a criterion for the diagnosis of PTSD. Although cut-off and avoidance are quite different concepts, they nonetheless share several similarities as both refer to one's tendency to disconnect from others. This can be understood in several ways. First, when in a state of fusion with their wives it may be more difficult for ex-POWs to avoid emotionally charged situations. This, in turn, may cause them significant emotional distress. Second, it may be that those who were *initially* more troubled exerted more efforts in trying to achieve emotional fusion with their spouses, and to seek their support and protection.

A somewhat different pattern emerged among the wives of ex-POWs, where only cut-off differentiation was associated with posttraumatic symptoms. Several studies have indicated that, in general, women are characterized by more fusion than men (e.g., Elieson & Rubin, 2001). This finding may be related to the different social norms to which men and women adhere. Women are usually expected to be in a position where they are more available to others, sometimes at the expense of their own individuality and autonomy. Therefore, a state of fusion may be considered more normative among women, and does not necessarily lead to emotional distress. On the other hand, emotional cut-off may be considered a much more

extreme state among women. We may therefore assume that wives who distanced themselves from their husbands experienced severe emotional distress that led them to do so. In addition, the same explanation that was suggested for the association between cut-off and PTSD among men may also apply to their wives—that is, that the experience of emotional cut-off serves as a painful reminder of the long time of separation during captivity (Cohan, Cole, & Davila, 2005; Lieblich, 1994).

Finally, we have examined the mutual effects of men and women's differentiation patterns on their well-being. First, we have found that when wives reported high cut-off, a stronger connection was found between men's cut-off and PTSD symptomatology compared with when wives reported low cut-off. It is reasonable to assume that when the man's cut-off is reinforced by his wife's cut-off, his isolation and avoidance may become even more powerful. Thus, when the entire spousal relationship is dominated by emotional cut-off, emotional distress is more likely to arise. Second, we have found that the higher the ex-POW's fusion, the more strongly his wife's cut-off was positively related to PTSD symptomatology. Thus, it seems that when the boundaries between the woman and her husband's traumatic experiences are not clear enough, she may resort to emotional cut-off in an effort to protect herself from anxiety. As explained earlier, this cut-off often has psychopathological implications, among them PTSD.

The present study has several methodological limitations. First, it is based on self-report questionnaires that may reflect participants' subjective perceptions and feelings rather than an ''objective'' reality. In addition, we have based our assessment on a specific operational definition of differentiation. The qualitative distinction between ''fusion,'' ''cut-off,'' and ''balanced'' differentiation is one possible categorization, but of course others may also be used (i.e., ''low'' versus ''high'' differentiation). It should also be noted that while the interaction term between men and women's cut-off was statistically significant, its contribution was relatively small. Another limitation is the exclusion of highly relevant measures such as the length of the marital relationship and previous relationship functioning. Finally, this study is based on a cross-sectional design, and therefore its findings are relevant to a specific point in time.

Despite these limitations, this study sheds light on the important role of differentiation following captivity. It shows that the effects of trauma on both the POW and his wife are not uniform, but rather depend on their respective differentiation patterns. Our findings may also have important clinical implications. First and foremost, they highlight the need for therapeutic interventions focusing on couples' differentiation patterns following trauma. These interventions may be helpful in alleviating posttraumatic symptoms among both the direct victim and his or her spouse, who is at risk for developing secondary traumatization.

Because of the significant role of differentiation following trauma, and considering the scarcity of research in this field, there is a need for additional studies. Future studies are advised to assess the role of differentiation among various populations who experienced trauma. Also, there is a need for longitudinal studies that will examine the relation between differentiation and PTSD at different points in time following the traumatic event. In addition, other measures of differentiation should be developed and applied in trauma studies, in order to more clearly understand this complex concept. Finally, researchers should strive to assess various populations both before and after the occurrence of a traumatic event. These types of studies may provide a clearer picture of the impact of traumatic events on one's differentiation patterns.

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