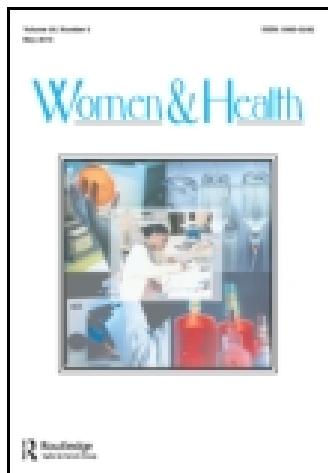


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Trapped in Captivity: Marital Perceptions of Wives of Former Prisoners of War

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Trapped in Captivity: Marital Perceptions of Wives of Former Prisoners of War

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ABSTRACT. Knowledge on the experience of prisoners of war's (POWs) wives is sparse, and mostly concentrates on the first decade after captivity. The present qualitative study examined the marital perceptions of seven wives of POWs after three decades. Participants were recruited through therapists who worked with families of POWs. Data were collected by a semi-structured, in-depth focus group interview. The findings of the study shed light on: (1) The place of captivity in the life of the family over time and (2) the women's perception of their role and place in the marital relation as being responsible mainly for the husband's well being and the couple's relationship, while struggling to preserve their personal needs. The meaning of the results is discussed together with implications for practice. [*Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.*]

KEYWORDS. Marital relationship, POWs, qualitative study, wives

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Prisoners of war (POWs) are exposed to some of the most traumatic experiences perpetrated on human beings. Often the result of the harshness of combat, war captivity can be an ongoing and repetitive traumatic experience (Herman, 1992). Physical and psychological torture, systematic humiliation and isolation, loss of personal freedom, and subjection to the absolute control of another are only part of the intense traumatization that may occur. For the victims, the experience of captivity can rapidly lead to a loss of the previously held identity, together with a sense of defeat and betrayal accompanied by painful guilt and shame (Hunter, 1993; Lieblich, 1994).

Studies on the adaptation of POWs have focused on adjustment in the first year after captivity (e.g., Ursano, Boydston, & Wheatley, 1981) and in latter years and decades (e.g., Solomon & Dekel, 2005). However, relatively little data are available on the experience of their wives, and most of the evidence was collected during the decade following captivity. Further, recent literature is largely lacking as will be reflected in the literature review below.

Hall and Williams (1973) reported on clinical material collected from two groups of POWs' wives who had participated in ongoing group therapy. They found that the women suffered from severe, progressive psycho-physiologic symptoms: they experienced a sense of abandonment, ambiguity of role, and suppressed anger. They did not have the option of expressing anger. Family, neighbors, and the army perceived expressions of emotions like anger and ambivalence as a sign of disloyalty and betrayal on the part of the women. Hall and Malone (1976) found that wives of POWs were unaware of their husband's feelings of guilt for being taken into captivity.

Other studies have attempted to identify factors that may contribute to a better adjustment of the couples after the men's return from captivity. McCubin, Dahl, Lester, and Ross (1975) found that better adjustment after return from captivity was positively associated with length of marriage, quality of marriage before captivity, and emotional functioning of the wife during the period of captivity. Hunter (1986) reported that couples that had seriously discussed the possibility that the men might not come back were better adjusted following the return of the veteran from captivity.

Lieblich (1997) interviewed 10 Israeli POWs and their wives. The women described their experience before, during, and up to 13 years after their husbands' captivity. The wives' narratives depict the sudden separation, the experience of coping with the long, uncertain period of waiting, and their reactions to the reunion. Lieblich stated that the role

of the wife was defined by total loyalty to her partner. The return of the hero-husbands placed the wives in a secondary position, which they accepted. In other words, the women did not perceive their own experiences to be as heroic as their husbands'.

Bernstein (1998) interviewed 50 World War II POWs two decades after their captivity. She found that the POWs and their spouses experienced emotional distance within their spousal relationships. The spouses differed in the amount of discussion about the captivity that they reported, with the wives reporting a much lower amount of discussion about captivity than the POWs. Dent et al. (1998), who compared over 100 Australian POWs and their spouses with war veterans and their spouses, did not find significant differences between these groups in marital intimacy. However, they did find that the level of emotional distress between husbands and wives was greater among couples when the husbands were former POWs than among the control couples.

While much is known about the long-term effects of captivity on POWs, the available information on the experiences of the wives is sparse. Some of the studies point out the presence of distress among these women, but others find few differences between POW couples and control groups. None of the studies examined the subjective marital perceptions of the wives.

The experience of life with a former POW may be consistent with the second type of ambiguous loss theory (Boss, 1999), referring to a situation in which a person is physically present but psychologically absent. Husbands who have been in captivity are currently part of the family but might no longer function or be involved in family life the way they used to be. The continuous ambiguity regarding the husbands and their place as partners in the family can result in the wives experiencing symptoms of depression, anxiety, guilt, and distressing dreams.

Current literature addresses the reactions of wives to ambiguous loss from the husbands' physical illness (Boss & Couden, 2002) due to dementia (Boss, Caron, Horbal, & Mortimer, 1990), Alzheimer's (Caron, Boss, & Mortimer, 1999; Kaplan & Boss, 1999), and posttraumatic stress disorder (PTSD) (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005). However, no studies have dealt with the marital perceptions or experiences of wives living with husbands who were in captivity.

Some former POWs suffer from PTSD—as do some other veterans as a result of exposure to battle. But former prisoners of war also experienced a period of captivity, that is, loss of freedom, humiliation, and mental and physical torture. In addition, a moral question echoes in the

background, reflecting an important value in the Israeli society: should these soldiers have been taken captive, or should they have fought to the death? Being the spouse of a former POW has a unique meaning that deserves separate study.

The present study sought to examine the experience of being the wife of an Israeli POW almost three decades after the husband's release from captivity. The present study used a qualitative phenomenological approach and sought to examine the meaning those women attached to their lives as wives of former POWs. Qualitative methods are well suited to research in fields in which little theoretical support exists and that require further development (Rosenblatt & Fischer, 1993).

METHOD

Participants

The eligibility criterion for participation in the study was being in co-habitation with former POWs. Seven wives of former Israeli POWs participated in the study. Participants were recruited through therapists who worked with families of POWs. All women were Israelis, married and mothers, approximately 50 years old. All of the participants except for one met their husbands after the period of captivity. The researchers contacted only wives of POWs who had a therapeutic connection with professionals, to enable them to receive additional emotional help after the interview, if necessary. Informed consent of the participants was obtained.

The rationale of the current study stemmed from a phenomenological-qualitative research perspective. Such research is based on small purposive samples that include a limited number of informants who are considered to be information rich. The information gained from these studies is expected to provide in-depth understanding of the phenomenon under investigation (Cresswell, 1998; Patton, 1990). Replicability is not expected due to the idiosyncratic influence of the research context (Creswell, 1998; Kvale, 1996). Such research methods are useful in studying sensitive topics (Boss, Dahl, & Kaplan, 1996; Rosenblatt & Fischer, 1993), and the experience of being a partner of former Israeli POWs is certainly such a topic both by criteria of sensitivity and degree of threat (Lee & Renzetti, 1993).

Procedure

Data collection. Data were collected by an in-depth, semi-structured focus group interview that lasted three hours. A focus group is an effective tool for gathering data in exploratory studies and brainstorming, when the information on a phenomenon is scant, as in this study (Morgan, 1997). The procedure allows the collection of concentrated amounts of data on the topic of interest faster and at lower cost than conducting personal interviews (Fontana & Frey, 2000).

The semi-structured interview. Two social workers lead the group interview, which was conducted in Hebrew, video-recorded, and later transcribed. The women were asked to introduce themselves and then to speak about their personal lives and their feelings about being married to a former POW.

Analysis

Data analysis was performed according to the phenomenological method (Spinelli, 1989), which assumes that the researcher's subjective perspectives unavoidably shape the research findings (Boss et al., 1996; Denzin, 1989; Denzin & Lincoln, 1994; Patton, 1990). First, the rule of *epoché* (Moustakas, 1994; Spinelli, 1989) recommends that researchers set aside their prior biases and prejudices and suspend all expectations and assumptions. The researchers, who were married women, mothers, and practicing social workers, attempted throughout the process of data analysis to bracket or reduce as much as possible *a priori* assumptions, professional knowledge, and personal biases of which they were aware and that could affect their interpretation of the women's experiences. Consequently, the main categories that emerged in the process of data analysis should largely represent the participants' experience, rather than the categories assumed *a priori* by the researchers. Adherence to this procedure ensured the study's credibility (Lincoln & Guba, 1985).

Next, the rule of description recommends that researchers describe rather than explain, so that initially they remain focused on their immediate impressions of the phenomenon. Researchers must attempt to maintain a level of analysis in relation to these experiences that centers on description rather than theoretical explanation (Spinelli, 1989). According to the rule of confirmability (Lincoln & Guba, 1985), the findings were organized in themes based on the original quotations. The researchers' interpretations were recorded separately, still linked to the data.

Finally, to avoid bestowing any meaning or importance upon emerging themes in the analysis process, each aspect of the experience under study was treated with equal emphasis, consistent with the rule of horizontalization (Moustakas, 1994; Spinelli, 1989). For example, although aspects of the wives' commitment to the relationships were more prevalent in the data than their individual aspects, in the data analysis process these categories received equal value.

To increase inter-coder reliability, each co-author separately performed thematic content analysis. They performed separate cross-case analyses by detecting and coding themes across cases. Cases were then aggregated and reduced, and core themes were identified and coded (Strauss, 1987). Subsequently, the authors examined comparatively their individual analyses. They discussed differences and looked for agreement. The comparison covered both the content of the themes and the interpretation of their meaning. In cases of disagreement regarding the analyses of the themes, these themes were excluded from the findings.

Ethical considerations. This study was part of a larger research project that examined the adjustment of POWs and their spouses and gained the approval of the Institutional Review Board of Tel-Aviv University. All participants agreed voluntarily to participate in the study after receiving a brief explanation of the general aims of the research. In the process of reporting the study's findings, the names of the participants were changed. The interviewers were also concerned about the emotional welfare of the participants. When the interview ended, the women were provided with phone numbers of professionals they could call if they experienced emotional distress.

FINDINGS

Analysis of the results revealed two central interrelated themes. The first theme was the place of captivity in family life over the years. The second theme revealed the wife's perception of her role in the partnership.

“The Never-Ending Movie”: The Place of Captivity in the Familial Life Over Time

The women were constantly negotiating with themselves, with their husbands, and with the external environment regarding the meaning of captivity for family life. Most of the women met their partner after his

release from captivity and began their life together like any other couple. During the first period of marriage, this episode in the couple's personal history was totally disregarded. Much energy was invested into the effort of carrying out day-to-day living. One of the interviewees recalled the situation of returning to normal routine:

When he returned from captivity, although I was only 26 years old then, and maybe I wasn't aware of things and didn't let myself relate to it, nothing happened that showed on the outside ... I can vaguely remember one time when he woke up in the middle of the night from a nightmare. Nothing more than that, really.

Over time, cracks appeared in the couple's daily routine. Among the men, these cracks manifested themselves in areas such as poor academic achievements and difficulties in performing their military reserve duty. They also experienced seclusion and affective distress, difficulty in finding peace, and sleep disturbances. The women were aware of their husbands' distress but did not know whether it was related to captivity or to other factors. This uncertainty was caused by other external or familial events (for example, one man was widowed), by the fact that most of the women did not know their husbands' personal traits before captivity, and by the long time that had passed since the men had been taken into captivity.

During the interview, captivity was a central issue in the women's lives:

In relation to the past, one participant said:

We put on some iodine and a bandage and it was okay ...

Interviewer: And today?

Participant: Today, it still bleeds ... Every two or three days ... we have reminders ... It's here [the captivity] now; it's on the plate at almost every meal; the main course, not an appetizer.

Iodine and a bandage were first aid measures used to dress the metaphoric wound. However, the bandage did not hold for long. Sometimes the dressing did not help, and the wound bled.

Throughout the group interview, the women referred to a film made by one of the former POWs in which some of the women's spouses appeared. This movie took on a metaphoric role:

And we've been "replaying this movie" for years now! And now we're in this movie, there was an intermission for popcorn ...

What's it like to live in this movie?! I want an intermission ... And I think my husband also feels it; when you live it day by day it's in your awareness.

The experience itself went on like a film in which the couple played; a film they actually lived¹ It was not possible to leave the story except for short breaks, like intermissions at a movie house. However, reality captured the people within it.

The Foundation of the Home: The Women's Perceptions of Their Role and Responsibility in the Marital Relationship

The husband's vulnerability, which resulted from captivity, was projected onto the marital and family sphere and affected the formation of the women's role in the marital relationship. In most cases, the wives took responsibility for the marital relationship more than the husbands did. The women differed in how much care and responsibility they took with their husbands' mental and functional status. This of course was associated and was within a dialogue with their husbands' reactions. In this part we will describe the different wives' perceptions of responsibility and their husbands' reaction to it.

Several women took all the responsibility for their husbands on their shoulders. One of the women, for example, was attached to her husband and stood by him in every respect, both physically and emotionally:

My husband always went to the army reserves ... just to be "like everyone else" ... Last time he went...I got a call at midnight: "Do whatever you can to get me out of here! I can't stand being here! They put me in some booth and it reminds me of the cell [in captivity]." So I told him: "Listen, call me every two hours, every hour, every ten minutes. I'm by the phone, and in the morning I'll do everything to get you discharged ... Any little thing that would happen, [he would ask me]: "Go here, go there." It's not that he doesn't function; he functions fabulously. He helps around ... But he always needs my support, to know that I'm there, that I'm with him in every place ...

When this participant's husband faced acute mental distress, he turned to her helplessly, and she was immediately there for him, treating him like a devoted mother. Nevertheless, her husband also faced an

opposite situation, in which he clammed up in his shell, and then the wife did not yield until he opened up:

One of the things that helps me deal with these issues is to take him out of his shell. Running away is very characteristic of him: to run away to his room, to run away from home, to go out, to leave me alone, where he is in one place and I'm in another. I didn't let him do that. I would simply stand by the door and force him to yell back at me ... Even if we yell, I feel a great sense of relief inside because he let something out, he didn't isolate himself ... I fight him to the end ... It means not going to sleep, shouting and to talking until 4am ... I had no choice. He goes into the bathroom, I go in after him; if he goes into the bedroom, I go after him; if he goes outside, I go after him ...

[I'm] not a parasite-[that is clinging on to him] ... Had I let him isolate himself, I don't know if I would have stayed with him. Sometimes ... he doesn't like what I said ... and closes up ... I'm talking to a wall!!!... [so] I took responsibility for that ... I made him open up to me . . . He lives with me; he has to be open. Otherwise, we don't live! I do this for myself also.

This participant believed that as a result of her stubbornness to communicate with her husband and to prevent his seclusion from her and from the environment, he was able to function as a husband and father. She was with him everywhere, whether they were in the same physical place or he was far away from her (for example, in the army). She considered herself to be a motivating and rescuing force, a role in which she persevered for many years. However, she fulfilled this role not only as a savior of her husband but also of herself, because she insisted on having a meaningful partner who responded to her needs. She set her limits as well. Had she not succeeded, she wouldn't have stayed with him.

This wife used a tactic of pressure and constant attempts at communication with her husband, even at the cost of having a confrontation with him. Another participant went even one step beyond the former. She took on the responsibility for the foundations of the marital relation and perceived the emotional and functional state of her husband as depending mostly on her:

I think what I'm hearing, I don't know if that's right, but my story sounds like I am some kind of a martyr story. [I keep thinking]

"Shall I get him out of this or not?" "Is he okay now or is he irritable?" ... "Will he accomplish things?" ... He studied for seven years, but he wouldn't have accomplished what he did if I hadn't been supporting this foundation ... I've taken his anxiety upon myself. And I say that he's functioning amazingly, but I feel more anxiety. And this everlasting burden to take care of him and watch over him so that nothing happens to him. I live a constant catastrophe ...

She saw herself as a tortured holy figure ("I am some kind of a martyr story") who saved her partner from hardship. In her perception, his academic achievements were due to her. This wife was drawn into a maternal relationship with her husband: She took his anxieties upon herself and she continuously treated, cared for, and protected her husband as if he were her baby. Her experience of marriage was one of dual and contradictory meaning. She supported the foundation of the home and family and at the same time lived a constant catastrophe—the symbol of instability and of the inability to foresee and control events.

Like the former two, a third wife perceived that maintaining the marriage was her primary mission. However, she supported her husband, but according to her assessment of his state, which she tracked closely. At the same time she kept her independence, fulfilled her own needs in the marital relation, and took care to ensure her personal development for the benefit of her husband and of her own strength as a wife:

I met him when he was devastated, as if the ceiling had collapsed on the floor. So our columns of concrete have been built throughout our life together, with my help, but not only. I mean, with the help of life, with the help of time that has passed. And some of the time I have to walk real quiet, like some sort of climber, and bind myself around my husband but without smothering him ... And sometimes I say: "The hell with it." For instance, for the past year and a half [I say to myself]: "The sun is shining, people are waiting for me outside." I put on makeup, [feel like] life is a party. And I come home, and the site isn't that pretty, and then I say: "Well, so I've become stronger, so I've attained something in my life, and I have something to give [to other people] ..." How much can I try to get him to speak?!!... One day he has a good day and the next day is worse ... I feel that I have the responsibility of a barometer ...

This wife used the metaphor of the building to describe her marital relation. It is the wife who ensured the stability of the building. She met

her husband in a state of total collapse and helped him gradually rebuild himself. In her view, she has had a significant role building her marriage and supporting it. She did not have sole responsibility, like the former wife who lived in a constant catastrophe, but shared it with other factors. This participant developed marital tactics to ensure the stability of her husband: keeping quiet and continuous company while maintaining the correct distance from him ("without smothering"), so as not to lord over him and encroach on his space. She regulated the support and the extent of her presence according to her husband's state, and explicitly referred to her role as a sensor of stress ("responsibility of a barometer").

Apparently, from her husband's perspective, this wife took on more responsibility than her husband needs.

Lots of times he tells me, because he's not a bad teacher, even a brilliant teacher: "Don't take responsibility for this, that is responsibility that I [the husband], am taking." Lots of times I say [to my husband] "Okay, you want to deal with things? Fine, fall apart, be my guest, go crash. And I don't mean that I am waiting expectantly with a safety net for him to crash ... So I take the responsibility off of myself.

The husband tried to release his wife from the role, but she did not feel completely exempt: she considered the possibility that he might fall apart, and she must serve as a safety net for him. By allowing her husband to support her, this wife surrendered part of her control over the marital relation and over her husband's life. This was her basic perception of her place in the marriage. Nevertheless, she identified changes over time. She had learned to extricate herself from full responsibility, to leave the house and draw strength from activities she performed for herself, and to achieve more freedom and independence in the marriage. This served her personally and also provided her with the strength she needed to continue and hold on to her supportive role in the relationship. Gradually, she discovered her husband's strength to care for himself, even if she could not count on it entirely. In her experience, if she did not take care of him he crashed.

Another wife reported a different model. She did not see her role as taking care of her husband. Interestingly, like the other women, she used the metaphor of supporting the building's foundations.

We were once doing some renovations in our house, and there were the concrete columns that couldn't be moved ... And I said to

myself all of a sudden in a flash of understanding: this man has two concrete columns holding him up, and should I be the one to destroy them?! ... And if I knock down the concrete, then the whole building falls! And this is something that I realized at a pretty young age as being very very dangerous ... This is a defense mechanism that I must honor ... Even though I am a pretty open person, I too have my pillars of stone ... I don't feel that there's a demand of me to take care of him; on the contrary, [there is] an intense rejection [on his part] so that I don't even dare take care of him. I am frequently facing a situation in which I ask myself questions and I give all of the answers myself (laughing) ... I say this in a humorous way, but it's very sad sometimes, it's very lonesome. But I don't feel like I'm supporting him. And if he feels that I'm doing something like that, I'll get kicked in the teeth. Before I used to think that he was my wall, and it turns out that he's not ... This rock doesn't move and it's stubborn and inflexible and hard ... and [it is impossible] to bring forth water from.

This wife anticipated a great deal of resistance from her husband if she tried to take on the supportive and care-giving role ("I'll get kicked in the teeth"). She ended up feeling lonely and sad in a marriage with a closed and rigid man. As a rock—he was immovable and resistant to molding, with no spirit or benefit to be brought from it, unlike the biblical rock from which Moses obtained water—one of the sources of life. At a different point in the interview, she described a successful professional career, in contrast to the situation that existed in the home.

Finally, one participant dismissed herself and her personal needs to adapt to her husband according to his mood. She devoted her life to maintaining the marital relationship, but doing it by avoiding any behavior that led to conflict with her husband.

I don't have much of a life ... I mean, in our house it's always about the captivity ... He is simply a wonderful husband and a great father ... but there are things that I learned to forbear in order to maintain the marriage, that's the option ... Sometimes I feel like I'm talking and there's no one to talk to ... It's not easy. Sometimes I say okay, maybe he needs to calm down, to be by himself. So I get up and do other things ... I've learned to refrain from reacting, even though in most cases maybe he's not right. But there's nothing you can do.

This was a wife without a mate. She felt lonely in the marital relation, and the captivity and its consequences constantly invaded family life. Her role was to maintain the relation through forbearance, irrespective of her husband's conduct and the degree of fairness and justice of this behavior. He was recognized as a spouse in need and at the same time a wonderful husband and father. She valued her husband for his endeavor to detach fatherhood and the marital relations from his tortured and nightmarish world. Yet, gentle equilibrium of the marriage depended on her and her ability to refrain from reacting, to understand her husband, and to go on.

DISCUSSION

We have focused on two major aspects described from the women's point of view: the place of captivity in the family's life, and the women's perceptions of their roles and responsibility in the marriage. The results showed that captivity occupied a central place in the couple's life, even after three decades. Questions and doubts arose even in couples that did not appear to discuss openly whether what the women saw was the result of captivity and what would have happened had the man not fallen into captivity. In the preceding few years, as a result of external events and internal processes that the couples had undergone, the presence of the captivity in family life had grown larger. Today, as the women put it, the captivity was in the "main course," and a never-ending movie.

The women were perplexed by the effects of the experience of captivity on their husbands. Could their husband be defined as handicapped? Such questions and feelings are similar to Boss's theory (1999) regarding ambiguous loss—the husbands were physically present but psychologically absent from time to time. The women's involvement with their husbands' situation and their commitment to their husbands, as well as the husbands' expectations of them, created an additional burden on the wives. In the present study, the wives' responsibility acquired sizeable dimensions. They perceived themselves as essential supporters whom their husbands need on different levels. They were enablers of life for their husbands and likened themselves to a safety net or to the foundation of a house. At times the husbands' need can become a matter of life and death for the men. The women were therefore in constant readiness to be there for their spouses and help them according to their needs.

The women also perceived themselves to be responsible for the couple's relationship. They struggled to engage their husbands in emotional and instrumental communication in several ways, thereby acting on a closeness-distance dimension. Some of them pierced the boundaries between husband and wife in the name of their responsibility to fulfill their task faithfully and at the price of the husband's personal space. In some situations the husbands released them from this responsibility and sought independence. But the wives felt that they could set themselves free from their role in the marriage because a catastrophe ensued both at the marital and individual levels. Other wives acted as a barometer. They aided their husband when it was necessary to do so, approached their husband and stepped back according to the needs of both sides. Finally, some wives experienced distance between their husband and themselves. They observed from the sidelines and did not offer help because they feared that excessive closeness might be disastrous to their spouse. They ended up feeling lonely.

The women's feeling of commitment to their husbands and to the marriage was also magnified because of the experiences that the men had been through and as a result of another sanctified value in Israeli society: "You don't abandon a wounded soldier on the battlefield." The man was sent to take part in a military action by the Israeli Defense Forces, that is, by Israeli society, to defend his people. He was injured and was now in need of society's support. The wife was part of this society, and it was therefore expected of her to assume responsibility and help him (Lieblich, 1997).

An additional dimension was that of the conservation of the woman's personal needs. Some of the women were alike in their devotion and sensitivity to their husbands' needs but differed in the ways in which they serviced their own. One wife dismissed herself and her personal needs and only tended to her husband. The second succeeded in maintaining an independent life and a career of her own. The third struggled to maintain closeness for personal benefit as well, but her central experience was that of devotion to her family, without a life or career of her own. Another woman balanced caring for her husband's and her own needs, and was capable of giving each its place. Lastly, a wife intentionally distanced herself from her partner so as to not harm him or be harmed, finding sufficient room for her needs and developed a successful career.

Our findings support the work of Green and Werner (1996) who suggested an examination of marital relations according to two dimensions. The first dimension is that of closeness-distance. At one end of the scale no clear separation exists between the boundaries of the couple, and

mutual penetration and fusion between the partners take place. At the other end of the scale individuation in the relation occurs. The second dimension refers to feelings of closeness and concern at one end and emotional distance and lack of concern at the other. Future studies should further inquire about coping patterns of wives of POWs and the modes by which they balance between their commitment to take on the responsibility for the couple's relations and the conservation of their own needs.

The current study was based on phenomenological research on a small purposeful sample. It provided an in-depth understanding of the phenomenon under study, but did not make claims of representativeness or generalizability. This is considered an adequate trade-off in qualitative research (Cresswell, 1998; Patton, 1990). The modest number of interviewees available and the sensitivity of the topic led us to consider our interviewees as a unique group of informants whose experience was worth capturing, rather than a sample in the classical sense of the word, and that the depth of their experience was substituting for the limitations concerning generalization. This group provided thorough information about the experiences of wives to former POWs, and broadened the available knowledge on the complexity of living with a former prisoner of war.

The shortcoming of a focus group is that dominant interviewees may lead the group and disrupt or take over the personal expression of the participants, especially the less active ones (Fontana & Frey, 2000; Morgan, 1997). The current study's group was led by two therapists, both researchers and social workers, who made sure to allow each of the interviewees a reasonable extent of self-expression. Still, during the process of data analysis, we found that not all of the women expressed their feelings and attitudes to an equal extent. Two participants reported their experiences somewhat less than the rest of the women. Such a situation may have been avoided by personal interviews.

One of the advantages of the group interview was that it facilitated a discussion of metaphors. The metaphors of the meal and of the courses in a meal and of a building and its supporting columns were brought up by one of the women and found an echo and response in the others who then expressed the experiences through additional metaphors of the same nature. Such metaphors can also appear in a personal interview, but the opportunity for a metaphor-based discussion might not have occurred. In this sense, the focus group enriched the description of the experiences and their positioning.

Additional limitations of the study stem from the unique experience of the Israeli POWs, who were held in captivity for a period ranging

from six weeks to eight months. By contrast, American POWs in the Far East were held for several years, during which they were subjected to prolonged and repeated torture and deprivation under extremely harsh physical conditions (Sutker & Allain, 1996). These differences in the experience of captivity itself could result in variability in the long-term adjustment of the POWs and their spouses. Moreover, all of the participants except one met their husbands after captivity, and no control group of women who were married to non-POWs was examined. Therefore, we cannot rule out the possibility that some of the themes described in the current study might be part of the normal developmental aspects of marriage. Furthermore, the results of the study primarily reflected the difficulties of living with former POWs. Besides the literature that points to emotional impairment among former POWS, evidence also shows high levels of resilience among part of this population (Solomon & Dekel, 2005). Therefore, future research should explore the positive aspects of living with former POWs.

Research and practice implications of the study. The results of the study point to the need for social, therapeutic, and institutional legitimization of the hardships of which former POWs and their wives complain. Family members should be entitled to know that their complaints and feelings are typical of distress resulting from captivity. The seclusion and doubts that beset captives and their families have long-term detrimental effects. Some fear that the recognition of their vulnerability may obstruct their coping. We anticipate that recognition of the disability, together with proper therapeutic help, would result in thorough recovery and coping. The marital distress described by the wives studied stresses that in addition to individual therapy, which some of the POWs receive, there is also a need for couple therapy.

Future studies should employ wider samples of this population. Too often the participants of research are solely the POWs themselves. Researchers should also attend to the wives who provide their partners an essential support, paying sometimes a high price for that role. Further research should aim at recognizing personal as well as social factors that empower these wives.

NOTE

1. There is a Hebrew expression, *hayinu ba'seret ha'ze*, meaning “we have been through this before.” It can be translated literally either as “we have been to this movie” (we have seen it) or “we have been in this movie” (we have acted in it).

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