Consequences of Captivity

Researchers say that hostages and prisoners of war may undergo similar psychological changes. But problems of methodology limit their findings and prohibit individual predictions.

BY BRUCE BOWER

U.S. Navy

The first group of released Vietnam POW's *boards a transport aircraft in 1973.*

The speculation began long before they were released. Psychiatrists made statements on television, and newspaper articles quoted pessimistic reports on Vietnam veterans and ex-prisoners of war. By the time the 52 Americans were freed by their Iranian captors, much had been said about how bad the inevitable psychological consequences would be. Then, as the post-release elation faded and yellow ribbons disappeared from sight, editorials began to appear that castigated the media and the psychological doom-sayers they gave voice to. On Jan. 24 the American Psychological Association released a statement expressing its concern with "assumptions reported in the media of deep-seated psychological disturbance within the returnees." The situation was, to say the least, confusing.

Research on stress, captivity and the medical and psychological consequences thereof is in its infancy and cannot provide the answers recently demanded of it. Scientists have made numerous studies of captive experiences since World War II, but problems of definition and methodology limit the generalizability of their findings. There is little agreement about what constitutes stress and what instruments most accurately measure it. "There is a tension in the literature [on captivity]," says Robert F. Rich, professor of politics and public affairs at Princeton University. "Are there generic effects of captivity, or are effects particular to the individual?" he asks. How, for instance, do factors such as past history and social support upon release affect readjustment?

Individual variables were not explored in the first major studies of former captives. International follow ups of Nazi concentration camp survivors after World War II described generic effects. A Veterans Administration synthesis of POW studies published last May reports a high incidence of a psychiatric disorder called the "K-Z syndrome." ("K-Z" is taken from the German word for concentration camp, "konzentrationslager.") The syndrome includes general anxiety and nervousness, a "startle" reaction to ordinary stimuli, insomnia and nightmares, phobias, psychosomatic complaints, memory lapses, moodiness, inferiority feelings, obsession with the past, depression, apathy and guilt about surviving the experience. Results of long-term follow ups did not appear until about 15 years after the war ended, and the findings were similar to observations made of returned World War II and Korea POW's. A 1975 National Research Council follow up revealed significantly higher psychiatric hospital admissions for these men, especially those interned by the Japanese and Koreans. The degree of malnutrition and deprivation during captivity also was related to later psychological health. A higher number of deaths due to trauma and cirrhosis have been linked to the POW experience, and anxiety reactions occurred among ex-POW's significantly more often than among other veterans. This held true whether captivity was for a few days or several years. Family studies have suggested that ex-POW's find it difficult to come back and assume a disciplinarian "father" role.

Many concentration camp inmates and former POW's, however, did adjust well and investigators suggest that devotion to a cause and the ability to handle the emotional shock of captivity are important personality factors in these survivors. But the ability to emerge from captivity unscathed is not clearly understood. Contributing to the confusion are methodological problems in the studies. Medical and psychological histories were not available for concentration camp survivors, and data collection did not begin until several years after their release. Similar problems exist for POW studies, with the additional twist that many returning World War II POW's did not receive physical and psychological exams or received inadequate exams. A K-Z syndrome has been identified, but causal connections between captivity and clinical observations remain tenuous due to the lack of information.

It may be that all or part of the K-Z syndrome will show up in returned Vietnam POW's, but the evidence is inconclusive so far. A five-year medical and psychiatric follow up of 57 Navy flight officers who had been taken prisoner by the North Vietnamese and 57 matched controls who also had flown combat missions over Vietnam revealed no significant differences between the two groups. Anxiety, depression and other personality disorders were relatively low, as were systemic diseases and accidents. Milton Richlin and colleagues, who reported the findings in the August 1980 U.S. NAVY MEDICINE, explained the positive results with the reminder that these were older, highly committed officers who received careful medical examinations upon their release in addition to long-term follow ups. Psychiatric and social support was provided to many men and their families, and all the officers had received POW survival train-

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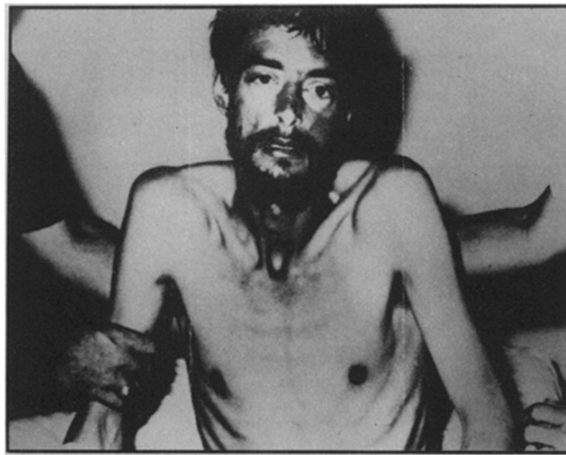
ing before going overseas. World War II POW and concentration camp survivor follow ups indicate that mental and physical symptoms may not appear until 15 years or more after release. With an eye to these findings, the Navy is continuing to monitor the health of their ex-POW's.

The mental condition of returned Air Force POW's also has been examined. Robert J. Ursano, James A. Boydstun and Richard D. Wheatley report in the March AMERICAN JOURNAL OF PSYCHIATRY that an unusually stressful environment, such as the one POW's endured, is associated with an increased incidence of psychiatric illness. About one-quarter of the 325 repatriated Air Force fliers showed some psychiatric problems upon their return in 1973. Follow ups were given to 253 fliers over a five-year period, and readjustment problems and psychiatric disturbances were found to be greatest for men captured before 1969. No control group was available for comparison. In an accompanying article, Ursano examines precaptivity psychiatric profiles for six returned POW's. Although the sample is small, the findings indicate that psychiatric problems after repatriation are due to adaptations to captivity and resulting personality changes, including withdrawal from the outside world and preoccupation with personal goals. Psychiatric disturbances and tendencies before captivity were neither necessary nor sufficient for the development of problems later.

This point is reiterated by Charles Stenger, a psychologist and director of the American Ex-POW Association. Although a POW may develop adaptive techniques to survive captivity, he is inevitably changed by the ordeal. "The damage has been done," says Stenger, "to an integrated, cohesive life style for adapting in the environment and reintegrating with adaptive patterns common in his own society."

Such statements might also be made about hostages, but no follow ups comparable to those on POW's have appeared. The evidence accumulated so far is mostly anecdotal, not empirical. Martin Symonds, a psychiatrist at the New York University School of Medicine, admits that hostage research has weaknesses, but adds, "I've seen about 600 victims of crime and certain patterns do emerge." He describes four phases of victim response: shock and denial, a terror-induced calm he calls "frozen fright," traumatic depression (the "I am stupid" phase) and finally, it is hoped, a resolution of the experience. Victims often expect emergency personnel and family to reduce their feelings of dependent helplessness. The "second injury" occurs, says Symonds, when victims perceive rejection and lack of expected support after their victimization. They are ashamed of their behavior and may blame themselves or others for their unfortunate experience. Some of this shame may center on the compassion they developed for their captors during captivity. For example, two



Charles Stenger

Although some prisoners of war have weathered the experience well, others are profoundly affected. The combination of physical deprivation and emotional distress creates a stark portrait of this Vietnam POW *who was held for less than six months.*

bank robbers held four hostages in Stockholm's Kreditbank for nearly six days in 1973. When the incident was over, hostages and captors embraced one another, and two of the hostages begged police to go easy on the criminals. This emotional bond, now called the "Stockholm Syndrome," is forged because many captives do not dare to be adults. Self-esteem is destroyed, resulting in what Stenger calls a "killing of the self." To top it off, hostages are used as a leverage on a third party, such as the police, and in their weakened state may perceive their captors to be truly concerned for their safety. The victims' wrath is then shifted from captors to authorities, especially if negotiations for release are delayed. Patty Hearst's hostage experience is an infamous example of this reversal of allegiance.

But, as with other reactions to captivity, the Stockholm Syndrome is not inevitable. Rona Fields, a psychologist at the Transnational Family Research Institute in Bethesda, Md., found no evidence of the reaction among 12 Northern Irish prisoners and 12 hostages of the 1977 Hanafi Muslim siege in Washington who were given psychological tests. When the terrorist humiliates a mature victim and clearly identifies the victim as a different type of being from the captor, as occurred in the two cases she studied, the Stockholm Syndrome is unlikely to appear. Periodic shifting of guards also lessens its likelihood. Still, the Washington hostages were characterized by problems related to sexuality, sleep and dreams, and memory and working functions. Within one year nine of them had sought professional mental health services, although most had initially denied any adverse effects from the hostage episode. The more stress a victim previously has experienced, says Fields, the greater are the ill effects of subsequent victimizations. More specific predictions can be formulated only through systematic, large-scale research efforts. "There are psychological, psychoneurological and stress tests we can use to collect hard data from hostages," she says. "But this research falls between the cracks of responsibility. No one agency or organization will take the initiative in research." In addition, State Department personnel who have been hostages rarely are evaluated outside of the security network. Of about 240 State Department hostages taken before the Iranian situation, no follow ups have appeared publicly. (The department, however, does plan to offer voluntary medical and psychological follow ups to its employees and to the two civilians taken hostage by Iran. The military will take care of its personnel separately.)

A more consistent provision of aftercare to hostages is offerred in Holland, where statistical studies have been carried out by the Dutch Ministry of Public Health. A review of literature on 283 Dutch hostages taken between 1974 and 1977 was recently completed by Robert Hauben, assistant medical director for mental health at the State Department. He also interviewed ex-hostages, Dutch therapists and negotiators. In his unpublished paper he cites a study of 168 of the hostages. Effects appearing within four weeks of release, including tenseness, insomnia, fears and phobias, were found in all ex-hostages. After four weeks two-thirds of the group still displayed symptoms. These included the previous effects along with fluctuations in moods, vague physical complaints, feeling threatened and misunderstood and being preoccupied with the hostage experience. Positive effects also were observed: 40 percent of the ex-hostages reported them shortly after their release and 45 percent reported such effects six months later. The ability to see things more relatively, feelings of well-being and better interpersonal relationships and being more emotionally involved with others were among the positive reports. While there are lessons to be learned from the Dutch experiences, Hauben warns that they cannot be literally translated into an American equivalent. In describing his research, he says, "It amazed me to find out just how little is known about the effects of stress and captivity on hostages."

The paucity of knowledge was brought home when U.S. hostages were taken in Iran. Mental health professionals were uncertain as to how hostages and their

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... Hostages

families would handle the crisis, but data now are being collected through mailed surveys by the Michigan Department of Mental Health. "Our initial motivation for the research was to obtain information from past hostages in order to help families of the Iranian hostages," says special assistant to the director Rick Spates. The survey has been endorsed by the State Department, the American Psychiatric Association task force on terrorism and other organizations. Of the three hostage groups sent surveys, responses have been received so far from Hanafi and Entebbe victims. The 41 percent response rate is fairly low, and Spates says many ex-hostages refuse to reply because they want to forget about the experience. The significance of these preliminary findings has not been established, but there are indications among the respondents that high levels of stress during captivity were related to an increased incidence of blaming authorities for post-captivity problems. A major drawback to research, says Spates, is that hostages are not part of a broad population phenomenon. There is no random distribution of ex-hostages, which limits the potential to make generalizations from research results. "It will take a few years and a few more hostage situations before any definitive statements can be made," he adds.

Investigators studying children's responses to captivity also are looking to the future. Children may differ in important ways from adults in their reactions to hostage experiences (SN: 1/24/81, p. 54). Lenore Terr, who studied children kidnapped while riding a school bus in Chowchilla, Calif., stresses the need for further research on the effects of trauma at different developmental stages.

Research on captivity is going through its own developmental stages, but most investigators insist that treatment options exist. Of prime importance is building a sensitivity among professionals and family members to the subtle needs of victims who often experience a "second injury" after their initial ordeal. Keeping medical and psychological services available without implying that the ex-victim is "sick" or "mentally scarred" is necessary also. But making predictions about individual responses to captivity is another matter. Julius Segal, director of Scientific and Public Information at the National Institute of Mental Health and a member of the medical team that met the 52 Americans released by Iran, puts the matter in perspective in the Feb. 20 ADAMHA NEWS. "Despite the fact that common threads may exist, we cannot make predictions about individuals," he says. "We should not fall prey to the assumption that the returnees are like blank tablets being written on for the first time, that captivity had no context, that their lives previously were neuter and that whatever happens is a consequence of captivity." □

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