

Running head: Exploring Ambiguous Loss

Exploring Ambiguous Loss: Wives of Servicemen Missing in

Action in Vietnam

Vickie J. Daughtrey, *

Estella A. Martínez Professor of Family Studies,

C. Diane Campbell

University of New Mexico

*Correspondence may be addressed to Vickie Daughtrey, 14115 Encantado Rd. NE, Albuquerque, New Mexico, 87123. (505) 294-9942. Electronic mail may be sent to norlan@compuserve.com

This study was supported by a grant from The Air Warrior Courage Foundation, P.O. Box 1916, Harrisonburg, Va. 22801

If I should die, and leave you here awhile, be not like others, sore undone, who keep long vigils by the silent dust, and weep...for MY sake, turn again to life, and smile...Nerving thy heart and trembling hand to do something to comfort other hearts than thine...Complete these dear, unfinished tasks of mine...and I, perchance, may therein comfort you.

A Vietnam Remembrance -The Vietnam Virtual Wall, anonymous author

The first report of an American missing in action (MIA) during the Vietnam Conflict occurred in 1961, and such losses continued until the fall of South Vietnam in 1975 (Department of Defense, 2005). During that 14-year period, the Department of Defense listed 2583 men, from all branches of the services, as MIA or killed in action/body not recovered (KIA/BNR). Since the conclusion of the conflict, the United States has conducted joint operations with the Republic of Vietnam, Laos, Cambodia, and China to survey and excavate known loss sites in an attempt to recover the remains of missing servicemen. To date, the United States has accounted for 741 servicemen formerly listed as MIA. Identifiable remains have been returned to the respective families for burial. The number of servicemen remaining unaccounted for is officially listed as 1842 (Department of Defense, 2005). For 30 or more years, the families of these men have waited for conclusive evidence of the fate of their loved one.

A significant difference between normative family transitions and stressors, and the experience of the MIA family, is the prolonged and indefinite nature of the stress for the MIA family (Hunter, 1983). The most common scenario surrounding a death comes with an official verification of its reality, usually a death certificate, the presence of a body to support physical verification, and a ritual farewell to the departed, which both sets in motion and supports the grieving process. Without physical verification of the death of her husband, the wife of an MIA will, at some point, decide whether to consider the husband dead and grieve the loss, or maintain

hope that he will be returned, delaying the grieving process until such time as there is conclusive evidence of his death.

The emotional effects of a loss with an ambiguous outcome can interfere indefinitely with life functioning and adjustment (Boss, 1983; Lazarus & Folkman, 1984). “Death is a significant risk factor for traumatic stress reactions. Violent or sudden death is particularly associated with negative psychological outcomes” (Stamm, 1999, p. 23). If the circumstances of the death deny the survivors the usual rituals such as a traditional funeral, the reality of the death may be denied and, for some, there may remain doubt about whether there has actually been a death (Stamm, 1999). When the details of the death event are indeterminate, when there is a passage of time before death is presumed, when officials can only approximate a date of death, the ability of the surviving partner to internalize the idea of the actual death is thwarted.

Worden’s (1996) task model of grief proposes that the first task of grief is to overcome disbelief and accept the reality of the loss, which can be problematic when the death is sudden, the survivors do not view the dead body, or when no body is recovered. Worden was referring to children negotiating the first task of grief when he stated, “Children who are not given accurate information make up a stories to fill in the gaps. Sometimes this can be more extreme and more frightening to the child than what actually happened” (1996, p. 13). Adults experiencing an ambiguous loss also may seek to fill in the gaps and give the loss account more detail and possibly an ending. Information regarding the MIA loss was incomplete or unavailable, which produced the initial designation of MIA as opposed to KIA/BNR, or having been captured (POW). Raphael and Martinek (1997) stated that one cognitive process in bereavement may be the “reexperiencing of *person’s presence*, as though he or she were still there (e.g., hallucinations

of sound, touch, sight)” (p. 378). Could experiencing the presence of her missing husband have provided the MIA wife with sought after, but missing information?

In order to accommodate the grief associated with the loss of her husband and move forward in her life, the wife would be required to adapt to a change in the role the husband maintained in the family. This adaptation may have required the MIA’s wife to relinquish the financial security her husband’s paycheck provided. No research has been found by this researcher that explores the long-term outcomes for Vietnam Era MIA wives who experienced this ambiguous loss.

Ambiguous Loss

Some wives may have contemplated that their husbands could die during wartime, and may have been somewhat prepared for that situation, but most would not have anticipated and been prepared for him to be MIA for a long period of time. Widows and MIA wives were left to raise children alone, make decisions about things such as where to move, whether to purchase a home, when to purchase a new car, decisions which created many stressful situations. MIA wives had additional stress as a result of wondering if their husbands would approve of their decisions if he returned. Another choice that may have contributed to their stress is when they contemplated giving up hope for his return and moving forward with their lives. Further, MIA wives knew that the decision to give up hope and move forward was not entirely theirs to make. Most knew that if their husband did not return at such time as the POWs were released, that the military would at some point presume their husband had died. This eventuality would initiate a new set of stressor events such as financial insecurity, and the potential for family conflict over whether to accept the military’s assessment of the situation, or to maintain hope that the missing husband might have survived and return. The pile up of these stressor events and the potential for

them to interfere with effective family coping or functioning, and attempts to remedy the situation, are likely to become a chronic strain. An additional strain that may arise in crisis events is the presence of ambiguity of the situation (1999; Boss, 2002; Patterson & McCubbin, 1983).

According to Boss (1977, 1980, 1999, 2002), the theory of ambiguous loss posits that to successfully cope with an ambiguous loss, the family must determine who will be considered to be part of the family and who will be considered to no longer have a role in the family. Being unable to define who is or who is not a part of the family may lead to depression, anxiety, and family conflict as a result of not being able to adequately cope with a situation that is outside of their control (Boss, 1999).

In the MIA family, the missing man usually remained psychologically present as a part of the family, although he was physically absent. He often maintained an important instrumental role as the family provider, leading to ambivalence over the situation (Boss, 1999). The military paycheck continued to be the main source of income for most MIA families. Many wives had little or no work experience, which would have enabled her to maintain the family's standard of living. Keeping her MIA husband psychologically present, and a part of the family, became important as a source of income, but may have produced feelings of guilt if the wife wanted to make decisions about financial expenditures based upon her own wishes, or if she sought to form a romantic relationship with another man. The conundrum as to whether to move forward and become autonomous from the missing husband, or to maintain the status quo, is likely to have contributed to ambivalence over the situation. "Unless we confront the loss, the commonplace longing for loved ones who are, for whatever reason, unreachable takes over our lives and prevents us from moving on" (Boss, 1999, pp. 138-139). Aspects of the MIA experience may

have caused many MIA wives to delay educational or career goals, remarriage, or other relationship formation, until the uncertainty as to the status of their marriage could be resolved.

Stressors

Boss (2002) classified stressor events in families as deriving from either internal or external sources. Boss noted that stressors are categorized by type of stressors and may be normative and predictable, or catastrophic and unexpected. The stressor event may be clear and desired, such as a planned pregnancy, or it may be beyond one's control as in the sudden death of a loved one, and have elements of ambiguity. In addition, the duration of stressor events may be chronic and of long duration, or acute and time limited. Further, stressor events and situations may be cumulative or isolated. When a stressor event is unpredictable, non-volitional and ambiguous, of long duration, and from an external source over which the family perceives they have little or no control, stressors may become cumulative and chronic.

For MIA wives, the stressor event was from an external source, and the ambiguous loss was unexpected and a catastrophe. Such stressors may lead to chronic strain, contributing to the MIA wife becoming immobilized and unable to adaptively cope with the loss of her husband. Some wives and families are resilient and may either immediately, or in the course of a long-term stressful situation, develop a positive way of coping with the loss, recover from the crisis, and perhaps even become better able to tolerate and adapt to additional stressor events. Conversely, adaptation to the original stressor can lead to vulnerability if another stressor soon follows. Boss (2002) suggested three factors that may facilitate a change from immobilization to recovery. The stressor event may change; resources to aid in coping may increase; or the family may change their perception of the stressor event and the resources available to cope.

Coping

McCubbin, Hunter, and Metres (1975) and McCubbin, Dahl, Metres, Hunter, and Plag's (1975) original studies of the POW and MIA wives' experiences were supported by the Center for Prisoner of War Studies (CPWS), at the Naval Health Research Center. Their aim was to "conduct scientific studies of the effects of captivity on subsequent adaptation of returned prisoners of war, and to explore the effects of long-term absence of the military member on the adjustment of the RPW (repatriated prisoners of war [sic]) and MIA families" (McCubbin et al., 1975, p. xx). Their findings suggested that MIA and POW wives utilized six coping strategies: (1) Seeking some resolution and expressing feelings, (2) Maintaining family integrity, (3) Establishing autonomy while maintaining family ties, (4) Reducing anxiety, (5) Establishing independence through self development, and (6) Maintaining the past and dependence on religion.

Findings from the CPWS study suggested that two of the six patterns of coping, reducing anxiety, and maintaining the past were potentially maladaptive coping strategies (McCubbin, Dahl, Lester, Benson, & Robertson, 1976). Coping patterns directed toward reducing anxiety may include such behaviors as self-punishment, consuming alcohol, smoking, crying, and withdrawal, and do not exhibit positive direction-oriented behaviors. The coping patterns of maintaining the past and dependence on religion may not be maladaptive if they contain elements of positive actions directed toward establishing a new life. Often though, the main focus of this coping method was action restrictive behaviors such as "emphasizing and reliving the past, involving themselves in their religion, remaining part of the military community, never showing fear, and minimal emphasis on establishing a new life" (McCubbin et al., 1976, p. 466).

Sense of presence

The three major phases of bereavement identified in dream and bereavement research are similar to those of theories of stress and coping; numbness, disorganization, and reorganization (Garfield, 1996). Numbness is characterized by feelings of shock and denial that the death has occurred. Disorganization includes such feelings as anger, fear, anxiety, and guilt, and generally also includes searching behaviors. In the reorganization stage, the survivor moves forward with his or her life, engaging in old and new relationships, and treasures the memories of the deceased. Garfield (1996) also posits that the phases of bereavement are not discrete and are more like waves, and the content of dreams during bereavement varies with the phase or wave of the bereavement process.

A sense of presence of the deceased may be described as a dream, an illusion, or an hallucination (Garfield, 1996). The experience may occur while awake and relaxed, or while asleep, and may include communication with the deceased or merely a feeling of being comforted by the lost loved one (Richards, 2001). When an event is traumatic, during the early phases of grief, the encoding and subsequent retrieval of information is likely to be compromised, resulting in a breakdown in reality monitoring, and imagined or dreamed events could be perceived as real experiences (Bennett & Bennett, 2000). The findings from studies of attachment and bereavement suggest that the sense of presence phenomenon is an effort to maintain a connection with the deceased (Bowlby, 1969; Klass & Walter, 2002). Due to the varying beliefs by many people as to whether the MIA husband was alive or dead, the larger community, the military, and the missing man's extended family might have promoted wives' maintenance of a connection to the deceased.

Summary

The method of coping with stress due to an ambiguous loss has been shown to influence the long-term outcome for individuals and families. Mourning processes are affected by one's attachment orientation to the lost love and are evident in phases of grief appearing as searching behaviors, which are generally of short duration in a more usual death situation. Beginning to relinquishing the role of the MIA husband, and starting to grieve and adjust to the life changes associated with an ambiguous loss, may begin soon after the loss. For some MIA wives, however, the husband's role in the family may be preserved, resulting in some cases in years or a lifetime of distress.

Method

Participants

Participants were MIA wives who resided in the Southwestern United States, whose husband's status was listed as MIA or had been changed through a Presumptive Finding of Death to a designation of KIA/BNR by the Department of Defense. They were contacted by letter through their respective casualty offices: The Air Force Casualty Office, Randolph Air Force Base, Texas, The United States Total Army Personnel Command, Alexandria, Virginia, Department of Navy, N Personnel Command, Millington, Tennessee, Headquarters Marine Corps, and Manpower and Reserve Affairs, Quantico, Virginia. One participant was recruited through the recommendation of another participant.

Two researchers, who are members of the population being studied, conducted this study. Although the participants were aware that the researchers were members of the population, the researchers acted only in their role as interviewer or observer while data were being collected.

Measures

Impact of Event Scale-Revised (IES-R). The IES-R was administered to assess the current level of intrusion, avoidance, and hyperarousal related to feelings and thoughts about the MIA event or MIA husband over the 7 days prior to the scheduled interview. Responses were recorded on a Likert-type scale from 0 to 4 with 0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, and 4 = extremely, to indicate the degree of distress associated with the item. The IES-R is a 22 item, self-report inventory with total scores ranging from 0 to 32 for intrusion-related items, 0 to 32 for avoidance-related items, and 0 to 24 for hyperarousal-related items, with higher scores indicating more distress.

For the traumatically bereaved, intrusions often come during dreams, images and reminders of the lost person and the level of intrusion of the traumatically bereaved are expected to be elevated (Raphael & Martinek, 1997). Avoidance scores are expected to be lower than intrusion scores in the traumatically bereaved because at times they may seek reminders of the lost person (Horowitz, Wilner, & Alvarez, 1979; Raphael & Martinek, 1997; Weiss & Marman, 1997).

Background Information Form. The Background Information Form was developed by the researchers and was based on discussions of the researchers' experiences as MIA wives. Other questions were developed from earlier studies of MIA and POW families (Hunter, 1983; McCubbin et al., 1976). This questionnaire asked participants to respond to questions on demographic characteristics, such as the husband and wife's age at the time of the loss, the location of the loss event, the year married, number and age of children, and the length of the

husband's military service. Also included were items that asked participants to rate potential sources of support that might influence their ability to adjust to the ambiguous loss.

Personal Experiences Interview. The researchers developed an interview comprised of 50 questions that asked the MIA wives to relate their experiences associated with having a husband who was MIA. These questions were generated from a search of the available literature regarding MIA loss experiences (Boss, 1999; Figley, 1999; Hunter, 1983; McCubbin et al., 1976) and the researchers' personal knowledge and experiences as MIA wives. Examples of questions included: How satisfied the wife was with her MIA marriage, whether she had experienced a sense of presence, if she had experienced other losses, and how she occupied her time while her husband was missing. The interview questions were intended to identify events or feelings that may have contributed to adjustment to the loss or to traumatic grief reactions.

Procedure

Testing and interviews were conducted between August 2001 and January 2002, at a location agreeable to each participant. Each participant was tested and interviewed separately within a single scheduled appointment. Some interview questions were extremely personal, and in order to enhance participant's confidentiality, the researchers made field notes of responses to questions during the personal interviews. No audio or video recordings were made.

Limitations

The exploratory nature of this study and the volunteer nature of the sample limit the ability to generalize to other Vietnam era MIA wives. In this study, self-selection may have excluded some potential participants who felt the discussion of emotions surrounding the loss of their husband would be too emotionally painful. This may result in a skewing of data toward those who evidence greater adaptation to the loss. Self-report forms and interviews also present

limitations in research. People may have poor memories of events and feelings in retrospect, or they may choose not to divulge information truthfully (Babbie, 2004). The field note procedures to collect data in this study were used to protect anonymity of participants, but this method does not produce as accurate an account of responses as videotaping or audiotaping of interview sessions. It was felt that participants might be more candid in their responses when neither their face nor voice might be associated with their response.

Additional concerns are associated with having the actual data collection conducted by researchers who are members of the population being studied. This may contribute to participants' desire to give socially desirable responses, particularly to questions of a sensitive nature. It also may be difficult for these researchers to disregard preconceived ideas and to remain unbiased when recording responses, analyzing results, and formulating conclusions.

Results

The scores of IES-R were analyzed to determine if the levels of intrusion, avoidance and hyperarousal among MIA wives from the Vietnam Conflict produced the expected levels of distress. Data from the background information form were tabulated to determine the demographic characteristics this sample. The individual ratings of the perceived level of social support from various groups were combined to produce an overall rating of support. The responses to the personal experiences interview were compared to determine patterns of feelings and experiences the participants had in common.

IES-R

The IES-R was used to assess the symptoms of distress associated with the MIA status of their husbands, which had been experienced in the 7 days prior to the interview session. For the avoidance scale with a possible range of 0 to 32 these participants, in general, reported low

avoidance ($M = 5.89$, $SD = 5.83$, $MIN = 0$, $MAX = 22$). For the hyperarousal scale with a possible 0 to 24, they in general also reported, low scores ($M = 5.06$, $SD = 4.75$, $MIN = 0$, $MAX = 17$). Higher scores were obtained on the intrusion scale ($M = 14.28$, $SD = 8.36$, $MIN = 3$, $MAX = 30$). The total scores for the three subscales with a possible range from 0 to 88 resulted in a mean of 25.22 ($SD = 15.43$), with a range of 5 to 65.

Participant Background information

The 18 MIA wife participants were predominately Caucasian, 17 (94 %), with 1 (6%) declaring ethnicity as Hispanic. When the research was conducted, it had been three decades ($M = 31.4$, $SD = 1.42$) since the loss of their husbands. These MIA losses ranged from 1967 to 1972. At the time of their husband's loss, the participants ranged in age from 19 to 49 ($M = 29.5$, $SD = 7.03$). Participant's ages ranged from 50 to 79 years old ($M = 60.9$, $SD = 6.85$) at the time this study was conducted.

The husbands ranged in age from 23 to 49 ($M = 30.9$, $SD = 6.84$) at the time of their loss. Five (28%) were in the United States Army, 12 (67%) were in the United States Air Force, and 1 (6%) was in the United States Marine Corps. They had from 2 to 24 ($M = 8.9$, $SD = 6.24$) years of service. Three (17%) held enlisted rank, 14 (78%) were officers, and 1 (6%) was a Warrant Officer. The country of loss included 8 (44%) in Laos, 4 (22%) in South Vietnam, 5 (27%) in North Vietnam, and 1 (6%) in Cambodia. Five (28%) were lost over water, 12 (67%) over land, and whether the loss happened on land or over water was unknown for 1 (6%).

The couples had been married from less than 1 year to 24 years ($M = 8.2$, $SD = 6.31$). It was the wife's first marriage for 15 (83%) and the second marriage for 3 (17%). Only one of the husbands had been married previously. Fifteen (38%) of the MIA families had children from their marriage, one was pregnant at the time of the loss, and 3 (17%) had no children. The

families had from 1 to 4 children, and 1 wife was pregnant with her fifth child. The children ranged in age from 4 months to 17 years old.

Participants were asked to rate the level of support they felt they received from the MIA husband's branch of the service, government agencies, her family of origin, his family of origin, military and civilian friends, and the clergy. Results were reported on a Likert-type scale from 1 to 5, with 1 indicating poor support and 5 indicating excellent support. In general, the wives rated their military friends as highly supportive ($M = 3.7$, $SD = 1.0$, $MIN = 1$, $MAX = 5$) and the only group given a higher rating of support was the wife's own family ($M = 4.1$, $SD = .99$, $MIN=2$, $MAX=5$). Overall, support from civilians ($M = 2.9$, $SD = 1.43$, $MIN = 0$, $MAX = 5$) and clergy ($M = 1.2$, $SD = 1.62$, $MIN = 0$, $MAX = 5$) were rated as the lowest of all categories.

Among participants, 8 (44%) rated their husbands' family support as poor or fair, 2 (11%) rated the support they received from his family as good, and the remaining 8 (44%) rated his families' support to be very good or excellent. Participant wives who described their in-laws as providing little or no support during the time their husbands were listed as MIA, felt their in-laws views were unrealistic or disapproving, particularly concerning any decisions to move forward with her life. Some MIA wives, who described their relationships with their in-laws as excellent, reported they "became their daughter" or her in-laws "became her parents."

Interview Findings

Marital Satisfaction. Retrospectively, 14 participants (83%) described their marriage in positive terms, such as good, very good, perfect, absolutely peaceful, or exciting. One described her marriage as pretty good, and "had our share of fights, but not out of the ordinary." Problems in the marriage prior to their husband's departure were reported by 3 of the wives (17%), and for two of these cases, it also was reported that the marital problems had been resolved before their

husbands' departure or loss. The marital problems in the latter two marriages were reported to be the result of the husband's excessive use of alcohol. One wife acknowledged her marriage was less than perfect and reported her husband drank excessively, did not return home at night approximately once a week, and battered her on multiple occasions, resulting in her leaving him for a brief period a little more than 2 years before he was deployed.

Boundary Ambiguity

MIA Husband's Psychological presence. Indicators of the maintenance of psychological presence of the MIA husband included 4 wives (22%) who said they made decisions based upon what their husband would want, do, or approve of in a situation, another 4 wives (22%) who stated that they feel like an MIA wife or that their MIA husband is "baggage" in their lives, 1 (6%) wife who retained her MIA husband's surname during subsequent remarriages, and 7 wives (39%) who maintained and used belongings associated with their life together, such as wearing wedding rings from the MIA marriage. Remaining highly involved with their MIA husband's family, and in some cases caring for his elderly parents during their final illness, appeared to be ways of maintaining his presence for 4 (22%) of the participants.

Maintaining the husbands psychological presence in the family appears to be most strongly associated with the wife's belief as to whether their husband was alive or dead. The instrumental role of financial support from the MIA husband's military paycheck was mentioned during interviews when it related to criticism received by some wives for continuing to accept financial support long after the husband was declared MIA. People who believed that all live Americans had been returned at the time of the POW's release reportedly made these criticisms.

Marital Status. Eleven of the MIA wives interviewed (61%) had remarried, and 4 of them (22%) had remarried more than once. When asked to indicate their current marital status, 7 (39%) stated

they were married, 6 (33 %) reported they were the widow of their MIA husband, although 1 of these wives had remarried and divorced. Among those who had been remarried for a number of years, 2 (11%) were now widows of their subsequent husbands. One participant referred to herself as single, and 2 (11%) responded that they did not know their marital status. One of these wives declared that she still feels she is married to her MIA husband. The 2 wives who responded they did not know their marital status produced combined intrusion, avoidance, and hyperarousal IES-R scores of 31 and 34.

When questioned about problems associated with subsequent relationships, the following themes emerged for these MIA wives: fear of abandonment, a need to be independent and not feel vulnerable, or being unable to commit to a relationship because of the MIA husband. Being unable to commit to a subsequent relationship may have affected the ability to form a satisfactory romantic relationship for 7 of the MIA wives (39%) who have not formed any long-term relationship. Moreover, 3 (17%) of the participants who have remarried may not have been ready to commit to the relationship, since they have divorced or reported feeling discontent in their current marriage.

Attachment and Hope

Twelve participants (67%) married their MIA husband prior to their 22nd birthday. Seven (39%) reported that they still maintain hope that their husbands might be alive. Three of these wives (17%) reported they relinquished hope for their husband's survival when the POWs returned. Six wives (33%) had married their MIA husband after they were 22 years old and all reported they had given up hope for their husband's survival within 2 years of his loss, or when the POWs returned. See table 1.

Table 1

MIA wives age married and relationship to hope for survival

Age Married	Still Hope	Early < 2 Yrs.	POW Return
17	1		
18	3		
19	1		1
20			1
21	2	2	1
22		1	
24			2
25		1	
27			2
Total	7	4	7

Stressor Events

Moving. Life changes, such as moving soon after a loss may become an additional stressor, 6 of these of MIA wives (33%) moved within 1 year of notification that her husband was missing, with 1 making a move within 30 days. For 6 of them (33%), a move was not made until more than a year after the initial notification that their husband was missing, and some made the move several years later.

An important resource for families, when a death occurs, is social support from friends and family members. For MIA wives, an important source of support from be military friends and their family of origin might be expected. At the time their husband was declared missing, 1 person lived on a military base, 6 (33%) lived near a military base, 7 (38%) lived near their family of origin, 3 (16%) lived with their family, and one lived near a university, and was attending college. Thirteen wives (72%) moved to a new location after their husband was declared missing. One MIA family lived on base at the time of the loss and moved off base, but remained near a military installation, whereas another moved onto a military base after her

husband was missing. Three wives (17%) who lived near a base and moved relocated near another base, 1 wife who originally lived near a base moved to be closer to her family. Two wives (11%) moved to attend college, and 1 wife, who had been living at school, moved nearer her family. Of those living near family, 2 (11%) moved to be nearer friends, and 1 remained near family. Of those who had been living with family, 1 moved into her own home, but remained near her family.

Prior and concurrent losses. It is thought that multiple and sequential deaths and losses may lead to “bereavement overload” (Stroebe, Hansson, Stroebe, & Schut, 2001, p. 14). Prior losses for this group included, 2 (11%) whose mother’s death occurred before the participant’s 18th birthday, and 1 wife who had been placed in boarding school and foster care from 3 to 9 years of age, her father dying during that time. Three participants (17%) reported absent or alcoholic fathers while growing up, and 1 participant’s father had died while she was a teenager. Within 2 years of the loss of their husbands, 4 participants (22%) experienced the death of their fathers, with 3 of their fathers (17%) having died within the year before or after their husbands’ loss. Other concurrent or later losses reported included 3 wives who (17%) reported miscarriages, and 1 wife reported the death a baby from a subsequent marriage. For those participants who had remarried ($N = 11$), 2 (11%) reported their subsequent husbands were deceased at the time interviews were conducted.

Coping Strategies

Avoidant Coping. The participants with children often reported occupying their time by becoming intensely involved in their children’s school activities and organizations such as Boy Scouts or Little League. Two (11%) indicated involvement in church activities. There were few differences between childless wives and those with children in activity level reported, but

childless wives were more likely to be employed outside the home or attending school full time than wives with children. During the time their husbands were missing, 16 (89%) of participant wives were active in the National League of Families of MIAs and POWs. After their husband was MIA, 8 participants (44%) continued their educations by attending college and concurrently or subsequently were employed. In their responses all participants indicated they made an effort to remain busy so that they did not have time to think about their situation and to tire themselves to a point of exhaustion. Four wives (22%) reported they suffered significant weight loss, and one wife reported that she has little memory of events which happened during the 2 years following her husband's loss.

Although these MIA wives were very active outside their homes, 10 of them (56%) reported that they felt very alone and isolated much of the time. Six wives (33%) however, appear to have maintained relationships with friends and family, and avoided becoming isolated. The remaining 2 wives (11%) appear to have been isolated in the early months or years after their husbands' loss, but later were successful in developing or maintaining relationships with friends and/or family.

Drug Use. Eight of the MIA wives (44%) remember being offered or given antidepressant medications soon after their husband was declared missing. The study also revealed that 4 of the participants (22%) currently take prescription drugs for depression, and an additional 2 wives (11%) have taken such medications intermittently since their husbands' loss. Two of the 4 currently taking prescription medications have a diagnosis of clinical depression.

Five of the MIA wives (28%) acknowledged having used alcohol in excess soon after their husband was declared missing, and 2 others (11%) disclosed that they currently drink alcohol in excess. Two participants (11%) acknowledged that they are recovering from long-term

alcohol or drug dependency subsequent to the loss of the MIA husband. The reason most often identified for alcohol use was to aid in falling asleep.

While 8 of the MIA wives (44%) were offered medication by someone to alleviate grief symptoms, only 3 (17%) were offered counseling or therapy by the military, and none accepted the offer at the time it was made. During the past 30 years, 12 of the wives (67%) have sought and received counseling. Of the 4 MIA wives (22%) who currently receive medication for depression, 2 of them (11%) have received counseling, whereas the other wives have neither sought nor received counseling. These latter 2 wives received IES-R scores of 26 and 30 for symptoms of intrusion, and 4 and 22 for symptoms of avoidance, whereas the former wives received IES-R scores of 3 and 4 on the intrusion subscale, and scores of 1 and 3 on the avoidance subscale.

Sense of Presence Experiences

Fifteen of the participants (83%) reported experiencing at least one sense of presence phenomenon related to their missing husband, and 8 (44%) reported having more than one experience. The experiences were described in great detail, and for 8 of the MIA wives, as real contact with their husband. Of those who reported a sense of presence experience, 7 (39%) reported the experience as having occurred before or shortly after their husband was listed as MIA, and 8 (44%) reported having such an experience recently.

Three of the wives (17%) described premonitions concerning their husband's loss, and 2 (11%) described the premonitions of other family members as well. One reported experience featured smoke, fire, and someone shooting a gun. This wife, some years later, saw a body that she identified as her husband lying dead on the floor of her home. Premonitions were generally described in less detail and often were described as feelings. Other early senses of presence

experiences for 6 (33%) of the MIA wives were described as encounters in which their husband appeared alive. Four of these wives (22%) claimed to have smelled their husbands' cologne or aftershave lotion as well as seeing him, and 5 (28%) reported communicating with him, but only 2 (11%) claimed to have actually heard his voice. One wife described a particularly poignant experience shortly after her husband was declared missing, in which her husband was with her, holding and comforting her, and she also reported they made love. She obtained a total score of 24 on the IES-R. The experience just described and one other prominently featured the appearance of sunlight.

Three of the MIA wives (17%) described sense of presence experiences in which there was a fence or a river between she and her MIA husband. For 2 of these wives (11%), the sense of presence experiences influenced them to believe that their husband survived and that they would one day be reunited. One wife, who claimed not to have had a sense of presence experience, but asserted that she maintained hope of his survival, said that she would somehow know or feel if he had died, and had a total score of 34 on the IES-R. Another MIA wife, whose total score on the IES-R was 29, said she sensed her husband was alive shortly after his loss, but no longer has that feeling. Another reported recently feeling that her missing husband was alive, but on the verge of death, and she now feels he has recovered; this wife had a total score of 43 on the IES-R.

Reports of more recent sense of presence experiences also included only seeing their husband's back. Two of the 3 wives who reported this also said they sometimes dream that their husband might have chosen not to return to them. Both these wives described waking angry. At other times they dreamed of his return, and awoke disappointed that the dream was not real. These experiences were described as very real dreams. None those who have recently

experienced a sense of presence, where they only see their husband's back and/or feel he may have chosen not to return, have formed new romantic relationships. The 2 wives who currently have reoccurring dreams of their missing husbands scored among the highest on the IES-R having total scores of 31 and 42.

Four of the MIA wife participants (22%) reported they sometimes experience their MIA husband as close and watching over them, particularly when they are troubled. Three of these wives have successfully remarried, and the other obtained a low total IES-R score of 12.

Discussion

When any member of the family denies there is a possibility that death has occurred, it limits the opportunity for the family to talk about the situation. Avoidance and denial may eventually lead to not talking about the lost family member, not opening mail with a military return address, and, in some cases, denying that the military had changed the missing member's status to KIA/BNR.

Shevlin and McGuigan (2003) conducted a study of family members of victims of Bloody Sunday 30 years after the traumatic event. Immediate family members who had not been witnesses to the death of their loved one were administered the IES-R. The authors reported that immediate family members of the deceased victims obtained high mean avoidance scores of ($M = 18.06$, $SD = 4.92$, $MIN = 8$, $MAX = 25$), and high mean intrusion scores ($M = 20.53$, $SD = 3.08$, $MIN = 13$, $MAX = 26$). The results of hyperarousal subscale revealed lower mean scores of 16.56 ($SD = 3.40$, $MIN = 6$, $MAX = 22$). The total IES-R scores showed a mean of 55.75 ($SD = 7.16$, $MIN = 41$, $MAX = 69$). The authors also reported that symptom levels on the original IES, which consist of only the intrusion and avoidance scales with scores below 8.5 are considered low,

between 8.6 and 19 as medium, and scores of over 19 indicating high levels of distress associated with a particular traumatic event.

The total IES-R symptom levels of family members of Bloody Sunday higher than total IES-R symptom levels of MIA wives. This may be the result of Bloody Sunday families viewing bodies resulting in higher avoidance. Also, MIA wives have much lower avoidance scores than immediate family members of Bloody Sunday victims. It is possible that MIA wives may still be seeking information or opportunities to discuss their husband's loss in order to process information concerning the loss. Additional information or opportunities to talk about the loss and its meaning in their lives, may help MIA wives to develop a coherent narrative about the loss.

McCubbin, Dahl, Lester, Benson, & Robertson (1976) analyzed the ways in which MIA wives coped with the stress of long-term separation from their husband. They described six coping strategies: (1) Seeking some resolution and expressing feelings, (2) Maintaining family integrity, (3) Establishing autonomy while maintaining family ties, (4) Reducing anxiety, (5) Establishing independence through self development, and (6) Maintaining the past and dependence on religion. The long-term stress of not knowing whether their husband had lived and would return, or had died, appears to have resulted in variety of coping strategies for these MIA wives.

All of these appear to have been coping behaviors of MIA wife participants during various periods since the loss of their husbands. Retrospectively, it is difficult to isolate any one type or combination of coping behaviors at a particular time period, but the MIA wives in this study appear to have used different coping behaviors at varying times as well as their past style of coping with loss and other trauma. Employing a particular coping behavior may be associated

with the phases of grief or the length of time since the loss. For some participants, avoidance and in some cases denial, appears to have become a long-term coping mechanism.

Many of the MIA wives interviewed reported symptoms of complicated or traumatic grief, but grief due to ambiguous loss appears unique as some wives continue to hope that their missing husband has survived. A belief that their husband survived appears to be reinforced by the sense of presence experiences. Those wives who reportedly believe that their husband might have survived appear to have higher levels of distress and poorer adjustment to the loss.

Some level of distress associated with an ambiguous loss has been long-term for all the MIA wives interviewed. The manner of stress however, appears to create two distinct groups. One group has accommodated to the loss and moved forward with their lives. Although the majority of the MIA wives in this group have remarried, there are some who appear to have made a decision not to pursue romantic relationships and exhibit low levels of distress as measured on the IES-R.

The second group has remained somewhat immobilized by the experience. The findings from this study indicate that those who experienced conflict in their marriages, a low level of perceived social support and long-term isolation, have had more difficulty adjusting to the loss. For this sample of MIA wives, close relationships with their MIA husband's family also appears to have contributed to poorer adjustment and accommodation to the loss. Many participant wives maintained relationships with her MIA husband's family over the years through children's visits to their grandparents. Some MIA wives appear to have adopted the role of her husband within his family by accepting responsibility for his parents as a biological child might. Aiding in maintaining the role a son would have his family appears to be associated with the wife's continued higher levels of distress associated with the loss.

Although the majority of the MIA wives participating in this research have received some therapy or counseling, it appears that such efforts vary in effectiveness. This may be related to more recent knowledge of ambiguous loss and grief responses. Over the years, most often, MIA wives entered treatment for issues unrelated to the MIA loss of their husband. Those MIA wives receiving counseling within the last 10 years were more likely to be identified as having issues related to loss and have shown more positive outcomes. Those receiving counseling or therapy in the 20 years following the loss were less likely to have been recognized as having loss related issues.

In general, for these MIA wives, the sense of presence experiences appears to have filled in information that was lacking in this type of ambiguous loss. Believing they actually saw their husbands alive or heard his voice has contributed to the belief that he may still be alive. Having had a sense of presence experience, where the MIA wife had the opportunity to confront the reality of her husband's death, resolve conflict in the marriage, or say goodbye, appears to have aided these wives to accommodate to the loss, and is reflected in the lower IES-R scores they obtained. A premonition of the MIA husband's loss, however, appears to have had little effect on the beliefs about their husband's survival or the level of distress exhibited by these wives.

CONCLUSIONS

Based on the findings from the present study, it appears that families of Vietnam MIA service members require long-term counseling and support, perhaps more so than the 9/11 survivors due to the perceived lack of social support received by Vietnam era MIA families. It may be helpful for counselors and therapists to become aware of and investigate sense of presence experiences related to ambiguous loss. These experiences appear to be the basis for any

long-held beliefs of the survivors, and appear to have become the rational underlying many coping behaviors.

References

- Babbie, E. (2004). *The Practice of Social Research* (10th ed.). Belmont, Ca.: Wadsworth/Thomas Learning.
- Bennett, G., & Bennett, K. M. (2000). The presence of the dead: An empirical study. *Mortality*, 5(2), 139-157.
- Boss, P. G. (1977). A clarification of the concept of psychological father presence in families experiencing ambiguity of boundary. *Journal of Marriage & the Family*, 39(1), 141-151.
- Boss, P. G. (1980). The relationship of psychological father presence, wife's personal qualities and wife/family dysfunction in families of missing fathers. *Journal of Marriage and the Family*, 42(3), 541-549.
- Boss, P. G. (1983). The marital relationship: Boundaries and ambiguities. In H. I. McCubbin & C. R. Figley (Eds.), *Stress and the family: Volume I. Coping with normative transitions* (pp. 26-40). Bristol, PA: Taylor & Francis.
- Boss, P. G. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Boss, P. G. (2002). Ambiguous loss: Working with families of the missing. *Family Process*, 41(1), 14-17.
- Boss, P. G. (2002). *Family stress management: A contextual approach* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Bowlby, J. (1969). *Attachment and loss: Attachment* (Vol. I). London, England: The Hogarth Press.

Department of Defense. (2005, Jan 7, 2005). Subject: Vietnam-era unaccounted for statistical report. Retrieved Jan 13, 2005, from

<http://www.dtic.mil/dpmo/pmsea/Stats20050107.pdf>

Department of Defense. (2005, January 12, 2005). U. S. Unaccounted-for from the Vietnam War. Retrieved January 13, 2005, from

http://www.dtic.mil/dpmo/pmsea/pmsea_una_p_state.pdf

Figley, C. R. (Ed.). (1999). *Traumatology of grieving: Conceptual, theoretical, and treatment foundations*. Philadelphia, PA: Brunner/Mazel.

Garfield, P. (1996). Dreams in bereavement. In D. Barrett (Ed.), *Trauma and dreams* (pp. 186-211). Cambridge, MA: Harvard University Press.

Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41(3), 209-218.

Hunter, E. J. (1983). Captivity: The family in waiting. In C. R. Figley & H. I. McCubbin (Eds.), *Stress and the family: Coping with catastrophe* (Vol. II, pp. 166-184). New York, NY: Brunner/Mazel.

Klass, D., & Walter, T. (2002). Processes of grieving: How bonds are continued. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 431-448). Washington, DC: American Psychological Association.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Publishing Company.

- McCubbin, H. I., Dahl, B. B., Lester, G. R., Benson, D., & Robertson, M. L. (1976). Coping repertoires of families adapting to prolonged war-induced separations. *Journal of Marriage and the Family*, 38(3), 461-471.
- McCubbin, H. I., Dahl, B. B., Metres, P. J., Jr., Hunter, E. J., & Plag, J. A. (Eds.). (1975). *Family separation and reunion: Families of prisoners of war and missing in action*. San Diego, CA: Center for Prisoner of War Studies, Naval Health Research Center.
- McCubbin, H. I., Hunter, E. J., & Metres, P. J., Jr. (1975). Adaptation of the family to the prisoner of war and missing in action experience: An overview. In H. I. McCubbin, B. B. Dahl, P. J. Metres, Jr., E. J. Hunter & J. A. Plag (Eds.), *Family separation and reunion: Families of Prisoners of War and Missing in Action* (pp. 21-48). San Diego, CA: Center for Prisoner of War Studies, Naval Health Research Center.
- Patterson, J. M., & McCubbin, H. I. (1983). Chronic illness: Family stress and coping. In C. R. Figley & H. I. McCubbin (Eds.), *Stress and the family: Coping with catastrophe* (Vol. II, pp. 21--36). New York, NY: Brunner/Mazel.
- Raphael, B., & Martinek, N. (1997). Assessing traumatic bereavement and posttraumatic stress disorder. In J. P. Wilson & T. M. Keane (Eds.), *Assessing Psychological Trauma and PTSD* (pp. 373-395). New York, NY: The Guilford Press.
- Richards, A. A. (2001). Spiritual resources following a partner's death from AIDS. In R. A. Neimeyer (Ed.), *Meaning reconstruction & the experience of loss* (pp. 174-190). Washington, DC: American Psychological Association.
- Shevlin, M., & McGuigan, K. (2003). The long-term psychological impact of Bloody Sunday on families of the victims as measured by The Revised Impact of Event Scale. *British Journal of Clinical Psychology*, 42(4), 427-432.

- Stamm, B. H. (1999). Empirical perspectives on contextualizing death and trauma. In C. R. Figley (Ed.), *Traumatology of grieving: Conceptual, theoretical, and treatment foundations* (pp. 23-36). Philadelphia, PA: Brunner/Mazel.
- Stroebe, M., Hansson, R. O., Stroebe, W., & Schut, H. (2001). Introduction: Concepts and issues in contemporary research on bereavement. In M. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 3-22). Washington, DC: American Psychological Association.
- Weiss, D. S., & Marman, C. R. (1997). The Impact of Event Scale - Revised. In J. P. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399-411). New York, NY: The Guilford Press.
- Worden, J. W. (1996). *Children and grief: When a parent dies*. New York, NY: The Guilford Press.