Ambiguous Positioning of Military Wives: Exclusion and Reliance Techniques in Japan

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Abstract

There are numerous studies that have been published concerning military wives. In its early stages, research about military wives focused on recognition of the family by the armed forces. During that period, troops in the US army were all young, and the institution labeled spouses negatively [Albano 1994]. It was only later that the armed forces began to have an interest in supporting the spouses of soldiers [Hogan & Seifert 2010].

I will investigate the transition of the positioning of spouses in the Japan Self-Defense Forces (JSDF). How did the military institution handle the problems concerning those wives whose husbands had been deployed overseas? How did the military institution evaluate the spouses' position until now?

I interviewed military spouses using the anthropological method, and I will introduce some case studies from their narratives. One such case study concerns officers' wives whose husbands had psychiatric symptoms after peacekeeping operations (PKO) and dispatch to Iraq, and the other case concerns the wives of officers who are officers themselves.

1. Introduction

This paper examines the relationship between military institutions and women, in particular, military wives. In these institutions, women have been assigned a marginal position until recently. Are military wives now regarded as members of the armed forces? From a citizen's point of view, military wives are part of the military. The support provided by and the problems of military families influence the military's readiness [Castaneda & Harrell 2008; Bowen et al. 2003; Helena & Gal 1996; Crum-Cianflone et al. 2014]. But the armed forces manage their

members with rules, training, and information on security, which leaves military spouses in a difficult position. In that sense, the spouses are excluded from the military. But military members' families make a substantial contribution to military institutions, being involved with and having an influence over them to varying extents. Moreover, the various institutions rely on wives' unseen devotion to their husbands.

I have conducted an investigation of the wives of personnel in the Japan Ground Self-Defense Force (JGSDF) [when I mention about JSDF, I use SDF in the following]. The contribution of wives is always downplayed by the military, even though the wives are asked to dedicate themselves to their husbands' particular institution [Fukuura 2012]. Since the State Secrecy Law was approved in October 2013, the viewpoint of civilians has been that military families are a part of the armed forces. Basically, however, the armed forces have excluded military wives and approach them only when the institution needs or has to depend on them. The military institutions of the armed forces demand the total commitment of their members, and seek their exclusive and undivided loyalty [Coser 1974, Segal 1986].

In this paper, I will make reference to this greedy institutional framework and discuss it from an anthropological viewpoint, comparing it with my previous research, which included interviews with the spouses of officials deployed in Iraq [Fukuura 2007]. In the globalization process, the New War caused great changes in the lives of many, including a change in the mode of hostility and in the purpose and method of warfare [Kaldor 2012 (1998)]. Particularly noteworthy in this regard is that in September 2015, a Diet majority passed three defense bills designed to deal with a military attack from abroad. The national security policy has radically changed. The 2015 Japanese military legislation approves the use of the right to collective self-defense. The new law added tasks such as coming to the aid of another country's troops or UN staff under attack, and using weapons in line with the expansion of their missions.

I have two questions: (1) what does the above mean for wives' involvement in the work of their husbands? I introduce case studies on wives whose husbands were

dispatched to Iraq on a humanitarian and reconstruction assistance mission and the United Nations mission in the Republic of South Sudan (UNMISS). Looking at how these women were caught up in their husbands' overseas experiences and the mental problems they developed, (2) how should we understand the institutional support that is offered? The support system offered by the Ground SDF for personnel and their spouses is complex. After the dispatch of troops in Iraq, the institution strengthened its mental support system. However, it does not necessarily provide support for spouses. In the next section, I outline what the family support and mental support system is, and argue about a systematized state violence and its anthropological traits.

2. Previous Research: Armed Forces and Spouses

How do the armed forces regard the wives of soldiers? Albano states that around 1775, the Revolutionary War period, the American military's relationship with its families was characterized as neglectful, because the regular members were young bachelors. The army did not legally provide for a soldier's dependents in the event of his death. In 1776, pay as an incentive for volunteer enlistees was offered at a rate of ten dollars for every three years of service. The level of soldiers' pay discouraged enlisted members from marrying. The army formally acknowledged fiscal responsibility for family members in 1794 by providing cash payments to the widows and orphans of officers who fell in battle. In 1847, Congress enacted a law prohibiting married men from enlisting. During the pre-Civil War frontier period, army wives and children accompanied their soldier husbands or fathers, and army regulations referred to these as "camp followers" [Albano 1994]. The army changed from one consisting of bachelors to one comprising married men. In US army during the past two decades, military service members have been more likely than ever to be married and have children [DoD 2010].

Segal notes that the military and the family are greedy institutions that compete for the commitment, loyalty, time, and energy of their members [Segal 1986]. After the Iraq mission, the armed forces became more interested in the role of

spouses than before. Chambers mentions that military families can have a recovery effect on soldiers and that they are part of the civil community [Chambers 2013].

Although families do not directly experience combat or exposure to the military environment during deployments, they are at high risk of experiencing the impact of combat-related injuries, including post-traumatic stress disorder (PTSD) and traumatic brain injury, along with other behavioral conditions, among returning service members [Calhount et al. 2002; Griffin et al. 2012; Manguno-Mire et al. 2007]. Regardless of an army's characteristics, the role of wives has a significant effect on officers' commitment [Bourg & Segal 1999; Bellou & Gkousgkounis 2015].

The stress of deployed soldiers influences their wives. Stress-induced somatization is also an issue that should be addressed by all of society [Burton et al. 2009]. In some cases, the combat experience is transferred into violence directed at wives [Smith et al. 2015]. Military demands such as geographical mobility, periodic separation, and risk of injury or death have an impact on the wife's satisfaction with army life. However, research from a different perspective reveals that war and terrorism have increasing implications for families in the military. Although military families are easily affected by the mental illness of their soldier husbands or fathers, the family also often has the strength to break out of the depression; that is, the families have resilience [MacDermid & Wardsworth 2010].

There is a study that discusses this issue from the point of the functioning of military couples. If an army combat veteran has combat-related post-traumatic stress symptoms, some couples experience profound secondary effects and the relationship can end in divorce; however, some couples can overcome their problems. We need to pay attention to couple functioning, coercion, and resilience [Melvin et al. 2011].

The damage of combat stress is not only confined to the husband or father who is a soldier. Although the families do not directly experience combat or environmental exposures during deployments, they are at high risk of experiencing the effects of combat-related injuries. This is sometimes known as "secondary traumatization," although it is also referred to as "compassion stress," "compassion

fatigue," and "secondary victimization" [Figley 1983], as well as "co-victimization" [Hartsough & Myers 1985]. These have been used to label the manifestations and processes of distress reported by persons in close proximity to victims of traumatic events that they themselves have not actually experienced [Dekel & Solomon 2006; Klaric et al. 2013]. The phrases have been used more broadly to refer to any transmission of distress from someone who experienced a trauma to those around the traumatized individual. In this broad sense, the phrase includes a wide range of manifestations of distress, not merely those that mimic PTSD [Galovski & Lyons 2004: 487]. In this article, I consider secondary traumatization in this broader sense.

Military deployment is stressful for service members and their families; the most negative impact of deployment is associated with war trauma and the process of readjustment for the families [Vasterling et al. 2015; Sayers et al. 2009].

Military institutions need to help families and provide support for the soldiers and their families. Family support is of great use to the military institution [Bourg & Segal 1999]. In recent years, members of the military service have discovered the broad power of community and of the value of providing support to families. Together, they build up the community's strength. Supporting families supports the soldiers [Huebner et al. 2009]. To promote the immediate reintegration of war veterans into their military community, the military institution has to support the community, which will then provide support for those with mental health problems [Wright et al. 2014].

To instill preventive measures for PTSD, social support (e.g., e-mail and phone) is an effective buffer during deployment. Greater frequency of communication between spouses during deployment correlates with lower soldier PTSD. The delayed forms of communications—letters, e-mails, and care packages— are particularly effective [Carter et al. 2011]. Studies have not yet been conducted in Japan about how military institutions should involve wives and families. How should the military institutions handle the problems concerning wives whose husbands have been deployed overseas? How have military institutions evaluated wives' situations up to now?

3. Outline of the SDF

Japanese society is connected to military institutions indivisibly in daily life, but this has been overlooked since WW2, and it has urged the othering of the military institution. The term of othering defined as the project of attributes, often negative, upon others to identify their differences in class, race, religion etc. Young states the great problem for othering is promotion to enforce social order [Young 2007]. In this way, the Japanese have avoided paying attention to the present conditions of their military institutions. Japan has found itself in a new situation with regard to the New War following the signing of the Japan-US Security Treaty.

In 1987, during the Iran-Iraq War the US government asked to Japanese government to assist in the disposing of sea mines in the Persian Gulf; however, this was not a combat area, and Japan offered economic assistance instead of dispatching minesweeper.

Japan's first deployment, which lasted four months, was in 1991 when the Maritime SDF was deployed to the Persian Gulf and worked on minesweeping in Operation Gulf Dawn. This was a six-vessel minesweeping unit. The second was in the Indian Ocean from 2001–2007, where the Maritime Defense Force provided logistical support. The third was the Iraq humanitarian and reconstruction assistance program from 2004–2008, provided by the Ground and Air SDF.

Before the Iraq humanitarian and reconstruction assistance deployment took place, the Ground SDF joined the UN Peacekeeping Operation in Cambodia (UNTAC) in 1992. This was the first overseas deployment of the ground force. Japan's constitution renounces war and the right of belligerency by the state, and at that time, a big opposition movement arose in many places. As this was the first time it had joined an operation with a battalion, a big debate ensued in Japan. After that, the Act on Cooperation for United Nations Peacekeeping Operation and Other Operations (Act No. 79 of June 19, 1992) was enacted. In one Ground SDF garrison, located in the central area of Japan, there was an incident where an opposition group fired a trench mortar into the garrison site; there were no injuries. That garrison had sent 370 of the 600 staff deployed in Cambodia.

After being involved in peacekeeping operations (PKOs) for 12 years, the SDF joined the non-UN multinational operation for the humanitarian aid and reconstruction assistance operation in Iraq on a three-month rotation. Because the mission seemed much more dangerous than a peace-keeping operation, family support was an even more significant aspect of it. One major in the signal corps explained to me: "When my mother learned of my deployment to Iraq, she said in anger that she would object to the prime minister." He replied to her, "You should let your son join the SDF after having understood it."

The institutional recognition of mental health goes back to the late 20th century. In 1998, a Ground SDF captain mentioned to military personnel a casualty suffering from combat stress, and suggested he find a medical squadron like the US army. This was the first time there was an allusion to a combat casualty of this type in a published paper in Japan [Dan 1998].

In 2000, Mental Health Committee for the SDF officials proposed that the SDF should enlighten the members prevent from the mental stress, and take steps to support to return for normal work. Since 2003, they have started to employ civilian counselors.

The head of the health service in the Bureau of Personnel and Education recommended in a 2011 Policy Evaluation paper to work out measures to prevent PTSD and its early detection for exceptional war and large-scale disasters in the future. That was the first time mention of a war in the official documents in recent times. In 2012, the bureau established the new civilian post of Mental Health Planning Officer.

According to the Defense White Paper, there are currently 226,742 self-defense personnel in Japan; of them, 138,168 personnel are in the Ground SDF. Of the total, 204,034 SDF personnel are non-fixed term contract personnel, and 22,708 are fixed term contract personnel. Besides these 226,742 SDF personnel, there are 47,900 reserve SDF personnel, 8,175 ready reserve SDF personnel, and 4,600 reserve candidates. The 2015 defense budget came to 0.986 of the GDP ratio [Defense of Japan 2015].

On 15 July 2015, Japan's defense policy changed to allow troops to fight abroad as logistical support to another military force in battle for the first time since WW2. The policy change was approved by a lower house panel. The Japanese government decided to expand the role of the SDF from a nonaggressive national security policy committed to "exclusive defense," and reinterpreted the constitution to allow collective self-defense.

On 19 September 2015, security-related laws were enacted; the government accepted the right to collective self-defense, and expanded the field of operations of the SDF and its weapons, relaxed the weapon use standard, and added a punishment rule when a self-defense official resisted a senior officer. A key security policy of the postwar era had changed fundamentally. This caused many people to waver in their pacifism. The Japan-US Security Treaty had dragged the SDF onto the stage of the "New War." It will participate in this New War through alliance relations. Even if they do not see action directly, Japanese citizens will be exposed to hostility and see their troops face crises overseas and at home.

On 26 May 2015, Former Chief of Staff of the Joint Staff (2006–2009) Mr. Takashi Saito gave a speech in the Japan National Press Club, where he said: "We must argue in future how we face a person killed in action."

Actually I've seen a photo in which some persons' exercise in funeral ceremony for rehearsing at a plain room on the local headquarter in Japan, some personnel bowed a plain wooden coffin on a table. At that time Japan send a unit to the overseas dispatch in UN South Sudan. An officer of the Ground SDF also saw this photo and said, "We need more glorious funeral ceremony at the actual place South Sudan." I asked him: "If a funeral service is held in South Sudan, a bereaved family and the civil servants concerned will also have to go there. It will become very troublesome for persons preparing for a funeral service in South Sudan." He said: "If a gracious funeral were not held in the actual place of the operation, we could not die and leave things this way."

Several times SDF officials mentioned about a worthy cause. Some wanted to risk their work and lives for a national cause. I thought whether the reason why

they showed bravery and impatience was because I was a woman and a civilian, because the positioning of the SDF in Japanese society is radically different from the armies of Israel, the United Kingdom, and the United States.

4. Research Methods

From 2008 to 2015, I interviewed wives, female officers, male personnel, and ex-military husbands now employed by private companies: The total number of interviewees came to 71. Of them, 13 were wives whose husbands had been dispatched on PKOs or to Iraq, and 16 were members who had been dispatched to Iraq. Below, I introduce three of these cases.

In Japan, academic research on the armed forces has been limited, but Eyal Ben-Ari and Sabine Frühstück have conducted anthropological research on the present SDF over the last 20 years [Ben-Ari 2015, 2012; Frühstück 2007; Frühstück & Ben-Ari 2002]. I think it is important to discuss the SDF academically. Until recently, the SDF used a variety of means to create a distance from the imperial past, for instance, through a euphemistic expression for state violence and "soft" representations. However, defense policy in Japan has changed drastically in the last few years. Because it is becoming militaristic to the same degree as many other industrial democracies, we should pay more attention to the core of normalized civil-military relations [Ben-Ari 2015].

5. Case Studies: Effects on Wives

5.1. Case A

I focused on the influence of militarization, especially the effects that carry over to the wives of SDF personnel. In this section, I introduce a family. When the husband returned to Japan after seven months in Iraq in 2005, he was hospitalized for chronic stress disorder for over three months. The wife worried about his illness on a daily basis. The doctor recommended she attend counselling, but she did not. Later she regretted this decision. The relationship between the man and his wife also changed.

Husband-A is a lieutenant colonel in the JGSDF who was in his forties at that time. Before deployment to Iraq, he joined a PKO and studied at a military staff college in Europe. His wife, Wife-A, had the same overseas residence experience. The first time his boss asked him to go to Iraq, she did not accept the proposal, and he therefore did not go. The second time, he decided to attend. She spoke about the process as follows (to protect the privacy of the informant, I have made a few revisions to the narrative):

> In those days, various incidents had happened over there, and the social conditions were unstable. I wondered whether it was really alright in Iraq. When I made a phone call, he said that he was okay; but he was the kind of person who avoided giving me anxiety. He said that he sent me a video letter; it took me more than a month to receive it.
>
> I could send a parcel once a month, but making out the invoice was quite complicated. The preparation for packing was troublesome too.
>
> When his boss asked him through an informal notification to go to Iraq the first time, I was pregnant. I was greatly shocked and I cried, but when his boss asked him the second time through an informal notification, I was not shocked by the request. With the first notice, when he said that he would go to Iraq, I cried and asked why he was chosen. His boss had learnt that I was pregnant, and then the notification was withdrawn. I told him we had to be thankful to him. [Wife-A, personal communication]

Wife-A returned to her parents' home during her husband's deployment to ease her worries and spent time pursuing other things. She appreciated that she received safety information promptly at her parents' house. Her husband suffered from post-traumatic stress disorder after he returned from Iraq. She got busy providing care for her husband along with providing childcare and doing housework. She looked back on those days and said the following:

His illness was caused by the lowering of the blood flow to his brain; he had headaches. Then his character changed. His character began to change gradually after his return home. After coming back from Iraq, he was busy and his work hours were irregular. Each stress was a small one, but they piled up. He took a tranquilizer, and slept in the house anyway. He couldn't get a mental allowance. When I went out with my child every day, in general, a husband would think to go with us; but he didn't pay any notice and slept.

When he said, "Will you go back to your parents' home?" I was happy. I returned to my parents' house every month. I think a family having a person with a stress disorder also feels stress. I treated him with the utmost care, and talked carefully. Sometimes, he talked to me in a good temper. But suddenly he would change to having a bad temper.

One day we all returned to his parents' home to attend some meeting. After that, he returned to his earlier work, and he was absent without leave. He was very serious and hard working at work, as usual. His colleague visited him and brought him to the hospital. The doctor diagnosed stress disorder and hospitalized him immediately. I think it was serious; he has still not recovered from the bloodstream disorder. He was hospitalized for three-and-a-half months. Sometimes, he stayed home overnight from the hospital; this was gradually increased. The doctor said we lived in an official residence for a government officer, so he could not relax and it got on his nerves, so the doctor recommended that he sleep in the hospital. [Wife-A, personal communication]

She was confused about his attitude, had a hard time, but she cared for their child well.

Me: How was he different from the past, from before being dispatched to Iraq?

Wife-A: It's completely different. I'm changed too. I was worried about him. I paid close attention to my child, hid my feelings from my husband, and kept my composure. On weekdays I was relieved [because he went to work]. When he stayed home, I felt depressed.

When I could talk with him, I was happy. Eventually, I couldn't have a normal conversation with him. He began to respond to my trivial words sensibly. When he was sleeping once, I reached out for something on the shelf, which was near his head, and he got angry because my hand crossed his forehead. Later, I realized he suffered from a stress disorder; every aspect of his unusual attitude resulted from this illness. I asked the doctor about it, and he said it was so. When I talked with his colleague and the psychiatrist, the doctor asked me about my husband, and I said that he had completely changed his character. The doctor said: "If he had not received medical treatment, he would have committed suicide. We have not started a moment too soon. It's not an incurable disease."

After coming back from Iraq, he worked in the garrison, and after a while, he developed symptoms. At first, the symptoms weren't severe, or I didn't pay attention to him because my child was small. Six month ago, he got permission to stay overnight away from hospital. Sometimes, my child and I went to visit him in the hospital, and we asked him to go outside with a lunch box for refreshment.

He hasn't fully recovered, but he has recovered from the blood flow issue. He had a cerebral blood reduction [when his condition was severe], and he was surprised by the results. He still suffers from headaches after being discharged from the hospital. He returned to work, but leaves the office at an earlier time. Up to recently, he did not share his feelings and couldn't keep things tidy or in order; recently, he has become able to do that. He occasionally takes care of our child. I wondered how long his intractable disease would continue a few weeks ago. Recently, the doctor said he had

recovered from his cerebral blood reduction. I feel relieved. [Wife-A, personal communication]

Wife-A cared for her husband and was involved in his stress disorder disease on a daily basis. Support for members should extend to their family members. In this case, the doctor asked her to receive counseling but she declined. She was taking care of child on her own, and did not have enough time. Child rearing is not just a women's issue, but in Japan, women assume the greater responsibility for it. She talked about the details as follows:

> Now when I think about it, it's funny; I can't remember what I was doing in those days. I was busy with childcare, taking my child for a walk, visiting the children's hall, and talking with other mothers. If I didn't have such opportunities, I would have been confronted with enormous difficulties. I've never heard the other wives' stories [those who shared the same circumstances in the SDF]. I'm not sure my husband can understand my feelings. I regret that I did not receive counseling. The counselor recommended it to me but I made a mistake. I should get a counseling. [Wife-A, personal communication]

Reeves has noted the following about the relationship between the returned soldiers from Afghanistan and Iraq and PTSD: "Families are intricately involved in the lives of traumatized patients. Both families and patients may benefit from family counseling, as well as couples counseling, parenting classes, and training in conflict resolution. Family members may also be able to provide relevant patient history (e.g., emotionality, drug abuse, sleep habits, socialization) that the patients themselves are unable or unwilling to report" [Reeves 2007: 184]. Not only PTSD but also other mental disorders should be considered when providing support for families. This case shows that it is difficult to overcome the problem by personal effort alone. The reason why she hesitated to go to hospital to get counseling are twofold: one was the

difficulty of doing the housework alone and the other is the deferral of public awareness about mental health in Japan.

5.2. Case B

Husband-B was a major in the JGSDF in his thirties before being dispatched on a PKO. This created many problems in his wife's mental and physical life. Wife-B was in her twenties. A few years after his return after nine months of PKO, he was deployed to Iraq. He came back from Iraq and suffered from a mental disorder and depression. After that, his wife began to feel the same symptoms. She told me about her mental stress and mixed feelings when she learned of her husband's deployment.

Me: When did you know your husband would be dispatched to Iraq?

Wife-B: It was six months earlier, but I had an inkling of the fact because he had mentioned it to me before. To begin with, during the planning, I heard it would be a rotation for him, and he was a certain specialist [therefore, she knew he had no choice but to go]. He went to the PKO *years ago, stayed there for nine months, and worked on organizing a team. He took responsibility for other people. It was twice as long as his visit to Iraq. In Iraq, he did the specialized work alone.

When we married, the SDF changed and stated going abroad. I didn't consider it deeply. I had just heard about a lot of job transfers. Then, I thought it would be overseas. When he told me he had accepted an appointment to join a PKO, I couldn't understand. I was emotionally upset. I had never thought about what area he would go to and couldn't say anything. I knew we as a family could refuse the proposal to go to an overseas deployment, but I couldn't say that. I thought I should understand his position, so I didn't speak my mind. Honestly, at that time, he knew from my attitude. My parents also asked me if an officer's wife could refuse it. I

attended the briefing session in the garrison on a number of occasions, which gave us a rough explanation of the posting.

Myself: How many times did you attend?

Wife-B: Twice.

Myself: Did your parents attend it?

Wife-B: No, only me. There was not much time. My husband's mother told me that I should support him. I tried to follow his work. It was the first time for him to go overseas for a long period on PKO. I asked his mother to instruct a mental attitude.

Myself: What were you doing before he left?

Wife-B: If I was worried seriously. I might have caused him trouble. I suppressed my feelings; I was anxious about him. One day, I heard the sound of a ventilation fan in my kitchen, and another day I heard the sound of a bombing in a movie on TV; I felt horribly frightened. My husband also got nervous because it was the first place he had been sent. I was the same. He recommended that I go out to work for a change of mood.

Myself: How was it?

Wife-B: [I worked a short-term job but it was not enough to change my mood]. The TV covered the SDF news. I worried about it. The administration support office in the SDF gave me a phone call soon after, and then the person said there was no problem, but I was scared.

Myself: Did you receive a phone call?

Wife-B: Yes. When I received the phone call from the support office that said, "There was a bombing nearby the camp but no problem," that made me more anxious. It was not serious enough for me to see a psychiatrist, but I became emotionally unstable. When there was bombing nearby the camp, I didn't want to watch the news on TV, and sometime the tears came into my eyes. I wondered if this was an unusual condition.

We were able to call our husbands on several occasions, so unless something unexpected happened, I wouldn't make a call. I made an effort not to mention my anxious feelings.

Myself: Did you make a considerable effort to endure the trouble?

Wife-B: Actually, I wanted to have a talk with my husband because something happened with my parents, but he stayed far from Japan. I made an effort not to complain. I thought I should say nothing. I wanted to give him peace of mind, and I tried to tell him only positive news. When I returned to my parents' house, they were there. I was relieved.

Myself: How did you spend your time during his deployment on the PKO?

Wife-B: Iraq and the PKO were the same situation for me. During the PKO, that area had a time difference, so I definitely wanted to answer the phone. So, when taking a bath, I put the phone nearby the bathroom door.

Myself: Did you feel any physical burden?

Wife-B: I had an upset stomach and lost weight before the PKO. It was stress-induced gastritis. The United Nations gave them a holiday. We

promised to meet in a certain country. I tried my best for that day.

Myself: How many months had passed since your husband left on the PKO?

Wife-B: Five months had passed, and other SDF personnel also took a vacation in the same country.

Myself: How did you spend the time during his deployment to Iraq? Did you have a hard time?

Wife-B: I was more worried about Iraq. He was dispatched to the PKO for nine months, and he overcame the difficulties. He said: "Iraq is three or four months; it's shorter than the PKO." He reasoned me out of my fears. He seemed to have visited dangerous places.

Myself: It's his consideration, isn't it?

Wife-B: I was glad I visited there. After he was dispatched, I asked him many questions, such as whether he was nervous during transportation. I was hesitant to ask such questions on the phone. According to his account, he has gone through much. He seemed to have seen rising smoke. [She was worried about the social circumstances, but he told her a heartwarming story about the local people]. My impression of Iraq has changed.

Myself: Did your perception of the SDF change after Iraq?

Wife-B: After I married him, I tried to understand his experiences, feelings, and thoughts. I wanted to respect him more, so I wanted to develop my understanding of the SDF. I read an article about the SDF, and, after that, I asked him about the article. He said that the article was different from the

facts, and then my opinion became closer to his.

Myself: What kind of thoughts changed?

Wife-B: Recently, I read an article that mentioned the number of suicides: six people in the Ground Self-Defense Forces, one person in the Air Self-Defense Forces after deployment to Iraq. They went through a very bad time there. After returning to Japan, they faced many mental difficulties.

According to him, these people left their places of work for a while. They returned to their former places of work but some lost their places, some lost their positions, and they were puzzled by the unfamiliar circumstances they found themselves in. When my husband came back from Iraq, other people could take a vacation for several days, but he couldn't take leave, and he joined the military exercise. After that, I realized he was not his usual self. It has been over one month since he came back.

He didn't have enough time to readjust. In Iraq, his daily life was completely different from the TV news reports; he didn't have subordinates, he worked hard, he slept only two or three hours, or, even worse, didn't have time to go back to his accommodation and slept on a newspaper on the floor. This pattern continued. In the PKO, they worked as a team; in Iraq, he worked alone, and many people brought him work. He couldn't take any leave. It's not caused by the feeling of being scared but by being overworked. A few months later, after coming back from Iraq, there was something wrong with him, and he saw a psychiatrist.

Myself: Have you been to the SDF hospital?

Wife-B: No. We didn't want to let other people know. He went to see the psychiatrist nearby.

Myself: Did he leave the office without giving notice when he went to see the psychiatrist?

Wife-B: Yes. He didn't say so but it leaked out the seniors soon.

Myself: Did he consult a counsellor?

Wife-B: No, he didn't. The record from his medical check was sent to the SDF. I think this could not be avoided.

Myself: Did he decide to see a doctor himself or upon your recommendation?

Wife-B: [She recommended that he see a doctor]. Before going to the PKO, I was emotionally unstable. I was scared by the ventilation fan, and I started to panic and hyperventilate. He didn't know how to care for me, and told me, "I mean it. Will you go to see a doctor?"

I talked with a psychosomatic doctor, and I felt better. If I had consulted my family, they would also have worried about me. I could not consult with my sister, as she is a worrier. I didn't consult with other wives of personnel; my husband doesn't want me to do that. When I consulted the psychosomatic doctor, I recovered my presence of mind. So, I recommended that he see a doctor. He understood that.

Myself: What kind of symptoms did he have?

Wife-B: At home, he couldn't sleep well; in the workplace, the mental strain caused him to tremble. He couldn't get motivated. He exhibited a symptom, which was that he didn't go to work. As far as I could see, he looked wretched, and he told me, "I don't want to go out." He is a person who loves to go out usually but he told me that on holidays and weekdays.

Just after his return to Japan, we felt much more relaxed, and I got along with him. After a certain period passed, he began having those symptoms. I think depressive symptoms can infect another person. [Wife-B, personal communication]

They overcame their illnesses, and he continued doing the same job. Consequently, both the wife and husband created a mutually dependent relationship with an institution. They recovered by seeing a doctor, but a number of problems remained after treatment. They hesitated about seeing a psychiatrist, which is a problem caused by social stigma. Hoge has noted the same situation involving soldiers who returned from Iraq; only 23–40 percent of the soldiers who required medical care visited a doctor [2004: 20-21].

Her husband's symptoms traumatized her, making her an indirect victim. I think she has a good ability to sympathize with others.

5.3. Case C

The husband was a sergeant in the JGSDF, in his thirties, and attended the South Sudan PKO (UNMISS) for six months on a guard road construction detail. His wife is in her thirties and has a part-time job; they have two children aged under 10 years. The gun fighting had erupted in South Sudan and thousands of people were killed and millions displaced, and 100,000 people sought temporary protection in or around UN peacekeeping sites in December 2013 [UNHCR 2014], during the time the troop was deployed there.

Wife-C: Before my husband went to South Sudan, I checked local information, and realized the social situation was unstable. I felt a little worried. [The rest is omitted.]

My daughter got ill repeatedly, had to be carried off by an ambulance. I and the children lived in my parents' house; still I had to manage the various affairs of a household alone. I could contact with my husband,

however there was a time lag between us, I had to decide everything by myself. It was uneasy or distressful for me. [The rest is omitted.] I have always asked my husband's advice on everything; for example, an assortment of medicine or medical treatment principle for our children. They were trifle matters, but I realized I had to decide them alone. [The rest is omitted.]

Husband C: We kept up contact by mail and videophone frequently.

Wife-C: My husband's troop put off the departure, because riots happened. I knew it from the news media; after that I got scared and seldom checked the news about South Sudan. [The rest is omitted.]

Husband C: [By order] I should not tell my wife the details [about local situation], and actually I didn't felt much danger. My wife told me about her anxiety; I replied that that hadn't happened. [The rest is omitted.]

Wife-C: My child started going to a kinder garden; there were many children whose parents were SDF officials. I got to know them. When I had a problem changing the winter tires, my husband's friend in the SDF helped me.

In this way, wives are excluded from the information about military activities as civilians. From the point of view about a daily life they went to parents' homes when their husbands were away from home on military maneuver or overseas. The contact methods with their families were improved, when it was the case that the SDF were in Iraq. The families had to visit the SDF garrisons post to use videophones. Now they can use SNS in their homes. One particular wife consulted with other wives whose husbands were in the SDF, and their children were going to the same kinder garden. In this case, she felt it a burden to make decisions by herself. Her husband was the decision maker in the family.

The support system for families whose menfolk have been deployed abroad has not been established yet. When I visited a garrison in the western part of Japan that sent troops to UNMISS, the non-commissioned officers remaining in Japan held an event for the families whose husbands were in South Sudan. One NCO explained

his troop members about ten persons who left in Japan used up their own expenses to support them once a month on a day off; athletic activities for children, etc. It depends on the local leader.

6. Social Support for Families and Mental Support Services for Military Personnel

Much research has been conducted on military family support. All of the articles emphasize that family support leads to military personnel support directly [Bourg & Segal 1999; Huebner et al. 2009; Chambers 2013].

But the Ground SDF's understanding of family support is one based on a scale of cases. First and second cases are overseas deployment and PKOs: the service support unit in each garrison will support deployment personnel families by providing a briefing before the deployment, supporting them in sending additional supplies and letters with photos, and videophone talks between personnel and families from each garrison. These are the only supports available to the families. Wives have to manage their households by themselves. The second case is psychiatric support in private hospitals.

6.1 Family Support: Support for Wives whose Husbands are Deployed Overseas

The family members of personel who are deployed overseas need social, financial, and mental support. In the case of Iraq, the personnel needed mental support during and after deployment. From 2003 to 2008, 9,560 personnel were deployed, and there were 29 suicides from 2004 to 2014. My research found that some wives need the same support because they display similar symptoms caused by secondary traumatization. In the family support plan, there is no reference to mental support for mental problems or secondary traumatization.

In the institutional support for families, there are three or forth times briefing meeting in the garrison post about dispatching place for the families whose spouses are deployed; the attendance will enjoy video image and television camera in big screen in the recent PKO. A family that has a member dispatched overseas can do the following: With regard to the South Sudan PKO, the families do not need to go to the garrison to use a video telephone; they can make contact via email, LINE

[a kind of SNS chat], and other forms of SNS at off-duty times. Once a month the SDF ground service corps collect the gift parcels of favorite goods from families for sending to the members overseas.

6.2 Mental Support

In 1999, the Ground SDF established a professional SDF personnel post for a cadre of clinical psychologists to arrange a mental support system. The leading person is a man with the rank of colonel, who graduated from the Defense Academy, was engaged in the infantry for about ten years, and then studied psychology at the domestic national university. In those days, the SDF had just started to set up a preventative program for the suicides of their members.

Before he became a member of the cadre of psychologists as a counselor, the intra-ministerial bureau was in charge of daily work-life guidance. However, a bullying case occurred on a vessel of the Maritime SDF, when the SDF was abroad on a PKO. An intra-ministerial bureau investigation was insufficient to handle it. He said: "If the soldiers have a strong spirit, this becomes a national deterrent power in itself." When I interviewed him in 2008, there were six armies and one Ground SDF Central Readiness Force (CRF); each army and CRF had one psychologist, and there were three more psychologists in Division 3. He told me the Ground SDF would be employing 32 clinical psychologists in the following year. They are trained as clinical psychologists, but there are almost 160 garrisons in the Ground SDF. Furthermore, some garrisons have a counselor who is not a professional clinical psychologist but is more like a peer counselor. This seems inadequate.

There is another problem: because of the stigma about mental disease, the support is not utilized [Kawano & Fukuura 2015]. In 2009, a mental support center was established in Sapporo, in the northern part of Japan, next to the SDF hospital. The goal of the center was to assist with the recovery process of mentally disabled personnel. The original plan has gone well, and it is going to be expanded throughout the country. The role of this center is to connect different actors in the social support networks surrounding a mental health patient. This center provides assessment,

counseling, and consultation [Kawano 2013].

The expenditure list of the defense budget does not include an item for mental support. This kind of hospital has not yet been replicated around the country as of today. Further investigation is required into this.

7. Conclusions

How does the military handle problems concerning those wives whose husbands have been deployed overseas? It has recognized the need for mental support and established a mental support center, which supports personnel returning to the workplace. No one can be free from violence or mental health problems when they involve military institutions. But the institutional care provided is only for members, not for their families. Everyone should recognize secondary traumatization, which appears to lack recognition by the military, and the exclusion of spouses should end.

As the Former Chief of Staff, Mr. Takashi Saito, said: "We must agree in future how we deal with a person killed in action." On May 26, 2015, systematized state violence led to war and war dead. Suddenly we Japanese have just started to think about the war dead. And Japan will participate in the New War with the group which does not face each other directly because of the right of collective self-defense.

How should we understand what institutional support is? In the planning of a military community, the family does not play a key role in a government-led system. When the wives are in good health, the institution considers them to be all the personnel that are required to support the members. This is a situation dependent upon whether a wife is a member of the organization. When the community is formed with the garrison at its core, the wives will become part of the defense of the home front.

For the SDF officials, there are two types of support when they are on an overseas deployment: one is moral support from family—letters, e-mails and gift bags—which are a delayed form of communication and they can read them repeatedly, and LINE and the video phone are an iterative form of communication.

They are simultaneous and not repeated. The other is medical support for returning to the workplace. If members go to a SDF hospital, they will receive psychiatric care, then treatment from a physiotherapist and psychological therapy in the SDF rework center. Therapy is coordinated closely with their company commander.

For the wives, there is only moral support: they can attend the briefing meeting in the garrison before their husbands' deployment, then they receive newsletters from the place of dispatch via the Ground Service Corps. Colleagues of their husbands assist these wives in going to outdoor activities for relaxation using their own money and provide physical help voluntarily during those periods.

The wives are expected by the military to provide moral support and are encouraged to cheer up their husbands with letters, gift bags, SNS messages, and phone calls. The military institution uses these techniques separately. This results in the exclusion of the wives from the institution when they have mental problems. When the members are deployed overseas, the institution increases its reliance on the wives' aid. It is not sure if moral supports help as a buffer for preventing PTSD or any other mental problems; nevertheless, the military requires the wives' moral support.

In the US army, military families are a part of military communities, and these communities have broad power. A community capacity-building social action model is a kind of family support system [Huebner et al. 2009; Chambers 2013]. The SDF has just started to put in place systems of mental support. The position of the wives of members is ambiguous: they should be part of the focus on mental health.

In the National Defense Program Guidelines for the 2014 financial year state the following: "Furthermore, it will implement various family support measures, in order to alleviate the anxieties both of troops serving away from home and of their families while they are away" [Ministry of Defense 2013a: 25]; they also mention providing family support so that a military unit can be sent on a mission for a long term [Ministry of Defense 2013b: 14].

The family members of personnel who are deployed to domestic disasters need social, financial, and mental support. The family support plan was started in

2014. The purpose of this plan is to build up the family support system in ordinary times so it can smoothly perform rescue activities in the case of a disaster. In that situation, SDF personnel will be dispatched to the disaster area, and their own families will benefit from their support: caring for the elderly, looking after children temporarily, and confirming that people are safe. Semi-SDF groups will join and help with these matters as mediators, such as the SDF veterans' association, the SDF parents' association.

In the first step, the SDF personnel reside in various areas, scattered throughout the many local governments. When large-scale disasters occur, these mediators acquire the safety information of their families whose members are left at home. The garrison signs agreements with the veterans' association and the parents' association.

In the second step, the department in charge divides the families according to the particular local government they live under. This indicates that an attempt is being made administratively to comprehend the needs of personnel. This will require collaboration with the local governments, the garrisons, and mediators. The garrison signs the agreement with the particular local government. The veterans' and parents' association act as go-betweens for the local government and the garrison, and then the community will be formed with the garrison at its core. While assuming a large-scale disaster will strike eventually, the garrison-centered community is also active in normal circumstances. This system is a government-led one for maintaining a neighborhood, which is one of the bases of people's lives that can support them during a disaster, like a home front.

When the natural disaster happened, wives are expected to prepare for three lyres activities; (1) to do self-supporting effort, (2) to contact with another SDF families as community, (3) to contact with the veterans' association and parents' association for assist the SDF activities.

I turn back the questions about the wives' involvement and institutional support. When the military personnel act a disaster relief aid, they are regarded as rescuers, when the government dispatch them abroad, they may become involving

in conflict as perpetrators, because they are key providers of systematized state violence. Their wives may also be regarded perpetrators from the public. However we should refrain from descending into othering behavior that associate with the identities we construct for ourselves and diminish the dignity of all.

Military wives are excluded from the husbands' duties and mental support program which only provide a plan to return to work for personnel. Along with that wives are always expected to support their husbands informally, these exclusion and reliance techniques go through their daily life. The positioning of the wives is ambiguous. When we consider about militarism and military institution, we should not use the simplified framework where the two terms victims and perpetrators binomial conflict, it is underestimate the extent of military action. The range of influence from the military action is extremely wide and multi-layered.

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