

U.S.

David H. Marlowe, Anthropologist Who Helped Army Nurture Bands of Brothers, Dies at 83

By BENEDICT CAREY JAN. 9, 2015

David H. Marlowe, an anthropologist whose immersive studies among soldiers drove home the importance of group cohesion in combat and helped prompt enduring changes in how the military disciplines, organizes and cares for its troops, died on Dec. 27 at a retirement community in Silver Spring, Md. He was 83.

His son, Andrew, said the cause was complications of pneumonia.

Dr. Marlowe's views on the culture of combat grew out of hard experience, living and working among communities in conflict. He earned his Ph.D. from Harvard and spent years in the field in places like Thailand, Somalia and Haiti, as well as among American troops at home and abroad. He emerged with portraits vivid enough to capture the attention of Army generals and Congress, where he testified multiple times on the policy implications of his findings. He spent the bulk of his career as chief of military psychiatry at the Walter Reed Army Institute of Research in Silver Spring.

One of his early studies, of Army deserters in the 1950s, found that those who go AWOL are neither criminals nor cowards but mostly young people who cannot adapt to rigid military life. The poorest among them, he said, often have the hardest time adjusting, because of the social disorganization of their families and neighborhoods.

Dr. Marlowe argued that by pulling back on disciplinary actions — for minor offenses like uniform violations — the Army could retain more people and improve morale. Over time, the service has done just that, steeply reducing the number of its disciplinary barracks.

In another research project, investigating drug use among soldiers in the 1970s, Dr. Marlowe found that a crucial factor was group cohesion — measured by how well individuals formed bonds with the other members of their unit and how well their

leaders knew them personally. In units where turnover was high and soldiers were virtual strangers, the use of heroin and other drugs tended to be heavy; in those where troops had some shared history, drug use was much less likely to be a problem. After those studies, and based on his recommendation, the Army leadership made administrative changes to keep soldiers together longer, having them train together and move as units, according to Dr. Harry Holloway, a professor of neuroscience at the Uniformed Services University of the Health Sciences in Bethesda who was, for many years, Dr. Marlowe's boss at Walter Reed's research institute.

Dr. Robert Ursano, chairman of the university's psychiatry department, said in an email that Dr. Marlowe was "known as the father of cohesion in the U.S. Army."

His work was also admired by civilian anthropologists. "Walking out into the field for David was a matter of reflex," said Kai Erikson, a professor emeritus of sociology and American studies at Yale. "He knew how to go into a place cold and consult with people and watch and learn enough to make a difference. It's a very rare thing."

David Henry Marlowe was born in Brooklyn on June 30, 1931, the youngest of three children of Karl and Lena Marlowe, Jewish immigrants from Russia and Ukraine. His father sold insurance, among other things, and his mother ran the household.

For a time, the couple had a "mind reading" act on the Coney Island boardwalk, and their son never forgot it. "I can't read minds, like my parents," he liked to say to friends. "What I can read is behavior."

He knew his own mind well enough to excel at Stuyvesant High School in New York and graduate cum laude from Brooklyn College with a degree in anthropology before joining the Army in 1956.

After finishing his service, he entered graduate school at Harvard, where he met Gertrude Woodruff, another anthropologist in the program.

They soon married, and she, too, did fieldwork in the north of Thailand, in the same region as her husband but with another tribe. She died in 1996.

Besides his son, a movie producer and screenwriter, Dr. Marlowe is survived by a daughter, Amanda Marlowe SubbaRao, who develops math and science content for an educational publisher; four grandchildren; and one great-granddaughter.

The years in Thailand were spare, taxing and dangerous, and Dr. Marlowe

emerged physically depleted, Dr. Holloway said. But he was not in the habit of turning down assignments, no matter the risks.

For one project, he traveled to central Somalia to study a tribal political system in upheaval. “He had one of those lives straight out of a 1930s British adventure movie,” Andrew Marlowe said.

Both cerebral and hard-boiled, Dr. Marlowe was a disciplined presence, seemingly always alert and observing, Dr. Holloway said. “He was super smart, very quick, always looking for a brilliant insight,” he said. “But at the same time he could spend hours watching you make soup, just to understand something about you.”

Dr. Marlowe turned out scores of papers on adaptation to combat, post-traumatic stress, integrating women into the Army, and the unique psychological challenges of different wars, including the Persian Gulf war and those in Iraq and Afghanistan. He consulted American and Israeli commanders on military stress. He thought about the effects of combat not only in terms of symptoms and stresses but also in terms of what the experience meant to the individual — the moral and cultural value of service.

“The great change for American troops in Germany during World War II was the discovery of the concentration camps,” he once told a reporter. “Those who were there had no doubt when they saw those camps what we were there for. The moral importance of their mission became clear, and always would be.”

Correction: January 10, 2015

An earlier version of this article misstated the birth date of Dr. Marlowe. It is June 30, 1931, not June 6.