

Ladies in Waiting: A Group Intervention for Families Coping with Deployed Soldiers

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ABSTRACT

It is widely recognized that military service during wartime can take a toll on a soldier's psychological health. Recent work has revealed effects on the families left behind as well, as reflected, for example, in an increase in child abuse and neglect in these families. My interest in studying the transgenerational transmission of trauma led me to offer the National Guard a pro bono group therapy for women whose husbands had been deployed overseas. A slightly unorthodox approach paved the way not only to group treatment but, ultimately, individual treatment for these women and their children. My hope is that this work can serve as a model for other therapists who share my interest in treating the intergenerational transmission of trauma by implementing group and mother-child psychotherapy.

My experience with complicated bereavement in survivors (and families of survivors) of catastrophes such as the Holocaust, the Israel-Lebanon War, and 9/11 deepened my interest in the way trauma is transmitted from one generation to the next, which in turn led me to participate in the Anni Bergman Parent-Infant Program (ABPIP) in New York City. As part of my clinical training for this unique program, I volunteered my services with the National Guard, as I wanted to work with mothers and small children who were experiencing an absent parent. For much of 2008 to early

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2009, I led a supportive therapy group for the mothers, wives, a girlfriend, and a grandmother of soldiers in the National Guard who were deployed in Afghanistan. Because Guard families do not live on bases, the spouses left behind are particularly isolated, with neither the resources nor sense of community that the regular armed forces provide. I thought that group therapy would be an ideal way to provide support for the wives left behind.

THE CONCEPT OF CONTAINMENT AND PRELIMINARY QUESTIONS

Containment as a psychoanalytic concept was first explored by Bion (1962), who believed that an important role of the mother is to receive the infant's projections of distress and digest them for him through what he called "maternal reverie." The mother returns these projections to the infant in a modified form, making the infant's anxieties more bearable and making the infant feel understood. The mother's handling of the infant's feelings for him and returning them in manageable form is what Bion called "containment." Bion proposed that, through these repeated experiences of reverie, the infant takes in the idea of a containing space to which he can resort when distressed. For a mother to contain her infant, she must be able to rely on certain kinds of containment herself, which are often a function of the father and the extended family (Britton, 1988). When the mother's surround can adequately contain her own anxieties and fears, she is freer to respond to her infant's needs. (This is undoubtedly part of the explanation for the significant rise in child neglect and abuse among families of deployed soldiers (Gibbs et al., 2007)). Britton further refined the concept of containment by exploring the role of the father as a figure for identification. When the infant becomes aware of the link between the father and mother, there is a fresh loss of his or her exclusive dyadic relationship with the mother and the beginning of a triangular space (Britton, 1988). The infant can then become a participant in the relationship as well as an observer, which Britton argues is important for the development of reflective thinking. What happens when father is away, especially because he is fighting a war? This frightening circumstance increases the mother's need for containment even as

one of the main people who might provide it is removed from her surround. How does this absence affect a mother's functioning, her interactions with her child? Her children's internal world?

SETTING UP THE GROUP

In March 2008, I arranged to meet with two guardsmen to discuss the possibility of a therapeutic support group for women. When I arrived at the scheduled time at the usual meeting place for National Guard family events, a beautiful if cavernous building in New York City with a storied history and past associations with the military, I found three guardsmen and 18 women waiting for me. I was taken aback, a little amused and definitely challenged. I asked about the nature of the National Guard, how it worked, and how these men were affiliated. The women who were present that night happened to be there because they were sending a large shipment of goodies to the soldiers deployed in Iraq and Afghanistan. They told me that they had formed a (leaderless) support group amongst themselves that focused mostly on picnics and packaging mail; this was the only group of its kind in the region.

I was unaware before this meeting that each deployment would last approximately nine months. Apparently, I would be carrying these women "full term"—motherhood turned out to be an apt metaphor for the therapeutic framework these women needed. To prepare for war, the soldiers spent two months training in North Carolina. At Fort Bragg, they acclimated to the living conditions of the Forward Operating Bases, qualifying on weapons and weapon systems, performing mock missions and live fire exercises. The soldiers of the National Guard would "take one step closer to their mission" in Afghanistan as they participated in the Deployment Ceremony. Their loyalty and dedication to the idea of the war on terror were unmistakable.

I felt keenly that these women would need someone to help them navigate the emotional roller coaster a deployment would surely bring. But I also sensed that even though they wanted someone to listen to them, they needed me to come to them. My ABPIP training in parent-infant dyadic work (in which observation and treatment take place in the home) prompted me to realize that my office would not be a secure base. To gain their trust, I needed

to work with them on their turf. Since they were familiar with this particular historic New York building for other National Guard events, it became a logical place to meet. Perhaps subconsciously influenced by the code of chivalry seeping through the walls, I somewhat humorously referred to the group as the “Ladies in Waiting” the first time we met. They liked the name—perhaps they were influenced by the code of chivalry, too—and they adopted it for their support group.

The First Meeting

On April 5, 2008, the Ladies in Waiting had their first meeting. As sixteen women settled into a circle, one woman asked that the door be left open in case the children wanted their mothers. Children ranging from 6 to 16 years of age played with toys and interacted with guardsmen who were doing drills or simply hanging out. The children came in and out of the room at will, to get snacks or to sit on their mother’s laps for a hug. The room we were in was a cavernous space with an echo, making it hard to engage in meaningful conversation. I wondered about the kinds of noise and interruptions the soldiers experienced within their tents in Afghanistan.

I asked the women to tell me about themselves, what they thought they might need, and how they thought I could be helpful. Each woman tentatively introduced herself by name, introduced her absent soldier, told us how many deployments she had gone through, and how many their husbands, boyfriends, or sons had endured. One participant, whom I will call Jane, began by telling the group that this was her first deployment, but the third for her husband. Without being asked, she said that she was feeling very anxious and sad. She wept. I asked the group if others felt like she did, and women began to nod their heads. Several cried. This gave Jane a kind of permission to reveal more. She asked the group some questions that had been worrying her, such as, “What do I do if I hear bad news from someone and have to pass it on? I will feel guilty hurting someone else or making them worry.” A more experienced woman named Felicia said it’s okay to deliver news; people know they might not like what they will hear. That is the way of the military, she said. “Our men knew this signing up

and so did we. We chose to stick by them and we will, but it is hard. News is also not handled the way the media presents it and a lot of times we don't get the accurate story. There are secrets. That is how it is."

Yes, there are secrets, I thought. I made a mental note of the attitude toward feelings encapsulated in this advice. I wondered about the defenses these women used to deal with their anxieties; denial can be very adaptive, but in this particular setting, to deny the reality of the anxiety attached to war seemed very unrealistic.

I decided to pursue the idea of secrets. Secrets, such as not telling their husbands things that might drag down their mood during their precious phone calls, can serve a protective function, so the women could, on the one hand, feel good about doing their part to serve their country. But the concept of keeping secrets also gave me an opening to help the women understand repression, suppression, and denial. Were their feelings left behind, kept secret from each other, their children, themselves? There was a hush. Many women began to cry. Several expressed a sense of dread when they came home, both fearing and hoping for a note on the door, in their e-mail, or a flash on the answering machine. Did they want to pick up messages or not? The fear of getting bad news was overwhelming for all the women. Many of them couldn't sleep. Some had watched their husbands undergo several deployments; they said that their soldiers had PTSD but were sent back again anyway. This was Betty's husband's 10th deployment. There were simply not enough troops. I commented on the lack of community they must be feeling and how difficult this period must be for them and their children. "You have no idea," Jane said, and I asked her if she could give me a better picture. Jane and Lauren talked of their struggles to make adjustments to life without their husbands. One woman said, "I don't know what to do with myself. I just cry. All day. I can't do anything else. It feels as if he died or something." This upset others, who spoke about the need to stay positive. Their struggle to maintain hope and split off despair was almost palpable. Seeing the desperation and anguish in their eyes, I said something like, "You are all in a lot of pain. It is very hard to bear the absence of your husbands and partners, not know where they are, if they are safe, or when you will see them again. Waiting is painful."

At that point, one woman left the room. I asked if anyone wanted to go after her. There were several thoughts that went into this decision on my part. First, these women knew each other better than they knew me; in the past when I have run therapy groups, if someone was upset and left, I would not go after them, or ask others to. But in my usual group therapy context, all members were also my individual therapy patients, so I could count on having future contact and using the incident as grist for the mill, so to speak. Also, established patients are responsible for themselves; autonomy is inherent in the work. The fragile state of these women, however, led me to want to foster a sense of mutual support and connectedness, and to convey the message that if someone was upset, the group would attend to their needs. I suspected that the deployment reawakened early attachment fears, and this proved to be a useful way of thinking about intervening.

One woman went out and brought the first woman back within a few minutes. This led to a brief discussion about feeling responsible for each other—how much this support was needed and how great people can be when they are connected. We talked about how it can be difficult to deal with painful feelings, how sometimes it's easier to suppress them, but that it can also be useful to get help with them—such as when you find yourself getting disproportionately angry at your kids or not wanting to get up in the morning. I told the women about the Soldiers Project and how the referral system there worked. In this context, I brought up the need to take care of oneself and asked if they would like to meet again. This elicited a sense of relief, appreciation, and questions about my background. Was I familiar with war, the military? I was trusted because I am outside the military (it was safe to talk with me) and not trusted for the same reason (could I truly understand their experiences if I was not myself a military wife?) I decided some self-disclosure was important. I said that I was studying parent-infant attachment and the need we all have for a secure base. Someone needs to keep the parents left behind in mind so that they can keep their children in mind. The wives also have an additional responsibility to bear: keeping the soldier alive in their minds and in their children's minds. That is where I come in. This last part of the explanation was met with silent tears. I was struck by how little discussion could so readily bring to the surface such

powerful feelings. Yet I sensed the women felt seen and understood, perhaps for the first time in a long while.

Special Considerations for the Ladies in Waiting and Implications for Practice

My goal in this first meeting was to foster a sense of group responsibility, model responsive caregiving, and try to help contain anxiety by setting up explicit rules. The women decided that if someone gets upset and leaves, another group member will go after her and try to bring her back. If the person did not want to return to the group, they decided she should let the group and me know, and I would contact her privately. They chose the hour of our meeting and voted to meet for an hour and half every other Sunday, ostensibly because of concerns about childcare. The women also instituted an RSVP policy, knowing that without their commitment the group would fall apart. I sent out a note through the group secretary asking everyone to RSVP to both me and the group about their attendance at the upcoming meeting. This is something I do not ordinarily do when leading groups; I usually allow for more self-monitoring. But, given the loneliness of their daily struggle and the constant menace of the war (and thus the risk of genuinely bad news coming at any time), I wanted to reach out to the women between sessions. I also hoped that they would be able to model this extra effort to connect, in their relationships with each other and their children (Yalom, 1995). Indeed, keeping each other in mind and preparing for meetings is something they have grown to appreciate.

To be fair, I think these extra efforts to connect might have also served to help me—I very much wanted to help these women, but it was challenging to manage the overwhelming affect of the group sessions.

The group is unstructured insofar as there is no agenda for each week. But they see me as the leader who helps them explore their thoughts and feelings and learn how these feelings can affect their interactions with others, especially their children. Within a month, the Ladies in Waiting became a core group of seven women, of whom at least six were usually in attendance. Most had attended college. We have a special education teacher, physical

trainer, administrative assistant, hairdresser, graphic designer, IT computer assistant, and a stay-at-home mother. One woman is Hispanic and one African American. Most of the rest are white, either Irish or Italian Catholic. One member is Jewish, not observant but culturally identified with her background. Most believe in God and "God's will," and some attend church regularly.

After the second group meeting, I set up appointments to meet individually with each woman for half an hour, taking a brief history that included her soldier and any children. I wanted to get an idea of early history in a safer environment than the group could provide (i.e., that would not exacerbate the sense of shame that typically accompanies talking about traumatic experiences). It was decided at the next group meeting that every two months I would meet briefly with each member. This helped me get to know the women better, and it gave me a better idea of how early history was making itself felt in these families. (The individual meetings also gave me an opportunity to make referrals, and each woman is now also in individual therapy; once private treatment began, I no longer conducted individual meetings with the women.) Early trauma and estranged attachments (especially in relationships with fathers) were universal among the women and their soldiers: divorce, death, alcoholism, or violence characterized the women's histories, and the men, without exception, were estranged either from their fathers through traumatic divorce and abandonment or from both parents (several men had been in foster care). (Although I did not formally evaluate attachment style, one study of a large group of second- and third-generation Holocaust survivors documented a strong tendency to ambivalent attachment style, and this is consistent with my experience [Scharf, 2007].) I emphasize this personal history because, although some work has been done on the transmission of trauma in military families who have experienced war, the focus has generally been on the fathers transmitting their PTSD to children (see, for example, Dekel & Goldblatt, 2008); one recent literature review focusing on veterans deployed in Iraq and Afghanistan did, however, note that mothers' anxiety had the greatest impact on the children of deployed fathers, according to a study of Kuwaiti military (McFarlane, 2009). Yet to my knowledge, no one has asked whether spouses of soldiers might have their own traumatic histories that

might be transmitted to the next generation more readily under the duress of a spouse's deployment.

It became clearer to me how the military unit became a powerful model of family to these men. Their allegiance to their commanding officer and fellow guardsmen was fierce. The fact that the Guard is not considered part of the traditional military created a special set of issues. Soldiers complained to their wives in phone calls about unfair "hierarchical politics" among branches of the military; I wondered how this quasi-outsider status was intensified for men who had been outsiders of sorts in their own families. I also wondered what kind of "secure base" a military unit could provide men with a history of attachment trauma and how this experience would affect them upon their return. I thus saw the women as having double the need for a secure base in which they could explore their feelings, because they would have to be strong enough to provide security for their husbands upon their return if they were to halt the transmission of trauma to the next generation—for that was really my goal in this group. Although there are various perspectives on the transgenerational trauma in the literature, there is general agreement that the traumatic experiences of one generation are passed *unconsciously* to the next, and that if the original experiences could be articulated, the later unconscious repetition would be less severe or perhaps even disappear (de Mendelssohn, 2008; Kogan, 1996). Lacking symbolic language to describe painful experiences, these experiences of the parent become concretized, become an inarticulate *thing* inside the child that he or she cannot consciously experience or discuss (de Mendelssohn, 2008; Grubrich-Simitis, 1984).

THE ANXIETIES OF WAITING

As weeks passed and the women grew more familiar with the therapeutic setting, young mothers spoke more openly about the burden of solo parenting and the anticipated monotony of months on their own. They wondered what it would mean to their children to be without their fathers—and whether the fathers wondered about that, too. One woman wondered why her husband signed up for the Guard, knowing that he would be going to war when

she had a newborn. She realized that she felt angry and resentful, but could not imagine expressing these feelings to her husband or her children. The women understood that the soldiers felt deeply about their unit, but struggled with feeling secondary to the Guard.

It was not easy for the group to allow such feelings of resentment and anger to surface. Despite the tearfulness during group meetings, the women remained largely out of touch with feelings during daily life and tended to act out (arguing with family, for example) rather than become depressed. "Staying positive" is their mantra. This is not only a psychological defense, but it is also an attitude inculcated by the military culture. The rationale is that if negative emotions spill over into the phone calls or e-mails, the women will damage themselves, their men, and their children. Unfortunately, the displaced emotions *were* spilling out at home, with their children. I therefore consistently brought up such negative feelings so they would not be displaced elsewhere; this has been a running theme. Although many of the members learned to appreciate this idea, some chose not to fight the suppression and dropped out. (Three of those who dropped out, however, continue in individual therapy. They simply found the feelings of the group too overwhelming.)

I learned early on that for these women "waiting" did not mean merely waiting for the soldier to return, it also meant waiting to hear from him. Even when the men had only been away for training, the phone calls, e-mails, and weekend visits had remained part of daily life. Now these women were thrown into complete uncertainty: they did not know when (or what) they would hear from their men. Worse, the communication that does exist has severe limitations. Frequency is not a problem: the easy accessibility of cell phones and thus telephone calls to family members is an advantage not enjoyed by families during previous wars. Some women hear from their soldiers on a daily basis. Yet a fundamental question—where is the soldier?—*can never be asked or answered*. Necessary secrets about the soldiers' daily lives compounded the rupture in communications. I wondered to myself what the phone calls and letters were like. They were fiercely anticipated, yet not much could be said: they seemed a constant, overstimulating source of anticipation and disappointment. What was it like

for the children? How much can they talk; what do they imagine when their dads talk to them? They too learn not to ask questions. How does this influence their fantasies?

While the calls were experienced as mostly positive, there were also negative feelings, especially for the children, which were much more dangerous to express. What if they were not in the mood to talk when the call came, and how did the parents respond to that? Mothers reported spending many nights calming down little ones while the older children cried to themselves after phone calls. Mothers and children alike developed a tacit understanding not to speak about the struggles of daily life, not to talk about their sad or lonely feelings, because this might upset the soldier in a way that could harm their mission or others in the unit. "That is how the military works," they told me. This information was passed down to them by former soldiers and by the wives of deployed and returning vets. In essence, the women, soldiers, and their children make a (usually) unspoken pact to keep negative thoughts and feelings secret from each other. Keeping this pact made waiting lonelier and therefore more difficult.

The children were also manifesting behavioral and learning difficulties, which added to their mothers' burdens. When I inquired as to how they felt about phone calls interrupting the daily rhythms they worked so hard to create, the women expressed feelings of guilt for sometimes not wanting to talk when the calls came in. We worked on helping them think of keeping a lid on negative thoughts when speaking to their husbands as being protective rather than dishonest. They felt a conflict of loyalty and needed to learn that it is okay to be autonomous, to have thoughts and feelings that differ from those of their husbands, families, and the military itself. (This notion in turn evoked reflection about what their children might feel but not say aloud for fear of upsetting mother, the absent father, or themselves.) The women were extremely resistant to, and downright confused by, the idea that emotions in themselves are not damaging. They were convinced that a loyal wife should always/only have positive thoughts and feelings for the sake of her husband, her family, and the military.

Most of my interventions and interpretations concerning "secret feelings" draw on my work with Holocaust survivors, survivors of childhood sexual abuse, and New York City residents post-9/11.

(The difference between other kinds of complex mourning and the experience of these soldiers' wives is temporal. In this case, the trauma is an ongoing process, not a past event.) Much has been written on the various levels of knowing and not knowing massive psychic trauma. There are traumas and disruptions that soldiers, like survivors, cannot articulate to their wives or, especially, to their children. Yet children of survivors overhear snippets of conversation; they learn about news items or funerals not spoken about. And even if they don't learn about the event, they are exposed to the emotions surrounding it. They hear their parents' stories and construct their own representations of war. The children are also exposed to what is not said—that split-off state in which the “feeling of nothingness is retained” (Auerhahn & Laub, 1988). Children sense anxiety and trauma that has yet to be made into a narrative (Auerhahn & Laub, 1998), including the absences covered by parental myths and observed-but-not-yet-verbalized contradictions, such as the insistence that their fathers are heroes while members of that same father's extended family or the community at large criticize the war and withdraw in anger from the soldier. It was very difficult for these mothers to accept that the secrets that are “kept” from children (but to which they have clues) can be powerful determinants of future development. To learn this truth, the women had to come to terms with their own feelings about what is kept secret from them and how they keep secret from themselves their resentments about their husbands going off to war.

At each meeting, we talked about communication with the soldiers. They began to express resentment at the constraints on permissible topics: “He has no idea what is really going on with us or the kids. No idea that after you hang up, the kids lie awake crying as you look at your wedding picture.” Queries about limiting the phone calls would be met with tears and silence, head-shaking and feelings of guilt. The women would not tell their soldiers not to call but would try to limit the time on the phone if the children were acting up, since this made it difficult to speak. The resultant guilt was another theme for all the women, as was guilt about having fun, about being lonely, about missing and longing for their soldiers, and even guilt over wondering if the soldier missed and longed for them. It was (and continues to be) a revelation to them

that they could speak one way with their spouse or child and yet have a very different set of feelings at the same time, and that the two sets of feelings did not invalidate each other.

EFFECTS ON CHILDREN

By the time the Ladies held their fifth meeting, Hannah Nadler of the Anni Bergman Parent-Infant Program and the New York Freudian Society Child Program arranged to meet with a group of latency-aged children at the same time. The women were initially angry at me for suggesting that their children get professional help, but all of the children of these mothers (seven children) began treatment with psychoanalysts affiliated with The Soldier's Project. The immediate impact of the children's group was to relax the mothers: occupying the children allowed the mothers to have the group time to themselves without being interrupted. They saw the children's group as a vehicle for babysitting services, not as treatment. The issue of containment appears here again: someone else was taking care of them so that they could take care of themselves. The women were so frustrated and emotionally exhausted by waiting and caretaking alone, it took some time before we could address the needs of the children in the group, because the mothers tended to dismiss their children's feelings. For example, one mother was surprised at how upset her son got when she went to the funeral of someone who was killed in action. She did not think to talk to her 13-year-old son about the tragic death and hid from him the fact that she had planned to go to the funeral. She dismissed his feelings of anxiety about his own father and his feeling of wanting to protect his mother from his worry. She had no idea that her son felt like he had to take care of her.

Another mother was very open about the negative impact this war and her husband's absence were having on her children. She told the group that they would not sleep in separate rooms or beds, that they were together all the time, and that they would not let her out of their sight. This turned out to be quite a literal description: there was a complete lack of physical and emotional boundaries. The two younger children, both boys, ages 2 and 6, slept on twin mattresses pressed together on the floor and would

not fall asleep without holding each other's hands with their mother's hand on top. The eldest child, a 9-year-old girl, fell asleep on her own cot in the same room. The mother would often fall asleep with the boys, awaken in the middle of the night, and go quietly to her bedroom. This difficulty separating was greatly intensified by deployment: during the day, for example, the older son would not cross a room in the house without his mother holding his hand. To her credit, the mother became aware that she was so anxious about her husband's absence that she colluded in this lack of separation, because she realized the children soothed *her* anxiety. (She eventually approached me for help with her youngest child; I entered into dyadic work with them, and private therapy with the mother, a year ago.) Going to school and camp was a problem for the younger children, as were sleepless nights because of nightmares, bedwetting, and crying. This mother felt terribly alone and overwhelmed. The group was supportive, reassuring her that her family is coping with real hardship. "Be proud and let your children know that they need to be proud of dad fighting a war. Dad's a hero." Heroism was something two women frequently invoked to help themselves cope with the disdain that the community at large—and many of their own family members—expressed for the men who had enlisted. (de Mendelssohn writes about the "heroic solution," the false pride traumatized people adopt to mask their shame. [de Mendelssohn, 2008].) To entertain doubts about the war seemed like a betrayal to their men. These feelings seemed to hold destructive potential for their marriages and families.

REUNION ANXIETIES

Waiting provided space to entertain numerous other anxieties. The women were troubled by news items, films, and television shows that aired about the war, and they often felt terribly misportrayed. "Generation Kill? Army Wives?" one woman said, "It looks so Hollywood, like a joke or some trashy romance novel . . . Are they kidding me? What is this, a video game or game show?" The families also felt betrayed by their country and people. They felt neither seen nor heard, and they worried that the soldiers weren't being heard either. Since they are privy to inside information about the war, errors that are spread in the news foster greater distrust of

the media, government, and the outside world. Even the countless articles about PTSD and the problems facing returning soldiers are problematic for these families, because such reports stir their fears. They worry already about what the soldier will be like upon his/her return. What if their soldier is injured? Disoriented? Disenfranchised? Depressed? Anxious? Having nightmares? PTSD? What would it be like for their children? Would families rally to support each other? If there were problems with the soldier, how would they get him into treatment? A confounding factor of military culture is that many soldiers are wary of therapy (at least the soldiers connected with these women were): treatment is viewed as breaking the bond they have with their group, their unit. Indeed, even many soldiers diagnosed with PTSD refuse treatment and instead try to medicate their pain with alcohol and drugs. One woman told me that soldiers who have returned from war make good use of the bar inside the Armory that is open on Tuesday and Thursday nights: the alcohol is cheap and they regularly come to get "smashed" with each other to dull the pain.

Reunion was a recurrent topic during phone conversations with the soldiers, but despite their anxieties over their husband's welfare, many wives were ambivalent about reunion. Some women built up idealized expectations, and each woman had a fantasy for reunion, as did the children. Some women got caught up in preparing the house or trying to lose weight. The women who were not mothers fantasized about wonderful sex, while the mothers of young children (who tended to have been married longer and in some cases had experienced previous reunions) dreaded the prospect of sexual intimacy, feared emotional distance and their husbands' nightmares. It seems that parenting made the mothers much more realistic about reunions because they had had to work so hard to create structure for the children and realized how easily it would be disrupted. Several women feared that their husbands would not want to leave their male friends and would go out drinking instead of spending time with their families. Women with children worried about the husband's reintegration into the family and society (Wood, Scarville, & Gravino, 1995).

Another issue that emerged was the stress of family leave, which involved both the anxieties surrounding reunion—at least for a week or two—and those surrounding another farewell. Family

members had to try to reintegrate the soldier into the family system briefly and then prepare for him to leave again. As difficult as this was, however, one family with three children reported how positive it was for the children to see their father, know he was okay, and be able to play with him for awhile. The goodbye was hard, but not as hard as the first one when the soldier was initially deployed.

FAMILY VACATIONS

The group took a break in August—several women had planned out-of-town vacations with their families—and we scheduled to reconvene in the fall. The women with children felt even more overwhelmed during the summer months, as there was no school to relieve them of their children even temporarily. They also felt a sense of loss about the group not meeting. But one member's husband was coming home on leave for two weeks, so the women felt a sense of camaraderie in supporting her (the same young mother who had described such severe separation difficulties with her children, noted above).

We reconvened in September, and the women were happy to see each other again and to see me. I was greeted by hugs and kisses, felt very connected to them, and felt their connection to me. The meeting was focused on Sarah, the member whose husband had come home on leave. She spoke of how well he looked, how tired yet happy he was with the family, and the good times they all had together. She reported that she had been prepared for the myriad feelings that might arise and that she was able to anticipate her own needs as well as those of her husband and children. She also told the group how painful it was to say goodbye again. Her husband had a particularly difficult time leaving and felt a profound sense of dread at having to return to Afghanistan.

BAD NEWS

Unfortunately, that dread was justified. Two weeks later, Sarah called to tell me that her husband had been killed. A chaplain had just left her house and she was in shock. I was in shock myself. She said that she had told the children that their daddy was killed, that

his car had rolled over. They stopped playing for a moment, then returned to play. She could not stop sobbing. "How will I take care of my kids?" she cried. It took me a few minutes to gather myself. She told me that the therapist for her older children (in addition to beginning dyadic treatment with me and her youngest son, her other two children had begun individual therapy) suggested that they all come into her office the next day. She was afraid she could not function and felt the absence of her own mother, who was taking care of her ailing grandmother. I went to see the family that Saturday and attended the funeral the following week. The ladies in the group were very attentive to Sarah and her family. They and many other families gathered around during the funeral ceremony and for days afterward, dropping off food and providing whatever practical help they could.

The next time the Ladies in Waiting met, just a couple of days after the funeral, Sarah was not in attendance—much to the puzzlement of the group. The women were deeply sad and quite anxious about their own husbands. One member had just had her own son home on leave for the prior two weeks. She spoke of how frightened he was when he had boarded the plane that morning to return to Afghanistan. The anxiety summoned by the actual death of a soldier they knew of seemed almost too much to bear. The women seemed to be in denial about the state of Sarah's grief and wondered if she would return to the group. We explored their assumption that she would be able to return: I asked them to imagine what it would be like for them to have her there grieving, or for her to be present while they spoke of anticipating their soldiers' returns. This intervention elicited guilt and worry about how knowing about this death would affect their own children. We talked about how and what to say to their children and how much they needed to talk to someone to help them with their anxiety. The group closed with the sadness of losing Sarah.

In subsequent weeks, members have continued to struggle with how to approach and feel about Sarah and her loss. The group had begun to provide a secure base for each woman, but that tenuous security was severely disrupted by the death of Sarah's husband. Two women with husbands home on leave didn't want to attend meetings during that time. In the ensuing weeks, the women largely abandoned Sarah, who in turn felt resentful (which

was explored in private therapy with me and is the subject of another paper). The "Band of Brothers" idea goes only so far: these women are fighting to preserve some sense of normalcy, however much denial that entails.

For our last meeting before Thanksgiving, I placed an empty chair in the room to symbolize Sarah. The women ignored it for awhile; two spoke about how wonderful their husbands' recent leave time at home had been. When I brought up Sarah, I think the women resented the intrusion of reality. It struck me how adept they are at dismissing painful awareness. It was as if they, as individuals first and now as a group, were unable to contain both hope and grief. The women could not contain their split-off parts, and the group and Sarah were abandoning one another. I asked the two wives how it felt to have to say good bye to their husbands again at the end of their leave. They acknowledged how difficult it had been; I then asked them to imagine what it might be like for Sarah. This elicited a kind of survivor guilt. They feel bad for Sarah and her children, relieved their own husbands are still alive, and guilty for even sharing the happy emotions. I empathized.

CONTAINING SARAH

Anxieties about the upcoming reintegration in January prompted the women to request weekly meetings in December and until the soldiers' return on January 7. I agreed. The women invited me to their Christmas party, and I agreed to that as well. Once we dealt with the schedule, I brought the conversation back around to Sarah. One woman asked if Sarah would come back; several said the group didn't feel right without her. We talked about the upcoming holidays, which the women were expecting to be very difficult without their men being home.

More details began to surface about the gritty realities that had been omitted in the earlier, idealized accounts of the two husbands' recent leaves home. One spoke of the complete mess her husband left her to clean up—filthy laundry and other belongings strewn about, complete disorganization. Yet during leave, the women and the children are on their best behavior so as not to upset the soldier or ruin their precious time together. I asked what they thought it was like for their children to have

to restrain themselves like that. One woman said it probably felt like a burden and related it to her own feeling of having had to be on her best behavior ever since she was nine years old, when her mother died: she dared not cry in front of her father because that upset him. She also had to learn to compliment her stepmother all the time and defer to her, or else her stepmother would blame her for things that didn't happen and just get "weird" on her. I brought the conversation back to the present, to tell the women they could use their own experiences to talk to their children about expectations for when the dads came home. They also needed to sort through what it might be like for these soldiers to return home.

The meetings during the latter part of December were very intense. Our conversations began to deal with the communications the women received from the soldiers about the nastier side of war: corpses, blood, excrement, stench of death and bodily functions, having to retrieve a wedding ring from a dismembered hand. Just before Christmas, one woman spoke of feeling very empty, having "a hole in the heart." Sarah too, in her private therapy with me, refers to a hole in the heart when she thinks of her husband gone. I referred to Sarah's empty chair at that point and asked the women how it felt for me to have given Sarah's "presence" a "voice" through the chair. Some took it as indication that I was always there for all of them, even in between sessions. Others talked about their surprise that deployment was so difficult, so full of longing and waiting. They'd not expected so much anxiety.

The meeting of January 4th was our last before their husbands' returns. Sarah came. In our private sessions she had expressed that she missed the women while being envious that their husbands were alive and feeling "weird" that the soldiers were returning without N. I thought it would be useful for her to see how much she had grown despite the horror of the previous months, and I also felt it would benefit the group. Given that the returning soldiers had all been friends with N, seeing Sarah would help the women help their husbands process his death. If Sarah remained a shadowy absence, they would not have to really face the loss and its impact on their lives.

Sarah's meeting with the group was moving for her: she was able to articulate her envy, grief, and feeling of being overwhelmed

with single parenting. The other women seemed too overwhelmed with guilt to be able to speak candidly about their own husbands' anticipated returns. Diana, the wife of the unit's commanding officer, seemed particularly distant from her feelings: she prattled on about her *husband's* guilt, how it was too much for him, at the age of 31, to be responsible for other men's lives. (Yet he re-enlisted for another three years.) Diana spoke of wanting children and wondered if she would be able to get pregnant after her husband returned home. Other women began to talk about their reunion fantasies, but stopped short. Sarah said she was envious but still glad their soldiers were coming home. The group asked about Sarah's children; she responded by going into some detail about the grieving process of each child. The women looked shocked. We talked about separate realities and how hard it was for all of them, that they all had something to look forward to while Sarah and her children had a long road ahead of them. I expressed my genuine hope that Sarah and her family will work through it all.

POST-SCRIPT

The group has become quite interactive. The women did not know each other before the preliminary meeting in March, and the relationships since then have deepened. The women instinctively take turns, and ask how others are doing. Over time they have become steadily more invested in the group and participating fully. They know that without their self-disclosure, I cannot help them and they cannot help each other. The reunion and reintegration that they looked forward to in January provided further impetus: they want as much preparation and assistance as possible before their soldier returns. In addition to fearing that he won't return at all, they also harbor fears of how he will be when he does come home. Fears about getting back to a routine and resuming sexual intimacy have to be negotiated, as well as the possibility of indifference from returning husbands and boyfriends and the possibility of further deployments. Children place additional stress on young parents. The particular trials of new fathers having to deal with the inflexibility of infants' schedules and new mothers torn between the demands of returning husbands and babies have been documented by Army studies (Wood, Scarville, & Gravino, 1995)

At the time of this writing, the soldiers have returned from their deployments and the women continue to meet. As we feared but expected, the men are having difficulty adjusting to life back at home. Most are drinking heavily, and the women are asking for an additional kind of group meeting to which they can bring their husbands.

As group leader I am both a participant and observer of the relationships with and among these women, and as such I serve as a container. My interventions helped the women get in touch with their feelings of loss, stemming not only from these immediate crises but also from earlier traumas in their lives. It is striking that every single woman in the group—and her soldier—had suffered severe attachment disruptions in their early lives. It thus took a great deal of courage for them to open up to therapeutic help. (As noted above, a few of the women who could not tolerate the emotions of others in the group still entered private therapy.) Providing them with the opportunity to explore and reveal feelings helps them talk to each other, their children, and their husbands. I see my role as providing a secure base, being a “good enough” therapist who, by articulating the client’s feelings, enables them to eventually digest and metabolize them (Fonagy et al., 2000).

I am certain that none of the women in the group would have entertained the notion of private therapy were it not for being introduced to their hidden emotional terrain in the group setting first. Supportive groups also have a logistic advantage, in that they are an economical approach to therapy for people who cannot afford private sessions. It is important to note that individuals who have suffered trauma are particularly likely to feel punished or criticized in private therapy, so group therapy can provide a gentler invitation to deeper work.

I have thought often about the fantasies of omnipotence the women and children had regarding their own thoughts and feelings—how powerful and damaging they believed their feelings and thoughts were. I saw them attribute the same omnipotence to me in the transference and in the group. I was the powerful, magical one who could soothe and heal them—just my inquiring as to how they were managing their week evoked feelings of being cared for—but I also had the power to evoke awful feelings. The death of one of the soldiers was a terrible blow that disrupted

the cohesiveness of the group and triggered strong defensive maneuvers. The women were unable to empathize with the effect of Sarah's grief on her status vis-à-vis the group. My countertransference reactions of feeling frustrated with them, wanting to give up on them, could reflect their tendency to feel discarded because of their own abundant experiences of loss and abandonment—but I recognize that they endure nearly impossible tension every day. They hover in ambiguity, with the best possible outcome (the soldier returns physically unharmed) still being far from ideal (PTSD, sexual escapades while overseas, substance abuse). For Sarah, the wait is over. But all the women face a long struggle to overcome the effects of their own histories and end the cycle of transmitting trauma from one generation to the next.

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