

When a parent is serving in the armed forces: the impact of waiting, knowing and not knowing on maternal functioning

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My interest in the effect of wartime deployment on families with children led me to offer *pro bono* group therapy for women whose husbands had been sent to Iraq or Afghanistan. My approach was informed by my training in infant observation and dyadic treatment: I met the women in a building that served as a regular meeting place for them (analogous to a home visit); we had contact in between meetings by email. These and other interventions won the women's trust, and ultimately led each member of the group into individual treatment with other therapists through The Soldier's Project. In this paper, I describe my own dyadic and individual therapy with one young woman and her toddler son, and particularly how Bion's and Britton's models of containment and triangular space became manifest in this therapeutic endeavour.

Keywords: transgenerational transmission of trauma; war on terror; Iraq; Afghanistan; military deployment; military spouses; military families; Soldier's Project

In the spring of 2008, I started a *pro bono* supportive therapy group for wives, girlfriends, grandmothers and mothers of soldiers deployed to Afghanistan. Through this group, several women entered individual treatment, and in this paper I will focus on one young woman, Anna, who sought my help with her toddler, Jack. First, however, I want to provide some context, both in my own professional history as an analyst and in giving a sense of the women's group.

I have a longstanding interest in the trans-generational transmission of trauma and over the past 20 years have worked with survivors of the Holocaust, 9/11, and other individuals with complicated and catastrophic loss. These experiences led me to join the Anni Bergman Parent Infant Program (ABPIP), which combines the in-depth study of infant development, attachment theory and psychoanalytic perspectives on infancy with intensive clinical observation of a mother-infant dyad for one year. This is followed by another year of clinical

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practice with children up to three years of age and their parents or caregivers. For the clinical part of this programme, I wanted to work with mothers and small children who were experiencing a parental absence, so I volunteered my expertise to the military.

Through the ABPIP I learned by observation about the development of affect. I witnessed the beginnings of terror, fear of death, pleasure, rage, shame, and anxiety on the part of the child. I also observed how a parent listening, watching, imagining, thinking and empathising can soothe and restore equilibrium. Immersing myself, as an observer, in the experience of the infant and its parent or caregiver reinforced my appreciation of theoretical concepts such as attachment, psychic skin, attunement, containment, and triangular space in ways my formal training as an adult analyst had not (cf. Bowlby, 1988; Fonagy, Target, Gergely, & Jurist, 2000). These kinds of observations cannot be conveyed in a seminar. They must be felt by the observer, with the experience of being held analytically, for the richness of the moment to linger and the countertransference to propel learning. Without learning from experience, this work could not have happened or unfolded the way it did. I have described my work with the group elsewhere (Eskin, 2010), but I will briefly summarise here the theoretical considerations that informed my approach with these women as a group and also in dyadic treatment with Anna and Jack.

Most central to my thinking is Bion's concept of containment. Bion believed that one important role of the mother is to receive the infant's projections of distress and digest them for the infant through what he called 'maternal reverie' (Bion, 1962). The mother metabolises these projections of distress and returns them to the infant in a modified form, making the infant's anxieties more bearable and allowing the infant to feel understood. Bion thought that through repeated experiences of reverie, the infant takes in the idea of a containing space, a sanctuary, to which he can resort when distressed. For a mother to contain her infant, she needs containment herself, which is often a function of the father and the extended family (Britton, 1988). When the mother's social environment can adequately contain her own anxieties and fears, she is freer to respond to her infant's needs. More fundamentally, she must be aware of and able to identify and integrate her own feelings. She also needs to identify with her infant so strongly that the baby's needs feel like hers, so that if the baby is in discomfort she will do something about it – using her face, voice, or touch to soothe a baby's crying state and over-arousal, by entering the baby's state with him, engaging in a mirroring voice that gradually leads the way towards calming the baby down. She may also hold him or rock him to restore a sense of calm.

The other major theoretical consideration I bore in mind while working with these women was the effect of father's absence on 'triangular space'. Britton refined the concept of containment by exploring 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. The infant can then become a

participant in the relationship as well as an observer, which Britton posits is important for the development of reflective thought. What happens when father is away fighting a war? The anxiety-laden circumstances increase the mother's need for soothing and containment even as one of the main people who might provide it is removed from her environment. How does this affect a mother's functioning? Her interactions with her child and the internal worlds of mother and child?

The group: the anxieties of waiting during a war

Because of my training in infant observation, I appreciated the importance of meeting the women on their turf, much like a home visit. In this case, the answer was an old historic building in New York where the soldiers began their training and the women met socially, sending packages to their soldiers overseas or simply hanging out. Meeting at this familiar hangout helped foster a sense of trust and familiarity while also offering the women a concrete space in which to feel close to their soldiers. One of the first things I learned was that the soldier's deployment, which was just beginning, was slated to last nine months – a full gestation period. It turns out that motherhood is an apt metaphor for the therapeutic framework these women needed. I christened the group *The Ladies In Waiting*.

At our first meeting, 16 women sat around me in a circle. One woman asked that the door be left open in case the children wanted their mothers. I wondered to myself if she needed her child or perhaps a quick exit. Children of various ages came in and out of the room at will, to get snacks or to sit on their mother's laps for a hug or hear what was being talked about. The room we were in was a cavernous space with an echo. It was difficult to hear and I thought to myself about what the soldiers must experience in their desert tents.

As the women began to introduce themselves and speak about the absent soldiers, I found that I didn't have to probe very far beneath the surface to locate deep anxiety, sadness, and pervasive fear of death. The women lived in fear of bad news. They both feared and hoped for an e-mail or a flash on the answering machine: would the message be from their soldier, or a military chaplain? Many of the women couldn't sleep. Some had seen as many as 10 deployments and said that their soldiers had PTSD but were still sent back for another tour of duty. 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 frank admission made several others acutely uncomfortable, and they responded by talking about the need to stay positive.

It seemed to be a military mantra and certainly a recurring theme in the group: stay positive, lest the soldier's morale suffer and lead him to make a fatal error. It felt like the weight of the war effort depended on their emotional state. The women needed to learn that it is okay to have thoughts and feelings that differ from those of their husbands, families, or the military, but they had a

tough time digesting the idea that emotions are not themselves damaging. They were convinced that a loyal wife has to suppress thoughts and feelings completely for the sake of her husband, her family, and the military.

Much has been written on the various levels of knowing and not-knowing that occur with massive psychic trauma. Children sense anxiety and trauma that has yet to be made into a narrative, including the absences covered by parental myths and observed-but-not-yet-verbalised contradictions. It was very difficult for these mothers to accept that the secrets they kept (or think they kept) from children could shape future development. But even young children see the tension between the insistence that their fathers are heroes and the way that same soldier's extended family rejects him for volunteering to go to war. The children also wonder why daddy went off to war instead of staying home with them – the women wondered that, too. But it was some time before we could address the needs of the children in the group, because the mothers were genuinely oblivious to the possibility that their children might be afraid of their father dying, that they might have begun to be aware of and to fear their own death.

By early summer, a few months into the group treatment, one of the members asked me for help with her two sons, ages 7 and 2. Anna felt increasingly depressed and anxious, and had begun to worry about the effect her moods had on her children. Anna was particularly concerned about her youngest child, Jack. How would he be able to develop a relationship with his father, when he had seen him for only 10 months out of his first two years of life? By July, I began meeting with Anna and Jack together once a week and with Anna individually twice a week. I referred the older son to a therapist affiliated with The Soldier's Project, a group of mental health professionals who offer *pro bono* treatment to anyone affected by the war.

Modelling attunement to a toddler's needs

One of Anna's presenting problems was a lack of physical and emotional space, despite living in a house that had ample space for the family. Jack and his seven-year-old brother slept on twin mattresses pressed together on the floor and would fall asleep only if they were holding each other's hands with their mother's hand on top. Anna would often fall asleep with the boys, awake in the middle of the night and go quietly to her bedroom. The children were unable to let mom out of their sight for a moment – the seven-year old was unable to cross to the other side of the house without holding his mother's hand. Yet Anna, who felt overburdened and overwhelmed by such neediness, was so anxious herself that *she* wanted her kids close to *her*. She said that it helped bind her anxious feelings and theirs.

The first few times I met with Anna and Jack, we played on the floor. Jack was cheerful and aggressive in play; he repeatedly crashed a toy plane into a group of stuffed animals and then rescued them. He kept declaring to his mom that the bunnies were crashed, but mom told him that the bunnies were sad. She

seemed not to be attuned to the kind of communication Jack needed. He needed her to validate what he was experiencing in play – that he crashed the bunnies. By the third time he crashed into the bunnies and told his mother what he did, I intervened and asked Jack what happened to the bunnies when they crashed. He said that they died. I told him that it was terrible and sad that the bunnies had died. He repeated that they were *crashed*. I acknowledged that yes, he crashed the bunnies. He grinned happily. Anna frowned slightly and said that the bunnies must have been sad, but Jack was adamant. The bunnies were *crashed*. I pointed out to Anna that *she* might imagine the bunnies being sad, but that was *her* perspective, not Jack's. Anna began to learn to attend to Jack's actual feelings instead of what he thought he should feel. After a few weeks and another series of bunny crashes, she asked Jack how the bunnies were. He said that they were in school and were just fine. She later told me that he allowed her to leave him at day care that morning for the first time. This was no coincidence.

These meetings offered Jack an opportunity to have his mother to himself, to play alone, and play in the company of a third party, too. The sessions also afforded me the opportunity to model ways of communicating that acknowledged the real feelings Jack was experiencing while reducing some of Anna's rigidity. For example, I could articulate the reality, such as not knowing where daddy is or how mommy might act different without daddy around, because mommy is busier taking care of everything on her own. I was frequently reminded of the work of Martha Harris, especially an article called 'Towards Learning from Experience' (1987). Harris wrote:

Traumatic events throughout life, from whatever source, test the capacity of the personality to hold new experience with its inevitable pain and uncertainty, and to grow from it. This capacity must always... be influenced by the nature of the identifications with the earliest containing objects and in particular with the primary receptive responsive qualities of the mother. Receptive parents help an infant to have an experience of himself. His identification with them helps him manage later the conflicting emotions and impulses that arise in the ordinary course of living, if he is being what he is, feeling what he feels.

The mother who takes time to think about what the baby's need might be also offers her baby time to experience that need. This helps the infant expand his internal resources and learn to tolerate some delay between impulse and action, desire, and fulfilment. It allows thought and imagination to develop. I think that most therapists know mothers like Anna who are not aware of the impact their own history has on them. They have not mourned their losses; have real difficulty in thinking about what a baby needs or what they need. How can they know what a baby needs when their own needs were not thoughtfully contemplated by their own parents or husbands?

Unfortunately, things got more complicated several months into treatment. Anna received news that her husband Nick had been killed. I and all the women

from the group attended the funeral; hundreds of soldiers and their families gathered to support Anna. Anna was in deep shock and stopped coming to the group meetings for a few months (Eskin, 2010), but continued her individual treatment with me and with Jack.

Anxiety turns to grief: new themes in play

In my dyadic sessions with Anna and Jack, the play became focused on war, explosion, and death. Jack would ask his mother and me to lie on the floor with our eyes closed, pretending to be dead, while he would take a tank and repeatedly 'bomb' it, making explosive sounds. He spent many sessions trying to make real in his mind what he had been told. In a session in December, when I announced that it was time for our session to end, he burst into tears. I put into words the confusion and sadness he might be feeling seeing his mommy cry and be so sad along with his grandparents. I told him that this is how we all feel when someone we love dies and is not here anymore. I spoke and he sobbed. His mother held and rocked him as I spoke softly to him. Days and weeks later, whenever he was upset, Jack asked his mom to rub his back and comfort him like she did in my office. Anna felt relieved that she could learn how to be present for her child and soothe him, despite her own enormous grief.

For Jack, the loss is less about the death of a father he barely knew than about the psychological death of the mother he had. During the aftermath of traumatic grief and bereavement, the family life that had been was also altered. The anxiety and depressive states of the mother, sibling, and grandparents became an overwhelming burden for Jack. He was barely verbal at the time of his father's death which made it nearly impossible for him to express his feelings other than through play. This in turn meant someone had to be watching, paying attention, listening with eyes and ears to put words to his confusion. The impact of having me articulate his feelings was dramatic. For example, the family became aware of their need to cling to each other and once that was introduced, they became aware of the separation problems. During infancy, each child became accustomed to falling asleep at the breast or with a bottle in hand – they had no opportunity to be alone in their crib, relishing the memory of being fed or held and digesting the emotional experience with the actual physical nourishment. Anna felt frightened for the children if they were alone even for a second as infants. She feared that something bad might happen to them. Anna had herself felt unprotected as a child and terrified of her alcoholic and violent father.

- The idea of creating a space for a good emotional experience that one can hold and remember has been a theme in our work, both with Jack and Anna and with Anna alone. It was the idea of having a space that was played out in my office that helped Jack transition at home to sleep with mother sitting on the edge of the mattress instead of lying next to him on it; then to sitting on a stool near the mattress and leaving her hands out of theirs, and finally to saying goodnight and leaving the room altogether.

Over the next few months, Jack's play involved burial as much as battle. He clearly felt confused over the idea that his father was a soldier and that killing the enemy is okay – in everyday life, of course, killers go to jail. We were near the end of our time together one day and Jack said that when he grew up he wanted to be a killer and a teacher. I wondered, does he think his father was a killer? Does he think someone killed his father? I said to him that one of the confusing things about war is that you are supposed to kill your enemy but if you did that in normal life you would go to jail. He nodded, wanted to go home but continued playing. He frequently wants to go home after I verbalise something important.

I asked Anna in a private session the following day how she thought Jack was doing. She was disturbed by Jack's insistence on playing war but she let him do it anyway. He would pretend to be the plane and bombed various toy soldiers and cars. I said that Jack might be conflicted about his play and asked if he had any nightmares. Anna looked taken aback and said that yes, he had. I explained that when Jack's play gets very aggressive he might feel guilty, thinking that his rage caused daddy harm. Anna mentioned that when Jack plays war he says that he won the war but that Daddy did not. I suggested that perhaps Jack is scared and trying to work something out. Anna replied softly that Jack has been focused on burying lately, as he remembers seeing Nick in the casket and buried in the ground and talks about Daddy's face in the box. Indeed, in our session, after he buried all the animals, Jack had said he wanted to bury and then rescue me. I played along. Anna told me that she thought that perhaps Jack wants to be rescued and be the one who makes it better. I suggested that he also might want to bury the whole experience.

In our next dyadic session, Jack asked Anna and me to be cars that he would attack and then bury. I asked if we should have a burial ceremony. 'No ceremony, a ball will kill you, a shark will come, I will need to swim harder and rescue you', said Jack. I nodded and thought to myself that he wanted to rescue me the way he might desire to be rescued; or perhaps have rescued Daddy. I asked, 'So, Jack what would you like us to do?' Jack responded, 'Play dead.. I looked at Anna and we laid down, closed our eyes, and said 'okay, Jack, we are playing dead now'. He laughed, took a plane and zoomed it over our heads, playing on my body as if it were a runway. He took each car, helicopter, truck, lined them up and zoomed over our heads and put them back in the bin. All of a sudden he wanted a big toy horse he had at home, which he thought he needed to rescue us. He wanted his mother to go home and get it. That clearly could not happen and I saw Jack get more upset as each second passed. He stopped his play and went over to a big chair and lowered his head. I sensed he needed protection from his guilt and shame over attacking and killing. I asked him if he would like to borrow my toy pony even though it was not as big as his horse. He looked up, smiled, and said, 'Oh yes, that would be very good'. I asked him if he could watch over it and bring it back and he said that he would. We had to say

goodbye and Jack proudly took the pony and the jet plane with him. I had a tear in my eye, feeling his vulnerability.

'Yucky stuff'

As the months passed, Anna felt waves of grief and anxiety that seemed unbearable. I try to connect Anna's anxiety and moodiness to both the panic of separation and her anger towards Nick for going off to Afghanistan, for abandoning her and then for getting killed. I say to her, 'He got himself killed before you had the chance to do it yourself'. This makes her laugh uneasily, but she is becoming increasingly aware that Nick was more troubled than she had admitted to herself.

In our last dyadic session before the summer break, Jack had just woken up from a nap and he was moody and irritable. I greeted them in the waiting room and told him that I was happy to see him. This bolstered his mood and he smiled and said 'Yeah, me too'. They came into my office, and Anna left for a few minutes to visit the bathroom. Jack mentioned that he doesn't like yucky stuff (vegetables and fruit), but he knew that to grow up and be healthy he sometimes had to eat it. I thought to myself about the feelings that Jack doesn't want to digest and integrate. We decided to play a game in which Jack makes a pretend pizza and shares it with his mother and me. In this imaginative play he was able to decide on the nutrients that are the foundation of a strong body and fed them to me and his mother. He didn't want to eat from the play pizza, though, because it had 'yucky stuff' on it. Our conversation turned to the new house the family was buying, and Jack said he didn't want to move. I told him that changes are difficult and that he and his family have experienced a really big change and that they have to begin to face the fact that daddy died and isn't coming back. Jack made it clear he didn't want to hear about this, he wanted to play video games instead. He described what he wanted to play: he wanted to play a game where daddy died. Then he asked Anna to describe how his father had died. She calmly told him what she knew; our session provided the space to ask his mother what happened in a way he couldn't at home. Anna was also able to be real with him, gentle, but without resorting to baby talk. I praised Jack for talking about his feelings, and said he was brave. At the end of that session, Jack hugged me and told me he had a really great day. I told him that talking about yucky feelings can help us feel better.

Post-script

Anna is still, after a year of individual therapy, trying to cope with the loss of her husband as well as her resentment over his decision to enlist when it meant leaving her with two young children, and during war time, too. Didn't he understand he might die? Did he want to die? Did he just want to leave *her*? Didn't he think about what could happen? In the process of thinking about and

feeling the loss of Nick and her way of life, Anna is also realising the impact my work with them has on Jack. She recognises that I help her mother Jack and support her functioning as a mother in a way her husband never did (Nick had suffered traumatic rupture of his own early attachments and had withdrawn from Anna almost completely after the birth of their first child). She realises that the protective fathering presence she so desired from ~~Jack~~^{Nick} was something he had been unable to give, instead he had both distorted and enacted this feeling by seeking to protect his country from terror. I am reminded of Britton's work on containment and the triangular space that is necessary for an infant to begin to learn reflective thinking: one of the functions of the father is to think about and be with the mother, to break the orbit of intensity between mother and child, to support mother in her parenting. In the absence of a father, I've become Jack's third party. This is one of the special benefits of dyadic work when one parent is absent.

Anna is learning what her children need and has the capacity to put herself in their skin. Dyadic treatment is helping Anna to listen and attune herself to her children's feelings. It models for her how to think and talk about difficult feelings; it gets her in touch with the mind of a baby, which alone has been a revelation to her. She realises now that her children are children, not adults, and that they have different personalities and very different needs. Anna is learning to tailor her expectations to their different needs at different ages rather than rigidly expecting Jack to understand and follow the same rules as his older brother. Anna was amazed that a comment from me would stay with Jack and how he remembered and wanted to repeat with her at home what he learned in my office. Had she not been present with him she would not have understood the meaning he was able to take from our sessions at two and three years of age. She quickly learned how I could help her see him and think about him, engage with him, talk to him and relate in a way that she had not been able to imagine before.

Anna and Jack are slowly changing the course of their lives. I believe our military families desperately need therapeutic intervention. The group provided the women support, and led each of them, and their children, into individual treatment. If we can gain their trust and respect, we can have impact on a few that can make a difference for the next generation.

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