



TREATING PARENTS
OF TROUBLED
ADULT CHILDREN

Jerome Levin Ph.D.

Treating Parents of
Troubled Adult
Children

By Jerome D. Levin

Not Much Nachas

Nachas:

Yiddish, from the Hebrew *nachat*, “contentment.” A proud pleasure, a special joy, particularly from the achievements of a child. The unique joy that comes from the success of one’s offspring.

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Introduction

One of the most common and most intractable problems seen in psychotherapy is that of parents caught in an endless, futile process of trying to rescue chronically drowning adult children. There are many reasons these adult children are sinking beneath the surface, the most common of which are drug use, anti-social behavior, and repeated failure in school and work. The pain of these parents is frequently excruciating, yet in many cases they themselves are major players in their children's difficulties. Often they're in touch with past mistakes, real or imagined—"If I hadn't sent Johnny to that fancy school with all those rich kids he would never have turned out this way"—yet completely blind to their current role in perpetuating their child's pattern of repeated failure. One of the most difficult tasks in psychotherapy is to move such parents' emotional focus from Johnny to themselves. They almost always come to therapy for help in rescuing Johnny and they don't really want to hear anything else. If the therapist has nothing to offer in this realm, the establishment of a

therapeutic alliance is well nigh impossible. Yet, by the time the parents seek help, they have likely heard and have already tried every suggestion the therapist can think to offer, without success. So if rescuing Johnny isn't feasible and Mrs. Smith doesn't want to work on herself, is meaningful psychotherapy possible? Sometimes yes and sometimes no. In many cases it is not, and the parents leave, either to suffer their misery without help or to find a therapist who will tell them yet another way to rescue Johnny. But sometimes an alliance can be formed even in such barren soil. The *raison d'être* of *Treating Parents of Troubled Adult Children* is to investigate and share ways to maximize the chance of this happening.

The key to making a contact that can serve as a first step in a therapeutic ladder, is to empathize with the parents' pain. Their pain is very real, frequently lacerating and deep. These parents have been assaulted and wounded by their children—at least it feels that way—even if they weren't the intended object of their children's aggression. "How sharper than a serpent's tooth it is / To have a thankless child." One would think that being empathic to such pain is Therapy 101, yet it is not. It is frequently

difficult to feel with these parents; rather, they appear impossible in their demands on child and therapist alike. How many times have I been tempted to say, “Get your head out of the kid’s ass and maybe he’ll have a chance,” even while being fully aware that this would be both cruel and futile. The key to being empathic is to focus on the pain, not on the obnoxious defenses against it.

It is equally vital that the therapist realize the complexity of the emotional forces maintaining the rescue behavior and the unconscious or semi-conscious nature of most of them. In this witches brew of seething emotions, anxiety, fear, hope, hopelessness, shame, guilt, love, hate, anger, rage, grief, devastating feelings of loss, mourning, death wishes, embarrassment, and wishes for vicarious fulfillment and vicarious redemption all contribute to the bitterness of the potion. In any given case, the saliency or even the presence of each of these ingredients will vary. But generally, most or all will be there in varying proportions playing their role in maintaining a mutually destructive pattern of relating between parents and adult children.

If the ladder to a therapeutic alliance can be climbed, every one of these emotions or scripts can be made conscious and worked through. Not an easy task, but not an impossible one.

Freud had an analogy, or perhaps better a metaphor, for successful psychotherapy or analysis. He compared the analysand's "stuckness" in an unproductive neurotic pattern to a boat bound by many cables to a dock. Only after the final cable has been released or severed from its attachment to the dock will the boat sail. Mutis mutandis, only after each emotional tie to the stuckness has been worked through will the patient be free to sail to his or her destination or, as the current saying would have it, to be free to get on with his/her life.

Few patients are as "stuck" as these parents of floundering adult children and few patients are bound by so many emotional/scriptural ties to their stuckness. So therapists working with these patients have their work cut out for them. But if such patients can be retained in treatment and the pain of mourning hopes that will not be realized can be endured, the outcome can be a rebirth of freedom.

Chapter 1: Commander Finkelstein

He was sixtyish. He looked like he was in great shape, tall and thin, impeccably dressed in his three-piece suit, rather handsome, albeit with protruding ears, somehow not looking at all like the typically tormented psychotherapy patient. He seemed self-assured and perfectly at ease. I wondered what brought this seemingly untroubled man to my office. I also wondered what he was a commander of. He had introduced himself as “Commander Finkelstein,” which sounded like an oxymoron to me. I knew nothing about him; I had no idea why he had made an appointment with me. My fantasy was that he was a fire chief, but fire chiefs don’t usually wear three-piece suits or rep ties. I was puzzled and intrigued. He sat silently for perhaps ten minutes, during which his seeming ease became more and more suspect. He was a little too well put together and he held himself a little too tightly, as if he needed to constrict and contain an unknown or at least consciously unexperienced anguish. As the minutes passed, his face morphed from composed to something I couldn’t

quite read. Whatever it was expressing, in spite of his efforts to reveal nothing, that “whatever” was clearly painful. As time passed, his struggles to censor his facial muscles began to fail and I could see his rage and his sorrow, seemingly in equipoise. Each appeared infinitely deep and at war with the other. So he just sat there with his face alternately expressing his conflicting emotions. I thought Finkelstein must be here because he’s stuck—he can neither be angry nor sad and he needs to be both. I turned out to be wrong. Inside that three-piece suit Finkelstein was a cauldron of seething emotions and he was able to let them emerge, sometimes with frightening intensity. But I didn’t know that then and felt progressively more uncomfortable as I waited him out.

I was about to break the impasse when the Commander visibly tensed and in a tone that somehow was simultaneously a moan and a scream, keened, “Doctor, there’s not much *nachas* in my life. Not much *nachas*, and in fact none at all. More than anything I wanted to take pleasure and pride in my children, but I can’t. My daughter certainly does all right. If I can’t quite enjoy or approve of what objectively are her successes that’s my problem and I know it. But I’m not here because of Stacey—I’ll

tell you more about her and our relationship later. No, the problem is Jeff. My fucking son Jeff, just one fucking disaster after another, thirty years old and he can't wipe his ass without getting shit on his hands. Just got fired again—for the two hundredth time. And my damn wife doesn't help. If he can't wipe his ass she'll do it for him. Rescues him every time and she's been doing it since he was a little boy. Nothing, nothing (almost screaming) goes right for Jeff—school, jobs, relationships, nothing—he fucks up everything he touches.”

Larry Finkelstein buried his face in his hands and wept bitterly. “Is it so wrong that I want a little *nachas*—just once to be able to *kvell* [swell with pride] instead of groan when I think of Jeff. Our friends—this one's kid's at Yale Law, that one's making it big on the Street—and I'm lucky if Jeff stays out of the gutter. Sometimes I think—well at least he's not in Sing Sing—at least not yet.”

Larry started sobbing again and I thought—wanting some *nachas*—some pleasure and pride in one's children— isn't that a universal expectation? Of course the Commander wants that and I felt something between pity and compassion for him. Then I

thought this is much too much about Larry and Larry's envy of his friends' spectacularly successful children, and not nearly enough about Jeff and his pain, and my empathy nearly drained away. His sobbing ceased. The anguished Larry Finkelstein morphed back into the Commander. Once again self-possessed, the Commander straightened and said, "Doctor Levin, I want to—need to—make one thing perfectly clear—I'm *not* here as a patient. I'm here to get help for Jeffrey—or more precisely, a strategy for helping Jeffrey. I repeat, I'm definitely not here as a patient and you need to understand that."

Remembering Freud's injunction that a denial is often an affirmation, I said, "Mmm, mmm." And our first session ended.

Although this was all too familiar, if seldom so baldly stated, most parents of troubled young adult children who consult me regard their sons or daughters as the patients and believe they are only there to "cure" them. Nevertheless the commander's vehement assertion that he wasn't here as a patient did not augur well. I knew that the vehemence was in part (if only in part) a reaction to his broken-hearted emotion a few moments previously. I still sensed that he would be an extremely difficult case. The

formality, the vulgarities, the Yiddish folksiness, and the rigidity somehow didn't go together. Larry, Mr. Finkelstein, and the Commander seemed to be three different people and I wondered if the son's difficulties didn't have much to do with the absence of an integrated father to identify with.

Our second session was radically different. Commander Finkelstein was businesslike, fluent, and almost conversational, yet not lacking in feeling as he told me all about Jeffrey's troubled life and *en passant* about his own.

“There was trouble from the beginning. Miriam went into labor and just couldn't deliver. After what must have been a long agony for her they did a cesarean. That went all right, but then the just-circumcised Jeffrey started rejecting his milk. We thought we were going to lose him until the pediatrician found a cow with the right genes—enzymes—or whatever it was and started Jeffrey on his third or fourth formula. This time it worked and he seemed to be fine—in fact thrived. He was a cute kid except for the scar on his cheek—probably from the forceps when they were still trying to induce birth. I know it's made life harder for him, but the truth is that it's hardly noticeable.” He paused for a long time, teared

up a little, and continued, “Hardly noticeable or not, kids can be cruel and sometimes they were.”

“Jeffrey did all right as a toddler—at home, anyway—and the usual benchmarks passed normally. He was certainly loved—sometimes I wonder if not too much. But he was one hell of a cute kid. Then about age five, things started to go sour.”

“I wasn’t around much in those years—I’ll tell you all about myself in a minute—but Miriam told me that Jeffrey often came home from kindergarten crying. The teacher said he was aggressive with the other kids and they retaliated. Miriam, of course, blamed the teacher and told me that the trouble was that the cliques were already formed when our kid got to kindergarten. That was bullshit, or at least only part of the story. Damn her, always making excuses and bailing Jeffrey out—from the very beginning. It hasn’t helped.”

“And yeah, what about the father? Where was he? Defending the fuckin’ country, that’s where he was! I’ll tell you how I got in the Navy. I grew up in a lower middle-class part of the Bronx—kikes, micks, and wops—not many with very much

money. My dad was a sort of ne'er-do-well—a kind of anticipation of Jeffrey. He had a thousand businesses and I wonder if he didn't have some kind of connection with the Mob. Sometimes we were inexplicably flush. Then when I was ten he suddenly died. No one ever talked about it. There must have been a funeral, although I don't remember one, and there was no shiva. To this day, my mother will only say, 'One day, he dropped dead. Who knows why?' I tracked down his death certificate—says he died of a heart attack. I don't believe it—I never have. I can't be sure, but I feel, feel deeply, that he killed himself. If he was a suicide, I shudder to think what that could foreshadow for Jeffrey." And the Commander actually shuddered in spite of his even-toned narrative.

"My mother—she's very bright and worked hard in a doctor's office, went to Bronx Community at night, and eventually, God help us, of all fucking things, became a social worker. I admire my mother. She has grit and courage even now in her eighties, but she isn't the Dr. Freud of the twenty-first century that she thinks she is. She taught us all about enabling while remaining the biggest enabler of them all. As many times as

we told her, begged her, not to give Jeffrey money, she keeps on doing it. She's definitely part of the problem and I know it, and I can't do a fucking thing about it." Finkelstein slammed his fist into his palm.

"Back to me. I was a bright kid and an angry one. I started running wild in junior high and was a full-fledged delinquent by high school. I was in a gang—we took cars on joy rides and did a couple of break-ins. No violence, we never hurt anyone. And I was a strange delinquent. I loved math and had the best grades in my Latin class—yes, Latin, I loved it. We got busted for the second time and the judge gave me a choice—the service or reform school. I chose the Navy and the judge let me graduate before going in. I've never been in any trouble since."

"But strangely, that's a problem for me. Because I turned my life around after only a couple of years of acting out I believed that Jeffrey could and would turn his life around too. That's been an illusion, a painful illusion. I still half believe it although I know it isn't true. His younger sister followed the same pattern. After college, she moved to Fourth Street and Avenue D before the East Village got gentrified—lived in squalor, slept with

everything in pants and stayed stoned for a couple of years. Then she met the boy poet.” The Commander sneered, “She’s married to him now. His poetry is awful. I’m a pretty literate guy and I can’t make sense of a line of it. Then he wrote a novel—a sort of twentieth-century *On the Road* with ‘fuck’ in every line and fucking on every page and it hit. He made a lot of money, got a teaching job in a Westchester junior college and moved to Scarsdale. I don’t like him. I didn’t approve of their life in the East Village and I don’t approve of their life in Scarsdale. I know I’m too judgmental, but that’s neither here nor there. Stacey is a *macher*, or whatever the female equivalent is, in the Sisterhood of their temple and they hang out in a literary crowd of fawning faggots. I don’t really care what they do with their cocks or assholes. It’s the pretention and phoniness that gets me. Her country club set is even more jejune. They’re both empty shells, one pseudo-aesthete and the other, I don’t know what. The point of all this is that she gave me false hope—hope for Jeffrey—hope that like me and like Stacey he would make it. Even more disheartening, his sister’s success made him feel worse about himself—he can’t help comparing and knowing that he comes up

short. I try to keep my contempt for my son-in-law under wraps and I'm a decent granddad—they have two kids—albeit without much feeling for them. I'm dutiful rather than loving and I judge myself for that. But Stacey isn't the problem. She doesn't make me seriously unhappy. They're happy, whatever I think of their lives. The problem is Jeffrey.”

I wasn't liking the Commander very much at that point and clearly daughters didn't count for much in the *nachas* calculus. The Commander continued, “Back to me. I loved the Navy; it was a mother and father to me. I did very well. As my tour was ending I took a shot at getting into the Academy, and with a strong supporting letter from my CO, was accepted. I did extremely well, graduating close to the top of my class and dreamt of being an admiral. Doctor Levin, you're looking at me like you think I'm really crazy—really grandiose. I'm not. I knew the odds were long, but it wasn't impossible. I had the stuff to do it if I got the breaks I needed. Yeah, but what about anti-Semitism in the Navy? How many Admiral Finkelsteins do you know, you're thinking. Let me put it this way, Doctor. Being Jewish didn't make my career any easier. Yet there was Commander

Levy way back in the nineteenth century who rescued Jefferson's Monticello from ruin, and Admiral Rickover—prick that he was—and Admiral Burke, who became Chief of Staff—he killed himself, though. So my rise to general officer was possible.”

I wondered what was going on. Suicide again, this time by a Jewish officer with whom my patient identified? Who was a suicide risk? The father or the son? All that barely contained rage didn't augur well.

“My career progressed even better than I'd hoped. I got to do some killing along the way—that was what I was trained to do—and I don't think I have any conflict about that. I rose to the rank of Commander, the Navy equivalent of Lieutenant Colonel. Then I hit a brick wall. I was passed over three times for promotion to Captain and under the up-or-out policy was forced to retire. I was shattered. My whole world collapsed. I sank into a bottomless depression. I was home now, yet utterly unavailable to Jeffrey. It must have been terrible for him, and I stayed in the pit for several years. Mostly Jeff is the author of his own misery, but I failed him and I know it. I never really shook my guilt. I don't think much of shrinks, especially with my mom the second

Doctor Freud. In the end, that didn't matter. I had no choice. I went for help."

I was thinking that the first adjectives to come to mind to describe the Commander were not "politically correct" or "nonjudgmental."

"I lucked out. My therapist was great. Besides talking me into going on anti-depressants, the most important thing he did was to convince me that I'd actually done quite well—the troubled poor Jewish kid becoming a Commander in the United States Navy is no small thing, and I have a strong, loving marriage. Miriam and I are wonderful together, dealing with Jeffrey excepted. So slowly I accepted myself, mourned the Navy, and moved on. Only later did I find out that Miriam and our family doctor were considering ECT [electric shock therapy]. We—the shrink and I—talked through a lot of childhood pain, a lot of old crap too, and after three years of therapy I was a fully functioning adult again. I would have gone back to David this time but he's dead."

Oh shit was my thought. Another father dead. I didn't have the heart to ask if his therapist was another suicide. I also had my doubts that Commander Finkelstein had completed mourning the Navy. After all, he had introduced himself as Commander Finkelstein. But then again who ever successfully mourns anything?

The Commander continued, "Navy pensions aren't great, and Miriam—oh, she's another social worker—didn't make a lot either. I had to do something. I hadn't worked since my breakdown. What I did was enroll in an MBA program, majoring in accounting. Math hasn't failed me yet, not in my delinquent youth, not at the Academy, not in the Navy, and not in graduate school. Against all odds, deep in middle age with no business experience whatever, I landed a job at one of the big three accounting firms. I was perfect for them. My Navy experience made me a natural in dealing with defense contractors and I was used to command, so supervising others was second nature. I rose unusually rapidly and made partner. That was some compensation for being passed over for Captain, and I make a good deal of money, far more than I thought I ever would. It's not what I

started out to do, yet I take a great deal of satisfaction in my work.”

The Commander is indeed multifaceted, thought I. The ward room language, the Yiddish slang, the business success, the social worker wife—what a package.

“Let me give you a checklist, or better a fitness report: wife A+, dealing with Jeffrey excepted, marriage A+, job A-, relationship with daughter and grandkids B-, health A, relation with self B+. So you can see why I don’t want to be the patient here. Then there’s the festering sore—Jeffrey—F double minus, dealing with that. I hate to say it or even think it but sometimes I wish Jeffrey would die.”

So ended our second session. Many parents of chronically struggling adult children harbor death wishes toward those children, but I had never heard them expressed so baldly. Usually it takes a lot of therapy to make death wishes conscious, a vital step lest they be acted out in self-destructive ways. The Commander was quite a patient, all that self-knowledge but powerless to lessen any of his misery. Ironically, in spite of

himself, this self-proclaimed non-patient was embracing patienthood with a vengeance.

Our subsequent sessions focused on the troubled son, Jeffrey. The Commander rarely referred to himself or other family members unless in relation to Jeffrey. Now he was definitely defining himself as not the patient.

“Jeffrey sort of got by in grade school. Not many friends. Always an outsider. So-so grades. I remember he couldn’t get the hang of long division, so we got a tutor. He did learn, but it was always a struggle. And he was really piss poor at sports. All in all, not a successful kid. Miriam insisted he take piano. He was awful. The music teacher was a real con-cunt—told all the parents that *tataleh* would be the next Horowitz. At the end of the year recital, all the kids were awful and Jeffrey was appallingly awful. I was embarrassed.”

“Middle school was even worse. He really fucked up in school, started to lie to us, never did a fucking bit of schoolwork. He came home with all Fs. I spanked him really hard on the bare ass with a belt. It was the only time I seriously hit either of my

kids. By then Miriam was so exasperated, particularly by the lying, that she favored the spanking. I guess I feel guilty about it and sometimes I feel guilty because I didn't discipline him more. In any case, spanking did no good. Jeffrey continued to lie, not do his homework and fail. The truth was the kid was a total loser. There wasn't one fucking thing he was good at—academic, social, artistic, or creative. I was ashamed of being ashamed of him. At that point we essentially gave up and shipped him off to a boarding school. Amazingly, it actually worked. Jeff had several successful years—played some soccer, passed his courses, had friends. We were delighted; then in his junior year we got called by the headmaster. Jeff was being expelled for smoking and probably dealing pot. When I went to pick him up I went into such a rage that I broke all the furniture in his room. The disappointment crushed me. Miriam, of course, defended him—the school was overreacting, etc. I was furious with her. Another time, before we sent him off to boarding school, I kicked in the television he sat in front of all the time instead of doing his homework. I don't do things like that anymore. At Miriam's insistence, I went through an anger management program after I

broke up the furniture. I don't like the part of me that lost control, but that seems like ancient history.”

“Jeff was readmitted to the school and managed to graduate. He got thrown out of four colleges before we had enough and insisted he go to work. That's almost ten years ago and he hasn't been able to hold a job for any length of time since. Jeff drinks too much, smokes too much weed, has been into petty crime, has been in a thousand unsuccessful therapies, steals from us, lies to us, hates us, and depends on us. I don't think booze and pot are his real problem, although they don't help. They're more of a symptom than a cause.”

“He shows up at family gatherings and is sometimes sweet and lovable, other times horrifically horrible. The worst was Miriam's mother's funeral. He actually stole money from his mother's bag at the shiva. I want to sever all ties with Jeffrey, but Miriam goes ballistic. She's afraid he'll kill himself. And he might. When he's not acting like an asshole, he goes into scary immobilizing depressions. I'm terrified too. Sure I sometimes want him dead, but mostly I want him to find happiness.”

“After I got passed over and I pinned all my hopes on Jeffrey I knew it was crazy to think he would make Admiral for me. Yet I couldn’t help thinking it. I haven’t thought that way—even unconsciously I don’t think—since my therapy. But that was an awful thing to do to Jeff and I know it. And over the years both of us had totally unrealistic expectations. That was cruel also. Now we just want minimal stability and a modicum of peace for Jeff. We don’t have the slightest idea how to help him at this point. We really have tried everything. I know he has to do it himself. I also know he can’t do it alone. I feel utterly helpless. I feel crushed. Like I said, not much nachas.”

The Commander slumped in his chair and asked, “Can you help me help Jeffrey? That’s what I’m paying you for. That’s what I want from you.”

Fortunately we had run out of time for I felt as helpless as the Commander. A case of projective identification, perhaps, in which the Commander induced his helplessness and hopelessness in me. Probably true, yet of little or no therapeutic value. The trouble was that the Commander’s despair over his son was all too reality based and he himself was insistent that he didn’t want to

work on himself. The usual approach would be to convince the parents that they could only help the child if they themselves changed. This often works, but I was convinced that such an approach would bomb with the Commander. The one thing that seemed potentially helpful was to stop thinking of, or addressing, Larry Finkelstein as Commander. That proved unexpectedly difficult. I did decide to inquire why he held onto his naval rank so tenaciously when an opportunity arose. But it never seemed to.

I had heard almost all of it—"it" meaning the emotional content—before: the fear, the hope, the despair, the anger, the guilt, the unrealistic expectations, the love and the hate. What I hadn't heard before was the Commander's expressed contempt for his children, especially Jeffrey. I knew that the contempt was at least partially defensive but it was there and it was real. There was no way Jeffrey could not have felt that contempt and God only knew what effect that knowledge had on him. Perhaps that was a way in—to reflect back Finkelstein's contempt and let him react. But I couldn't do that without a strong therapeutic alliance, which didn't yet exist. To reflect or comment on his contempt could only increase his guilt, to no purpose. I was really stymied.

The Commander knew too much and knew nothing.

Between sessions I had a strange reverie. I started thinking of Blanchard and Davis, two all-American running backs in the fifties when West Point was a football powerhouse. Blanchard was known as Mr. Outside, renowned for his end runs, while Davis was equally renowned for his inside off-tackle plunges. No doubt Finkelstein's talk of the Naval Academy brought Mr. Outside and Mr. Inside to mind. Working with parents of chronically unsatisfactory adult children, the therapist needs to be both Mr. Outside and Mr. Inside and given the difficulty of the work, he or she had best be playing on the All-American level. I'd much prefer to be Mr. Inside, going right up against the defense, but I knew that was impossible, at least for now with Finkelstein. So I decided to go for an end run and focus on strategies for "fixing" Jeffrey.

Often joining the parent(s) in this way is an effective entrée facilitating the establishment of a therapeutic alliance. But watch it. It is all too easy to replicate the dysfunction of the parents and become part of the problem instead of part of the solution. So I decided to go on that end run, hoping it wouldn't

take me right out of the stadium. But I didn't go on that run immediately. In our next session my first question was, "You've been struggling with Jeffrey forever. Why did you decide to call me now?"

"Good question, Doctor. Jeffrey's girlfriend—he always has a girlfriend. He has no problem attracting women. He just can't hold on to them—called Miriam to tell her Jeffrey was in a really bad way, just sitting around in a semi-stupor, eating hardly anything and not bathing. Jeffrey must have been in one of his periodic depressions—we've had to hospitalize him several times, or maybe on a cocaine crash—he's a sporadic user. I would have let him stew but Miriam got hysterical, certain that the shiva would be tomorrow. If my old shrink were alive I would have called him back, but he isn't. Miriam suggested you—you have a reputation as a substance abuse maven, so I called. I think Jeffrey's substance use is tangential, but I could be wrong and I figured you'd know how to do an intervention to get him in someplace. Once I started talking it felt good, so I kept coming back. Meanwhile Jeffrey sort of snapped out of it—at least so his girlfriend reports, and he's back to his miserable baseline."

I thought the drugs might not be so tangential, and was thrilled to learn Finkelstein got some relief by talking to me. Maybe there was a mini-alliance between us. So I decided to go off tackle, go inside before my end run. I challenged Larry, “You describe Jeff as an all-out, across-the-board loser. That’s not possible. Everyone has strengths. What are Jeffrey’s?”

“Well he’s sure good at getting pussy, always has been. And he’s funny—has a real off-brand style of humor—laughs at himself without putting himself down. And he has a thing with nature. He’s really quite a good outdoorsman—camper, swimmer, hiker—he’s good at all such things.”

I challenged once again. “Why say Jeff gets lots of pussy instead of something like he’s always been able to attract girls who care about him, which is apparently true?”

Larry looked nonplussed. “You’re right. I put him down without knowing I’m doing it,” he replied.

It was time for that end run. I said, “Mr. Finkelstein—” He interrupted to say, “Call me Larry.”

“Why don’t we at least try to come up with a plan to get Jeffrey into a better situation? Keep your expectations low, even nonexistent. I’ll keep reminding you to keep them low and we’ll do what we can.”

Larry signed on and over the next two months the two of us tried to find an appropriate facility. It was clear that Jeff needed long-term, structured, residential treatment that offered remedial, educational, and vocational training. That would put the alcohol-drug issues in abeyance and offer an opportunity to medicate his depression and enhance his socialization skills. Jeff had a daunting amount of catching up to do, and how much was possible was a huge question mark.

I suggested Mrs. Finkelstein join us. Larry instantly rejected this, saying, “Miriam flatly refuses to do any more therapy. We’ve been in couple counseling, family counseling, parent groups—you name it—and none of it has helped. Besides, I don’t want her here. She wouldn’t be helpful, oscillating between making excuses and hysteria.” I dropped the idea.

I find Erikson's developmental scheme a very useful tool for understanding where chronically failing adults go off the track and where remediation needs to begin. In Jeffrey's case I never saw the "patient," making assessment all the more difficult. But some things were clear. From Jeff's history there were clearly weaknesses and fixations at Erikson's early stages of trust versus mistrust, autonomy versus shame, and initiative versus guilt. Yet his major deficit almost certainly resided in Erikson's industry versus inferiority stage, a reworking of Freud's latency stage. We're talking about ages seven to twelve, roughly. This is where children acquire the survival skills of their cultures. Jeff's acquisition was weak and riddled with holes, so this was the place to begin to somehow remediate these deficits. The diagnosis was clear, the treatment far from it. Needless to say, built on such a weak foundation, Erikson's later stages of identity, intimacy, and genitivity were highly problematic for Jeff. I find many, if not most, chronically failing adults have massive deficits in the how-to skills they should have acquired at this stage, which sets them up for stormy adolescences and weak senses of identity. The Twelve Step Programs are precisely on target when they speak of

giving their members “tools for living.”

So Larry and I had a plan and something of an alliance—some idea where things were going off the rails and some idea what to do about it. Implicitly, I had also given Larry a cognitive structure that made sense of the chaos of his son’s life without blame, recrimination, or self-incrimination. Over time we went from what the English analyst Wilfred Bion called a “basic assumption group,” that is, one using primary process emotional thinking, to a “working group,” that is, one with a problem-solving orientation. Normally you want plenty of emotion in therapy; in this case, less was more.

But we still had two huge problems: there was no facility that perfectly or even approximately met Jeff’s needs, and Jeff wasn’t on board. In fact, he didn’t even know that there was a train *to* board.

Let’s look at both of these. The first is huge. Parents dealing with troubled adult children have very few, if any, places to turn. This is tragic and a major failure of our society. It cannot be remedied by parents or by therapists alone. The solution is

political and economic, not emotional or familial. There are no longer community mental health centers such as the ones that sprang up in the sixties and seventies; we need to reestablish them. I have no generic answers. The best that therapists working with these parents can do is to acquire knowledge of the resources and facilities that are available.

In the Finkelsteins' case, there was an advantage most do not have, namely, sufficient money. I've talked parents out of going bankrupt sending a child through a fourth rehab. Nevertheless having financial means can literally be the difference between life and death.

Jeff's best chance was entering an Austen-Riggs-type facility, that is, one that offers long-term residential treatment, is psychodynamically oriented, has an extensive activities program that serves as a vehicle to acquire those "skills for living," offers appropriate psychopharmacology, and has an active "alumni program" to sustain the gains acquired in the facility. There are no longer many such facilities, but a few survive. Larry scoped one out and determined that they would take a patient with Jeff's history. And Larry could afford it without crippling the family.

The next challenge was to get Jeffrey there. I told Larry that he had to believe and at the right time convey to Jeff that without being self-destructive the family would do everything and anything they could to support health and nothing to support dysfunction. We decided to organize an intervention. The therapeutic leverage was money. Jeff was still financially dependent on his parents and grandmother. At that point, I had to bring in mother and grandmother and, surprisingly, they offered no resistance to participating in an intervention. In their minds this wasn't therapy and it wasn't a bad thing.

In our half-dozen rehearsal meetings I pounded away at the theme that giving money to Jeff was murder. It was *literally* killing him by making it possible for him to live the half-life he was living and this was true even if alcohol and drugs were a minor part of his difficulties. We scheduled the "event." By then the current girlfriend had left. Jeff was just barely existing, hanging out aimlessly. At the event (i.e., structured confrontation), he wasn't high or stoned. He came without a fight and entered the residential program that night. He stayed a year, then went to another, more outdoor-oriented program in the west

for another year, returned east, and with the help of a vocational counselor got a job as an assistant park ranger. With my approval, the Finkelsteins bought him a cottage near the park but don't support him. He is continuing on anti-depressant medication and sees a case worker-type counselor once a month. His job isn't especially challenging but it keeps him in touch with nature. He maintains trails, takes visitors around, and gathers data on wildlife. The women still come and go, but he's made a few friends and his father says he appears content. They don't see each other often. Jeff keeps his distance, probably wisely.

What about the Commander? I'm sure he still fantasizes Jeff becoming Secretary of the Interior, but he keeps it to himself. With my encouragement he still sees me on an infrequent p.n.r. basis and has been able to take some pride in Jeff's playing a hand strikingly devoid of aces rather well. And he tells me his and Miriam's sex life (with a boost from Viagra) is still "dynamite."

Jeff's rather schizoid adjustment is far better than I, or any objective observer, would have predicted, and no longer having to act out a love-hate dependence on his parents he may yet do better. Who knows?

I could have told you of strikingly similar cases of adult dysfunctional children that ended tragically. I've seen no lack of them. So I hope that Larry and Miriam feel more gratitude than disappointment, and that that gratitude acts as a balm to the wounds that never quite healed. I wondered about Larry's sexual bragging. Yet from all reports Larry and Miriam are genuinely happy together. In coming to terms with what Erikson refers to as "the one and only life that was possible" in his description of the final stage of life, integrity versus despair, Larry has come to accept himself and all his unfulfilled aspirations, no longer needing his son to fulfill them for him. That in turn frees the son to enjoy his own achievements. I had hoped the changes in Larry would allow him to be more loving to his grandchildren, pointing out to him that he was cheating himself, but that never happened. Miriam, however, more than makes up for whatever deficits in grandparental love those children experience.

Chapter 2: Cases

Although Jeffrey wasn't my patient—or if he was, it was at one remove—it is worthwhile to speculate about what went wrong in his life. As in any life four factors determine its quality and direction: native endowment, early experience, relationships with parents, and the opportunities or lack of them in the larger cultural and economic surround and whatever use is made of whatever freedom human beings have from determination. In Jeffrey's case, the ne'er-do-well grandfather's possible suicide must have contributed a genetic predisposition to depression, as did his father, with his major midlife depressive breakdown. And relative to his parents, he came up short in the aptitude department. We have already examined the strengths and weaknesses of his parenting, the most problematic component of which was setting up expectations Jeff simply could not meet. A vicious cycle ensued. Add some booze and a little (or not so little) pot and we have the dismal thirty-year-old introduced to us by his father. Jeff had some unusual advantages, but he was unable to

make use of them.

What changed? Sort of a reverse perfect storm. His father, for all his protests against being a patient, changed; Jeff “hit bottom” hard, and having nowhere to go accepted long-term residential treatment; and perhaps most importantly, he found a niche where he could function successfully.

His parents were able to make long-term residential treatment available, his psychiatrist found an anti-depressant that he responded to, and he stuck with the psychopharmacology. Many of the sputtering young adults whose despairing parents seek help, are, like Jeff, suffering from some combination of mental illness and substance abuse, along with unfulfillable expectations. Usually substance abuse plays a larger role than it apparently did in Jeff’s case.

John, now in his late twenties, was a sprinter. He did well in sprints but could never sustain his success. He’d been in and out of schools, rehab programs, and mental hospitals. His father had deserted him, and his stepfather, Henry, was a high-profile

professional: a professor of law and a near-celebrity attorney. And for John, he was a hard act to follow. It was Henry who was my patient. John's mother, Evelyn, had been a paralegal in Henry's office and after years of an on-again off-again love affair they finally married. "Junior," as Henry invariably referred to him, had sort of come along with the deal. There had never been a formal adoption and Henry certainly did not think of John as his child. Nevertheless, he was very good to him—paying for residential treatment, for shrinks, for rent—all without complaint. In spite of the devaluing nickname "Junior," Henry was genuinely fond of John. He was also jealous of John's mother's focus on him. As I had had on several occasions an opportunity to witness, John could be charming.

Evelyn, the mother, was, as Henry said, "up John's ass." This, in not quite so inelegant language, had been the opinion of a long line of professionals they had consulted and of the staffs of the schools John attended. That didn't make Henry's jealousy any less problematic. Henry had initially consulted me about his drinking problem, on which we made no progress until his law partners told him to get help or get out. Then, with my

encouragement, Henry signed himself into a carriage-trade rehab. He came out a changed man, became devoted to Twelve Step ideology, and hasn't had a drink since. His own high-powered lawyer father had been an extremely heavy drinker who died in a flaming car crash almost certainly involving alcohol. So Henry and I had plenty to work on. John was rarely mentioned.

Then the shit hit the fan. John got busted for a break-in. He was hallucinating and the best that could be reconstructed was that he had spent the money Henry regularly sent on drugs and was in withdrawal. Figuring (correctly) that Henry wouldn't give him an advance, he went to his mother, got into a such a violent screaming match with her that she refused him too, and in desperation he broke into an apartment to get money to "cop." One of Henry's high-on-the-feeding-ladder criminal lawyer friends got the charges dropped. John entered a mental hospital and emerged little changed but successfully medicated with a diagnosis of schizoaffective disorder, not a prognostically good diagnosis.

Evelyn has been frantic ever since, almost literally trying to live John's life for him. Henry no longer accuses Evelyn of

“being up John’s ass,” now that she has stopped wiping it. Henry has more or less given up. Their marriage is in desperate straits and according to Henry it’s all because of “Junior.” Like most crises, this one quieted down and an all-too-stable pattern emerged. In spite of mother’s overinvolvement, John, taking his medication as prescribed, stays away from drugs, does fairly, or even extremely, well in a rehab program, a training program, or a school, then gives up, decompensates, and winds up in appalling shape, sometimes involving law enforcement, and gets readmitted to a hospital. The cycle begins again.

In spite of their best efforts to keep their expectations low, mother and stepfather become hopeful. This time Johnny is going to make it—he’ll finish the course, get a job, and have a life—only to have their hopes shearingly shattered. It’s not hard to empathize with their pain, even as one gets impatient with their being taken in again. To have an adult son go from disaster to disaster is truly heartbreaking. In this case, the parental expectations are complex and contradictory. Evelyn’s expectations for John are too low—she doesn’t believe he can do anything, and acts in such a way to preclude his doing it, while

Henry's expectations are far too high, making implicit demands John cannot possibly meet. "Junior" has no safe place to go, although this doesn't obviate his responsibility for "picking up," getting stoned, and setting off another paralytic interlude.

The picking up raises another question. Does John pick up because his "voices" or other schizoid-affective symptomatology starts to torment him and he takes drugs as self-medication, or does he undermine his "recovery" by going off his meds and drinking and smoking? Both his parents and the professionals involved with him have assumed the latter, but it might not be so. I don't know how this question can be answered.

Evelyn is an enabler of an extreme sort, both providing rationalizations ("he's ill") to excuse John's behavior and doing far too much for him. Henry may be unwittingly enabling also, although this is not so clear. Although mothers do it more often than fathers, enabling doesn't respect gender.

A great number of competent professionals have tried to soften Evelyn's more than enablement, actually something more like a destructive symbiosis, without success, and I have no

reason to believe I can do better. So I concentrate on Henry, trying to help him accept how disturbed “Junior” is without sounding like his wife, while presenting him with the stark choice of coming to terms with a status quo that is unlikely to change, or getting out. The therapeutic trick here is for me to not get caught up in a rescue project that isn’t going to rescue anybody. The work continues.

Our next case is even sadder, in fact, tragic. But before we go there, let me comment on several mothers I’ve seen whose presenting problem was that their daughters were either unmarried or unsatisfactorily married, at least from the mothers’ perspective. This is always presented as the worst fate imaginable. It doesn’t matter how accomplished the daughter, often a high-powered professional or businesswoman, is; ironically, many of these mothers themselves have successful careers. To me, male that I am, the whole thing seems anachronistic. As a therapist I am frustrated by these mothers being willing to talk only about their daughters, and it’s not even clear that the daughters themselves are unhappy. Several times I’ve almost snapped, “I’m

not a marriage broker.” One mother, sensing the unspoken, biting told me to read *Pride and Prejudice* so I would understand how important marriage is.

In my experience it is overwhelmingly the parents of males who come to therapy for help with their unmanageable and failing adult offspring. In our society boys are much more likely to act out in self-destructive ways. Until extremely recently the expectations for boys were significantly higher than for girls, increasing the pressure on the males. The female equivalent was the expectation of “marrying well.” When I was in college, it was still commonly said, “She’s studying for her M.R.S.” This has changed and the mothers I referenced above are in a sort of time warp. Nevertheless, they are suffering and deserve our best. The central issues are control and vicarious fulfillment. The subtext is usually wanting grandchildren. Daughters’ radically unhappy marriages or their pain at not being able to find a satisfactory spouse when they want one are very real sources of parental, particularly maternal, distress. Unfortunately, I have not had much success in helping these mothers “let go.” I can’t seem to involve them in treatment long enough to figure out what’s going

on or why. So let me turn to Bill.

Bill was an artist. I can't judge the aesthetic value of his work, but from a business point of view it's been a struggle. A self-described spoiled only child, Bill did not do well academically. He had trouble in public school, then trouble in several private schools, before finally graduating. His stints at prestigious colleges—I'm not sure how Bill got admitted to them—ended in failure. He never got a degree. He married early, having gotten his girlfriend pregnant, and his parents supported them. The child, a boy, has his share of problems in life, winding up heroin dependent. After several failed attempts at abstinent programs the son turned to a methadone maintenance program, which has sustained him for many years. He is stable vocationally and has had several long-term relationships. He is not close to his father.

The daughter, Daisy, who came along a year later, has not fared so well. The mother, Claire, walked out on Bill when the children were three and two, respectively. She simply abandoned both children, never seeing them and taking no interest in them. Bill, who had been cheating on Claire, reacted with rage and self-

pity. Still not self-supporting, he worked hard at his painting, never finding favor with the public for long, and did the best he could for his children. By then Bill had moved close to his parents, found a live-in lover, and become a serious pot smoker. He lived a bohemian life, which might have been all right except it didn't work with children. The girlfriend—who long after the affair was over got clean and became a born-again preacher—introduced other drugs into the house. The children's needs were more or less adequately met, mostly by their grandmother, and the whole unstable ship stayed afloat until the children reached adolescence. Bill did work all sorts of odd jobs, sold an occasional painting, but never became fully self-supporting.

Then Bill moved to the city to be “in the art scene,” living in a run-down building in the East Village. His corner was a hangout for drug dealers and streetwalkers. A more pernicious environment for an adolescent girl would be hard to imagine. Daisy quickly got in trouble—drugs, school failure, rolling drunks, fights. Oddly, the worse Daisy became the better Bill became. Suddenly he became an exemplary father, restricting his smoking to an occasional joint at a party, working even harder at

his art, and coming close to paying the bills. It was too late. Daisy was on a runaway roller coaster heading for hell. Over the years she was in every kind of program, in every kind of therapy. Bill went for help too, individual and family therapy, but nothing helped.

As the years went on Daisy deteriorated. Her father never gave up. Driven by guilt he kept trying something new—a new therapy, a new group, a new treatment. Daisy didn't stay with any of it. Bill became a truly tormented man. He harbored a fantasy that if only Daisy's mother would return and love her daughter, Daisy would be okay. It was pathetic and of course, it didn't happen.

Daisy became a street hustler, selling her body for drugs; she became HIV-positive and in the early stage of AIDS. She wrecked her father's apartment. She stole from everyone, including her now aged grandmother. She lied so much that she herself probably no longer knew what was true, and finally she was arrested as an accessory to an armed robbery.

Bill visited Daisy in jail, enduring the humiliation shown to prison visitors and enduring the sight of his daughter as a prisoner with all that implied. He was nearly destroyed by the experience. It seems that no parent has tried harder to make reparation for earlier mistakes than did Bill.

Prison was actually good for Daisy. She got the medical treatment she needed, put on weight, and when she was paroled left looking much more like a normal human being. As long as she was on probation Daisy stayed clean. She had a very strong motivation; she didn't want to go back to prison. She got a job and acquired a "straight" boyfriend. Then after three years her parole ended. She was dead within a month. She had gone off her anti-viral medication, relapsed on drugs, and overdosed. It was at that point that Bill consulted me. He was still struggling economically, but his parents, now dead, had left him enough to get by. I'm not sure that helped, for Bill desperately needed a purpose. For years, the main focus of his energy was on "saving Daisy," now an impossibility. His emptiness was almost unendurable. It had been true that his obsession with his daughter served as a deflection from looking at himself or at his creative

and emotional blockages, and was more about alleviating his guilt than about helping her. But this being said, he had genuinely tried to do his very best to undo the damage of Daisy's childhood.

I was worried that he might take his own life. The central focus of our work together was uncovering his infinite rage at Daisy. Once that emerged, I would no longer worry about suicide. It has been years now since Daisy's death, and Bill, although much improved, still feels too guilty to allow himself much pleasure in life. No longer young, his possibilities are limited. As his therapist, I have to accept that.

Sara really infuriated me. She and Raj, her rather quiet husband, consulted me about their son, a seriously unsatisfactory young adult. It was an all too familiar story of academic difficulties, job losses, failed relationships, false starts and worse finishes. The trouble went way back—tutors, counselors, special programs that had gotten Vijay through by the skin of his teeth without really changing anything. But now they knew what was wrong. Their son was addicted to cocaine. And of course they

believed addressing the drug issue would solve everything. Unfortunately, it was crystal clear that Vijay's drug use was a futile attempt to muddle through by a young man who had never been able to cope. It was a symptom, not the root problem. Nevertheless, I agreed that nothing could get better until Vijay's cocaine use stopped.

In a rather histrionic way, Sara was pouring her heart out. "We discovered he was *lying* to us. He *always* denied any drug use. He told me I was paranoid."

Raj, her laconic husband, interrupted to say, "So what's new? He's been lying to us for years. You just didn't want to know it."

"This is different, Raj. Now we *know*. His friend Susie called and told me Vijay was high all week and that's why he didn't go to work and why he refuses to talk to us. Dr. Levin, we've been enabling him, but no more. It's going to stop. Susie ratting him out makes all the difference. Now we know for sure and he can't talk his way out of it. To think, I've been hurting Vijay all along by enabling him and I never knew it. Vijay is so

convincing I believed him.”

Raj interrupted. “Gimme a break. You’ve known for years.”

“No, I didn’t, not for sure, not till now. Not only Susie...”

Another interruption. “Vijay is stoned from morning to night. Some sudden illumination.”

“As I was saying—it’s not only Susie ...”

Yet another interruption, “Susie’s also stoned from morning to night. Some informant.”

“As I was saying, it’s not only Susie telling us the truth. She’s a nice kid, nothing like my husband makes her out to be. I watched Vijay through my powerful binoculars when he went out on his motorcycle last night. Then I saw him two blocks away start talking to a really seedy character on another motorcycle and put a package in his pocket. It must have been cocaine. On his way back he saw me leaning out the window with my binocs and figured out what was going on. He screamed he would never speak to me again and that I was out of my mind.”

Raj broke in again, “Well, he’s sometimes right on target.”

“...and that I imagine things. Now that I *know* I want you [meaning me] to do an intervention immediately. The game’s up. I have his number now.”

Raj chimed in, “On that we’re on the same page. And do it soon.”

So we went to work on the intervention. This was certainly a fascinating family. Sara was an Indian Buddhist woman who had grown up in a Buddhist enclave in Hindu and Moslem Calcutta. Her husband was from the same city but from an entirely different culture. He was a Hindu. I tried to explore with them what this intermarriage and the cultural adjustment of coming to the United States had meant for them and for Vijay, who was six when they immigrated. They didn’t want to discuss it and had nothing to say except that neither of them was religious and their difference in background had had no effect on their son and had no particular significance. Further, they felt at home in the United States as soon as they immigrated. They had wound up in Nassau County on Long Island, had opened a bicycle shop

which did repairs as well as sales, and they were doing just fine thank you and they were here to talk about their son, not about themselves. There was nothing I could do to take them where most certainly they needed to go to have some better understanding of their son's difficulty. So I went on with planning the intervention.

Certainly the intervention would not solve all this family's or Vijay's problems but it was an entirely reasonable beginning. Interventions require a great deal of planning, strategizing and rehearsing. I worked really hard on their behalf and Sara and Raj couldn't have been more cooperative. No more sniping between them, just preparation for the intervention. I called rehabs, trying to get as good a fit as possible for Vijay, found one, and arranged an admission. Insurance (paid for by his parents, of course) okayed Vijay's treatment. Having decided to include friend Susie and Vijay's two sisters, as well as his parents, we scheduled a final rehearsal for the next day. The "event" was scheduled to occur the subsequent day.

That night I got a call from Sara. "Vijay is doing much better. He's talking to us again. And Susie is drunk, so she won't

be any good even if she attends the intervention. So we're canceling. Send me the bill, please." And she hung up.

Like I said, I could have strangled her. I had really jumped through hoops to set up the intervention. The take-home message? Don't do for clients what they can do for themselves. For whatever reason I had wanted this to work much too much.

And Vijay? I assume he is still living in the basement apartment they built for him, being spied on by his mother, whose intrusion doesn't in the least prevent his cocaine sprees. And I imagine Sara is enjoying the drama as much as ever. As they say in the Twelve Step programs, "Things don't change unless something changes."

Edna was elderly, not quite frail, and visibly nervous. She told me she was here to discuss her nephew, who was just fine now, but whom she feared she had hurt in years past by rescuing him time and again—by, using a word she clearly wasn't comfortable with—"enabling" him.

“I want to know if I damaged Manny and the rest of the family, prolonging his endless adolescence and retarding his maturation or did I do the right thing, saving his life and letting him get his act together in his own good time. I don’t know. I go back and forth. I torture myself. As you probably noticed, I’m a nervous woman to start with. No doubt you’re wondering what earthly difference does it make now? But it does to me. I’m not going to be here much longer and I need to know. I think I can be at peace either way, but I need to *know*. This not knowing, if I did or didn’t do the right thing, leaves me no peace.”

I told her I didn’t know if we could answer her question but we could try. I asked her to tell me as much as she could about her nephew and her relationship with him. But she started by talking about herself.

“I was very close to my sisters, including Manny’s mother. We grew up in Roxbury, Massachusetts, Jewish and working class. We were more middle class, owned a home—my father was in real estate and a million other businesses. And he was a gambler; he loved cards. At one point he bought a Model A and drove around the boonies selling glasses to the hicks. He

called himself doctor. I guess he was a bit of a con man, but very lovable. My mother pumped out babies every year. I think that killed her in the end. She had eight children in six years. She died when I was still young. And Papa died very suddenly of a burst appendix when I was fourteen. Our very old grandmother moved in. We weren't used to shtetl mentality—our parents were very modern—and she resented having to raise more children. It was kind of grim, but we had a piano and as we got older lots of boys hung around. I was the only one who graduated high school and my sisters were ashamed that they didn't. Manny's mother was the youngest and the most beautiful. I married first, a man I passionately loved, but he died young. He'd been sick for such a long time that I was afraid to have children of my own. By then Ida, Manny's mother, had married a funny, likable guy in the retail business. After a few years Manny was born. I was still in deep mourning. These days I would be diagnosed as depressed but we didn't think that way then. You had to be real crazy to see a psychiatrist and there was terrible shame attached to it. So my therapy became Manny. I was crazy about him. He was born with some kind of congenital difficulty with his foot and he walked

with a very slight limp. The whole family overcompensated—gave him much too much attention. Several of my other sisters never married so Manny was drowned in love by doting women. Looking back I see it was no favor. Now I know we gave him a very distorted, unrealistic picture of himself, and naturally his mother resented our intrusion and interference. He was cute and sweet, impossible not to love. I guess there's no such thing as too much love. Do you agree? Now, at eighty, I'm not sure I feel that way anymore. I think you get the picture. I didn't have much money, but I always found enough to buy Manny expensive toys. It was no good. Now that I'm talking to you I realize how very guilty I feel. After I was widowed it was a very long time before I could start a new life and I selfishly made Manny my life. And that didn't do any good for Manny's parents' marriage either."

"I think you get the picture. Neurotic stuff, but nothing awful. Eventually I entered the business world and made an uneven but decent living. I was in sales. I dated a few guys, had sex with one, but nothing came of it. My true love was always Manny. Kind of pathetic, yet I wasn't actively unhappy. Manny grew up more or less normally and went off to college. Then the

trouble started. We had all pushed him to get into a highly competitive college, Ivy League, in fact. It was a disaster. He couldn't handle it socially or academically. It would have been far better if he'd gone to a local liberal arts college. But maybe it wouldn't have made any difference—who knows? I sometimes think Manny inherited some of my father's recklessness—pretending to be a doctor and the gambling.”

“In any case, Manny went to a really tough school and he was in over his head. I thought he was brilliant—so did the rest of the family. We were so wrong and we hurt him so.” (Edna dried a tear.)

“One thing after another went wrong. He didn't get asked to join a fraternity and Manny took that hard; still worse, he started flunking courses. When he graduated high school I paid for a procedure to straighten out his foot—moved the ligaments or something like that. It worked and when he entered college the limp was pretty much gone. It was a big issue with my sister, who was furious at me, but his parents never did anything about the leg so I did.”

“The next year he flunked out and lied about it. So he was stealing from his parents and, I should admit, from me. He made up some crazy story about working for the government in Arizona and it was all downhill from there. Failure after failure: other attempts at school, jobs, and Manny drank more and more. By then we knew about his getting thrown out of school. There was an abortion I paid for. Then my brother-in-law died suddenly of a stroke and Manny was drunk throughout the shiva. He was no help at all to his heartbroken mother. Yet I went on and on making excuses for him. And giving him money. He once told me in a drunken rant that he killed his father and I’m afraid he believed it.”

“Doctor, I won’t bore you with any more of the details except to say that the drama went on for another ten years. And in the end, Manny wound up on the Bowery, selling his blood to buy drinks. He went into the DTs and was taken to Bellevue. That was a turning point for him. When he came out, a college drinking buddy who was in recovery took him to an AA meeting and he stayed sober for several years. Then he had a spectacular relapse, but has been sober ever since. His mother saw the improvement in

him, but always had her doubts about Alcoholics Anonymous. She would ask why Manny was hanging out with a bunch of lowlifes. To be honest, for a long time I felt the same way. I think it was shame—foolish shame—but shame nevertheless. It's different now, with all the rehab and AA stories on television all the time, and a show called 'Intervention.' But not back then. I really didn't understand. Now everyone knows about enabling; then I'd never even heard the word.”

“What Manny learned to call his ‘character defects’ in AA didn't go away for a long time. He was dependent many years into sobriety—mostly on me. Some of it was good. He went back to college, got a degree and eventually graduated from law school. He has a small practice, mostly real estate and wills in Brooklyn and makes a living. He wasn't self-sufficient until he was married and well into his forties. Looking back on it, I don't know what to think—what to feel. If I hadn't helped him—and it wasn't easy—I was older by then, not making much money myself, he would have been retirement age before he got established. On the other hand, he stayed immature, even infantile, too self-centered and too needy and I helped him not

grow up. I'm confused, proud that he finally had made it and that I helped him and guilty at the same time. Finally, in his early fifties, self-sufficient for a number of years, he became a *mensch*. The menschhood is what really matters. I like what he's become, but it took forever. Tell me, did I do the right thing? I need to know before I die."

Edna continued. "Not very often, but at times I was furious at Manny for using and exploiting me. That's hard for me to admit. It's even harder to tell you, as the young people say, that I 'got off' on Manny's drama. I didn't have much of a life and being part of Manny's struggles gave meaning to my life. Maybe I even needed him to be a mess, though I don't want to believe that. He once accused me of not really expecting much of him. Again, I hope that's not true. Well, maybe at times and especially at the end. I hope I don't really think that. I'm ashamed to tell you this, Doctor, but at one point when he was very drunk, Manny screamed at me, 'You never really believed in me. You thought I couldn't do anything on my own.' I like to think that wasn't true but maybe it was, at least some of the time, particularly as the years went on and he got into more and more trouble."

I felt more like a priest being asked to give absolution than a therapist. I didn't know the answer to her question—who could? Was she complicit in Manny's descent to hell and his subsequent unceasing immaturity? Without doubt. Had she probably saved his life and made possible what growth he has been capable of? Also without doubt.

I thought of Woody Allen's story of Mr. Smith who went to a psychiatrist, telling him, "Doc, we have a problem. My son thinks he's a chicken." After the usual "mmmm, mmmm," the psychiatrist said, "Don't worry. We psychiatrists know how to cure delusions like your son has. So go home, talk to him, and call me for an appointment." A month went by and no call from Mr. Smith. Finally the psychiatrist called him. "Mr. Smith, you were supposed to call me for an appointment for your son." "Oh, that. We decided we needed the eggs." Edna certainly needed the eggs, but it wasn't that simple. It seldom is. She genuinely cared for and about Manny as well.

I decided to give Edna her absolution. In her case, there was no question of penitence. She was already over-penitent. So I said, "Edna, there's no way to know what the path not taken

might have been like. As you know, Manny may have hit bottom sooner, but then again, he might have died in one of those SROs he flopped in. I can't know that any more than you can. So let's look at what we do know. Manny did get sober, he did finish his education, he did marry and he did enter a profession, however belatedly, and, as you stated, he ultimately achieved menschhood. Not a bad outcome. Leave the 'might-have-beens' alone. You can never know, and all you're accomplishing is self-torment. What for? It doesn't help anyone, certainly not you, and it doesn't undo anything. It's easy for me to sit here and tell parents (or aunts) to practice tough love and stop enabling when their son or daughter is in jeopardy. I can never be sure that's good advice. Sometimes the best course of action is clear; more often it isn't. Did you do what you did partly out of self-interest? Yes. Did you do what you did partly out of rage and despair, vaguely aware that the money you were giving Manny was killing him? Yes. But human motivation, including yours, is always complex and conflicted. The bottom line is that you were motivated more by love than by self-interest. Leave purity to the saints. Try and embrace your flawed humanity. Manny doesn't blame you for retarding his

maturation, does he? No. And there's another thing you aren't factoring in. Manny was an adult and was free to make choices. He could have refused your money, especially after he got sober, for example. Manny said you said that you really didn't believe he had the stuff that he needed to make it in the world. You're sort of doing that now, still not seeing him as a free moral agent, responsible for his choices. Edna, however complex and conflicted your motivation, you did what you thought best, knowing what you knew then. 'We see through a glass darkly...' Let it go and give yourself some peace. I can't do that for you."

"You know, Doctor, Manny's years in AA have really changed him. He works the Steps and he has apologized for using me, even tried to make restitution. Now sometimes he sends me money. But it still torments me that it's taken him so long to become a mensch and even though, as you say, that was up to him, I still had my part in it."

"Edna, I've known more than one ninety-year-old who hasn't achieved menschhood. So to coin a phrase, 'Better late than never.' I think one of the things you feel most guilty about is perhaps at bottom for all your idealization of him, you really

didn't believe that Manny 'had the stuff.' You no longer believe that now. And let me point out to you that I'm sure Manny wouldn't be happy knowing that you were unhappy, tormenting yourself over all you did for him."

She smiled for the first time, rose, shook my hand and left, saying she would be back next week. She canceled that appointment and several subsequent ones. I did not hear from her for several months. Then she left a message: "My doctor found a tumor. I'm going to the hospital for minor surgery. I'll call you when I get out. I want you to know you really helped me." I never heard from her again.

Chapter 3: Some Therapeutic Suggestions

As you've just seen, this enabling issue isn't a simple or often a clear-cut one. There are all sorts of reasons behind enabling, ranging from simple ignorance (easily remedied by educational-style interventions), to fear, to "needing the eggs," to unconscious (rarely conscious) death wishes, to truly malignant symbiosis. In most cases, more than one or even all of the above are operative. Sara, the Indian mother who spied on her son, is a case of such malignant symbiosis, and even there other factors were operative. Therapy involves identifying each motivational strand, making it conscious, and working it through—not easily done with parents who want the therapy to focus only on the child. Empathy is vital. The therapist must keep judgment out of it—not as easy as it seems. No matter how counterproductive the parents' behavior and how mixed their motivations, the first step is to recognize, verbalize, and convey compassion for the parents' dilemma. From there, if the parents will let you, begins the hard work of realizing our essential powerlessness over other people,

even if they are our children. There is deep pain in the awareness the therapist is trying to engender in the parents. It is precisely because it is so painful that it takes so much therapeutic tact and so good a sense of timing to keep parents in treatment. Recognizing and acknowledging the heartbreak I know to be central in the parent-child relationship is key. When people feel understood they stay (maybe) and the virtually intolerable truths about their relationships with their children can be worked with. As you learned reading my case histories, I don't always succeed.

Angry dependency often characterizes the child's relationship to the parents. And both the anger and the dependency are punishing to the parents. As much as these children protest the parents' "controlling" behavior they can't run their own lives and at some level are aware that they need the parents in just the role they hate. Then they attack. Empathy by the therapist for this double liability—having to give and being the recipient of rage—is often a way in. The whole dynamic needs to be put on the table and worked with.

ALANON is a Twelve Step program for codependents—parents, mates, siblings, lovers, friends. It is extremely helpful

and referral is always worthwhile. You can expect to encounter resistance. The more you know about ALANON and Twelve Step programs in general, the more likely the referral will take. How does ALANON work? When AA members are asked that question of AA, they reply, “Just fine.” In my experience ALANON doesn’t work as “fine” because the problems its members struggle with are less concrete. Not drinking “one day at a time” is a very clear-cut prescription. What ALANON offers is more diffuse, yet powerful. Having said that, let me try to elucidate some of ALANON’s mechanisms.

First, the group support and mutual identification of its members reduces guilt, dilutes shame, modulates fear, and refocuses its members’ energies on themselves. The ALANON Three C’s: you didn’t cause it; you can’t control it; and you can’t cure it—are oversimplifications. Nevertheless they are at core true. For those who can internalize them, as most ALANON members do over time, they are almost magically liberating. Present ALANON as a support group of people struggling with similar dilemmas who can sustain and strengthen you. Unfortunately, the three C’s resonate more and are a better fit for

spouses than for parents. But they fit well enough. The lesson of powerlessness that ALANON teaches paradoxically empowers.

One of the most curative elements in ALANON is community. An emotion we haven't touched on, which is ubiquitous in parents of struggling adult children, is loneliness. They feel (and are) painfully isolated, cut off by shame from the possibility of meaningful connection. What parents want to talk about their child who, for example, has been busted for the third time for drug possession, to friends or relations whose children just graduated with honors from prestigious colleges? Not much nachas to share—let alone anything to brag about. So these parents remain alone. To make their situation worse, frequently they have been judged—as was the parent-patient who told me his brother said, when he bailed his daughter out, “You have your head screwed on backward when it comes to Diane.” So shame and an all-too-realistic fear of harsh critical judgment collude to build up walls of solitude. This is not only painful; it makes it impossible to receive usable corrective feedback that comes from judgment, rather than from concern. ALANON offers an escape from this prison. Re-entry into the human community is one of

the powerful curative elements of the Twelve Step programs, including ALANON. The same is true of psychotherapy. Don't underestimate the degree of isolation of these parent patients. Comment on it and be empathic toward it. If you can do little else, you will have done a lot. This often reduces the therapist's sense of futility in so many of these therapies.

Unconscious countertransference is deadly to treatment. It's okay, in fact inevitable, to be exasperated, or angry, or impatient, or feel futile, or to experience any number of other negative emotions in this work. As long as you know it, and don't act them out, these emotions are valuable cues to what's going on for the patient and in the relationship and can and should be made use of therapeutically. Countertransference feelings are valuable sources of information and not only about the patient's impact on others; they are an equally valuable source of information about the patient's inner world.

Back to ALANON. One common resistance to Twelve Step programs is their spiritual side. Many secularly oriented patients want no part of this "holy roller" stuff. And a few religious patients reject the Twelve Steps as competing forbidden

religion. Many therapists are also unsympathetic to Twelve Step programs. If you're one of them, take a careful look at where you're coming from. The truth is that this "competition" helps a large number of patients. You don't have to subscribe to Twelve Step ideology to recognize that here is a curative experience that offers things you can't: identification with other sufferers, strong community, and a program of spiritual growth that teaches the futility of attempts at omnipotent control and offers hope. Reading ALANON literature and becoming familiar with the Twelve Steps is definitely a good idea if you work with this population. Some therapists make the opposite mistake; they mindlessly refer patients to programs and even insist on their participation without carefully assessing goodness of fit. Not all patients presenting with children who provide "not much nachas" have drug- or alcohol-involved children, although most do, and these parents are far less likely to benefit from participation in ALANON. There isn't enough potential for identification. Nevertheless a referral may very well still be worthwhile.

Sandy came to me on the anniversary of her drug-involved son's suicide. She herself was in stable, long-term recovery from

addiction. Her guilt was crushing, as was her unacknowledged rage at her son. Most painful of all was the stark fact of his not being there, of the loss itself. Sandy was a deeply committed member of both AA and ALANON. She “worked” the Steps hard as well. All of these helped, but did not cure. The same was true of psychotherapy. We focused a lot on her guilt, and more generally did grief work. Again, it helped, but had a limited effect. Sandy was particularly drawn to the spiritual side of the Twelve Steps, but came to feel that they did not offer her enough. She joined an evangelical, born-again church with a charismatic minister who became a friend. Sandy ultimately came to believe that God—and importantly Jesus—had forgiven not only her but even more significantly her son, and that one day she would be reunited with her son in paradise. These beliefs proved transformative. Today Sandy is a happy, energetic, productive woman. She hasn’t been depressed for years. I don’t share Sandy’s beliefs, nor could I offer her what her congregation and its belief systems do. Neither could ALANON. Sandy no longer attends Twelve Step meetings and she has terminated therapy. I have no problem with either of these decisions. Although I do not

mean to suggest that Sandy's psychotherapy was not vital—it was—I was also aware that I could not give her what she had found and that was happiness.

To go back to the therapeutic issue of whether running to the inside or to the outside is the best therapeutic strategy: in each case the therapist must evaluate the possibilities. If the parents are available for work on themselves, grab the opportunity. I've found that in the vast majority of cases, at least initially, the outside run is the only viable option. So I strategize with the parents about possibilities for the child. Part of this is informational—educational, so to speak. I have wide knowledge of rehabs, self-help programs, re-training programs, and so forth that I can share. That part is easy. It also offers an opportunity to build a therapeutic alliance. As feelings emerge during the strategizing, they should immediately be articulated and if possible amplified. There's opportunity here and it should not be missed. The planning can always be returned to later. The outside run approach is tricky. It's all too easy to get mired in a tangle of plans that will never be realized and will remain diverted from what is possibly realizable: change in the parents. Going outside,

although generally helpful up to a point, is also disingenuous on the part of the therapist who in his or her heart wants to work differently. I can offer no generic advice except to say go outside and wait for an opportunity to go inside.

The current economic situation complicates parents' struggles to assist their children in playing catch-up. In a world where "successful" children have a hard time getting a foothold, where decent jobs are scant, and there is little or no forgiveness for a less than sterling educational or employment record, external reality allies with internal deficit and conflict to make climbing out of the pit all the more difficult. This was far less true a few years ago. Paradoxically, this situation can be balm for parents who can say, "Well, she's really trying, but there's just nothing out there." True, yet all too easily a distraction from addressing self-defeating behavior and thinking in both parents and children.

Freud wrote that parental love is at bottom displaced narcissism. Parents transfer all the hopes and dreams that they had for themselves, that reality has forced them to relinquish, to the child, who should be exempt from the "slings and arrows of outrageous fortune," from the constraints unyielding reality

imposes, and from the ultimate frustration, mortality. This is both too cynical and true. In Freud's formulation it sounds much less cynical, and Freud's compassion for the parents, whose love for their children must in some sense be disappointed, comes through. We too must recognize the profundity of the narcissistic wound our parent patients of troubled adult children have suffered and not judge them for the narcissistic component of their love. Indeed, their aspirations, however unrealistic and however displaced from their wishes for themselves and for their children, are, as Freud pointed out, universal. And this non-judgmental recognition of the depth of the wound is in itself curative.

This brings us to perhaps the most crucial aspect of working with parents of disappointing and disappointed children: namely mourning. If Freud is right and much of parental love is a form of self-love, the disappointment these parents suffer is all too real. Somehow they must be helped to mourn the failure of their aspirations, overtly for their children, covertly, at least in part, for themselves. It is hard to get these parents to go there. What they want to hear is that there is a path forward for their kids. Sometimes there is; more often there is not. So the therapist

must bring them back to the sorrow they are feeling. All the components of any mourning are present here, including denial, anger, depression, and hopefully ultimately acknowledgment and acceptance. Depression is a disease; sadness is a feeling. And sadness, painful as it may be, is often a cure for depression. We have to help these parent patients feel their sadness.

At one point, the Commander told me, “I had hoped my son would be my *kaddish*.” (The *kaddish* is a prayer said for the dead which does not actually mention death, but rather is all about acceptance expressed in praise for God. Nevertheless, there are all kinds of other meanings around the *kaddish*, including superstitions about the *kaddish* effecting a remission of punishment for the sins of the father.) The Commander went on, “But that’s not to be. First, he’s not together enough to do it. (The *kaddish* is said daily for eleven months.) And second, even if he could, it wouldn’t count for much.” I was taken aback. In no way had Larry indicated any depth of religious belief, although he had obvious ethnic and cultural identifications with being Jewish. I said to him, “It must have been very upsetting to realize that in all probability your son would never say *kaddish* for you.” He

became profoundly sad, and even a few tears ran down his cheeks. I also pointed out to him that the rabbis had consistently taught that the son's saying *kaddish* in no way relieved the father from the burden of his own sins. We had really gotten into some deep waters here that I'd never expected. Larry's disappointment in his son touched the very core of his being and indeed his hopes, insofar as he had any, for the world to come. The whole unexpected episode of his hope that his son would be his *kaddish* opened up profound possibilities for mourning, and we worked on those for a long time. They were indeed transforming. This was true inside work. I also wove inside work through the fabric of the outside work of trying to find a workable treatment plan for Larry's son. That inside work was largely in the form of gentle confrontation of his disdain for both his children, and of the defensive purposes that it served—all in one way or another the avoidance of pain and this proved fruitful. Larry's internal shift had to have played a role in making possible the relatively healthy adjustment his son ultimately achieved. Acceptance, both by the father and the son, of the reality of that son's life, was a crucial element in whatever success the treatment led to.

Children are, among other things, immortality projects, and when the child goes sour the parent loses this (usually) unconscious consolation for his or her own mortality. The therapeutic task here is to help the parent mourn, not for the child, but for the self.

But parental love is not only narcissistic; it is also disinterested. Therapists all easily concentrate on the pathological—after all, that’s what we get paid to do—and miss the healthy. In this case it is possible to see the narcissistic side of parental love and miss the disinterested side. However jumbled and tangled these two components of love may be, we need to recognize the genuineness of the parent’s anguished concern that the child will have a life of pain and unfulfillment.

Freud also pointed out that there are two impossible professions: governance and parenting, to which he added another—psychoanalysis and by extension psychotherapy. Both the parent and the therapist are at bottom powerless. They can influence but not determine. To make matters worse, they have responsibility (often unrealistically inflated) without power. Here the countertransference exactly recapitulates the parental patient’s

experience and gives the therapist a way in. A good example is my attempt to omnipotently control the intervention that never happened with the Indian couple and their child. I was doing to them exactly what they were doing to their son. My emotions of frustration, rage, and feelings of failure also paralleled theirs. Once again an opportunity to understand and connect.

My patients in Twelve Step recovery programs often say, “Put in the effort but don’t try to dictate the outcome.” Very Buddhist and terrific advice for both parent and therapist. It’s easier said than done. Similarly, the Twelve Step Serenity Prayer “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference” perfectly describes the task of both parent and therapist. A mind set moving in that ideal direction makes therapeutic work easier and less frustrating.

There’s an interesting phenomenon that comes up often in this work. One father told me he was a “successful alcoholic.” He didn’t mean that he was an alcoholic who was successful in the world, though to some extent he was. Rather, he meant that he was successful as an alcoholic; that is, that although he drank

alcoholically, he could function both vocationally and as a family member. He went on to say that his son was not a successful alcoholic, meaning his son's alcoholic drinking resulted in his not being able to function. So what got by in the older generation did not suffice in the younger generation. I find this to be a common pattern. It doesn't necessarily involve alcohol. The same is true of delinquency. For example, in Larry Finkelstein's case, he had been successful as a delinquent; his son was not. Whatever the father's or sometimes the mother's limitations and deficits are, they are somehow functional for them, but they are not for the child. This is something else that can be worked with in the therapy. Impaired yet "successful" parents harbor enormous guilt both because they were able to manage while their child cannot, and because they provided a role model for the child that does not work. Once again, an issue of acceptance and mourning.

Sometimes direct and unvarnished advice giving is actually effective in this work. I recommend that it be used sparingly and thoughtfully. Yet there are times when it's clearly the way to go. For example, I have strenuously advised families—the parents, that is—not to pay for yet another rehab for a son or

daughter, perhaps the fourth, which would be unlikely to work and would bankrupt the family. I've found that this advice is often taken.

If advice giving is a part of this work, so is interpretation. This inside work involves bringing to the surface and amplifying all of the emotions—the love, hate, fear, anxiety, hope, that brought the parents, however much on a conscious level they came for the child, to treatment. So gentle confrontation, identification and reflection of emotion, as well as interpretation, are central to this work. For example, one of the most mutative aspects of my work with Edna was interpretive in nature. I told her that one reason she was unable to let go of the past, of the years in which she had supported and doubtless enabled her nephew, was that she had never really experienced or acknowledged how very angry she was at him for using her all those years. “True, you (meaning Aunt Edna) mentioned that you were sometimes angry, but I don't think you have any awareness of how angry you were then and you are now. Letting yourself feel that anger is a necessary step in forgiveness for the very real damage that was done to you. There's no way you can forgive,

which would be liberating for you, unless you really feel that you need to give forgiveness. And you do, because you are angry still.”

The work around that anger and Edna’s growing realization that she had something to forgive her nephew for as well as the conscious wish to forgive herself for enabling him was truly freeing. But there was yet another aspect of her anger that needed to be interpreted. I said, “Edna, not only are you angry at your nephew, but you’re angry at yourself, not only for doing unhelpful things for him, but very much for having been so depriving of yourself. In short, you’re angry at yourself for having let yourself, indeed, having been complicit in, being exploited. And yes, your being aware of your anger at your nephew is a step in accepting all that happened between the two of you, and in that acceptance forgiving him. You need to forgive yourself for having mistreated yourself before you can either forgive yourself for enabling or forgive him for his exploitation.” And that opened up a whole new vein of ore to be extracted and worked through.

In discussing ALANON I pointed out that one of the most ameliorative forces that ALANON brings to bear on its members

is community. Not only a sense of community but the thing itself. The therapist obviously cannot offer community in the sense that ALANON does, that is, an extensive network of fellow sufferers. Nevertheless, therapy is importantly about community and indeed does provide many of the benefits of community. The parents who seek our help in dealing with their troubled adult children are suffused with shame, and this shame is isolating. Loneliness and aloneness are intrinsic to their difficulties. The relationship between therapist and parental patient breaks down that crushing sense of aloneness and as the therapeutic alliance strengthens provides a very real bridge back into the human community. It is a vital aspect of what we do. Someone once said there are two possibilities: to be alone alone or to be alone together. When our work succeeds the patient is no longer alone alone, but is now alone together.

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