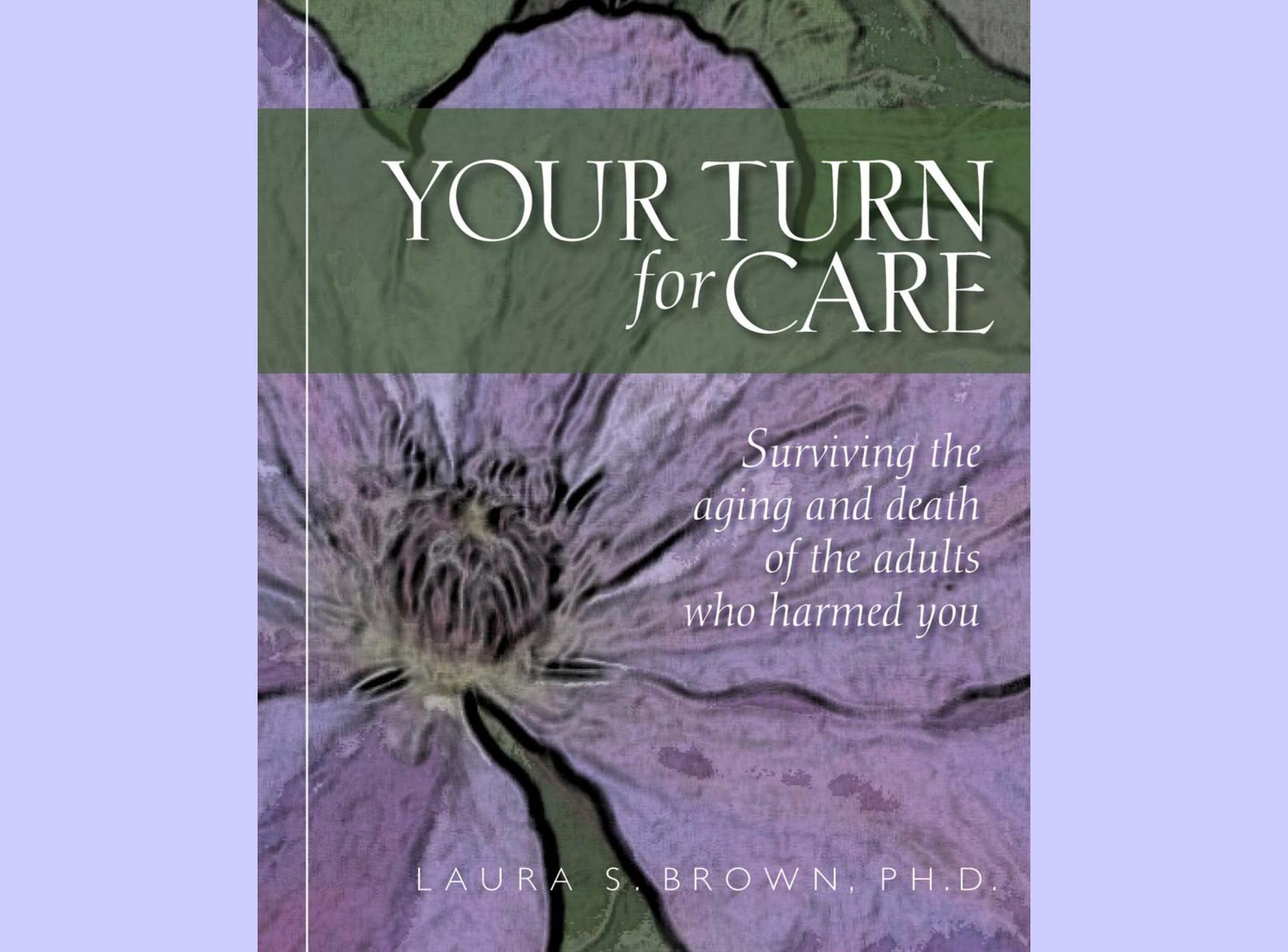


Your Turn for Care: Surviving the Aging and Death of the Perpetrators in Your Family

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YOUR TURN
for CARE

*Surviving the
aging and death
of the adults
who harmed you*

LAURA S. BROWN, PH.D.

What Survivors Know

This Be The Verse

They fuck you up, your mum and dad
They may not mean to, but they do.
They fill you with the faults they had
And add some extra, just for you.

Philip Larkin, *High Windows*

Survivors – Caregivers?

- Some contextual issues
 - The aging population continues to grow larger, as advances in medical care prolong life
 - Among the population of elders are those who perpetrated abuse and neglect on their children in decades past
 - The Baby Boom generation are now in their 50's and 60's – prime ages for being in the position to deal with the aging of a family member – including an abusive family member

The Context of Care-giving for Elders

- Because, in the US (unlike in many other industrialized nations), the state makes no provision for care-giving of elders who can no longer participate fully in their own lives, families are the front line for care-giving in the US
- According to the Family Care-giving Alliance (www.caregiver.org), **65% of elders with chronic health problems rely *exclusively* on their families for care-giving needs.**
 - Only 30% of elders utilize the services of paid care-givers, and most of those are part-time and seen as supplemental to family members
 - Additionally, even with a caregiver on board, there are many hidden challenges to elders that can call upon the support and resources of younger family members

The Context of Childhood Abuse

- Estimates of the number of current adults with histories of childhood abuse are in the 30-40% range
 - While not all of this abuse arises to the levels that engender complex traumatic stress responses and dissociation, these numbers do not take into account neglect or emotional abuse, which can also contribute to emotional distress and difficulties in relationships with those elders
 - A significant number of these adult survivors of childhood trauma, abuse, neglect, and other forms of maltreatment were abused in their families by individuals who are now elders in need of care, and at the end of their lives

Care-Giving: A Complex Phenomenon

- Care-giving can take many forms
 - Managing an elder's finances
 - Hiring and supervising paid caregivers
 - Assisting an elder in drawing up wills, powers of attorney, advance directives to physicians, and other legal paperwork
 - Making medical appointments and/or taking the elder to those appointments
 - Tracking an elder's cognitive functioning for signs of impairment
 - Regular visits to the home of the elder to engage in care
 - Arranging the elder's move into formal care settings such as assisted living or memory care facilities
 - Moving an elder into one's own home for care
 - Participating in hospice care at end of life
 - Dealing with the death of the elder- funerals, memorials
 - Disposing of an elder's belonging after death
 - Executor of the elder's estate

Normal Stresses

- Care-giving, even in the happiest and most loving of families, is stressful for all parties
 - Role reversals between elders and now-adult offspring
 - Taking away the elder's driving privileges
 - Managing her/his diet
 - Substituting the care-giver's judgment for the elder's on issues of safety
 - Introducing caregivers (aka total strangers)
 - Changing adult diapers
 - Loss for the caregiver of the elder to dementia

Other Normative Stressors

- Care-givers are at known risk for anxiety, depression, and their own health problems
- Financial strain due to time lost from work, costs of travel to be with the elder, contributing to elder's upkeep, supplementing their financial resources
- Time spent away from intimate relationships, recreational activities
- Stress on intimate relationships
- Conflict between siblings about how to proceed
- Creeping grief about the imminent demise of the elder
- Conflict between members of the younger generation about end-of-life decisions

When There's Been Abuse

- Add a history of maltreatment to this mixture and things become much more complicated, because...
 - Abuse, neglect, and maltreatment are often hidden and secret, and its survivors generally carry its shame.
 - Abuse in families splits siblings and creates confused and divided loyalties
 - Survivors of childhood trauma and maltreatment are often finally emerging from the process of healing the considerable wounds of that experience and making up for lost time in work, relationships, and life just as perpetrators age into the need for care, or approach death
 - Or, they have never been able to address those dynamics, and are flooded with the unfinished business of their lives by the requirements of responding to the declining abusive elder

How I Came to This Topic

- Observing my clients as they encountered this life stage
 - Discovering few if any resources aimed at the adult survivor in the context of the aging and death of perpetrators
 - Noting consistent, common responses to the aging and death of perpetrators which both complicated and illuminated the extant dynamics of the treatment
 - Deciding to write Your Turn so that my clients had something to turn to that would assist them and normalize their experiences

My Own Life Experience

- Parental dynamics that helped me to choose the job of therapist 😊.
- Being involved, first as support to siblings, and between August 2013 and January 2014 being directly involved in the care of both parents, one of whom died in October, 2013, the other in January, 2014.
- Continuing involvement in support to my siblings in the aftermath of those deaths as well as continuing to mindfully observe my own experiences and responses

Common Questions Raised by Survivors

- How can I choose to spend time with an elder who still calls me the terrible names that she called me when I was little?
- How can I be a caregiver for an ill and aging family member who repeatedly did me harm at the most vulnerable times of my own life? And how would I make sure I didn't harm them myself?
- How can I grieve the loss of someone whose role in my life was so damaging and dangerous? Why am I not relieved by her/his death?
- Why can't I just get over this? After all, s/he is old and frail and ill? Why am I still so frightened/angry/numb?
- Why are old symptoms that I thought I was done with resurfacing? Dissociation, nightmares, intrusive images...

Your Turn for Care: A Framework for Growth in This Context

- The Contract for Care between adult humans and the children in their care is the core construct of the YTFC model
- What is this Contract?



The Contract for Care

- Adults **must** care for the safety and welfare of children
- This contract is a non-optional, evolutionarily-based aspect of being human
 - Humans evolved to be creatures with large brains, which allowed us to create language and abstract thought
 - Our large brains require an extended period of infancy and dependency on adults prior to the capacity for autonomy in comparison with our primate relatives such as bonobos, and even longer when compared with other mammalian species
 - The survival of the human species thus depends on adults keeping this contract
 - Breaking this contract – which is what abusive adults have done in some form or another- is a violation of the most basic requirements of humanity.

A Broken Contract Need Not be Upheld by the Other Party – A Survivor-Centric Perspective

- The other core construct of the YTFC model is that once the Contract has been broken, it's broken, and it is NOT incumbent on the adult survivor to maintain it somehow
 - This is an especially important message because of the normative role-reversals that occur in families where children are maltreated
- A radical yet true proposition: **The adult survivor has the right to choice at each step of the process regarding *whether*, and if so, *how*, s/he will engage with the care-giving needs of the abusive elder**
- Another radical yet true proposition: **The adult survivor has the right to refuse to engage at all, and/or to disengage at any point along the way in the service of her/his emotional, physical, and spiritual well-being and safety. Her/his safety is paramount.**
- **These two radical yet true propositions are often the complete reverse of what an adult survivor of childhood maltreatment believes**
 - It's thus particularly important that therapists and counselors understand and agree with this proposition ourselves

Goals for Survivors Learning to Apply the YTFC Framework

- Empowerment of the survivor to know
 - What you think today
 - What you wants today, for yourself and the people you love and who love you
 - What you feel today
 - To know what keeps you safe, emotionally, physically, and spiritually/existentially
 - To make choices about engaging in care-giving or not care-giving, founded in these ways of knowing
 - **To know, profoundly and with certainty, that you are not the one who broke the Contract for Care, and that you are responsible to yourself, your values and your chosen supportive creatures, not to the broken Contract or the abusive elder**

Four Locations of Power: Biological/Somatic

The powerful person is in contact with her/his body; the body is experienced as a safe enough place; accepted as it is rather than forced to be larger or smaller than it would be if adequately nourished. If its size or shape creates a lack of safety for a person, change of size or shape happens in the service of safety. There is connection with bodily desires for food, sexual pleasure, and rest; no intentional harm is done to one's own body or that of others. Does not require the ability to see, hear, walk, or talk, nor is a powerful body necessarily free of pain or illness, nor strong or physically fit. Body modifications reflect moves toward power and congruence, and personal construction of self. There is compassion for one's body.

Four Locations of Power: Intrapsychic

The powerful person knows what she or he thinks; thinks critically, can change her or his mind; flexible, not suggestible, yet open to input. Trusts intuition, and also is able to find external data for validation of intuition; knows feelings as they are felt. Feelings are a useful source of information about the here and now. There is an absence of numbness, and the presence of aliveness. There is the ability to experience powerful emotions, to contain affect so as to feel it and function, to be able to self-soothe in ways that are not harmful to self or others physically, psychosocially, or spiritually

Four Locations of Power: Interpersonal

A powerful person is more interpersonally effective than not, can have desired impacts on others more of the time than not; no illusions of control; forgives self and others, and is appropriately self-protective; differentiated, yet flexible. capable of forming relationships that work more of the time than not with other individuals, groups, and larger systems; able to create and sustain intimacy, to be close without loss of self or engulfment of other, and to be differentiated without being distant or detached; able to decide to end relationships when those become dangerous, toxic, or excessively problematic; able to remain and work out conflict when that's a possibility; enter roles in life—parent, partner, worker—most often from a place of choice, intention, and desire, not accidentally, although they welcome serendipity and the opportunity to encounter the new

Four Locations of Power: Spiritual/Existential

The powerful person has systems of meaning-making that assist with responding to the existential challenges of life, and that have the potential to give sense of comfort and well-being; sense of own heritage and culture integrated into identity in ways that allow for better understanding of self; is aware of the social context and can engage with it rather than being controlled by it or unaware of its impact; has a *raison d'être*, and is able to integrate that into important aspects of their daily lives; access to capacities for creativity, fantasy, play and joy; has a sense of reality that is alive, not fixed and concrete

What to Expect From Your Therapist

- That they identify countertransference issues and not act them out on you
 - Even for therapists accustomed to the painful narratives of complex trauma and dissociation, issues related to the aging and death of abusive elders are likely to evoke complicated therapist responses
 - Not a few therapists are precisely this group themselves; adult survivors who have dealt with, or are facing, this life passage
 - Some therapists have strong beliefs about what younger family members “should” do for elders, no matter what might horrors that elder might have perpetrated on their clients

Clarifying Own Attitudes

- Risks of encouraging/valorizing certain polarized responses, whether these are the best choices for us
 - Ask your therapist what their beliefs are about this issue. What have they read/thought/done?
 - Be cautious of pronouncements about what you “must do” to heal
 - No data support that any one course of action -forgive, cut off, you name it – is the best. What’s best is what you determine to be best for you, with the understanding that you must continuously evaluate what you’re doing.

A Brief Experiential Exercise

- Write down the top five things that you believe in regard to the relationship between elders in need of care and their younger family members
 - Example: I believe that younger family members should always do “X” in relationship to an elder in need of care.
- For each of these beliefs try to identify what the source of that belief might be
 - Your own family of origin?
 - Culture?
 - Religion?

Share and Process Beliefs

- Form a small group with two or three other people and discuss your beliefs and their sources
- When listening, do so with compassion; do your best to refrain from judgment or cross-talk until all have finished
- Ask questions to clarify, not challenge, with the goal of learning from the beliefs of others in the room
- Notice how your beliefs/values are mirrored or challenged by what you hear

Understand Dynamics of Gender, Class and Culture in Care-Giving

- Care-giving is a gendered-female role, in the US and other cultures
 - Thus women are likely to feel more pressure, both internally and from others, to be actively involved in care-giving, regardless of the prior actions of the perpetrator
 - Estimates of the percentage of family caregivers who are women range from 59% to 75%
 - The average caregiver is age 46, female, married and working outside the home in addition to functioning as a caregiver in her own family, earning an annual income of \$35,000
 - Although men also provide assistance, female caregivers may spend as much as 50% more time providing care than male caregivers

Social Class Mediates Demands for Direct Care

- Survivors who are persons of means may appear more able to avoid direct, hands-on care of abusive elders than are those of modest means – yet there are many other care-giving tasks into which they can be drawn
 - Because surviving a childhood of abuse has deleterious effects on educational performance and thus earning capacities, survivors are more likely to not have the means to buy care for abusive elders, and may be more pressured into doing hands-on care themselves, even when this creates a more financially precarious position for the survivor
 - Survivors who are able to offer financial assistance or buy care for an elder experience a different set of pressures
 - Examples...
 - Organizing finances for the elder
 - Subsidizing the elder's care/managing paid caregivers
 - Paying for “extras”

Cultural Context Affects the Meaning of Care-giving

- In the US, pressures for the mid-life generation to do direct care for elders are different in immigrant cultures, indigenous cultures and cultures of color than in Anglo, dominant cultural contexts
- Adult survivors in these target groups may perceive themselves to have less degrees of freedom and choice in regard to how they relate to the care-giving needs of abusive elders
- Some cultures of faith may also engender demands for care of elders that are more intense than those found in secular contexts
- Examples...

Cultural Competence

- It's important for us to disentangle cultural norms from abusive family of origin norms that used culture/faith/social class/immigration status/gender, etc as a rationale for the abuse or neglect
 - Remember that your culture/religion/class/etc was often used by a perpetrator as a rationale and excuse for why they did what they did to you.
- Apply a critical analysis of your choices
 - “Does everyone in my culture *always* respond to elders in this way?” “What has happened to people who appear to resist these norms?” Is there a middle path?” Or is this even a path that's really about my culture or just about the culture of abuse?

Normalize Your Responses

- Adult survivors already carry guilt, shame, and self-blame for what was done to them
- Reluctance to engage in care-giving, continuing anger at the perpetrator, absence of feelings of love – all of these are common, and all frequently sources of distress and self-criticism for the survivor
 - Evocative of old patterns of resistance/coercion/compliance/terror
- Normalizing these and similar responses
 - The abusive elder broke the Contract; how would a reasonable person respond to that?

Address Attachment Dynamics

- “Why didn’t I just fight back?” “Why did I keep trying to please her/him?”
- Learn about attachment dynamics. It’s a crucial component of trauma recovery no matter what stage of the healing process you’re in, and needs to be revisited around issues of the perpetrator’s aging
 - Resurfacing in survivors of old attachment strategies of compliance/self-sacrifice
 - What is disorganized attachment and how do those dynamics play out at in aging and end-of-life with perpetrators?

Betrayal Trauma

- Betrayal Trauma Theory (BTT) demonstrates how attachment dynamics work in abusive parent-child relationships
 - Child has the evolutionary imperative to be attached to their adults, and will engage in almost any means to do so
 - Unknowing (dissociating) betrayal is one of those means employed by children being abused by their adult care-givers
 - Re-entering a relationship with that abusive elder years later may activate the knowledge of the betrayal, leading to the appearance or resurgence of intrusive symptoms

Trauma Reenactments

- Depending on the nature of the abusive system in the family of origin, and the degree to which any given survivor has understood dynamics of trauma reenactments, it is extremely common for survivors who attempt to enter the care-giving realm to be drawn into reenactments
- Learn about reenactments; they're inevitable, but we can disrupt them and get out of them
- Develop self-compassion
 - Mindfulness, the metta meditation

A Decision-Making Model

- Survivors confronted with the possibility of care-giving for an abusive elder need to be able to clarify their values and choices
- I developed the following decision-making grid from the experiences of many survivors
- For each question, I ask the person completing the grid to determine the following:

Question	Answer	Consequences for me participating	Consequences for me not participating	Next Steps
Where am I in the healing process?				
What are my support resources?				
What are my other responsibilities				
What are workplace considerations				

What are Gender and Cultural Considerations?				
What are the elder's care needs?				

Questions for Clarifying Decisions about Care-giving Participation

- What is my current answer to this question, based on what I currently feel, think, know, and want?
- What are the consequences to me of participating in care-giving today in the context of this answer?
- What are the consequences to me of ***not*** participating in care-giving today in the context of this answer?
- What are the next concrete, specific steps that I need to take, today, in the context of my answer?

What A Survivor Needs to Know

- Where am I in my own healing process?
- What are my support resources, internal and external?
- What are my other responsibilities in life, to myself and to other beings who I have chosen to be in my life today?
- What are my financial resources?
- What are my workplace considerations?
- What are gender, culture, faith, class, or other identity considerations?
- What are the actual care needs of the abusive elder?

Exercise

- Form groups of two
 - One person role-plays dealing with the potential of engaging with an abusive elder as a care-giver (feel free to use your own experience if pertinent!)
 - One person coaches and observes
 - Then switch roles
 - We'll come back into the large group to discuss

Death, the Final Frontier

- When I first began to work with survivors I naively assumed that the death of a perpetrator would be a source of relief (or even joy, or at least schaudenfreude)
- Imagine my surprise- and the surprise of my survivor clients and friends
 - Death is simply the latest chapter in dealing with an abusive elder's legacy of trauma

Rituals of Death

- How/whether to be involved in
 - Funeral/memorial service
 - Wake/shiva
- Dealing with condolences
 - Assisting survivors in responding to praises of the dead abusive elder
 - Loss/change; what's the distinction

The Death of Hope

- Many adult survivors have, unknown to themselves, nourished the hope that someday, somehow, the adults who harmed them would make an amends
- When this has not happened, the death of the perpetrator is also the death of that hope, which is frequently a more devastating and painful death than that of the elder who abused them
- The awareness of this long-suppressed hope, and the grief attendant upon its death, are frequently a surprise to survivors
- The grief for what wasn't and never will be, not grief about the death itself

Hauntings

- Not uncommon for survivors to experience a resurgence of intrusive post-traumatic symptoms at the time of the perpetrator's death
 - Perpetrator takes on the same magical powers in the mind of the survivor as when the latter was a child
 - Perpetrators who were particularly omnipotent/omniscient in their presentations are especially likely to engender this response
 - If perpetrators gave survivors suggestions that they must die when perpetrator dies (not uncommon in some forms of organized abuse), survivor may become acutely suicidal and attempt to actualize these suggestions

The Scab Comes Off the Wound

- Survivors who have deferred dealing with what happened to them via suppression, minimization, denial, and other forms of avoidance may experience a cascade of unprocessed affects
- PTSD symptoms that emerge in a context where the survivor continues to deny that there was trauma
- Intense emotions that appear out of proportion
- Sleep, appetite, motivation disturbances beyond normative grief responses

Inheritances- Money and Other Tainted Legacies

- Perpetrator attempts to abuse beyond the grave by cutting the survivor out of inheritance
 - Or giving bulk of estate to one sibling, little or nothing to a sibling who was very involved in care/gave money to elder
- Perpetrator leaves money unexpectedly to survivor, who struggles with the money's taint
 - Grief over what wasn't available, feelings of meaninglessness associated with the money
- Perpetrator leaves things (pornography, instruments of abuse) that are frightening, activating, or violating for the survivor

The Context of the Contract

- As each of these dynamics emerges, it becomes the task of the therapist to put the survivor's experience into framework of the broken Contract for Care, and refocus the survivor on
 - What s/he thinks today
 - What s/he wants today, for her/himself and the people s/he loves
 - What s/he feels today
 - To know what keeps her/him safe, emotionally, physically, and spiritually/existentially
 - To make choices about care-giving founded in these ways of knowing
 - **To know, profoundly and with certainty, that s/he is not the one who broke the Contract for Care, and that s/he is responsible to her/himself, not to the broken Contract**

Resources

- Brown, L.S. (2012). *Your turn for care: Surviving the aging and death of the adults who harmed you*. Purchase options available at <http://www.drlaurabrown.com/written/your-turn-for-care/>
- <http://www.drlaurabrown.com/resources/>
 - This is an extensive list of resources for survivors, caregivers, and their therapists, which I attempt to update with new information. I welcome your suggestions for additional resources for this page.