

YOUR TURN FOR CARE:  
SURVIVING THE AGING AND DEATH OF  
THE ADULTS WHO HARMED YOU

Laura S. Brown, Ph.D. ABPP

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## ACKNOWLEDGEMENTS

There are many people to thank for their contributions to this book. First, and always, are the people who have honored me by allowing me to be their therapist. It has been from all of you that I have learned about the importance of this topic of survivors encountering the aging and death of abusive elders. You have taught me what the challenges and dynamics are, and many of you have also showed me what has worked to help and heal you. You have inspired me with your courage, your decency, and your commitment to recovery. Some of your stories are represented in this book, although no one of you is the protagonist of any of the vignettes that follow. All of you lost time with me while I was taking off from work to write, and I thank you all for your flexibility and forbearance.

Second, my friend and colleague, Stacey Prince, Ph.D., a wonderful Seattle therapist who works with survivors of trauma, gave the first draft of this book a close reading, and shared it with several of her clients, some of whom also gave me feedback. Stacey deserves credit for having made this book more inclusive and more succinct.

Third, Naoma Chrisco, who read this book in one of its earliest drafts, and who has repeatedly asked me when I would get it published. Your faith in the value of this book encouraged me to ignore feedback from publishers that there was little to no audience for this book, and venture into the world of self-publishing.

Fourth, my many friends and colleagues in the field of trauma psychology. Your hard work, wisdom, and willingness to dive into the invisible world of survivors of childhood maltreatment, truly exemplify the value of healing the world one life at a time. You inspire me to be my best self as a clinician, and inform me about how to concretely make that happen in my work every day.

Fifth, Tracy C. Bryan, copy-editor extraordinaire, psychologist-in-the-making, and brilliant thinker and writer about the lives of trauma survivors who go on to

become trauma therapists. Thanks for letting me know you in all of the many steps of your journey to become my colleague.

Sixth, the poet and songwriter Leonard Cohen, whose deep understanding of the ways in which human hearts are broken and healed has sustained me since I was fourteen, and whose music played loudly in my head as I wrote this book.

Last, and truly not least, my partner in life, Lynn Brem, who is also the web genius behind my online presence. You've quite literally built me the spaces in which I write, and have generously given up time that might have been spent in a more playful manner supporting and encouraging me to write this book.

## CHAPTER I: INTRODUCTION

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*

At the End of the Road

Witnessing the aging of one's elders, being in relationship with or becoming a caregiver for one's aging relatives, and grieving the deaths of that generation are all topics that have grown increasingly prominent in the media in the past decade. Our mainstream culture both has widened the disconnections among and between the generations while also producing a medical technology that lets people live very sick, and very far into old age. Having an elder who lives into a challenging old age, and caring for elders who are moving through the end of life, have both become new preoccupations for many adults in their middle years. Because today's population of midlife adults is inhabited by the Baby Boom generation in all of its large numbers, the topic of relating to elders in their last years touches the lives of many people.

According to the website of the Family Caregiving Alliance, sixty-five percent of elders who have chronic health problems rely *exclusively* on their family members to meet their caregiving needs. An additional thirty percent supplement the work of paid caregivers with family members. What this means is that a huge majority—ninety-five percent--of elders are relying on their family members to provide all or some of their care, either of the direct hands-on variety, or in the roles of care coordinator, case manager, or supervisor of other caregivers. Caregiving also frequently entails involvement with end-of-life decision-making, in which the available choices have grown, leading to greater complexity for both the dying person and their caregivers. Even those midlife adults who are not dealing with caregiving are likely to have some kind of relationship to the aging process of the elders in their lives.

There are many complications inherent in these tasks of interfacing with an elder's end-of-life experiences. For those adults who are pursuing relationships with and/or becoming caregivers to elders who were reasonably loving, decent, and honorable in their relationships with you, those complications are difficult in and of themselves. Finding the time, financial resources, and energy to take on the care of an ill elder, managing the financial affairs of someone whose memory and critical thinking capacities are failing, finding the time in a busy and stress-filled life for good quality time with an elder who may live a continent away, or dealing with executing the will of an elder who has died, are all tasks that are so inherently stressful that many family members in caregiver roles find themselves experiencing bouts of depression or anxiety as well as their own chronic health problems. Family members who are not caregiving may find themselves worried that they are not doing enough, or may experience sadness or guilt for not spending as much time as they would like with an elder.

There is a group of adults whose dilemmas in dealing with the aging, illness, and death of elders are complex beyond the norm. This book is for those folks—for adults raised in families that were frightening, confusing, dangerous, sometimes criminal in their treatment of their children. The elders in these families are not the wise, sweet older persons of *Tuesdays with Morrie* or *The Delaney Sisters' First 100 Years*. They are, instead, people who, as young adults tasked with the care of children, behaved in vicious, venal, abusive, and/or neglectful ways to those children. You are those children, grown into adults confronted with cultural and social demands to relate to those elders, and sometimes to step into the caregiver role. For this group of today's adults and potential family caregivers, there was no "home sweet home" in childhood. Home was the place that you somehow survived, escaped from however you could, and feared being pulled back to. Home, and the family that lived there, was a place where you learned painful and distorted lessons that you may have spent decades unlearning. These were lying lessons that taught you that you have no value except to please adults or reduce their tension, no right to the integrity of your body, no right to see yourself as lovable.

Adult survivors of childhood trauma and maltreatment dealing with the illness, aging, and death of elders who harmed you, emotionally and/or physically are presented with emotional tasks for which nothing else in your life has prepared you. Worse, no one else seems to have thought about how to advise you. There is a very loud silence surrounding this intersection of normative midlife dilemmas with a history of childhood maltreatment.

The very abuse and neglect and crazy-making that adult survivors encountered in childhood at the hands of their elders add to the confusion, uncertainty, and complexity that emerge as those elders approach the end of their lives. How can you choose to spend your precious time with an elder who still calls you the terrible names that she called you when you were five? How do you function as a family caregiver for an ill and aging family member who repeatedly did you harm at the most vulnerable times of your own life? How can you grieve the loss of someone whose role in your life was so damaging and dangerous?

Many adult survivors have gone to therapy, or in various other ways tried to go on with their lives so as not to be haunted or controlled by the psychological ghosts of abusive relatives past. You, the adult survivor, may have told yourself and the people around you that you're over "it" (the abuse or maltreatment), that you've forgiven or forgotten and gone on. You might be right—and you haven't encountered this set of problems before. You are probably surprised by the depth and intensity of feelings, and the swirl of confusion being evoked by the imminence of this particular life passage. Many of you didn't expect yourselves to live long enough to deal with abusive elder coming to the end of their lives. How do you respond to the societal and inner pressures to treat this white-haired frail person as if she or he had never beaten you bloody, violated you sexually, screamed invective into your ears, left you in a cold house with no food for days on end?

Because so many adult survivors whose paths have crossed mine have struggled with not knowing how to understand the resurfacing of old wounds as the people who harmed them grow old and move toward death, I have come to realize the need for a book such as this one. This is a book about relating to elders, caregiving, and death for people whose personal childhood story was a horror movie,

not a Hallmark card. There are some moderately graphic descriptions of these horror movies in this book, not because I want to shock you or retrigger your trauma. Rather, it is important to know that you are not alone, neither in your childhood experiences nor in the dilemmas with which you are now faced.

### Some Notes About Terminology

I will refer to “adult survivors” or “survivors” to mean anyone who, as a child, was a target of maltreatment, abuse or neglect from elders for whatever reason. I also include in this group those persons whose experiences were more subtly abusive or neglectful; in other words, all of you whose experiences were of being raised in conditions of some degree of emotional, physical, sexual, and/or spiritual unsafety. The elders who were the sources of this pain have included parents and parent-figures, grandparents, uncles and aunts, as well as significantly older siblings or cousins. I will use the term “elders” or “elder family member” to refer generically to older relatives with whom you are relating or whose care has now become your responsibility.

These parameters of my definition make you a very heterogeneous group of people, with a range of challenges in your life. It’s different to have been raised by a mentally ill or chronically depressed parent in the days before effective psychotropic medications than to be raised by a pedophilic parent who shared you with his partners in crime for sexual purposes. Both circumstances were very hard, but the child of the depressed person will likely not blame her or his parent, and may have more ambivalent feelings than does the child raised by a pedophile. Not all of the abusive or very difficult elders in the lives of adult survivors were the survivors’ parents, although many of these problematic adults occupied parental or caretaking roles to the child you were. Ultimately, these distinctions aren’t as important as what you share—the experience of not being adequately cared for, of being unsafe emotionally and or physically, in childhood, and now the pressure to engage with the elder’s end-of-life needs and experiences.

All adult survivors do have one terrible thing in common. Intentionally or negligently, the adults who raised you broke the most basic contract that adult humans have with children—the agreement to care for, protect, and nurture you

safely into adulthood, putting their own needs secondary to those of the child you were. This contract is one that is bred into the genes of the human species. It was necessary for our species' survival. Breaking the contract to care for infants and children is an enormous violation of what it fundamentally means to be human, and it is why these violations have such large effects on the children who are treated in these less-than-human ways.

I will use the term “abuse” to cover a very broad range of behaviors that violate the mind, body, safety, and/or spirit of a child. This includes sexual contact of any kind, physical violence, verbal and psychological abuse, neglect, exploitation of the child for financial or other gain, and other unspecified failures of appropriate care that occurred on a regular basis. The term “abuse” does not imply the intent of the adult doing the actions, but rather the effect of those actions on the child who is now an adult survivor. I will sometimes also use the term “maltreatment” to mean the same things as abuse. I am aware that I am making the boundaries of this definition very broad. This is intentional; it's all too easy for many adult survivors to discount their experiences because you didn't fall into someone else's more narrowly defined parameters of what constituted maltreatment of a child.

Similarly, “caregiver” or “family caregiver” will be used here to refer to a family member who has taken on some level of responsibility for the daily life and safety of an elder family member, whether that role is one of hands-on bodily care, or of case management or other more at-a-distant services to the elder family member. You need not be doing twenty-four hours hands-on or live-in care for this book to be for and about you.

I have the firm belief that readers of a book should know where the author is coming from. Each of us has our own lenses that allow us to see the world more or less clearly. I have been a clinical psychologist since the 1977, and have worked with adult survivors my entire career as a psychotherapist and as an expert witness in legal matters. Born in the last week of 1952, and raised in a middle-class Jewish family, I am a prototypical Baby Boomer in many ways, profoundly influenced by the politics of progressive movements of my high school, college, and graduate school years.

I'm someone who thinks that childhood trauma and its effects are serious, and who knows that those effects are treatable. While I'm obviously a fan of using psychotherapy as one of the tools for healing from trauma, I don't claim to think that it's the only path toward wholeness. Because of my long work in the field of feminist practice, I also hold firmly to the belief that what harms people is disempowerment, invisibility and silencing—and thus what is healing is empowerment, visibility and voice.

Because I believe that understanding ourselves is key to personal empowerment I will be spending a fair amount of time in the chapters that follow helping you to make sense of yourself and of the enduring effects of childhood maltreatment on your functioning. Because I'm distilling a huge amount of scientific literature into shorter, more easily usable formats, I will be attaching a reading list to the end of this book if you'd like to learn more about any of the topics I cover rather than citing to readings in the text. I'll do my best to keep this list updated on-line on this book's web page.

Like any author, I have picked and chosen from what I consider to be the most helpful scientific literature to inform what I write. However, psychological science, like that in all fields, is constantly changing and growing—so please remember to use your own critical thinking and judgment to evaluate the usefulness of the suggestions I'll be making, as not all mental health professionals will agree with all of my opinions.

Above all, know that what I write here is meant to evoke, nourish, and strengthen your own inner wisdom. I'll keep asking you to identify what is the one powerful thing you can do when you're feeling stuck and confused, so that you get into the habit of self-empowerment. The reason why adult survivors struggle with relationships, caregiving and end-of-life engagements with abusive elders is that somewhere inside of themselves they can sense that these are risky situations. What follows is not meant to substitute for your wisdom. Rather, it is to help that wisdom to become loud enough that you listen to yourself, and make this a healing passage in your life. My hope is that when you're finished with this book you will feel more empowered to make this encounter with an abusive elder's aging and end-of-life

experience into an opportunity for the thing we psychologists call post-traumatic growth, the transformation of pain into something healing and nourishing to the survivor.

And now some stories....

### Not the Only One

Consciousness-raising is the process of seeing yourself mirrored in the life of someone else, and thus knowing yourself at long last to be no longer alone and feeling crazy. It is an important first step toward responding powerfully to the situation you're in today. It's the first part of being able to act today in manners that at the very least are healing to you. Responding powerfully does not mean what you fear it might. It's not about you taking the position of an abuser. Abusing someone is not powerful, although it may feel like that in the moment. Abuse is about control or coercion, and that's not the kind of behavior in which I would ever ask a survivor or anyone else to engage.

A powerful response is, instead, one that reflects you being centered and grounded in what you feel, know, think, and believe. A powerful response is one that unsticks you, however slightly, from the abusive dynamics in which you've been placed by one of the people who raised you. Powerful = your heightened ability to make choices that are about what is good and nurturing to you, and that do not violate your integrity and values. Power = liberating yourself from the rules that confined and paralyzed you in your relationships with the adults who harmed you as a child, giving you freedom of movement, physical, emotional, and spiritual.

The vignettes that appear here and throughout this volume to illustrate the points I'm making are based on stories I've heard in my thirty-plus years of work as a psychotherapist and consultant. They are almost always an amalgam of tales told me by two or three or more of the people whose therapy I have been honored to be a part of. I have carefully changed names, genders, and other identifying markers whenever I thought that how I described a character might remind a particular person of her or his story. Some of these stories are ones told to me by friends and colleagues who are survivors as well. If you think you recognize yourself here it is not because you have sat in my therapy office, although if you did you've

contributed everything to my understanding of this topic. You recognize yourself because some of these stories are so common for adult survivors that, when specific details are stripped away, the themes resonate loudly for many of you.

### Once Upon a Time

Annaliese's mother, Sylvia, had an untreated psychiatric disorder when Annaliese was a child. During many of her psychotic episodes, Sylvia would beat Annaliese and smother the child with her hands and pillows, screaming delusionally that she had to kill Annaliese before the girl could kill her. It's taken Annaliese years of therapy to recover some from these hundreds of terrifying experiences at her mother's hands, and she has had as little as possible to do with her mom, even moving across the continent to create her adult life. But this evening when she came home from work there was a call on her voicemail: "I'm the hospital social worker at University Hospital, calling about Sylvia Robinson. You are listed as her next of kin, and she's been admitted with a stroke. We'll need to discuss her long-term care needs for after we discharge her." Annaliese sinks to the floor, phone in hand, crying and panicked. Her husband holds her, but she feels inconsolable. "She's tracked me down again."

Marty's father, Steve, sexually abused him for many years. Nighttimes in Marty's childhood home were a nightmare of his father's penis being forced into his mouth and anus. Now Steve is in a dementia care facility. His mother, who he has never told about the sexual abuse, pressures him to visit his dad. Marty stays away because the one time he did go to visit, his father, disinhibited by the dementia, began to grope him, striking terror in Marty's heart. Marty feels guilty and frightened and alone, just as he did when he was a child. He starts to have nightmares again. He tells his wife, "I know he's just a sick sad old man, but the fact that he can't control himself any more scares me. I don't want to tell my mom about this now, but how do I explain that I've stopped coming to visit?"

Deb's father Owen shamed and humiliated her repeatedly in her childhood and young adult years. The verbal abuse only stopped when Deb cut off all communication with him when she was in her thirties. Now Owen is widowed, ill and aging, and her two younger sisters, who coped with their own similar experience

of verbal and psychological abuse by becoming very religious, wonder why she can't just "forgive and forget" so that she can help them out with caring for him. Deb has tried to find a way to put the abuse aside and be a good family member. The one time she visited Owen she had a migraine for a week afterwards, and her partner has put her foot down about Deb visiting again. This has increased conflicts between the sisters, who were already unhappy that Deb is lesbian, and Deb's partner, who wants them to support Deb having a boundary. Deb feels caught in the middle again, wanting to please everyone and able to please no one. Her migraines are worse, and she's missing days at work because of them.

John is the caregiver for his twenty-years older half brother Alex, who is now disabled by diabetes and asthma, and needs daily care. Alex beat and bullied John repeatedly after their father died when John was two and Alex became the "man of the house." He still gets violent with John from time to time. John is afraid to fight back and defend himself because he doesn't want to be accused of elder abuse, something Alex threatened to do the one time John pushed Alex off him. John is a teacher, and he's afraid that an abuse accusation would affect his job. The two live together in a small house left to John in his father's will with the understanding that he would take Alex in when the time came. He feels trapped and anxious, and has been putting on weight because food is the only thing that stills his anxiety.

Marjorie's aging aunt Sharon had been sober for thirty years when she moved into Marjorie's home after a heart attack left her severely restricted in her abilities to do her usual activities. Now Marjorie thinks that Aunt Sharon is sneaking alcohol into the house after her trips to the senior day center. In fact, when she listens to her own inner wisdom, she knows that Sharon is drinking again. Sharon is certainly becoming meaner and harder to deal with even if it's not because she's drinking. Marjorie wonders about long-term brain damage from all the alcohol Sharon drank. She's always been Sharon's favorite niece, and they had shared being in Twelve-Step programs. The other nieces live far away, and don't understand what alcoholism is about the way that Marjorie, who's been clean and sober for fifteen years, does. Marjorie feels guilty about not trusting her aunt. Sharon was her rock in her childhood, offering her sanctuary from her verbally and physically abusive parents.

Marjorie is surprised at her feelings. She had dealt with her resentments toward Sharon for having introduced her to alcohol at the ripe old age of 13 back when she was doing her own first round of Twelve-Step work, and Sharon had made a real and heart-felt amends. But lately it's feeling a lot like living with her parents again. Marge is noticing herself having fond thoughts about what just one "cold one" would do for her distress. She knows she needs to get to an AA meeting, but with what time? Sharon can't be left alone for long.

Leo's father physically, sexually, and emotionally abused him. When his father finally died just before Leo's fortieth birthday, he expected to feel relief. Instead, he found himself back in therapy feeling more tormented than in many years. "I feel guilty because I'm relieved, but then I'm not relieved. I'm furious at the old bastard for never apologizing, never acknowledging, never telling the truth. And I miss him. I loved him, which confuses the heck out of me." His friends don't understand why he can't just be happy that the man who tormented him is gone for good, and they are growing impatient with his needing to talk about his confusing feelings. The rest of his family is mad that he wants to talk about the abuse, and in fact can hardly stop talking about it. He has become estranged from his social networks just when he needs them the most.

If you've opened this book, chances are excellent that you see your own story in those of Annaliese, Marty, Deb, John, Marjorie or Leo. The tasks of midlife are frequently difficult in and of themselves. Having an elder relative living with you or relating to you frequently as you care for her or him can be a marvelous closing of the circle of care, when and if the two of you have a good relationship, or have learned how to live side-by-side as the adults you are today. Time spent with elders can be a chance to learn family heritage, to gain access to cultural experiences. How many of us are glad that we got an elder's great recipe for a special ethnic dish or their short-cut strategy for soldering circuits because we were hanging out with those elders in the last years of their lives?

For some people, however, the reversal of roles, and the reinstatement of old, problematic dynamics are stressful for all parties. Even when one is not a caregiver to an elder, there are often shifts between who is cared for and perceived as vulnerable,

and who gives care, as one party in a relationship ages. This shift of the rules about who's responsible for what and who worries about whom can be disruptive emotionally and is not infrequently a source of conflict between the generations. This type of stress arising from the reversal of roles can occur when families are simply normal in their quirks. It is heightened and worsened when your elder is not just difficult, but was a source of trauma, pain, and danger when you were little. The elders who abused you when you were young often continue to have the psychological power to evoke the feelings of helplessness and fear that you experienced when you lived with them. Here's an important truth that you may not yet realize. *You have the power today to respond differently to those people and feelings.* This book aims to help you get that power.

### What's Normal?

One thing that adult survivors of childhood maltreatment often have little to no information about is what constitutes normal. They think that the distress that they are feeling and the problems they are encountering in various life tasks—relationships, parenting, work—are simply what everyone else has to deal with. They think it's normal for adults to treat children like objects, and to expect children to be more mature and altruistic than adults. Many survivors do not fully grasp that these are the rules of a parallel universe in which everything that is false is true only in that other quadrant of the galaxy.

I have been struck time and again by how frequently many adult survivors who are smart, capable people tolerate conditions in their lives that non-survivors would find horrific and avoid like the plague. This seems to happen simply because the survivor has little accurate emotional information about what is reasonable to deal with. Or a survivor is doing and feeling something that is so normal as to be at the center of the bell-shaped curve-- like asking someone passing by the sink to get them a glass of water, instead of getting up to get it themselves-- but thinks that they are being outrageous or foolish or mean or lazy or, worst word of all, selfish. The topsy-turvy rules that run the families in which kids get abused make night into day, up into down, and children into objects rather than cherished humans.

This inability to know what constitutes normal should be no surprise either to adult survivors or those of us who work with them as therapists. The early experiences of adult survivors have been anything but normal. The families in which you were raised were full of violations of the most basic norms of relationships between adults and children. Aside from depictions of families in the media, or snapshots gleaned from visits to the homes of friends, many adult survivors have had little experience and information about normal. On any week in my therapy practice I will likely hear the question, “Is this normal?” a dozen times. Each time I ask the client if s/he thinks it’s okay for other people I get an answer in the affirmative. I then invite my client to conclude that yes, this is probably normal, since lots of other people are allowed to do whatever it is. I frequently run into this adult survivor’s incredulous relief, and mild disbelief, that s/he may be simply human, and not a monster, for having wants, needs, and feelings, although s/he will then often also try to convince me that s/he is the exception to the rule of what humans are allowed to want, need and feel.

So let’s talk about normal for a moment. One normal set of difficulties that are common for midlife adults relating to elders occurs simply because of the large number of role reversals that occur in relationships with elders. Role reversals are exactly what they sound like. Instead of parent ensuring that the child is eating correctly, the now-grown child is trying to make sure that the aging parent is eating enough. The parent now feels like the kid; the kid now feels like the parent. It’s a strange situation in which to find yourself.

Caregiving aggravates this strangeness, but it’s likely to be present simply due to the normal effects of aging on some people’s functioning and interpersonal styles. Not all elders become more dependent over time, but the physical and cognitive realities of normal aging mean that many elders do require more support simply to live their lives, even when they are well and cognitively functional. Thus the weirdness of role reversals ensues. If your loving mother hassled you about keeping your room clean when you were fifteen, it was part of adolescence. You didn’t like it, but you figured out how to live with it because, as she frequently told you then, it was her house. More importantly, she took good care of you in all of the ways a

child should expect. But if she hassles you about cleanliness today when you're fifty-six and she's eighty and living in *your* house, something feels fundamentally wrong because you're an adult now, and it's your house, not hers—and the unspoken feelings of that fifteen year old (“Stop trying to control me, Mom!”) may show up from what feels like nowhere to complicate life in the here-and-now.

That's a good example of what's normal—it's uncomfortable and stressful, but it's not something that threatens your sense of safety. When each visit to your beloved ninety year old second cousin is replete with his unsolicited advice about how to live your life, it's probably not as charming to your sixty year old self as it was when you were twelve and he was in his early forties and you felt cool because he hung out with you and talked to you like you were already an adult. This, too, is normal. The roles and patterns of relationships that are perfectly fine ones sometimes outlive their value, and can be irritating for a midlife adult to figure out how to handle gracefully.

When you were seventeen, it was your dad telling you that he was worried about your ability to drive safely. Today, when you find yourself agonizing over how to confront him about how dangerous his driving has become as his vision and reaction time deteriorate, you have some empathy for the position he was in fifty years ago. You wonder how the man who used to have such good judgment about driving safety now appears willing to throw caution to the wind. You try to figure out how you're going to get him to his physician and get his eyes examined so that the doctor will pull his driver's license. You don't want to take away his autonomy any more than you wanted him to take yours. Again, stressful and worrisome, since you don't want him to get into an accident and hurt himself or someone else. He's a kind and decent person who, when you did have your first fender-bender, never shamed you about it.

All of this worry and confusion, that's all normal in relationships with elders in our families. There are conflicts and differences in reasonably healthy families, and there is also love, respect, and care at the core. In normal families the midlife adults are trying to balance having time with the elder they love against trying not to swoop in and take control when they see that elder's capacities changing. They are

grieving in advance the loss of someone they love as they watch various abilities leave that person over time.

Family caregiving is also normally wearing, physically demanding and emotionally draining. If you are caring for a person with dementia who becomes more confused and agitated at night, you may have had little good sleep for months or years. If you are working, raising children, and also driving an elder around to healthcare appointments or the adult day center because she or he doesn't have a driver's license anymore, there is little time for rest, exercise, a quiet evening with friends or significant other. If you are managing the financial affairs of an elder who has been conned into subscribing to sixty magazines or taking out an unnecessary high interest home equity loan it's hard to also find time to do your own taxes or pay your own bills. Watching an elder become ill and lose capacities of mind or body is saddening. When the uncle who taught you chess can no longer remember how to move the rook on the board, something important in your life is lost, drop by drop, day by day. Family caregiving, in normal circumstances, is like being a parent—a hard thing, a good thing, a loving act, a source of stress, a cause of conflict, a wellspring of inspiration. All of that is normal.

#### What's Not So Normal

The emotional and physical tasks inherent in relating to or becoming a family caregiver to an elder become exponentially more complex when the one you are dealing with perpetrated abuse on you during your childhood, or was problematic, neglectful, or below the standards for good behavior in other ways when you were young. That elder need not have hit you or sexually abused you to have wounded your psyche. S/he may have discounted your needs and feelings repeatedly, conveyed the message that you were only worthwhile if you made her or him look good with your school or other performance. Or s/he told you that you were worthless and a burden, and that your appearance in the world ruined her or his life somehow. S/he may have made work, addiction, or politics so much more important than you were that s/he allowed you to be emotionally swept under the rug, over and over again.

As an adult survivor relating to or caring for abusive elders, you have been in the land of not-normal since you were little. But usually you don't know that until you grow up, and sometimes not even then. Many survivors have a superficial, intellectualized comprehension of the degree to which your growing-up experiences deviated from normal, yet still rationalize and excuse the behaviors of the elders who raised you. After all when we're kids, what's usual in our families is what we think is the norm. How many people in good-enough families have gone for a sleep-over to a friend's home when they were ten and been shocked by what this other family did or did not do that violated the norms of their own homes? So the adult survivor has had little or no normal as a reference point.

Today's phase of life is no more likely to be normal for the survivor than was childhood. When the mother who hassled you about cleaning your room also beat you, when the father who set limits on your driving also was the parent who got drunk and left you waiting at daycare for hours because he forgot to pick you up, when the uncle who taught you chess also had you running drugs for him because you were too little to be sent to prison, and so little that you were terrified all the time—when life wasn't normal, then the tasks of relating to that elder at the end of her/his life become infused with all of that not-normalness, too. As a result, the usual books and websites for people encountering the challenges of relating to elders often don't help you very much because they don't take the utterly not-normal context of your relationship with those elders into account.

The not-normalness of your childhood, the exposure to abuse and neglect, has left you with scars on your psyche and with a host of challenges in how you deal with the world. Your ability to handle the stressors of an elder's end-of-life is affected, too. Some of the capacities that you've had to develop over the years to integrate and making meaning of your childhood are incredibly helpful to you in certain aspects of having relationship with this person at the last stage of her/his life, and with family caregiving. There are some things you know how to do that people from normal families will take years to get. You are often brilliant in a crisis. You can frequently find resources that no one else has even thought of. You know how to

dig deep within yourself, to push past pain and fatigue. You had to know those things to survive childhood.

But you will take insufficient care of yourself today if you underestimate or ignore your vulnerabilities to being undermined in your care of yourself. These are vulnerabilities that were put in place by the very person you're contemplating taking care of now. And sometimes when you use those well-developed abilities to push past, dig deep, and go above and beyond, you are walking right into the risks of being harmed again in your relationship with the abusive elder.

### So Why Haven't I Read About This Before?

Having a problematic elder, although not normal, is not an unusual situation either. Families in which children are abused, neglected, or otherwise maltreated make up a substantial minority of all families in the U.S. and have for as long as we've been keeping statistics and asking questions about abuse. We can also see that the stories of these families aren't new. Poetry, memoirs, drama and fiction are full of these narratives. Attend any play by Tennessee Williams or Eugene O'Neill, read Charles Dickens or Russell Banks or James Patterson, consult the best-selling memoirs lists at Amazon or your local bookstore, and you'll find these stories.

Oddly, this problem seems to be addressed little if at all either in the literature for family caregivers, or in the literature for trauma survivors. A friend and colleague of mine who specializes in finding every possible resource on a topic available in web and written form wrote, in response to my query, that he had found nothing on this topic in his search of the literatures for professionals and the general public. The American Psychological Association's excellent resource on family caregiving, whose link can be found in the Resources section of this book, says nothing about the topic of relating to or caring for formerly abusive elders. Doing a search on trauma and abuse related words on websites for family caregivers yielded only information about elder abuse. Just as I was finishing this manuscript one of my early readers found one chapter in one book that begins to discuss this topic. In other words, it's well-hidden and mostly avoided and ignored.

I know the adult survivor self-help literature relatively well, having had so many copies of *Drama of the Gifted Child* walk out of my office and never return that

I've thought I should buy the book in bulk. I haven't read anything about the challenges of family relationships, caregiving and death in the context of a history of having had abusive elders. The presence of the adult survivor of childhood abuse in the room caring for the elder who perpetrated that abuse, and the adult survivor's presence at the memorial service for the abuser as well as the challenges for adult survivors who choose not to relate and not to attend the memorial, all appear to have been largely ignored.

That absence surprised me at first. It's not just because I'm a therapist who works with adult survivors. It's surprising because the number of adults with a history of significant childhood maltreatment is so high. The available statistics about rates of child maltreatment, which includes sexual, physical, and emotional abuse as well as neglect, tell us that the numbers of people we're talking about here are large. For the generation of Baby Boomers now moving into midlife who constitute the bulk of people filling the ranks of family caregivers, about a third of all girls and a quarter of all boys had been sexually abused before age eighteen. Almost all of that abuse occurred within families.

Physical and emotional abuse, neglect, parents with severe and persistent psychological or behavioral problems or substance abuse, and other conditions that affect an adult's ability to execute responsibility as caregivers to children, are also all more common than most people like to admit. While it's hard to get exact statistics, the large numbers of people who seek support from psychotherapists, physicians, clergy, and community support systems for dealing with the effects of less-than-stellar upbringings tells us something about the usualness of having had difficult adults as the context of childhood.

Being a survivor of a difficult or dangerous childhood isn't the norm, but it pretty clearly isn't rare, either. One third is not a small number. Childhood trauma is a psychologically, biologically, interpersonally, and existentially meaningful experience, one that leaves a mark of some kind on most of those who have survived it. Research since the nineteen-eighties has shown that maltreatment in childhood greatly increases the likelihood that a person will suffer from post-traumatic stress, anxiety, depression, dissociative disorders, chronic pain, substance abuse problems,

and chronic illness in adult life. Childhood maltreatment is now known to affect the brain's structure and function, and thus the entire body and psyche, of those who are its targets. One study using the records from a large HMO in Seattle found that women with a history of childhood maltreatment used twenty-five million dollars more annually for *medical* (not mental health) care as a group than did their peers with no maltreatment histories. This is largely because of the effects that maltreatment has on neurological and endocrine systems of the body. It's also because it's often very hard for adult survivors to take good care of bodies that were treated as punching bags and receptacles when they should have received love and hugs. Many adult survivors have abused food, cigarettes, alcohol, or drugs, or have engaged in over-exercise or over-work in attempts to still their pain. All of these coping strategies have health consequences from which survivors suffer at higher rates than the general population.

In my more than thirty years of being a psychotherapist with a special focus on working with people who grew up with dangerous, problematic adults surrounding them, I encounter people every day who are struggling with the dilemmas inherent in being an adult survivor of a difficult childhood. At each life passage the history of childhood abuse has the potential to complicate and detour people. Over the last decade, as my clients and I have grown into midlife, many of them find themselves faced with having to engage more deeply than they have in years with one of the people who hurt them because that person is now aging or dying.

When I first began to sit with clients through these experiences in the mid nineteen-nineties, we found ourselves surprised by what emotional dynamics emerged for them. I am not surprised now. Each time I have encountered this situation of a client addressing having relationships, engaging in caregiving and facing end-of-life issues for an abusive elder I would look for a good self-help book to give to her or him to read. What I found was that the book did not exist. So I would pass along general principles that my other clients faced with this difficult passage had taught me. When I would talk about this topic with my colleagues I learned that

they were also encountering these scenarios, and like me, were wondering where the book was that we could give to our clients to assist them.

After more than a decade of these experiences, I figured out that if I wanted this book I would probably have to write it myself. So some caveats. I'm not an expert on aging or caregiving or death and dying. This isn't a general book about those topics. Other people who know more have written excellent books about those general topics, and I will be referencing them in the Resources section of this book. I haven't done systematic research on adult survivors and their relationships to abusive elders; then again, nobody seems to have. (Perhaps one of you reading this book has a dissertation to write?) I've simply listened to hundreds of stories about this topic; the wisdom and experiences of all of those people are distilled into what I'm writing here. What I do know a lot about are the challenges present in the lives of people whose elders harmed them because I am a psychotherapist who has had the honor to work with survivors of these childhoods.

The specific focus of this book will be on the emotional tasks of adult survivors having relationships in late-life and end-of-life contexts with the elder(s) who abused them. This is, ironically, your turn to get some care; it is your turn to have your needs, feelings, and welfare taken into account in the relationship with the elder who harmed you. It's your turn because you have the power to make that so.

I won't be directly addressing issues for adult survivors who are family caregivers in their families of choice, with elders and others who have not been abusive. I also won't be intentionally speaking to the challenges of people living with abusive partners who are aging. I know that many of you are faced with the challenges of supporting partners or friends or children dealing with illness, and that there are those among you who have lived through the death of one of these people. While I think that some of the dynamics I'll be addressing in this book may speak to some aspects of what you have faced as a caregiver with a person who has related to you lovingly and well, the experience of having a relationship with, being a caregiver to, and dealing with the death of the elder who abused and/or neglected you is sufficiently specific that I don't want to broaden this book's focus.

Most of the ideas in this book about the experiences of survivors or the things that help heal are not new or original to me. Many of them can be found throughout the better self-help books on the market addressed variously to caregivers and adult survivors. These stories can also be found in the memoirs written by other adult survivors, some of which I'll be including in the Resources section to add to the possibilities for consciousness-raising and feelings of solidarity.

What I'm hoping to do for you, my readers, is to pull all of this information together in a way that's specifically helpful to you in relating to abusive elders at the ends of their lives. "Relating" includes a wide range of behaviors that run from having nothing to do with the person, which is a kind of relationship, to becoming intimately involved in caring for them at end of life, and everything in between. Seeing your experiences at this time of life through the lens of trauma survivorship, and in the light of the painful experiences of your childhood, is something that I hope will make this difficult time just a little bit easier, and will empower you in your dealings with your aging abuser. If nothing else, I want this book to be part of breaking the isolation and silence that are so common in the families where abuse and neglect of children happen.

Abuse and neglect of children have come out of the darkness and silence in the past two decades. Now it's time for adult survivors' experiences relating to aging abusers, with family caregiving, and in living through the deaths of abusive elders, to also come into the light, to be seen and heard. Visibility and voice are powerful, and having them in this situation is a necessary component of coming through this part of your relationship with an abusive elder not more harmed, but more healed.

Another caveat before we go further. Please remember that none of what I'm suggesting in this book should be taken as specific advice to do or not do something in particular in your life. I don't know your individual situation, no matter how much the stories I share here may resonate with you. The survivors who have read this book in earlier drafts have found what's in here helpful, but that doesn't mean that you necessarily will. I am not the source of what is true here. One of my messages throughout this book is about the central and core importance of listening to and trusting yourself. Trust your responses to what you read here. If it's helpful,

I'm glad. If it's not, then don't try to shape yourself to what I'm offering here. There will be special circumstances in some people's lives that negate the value or reduce the safety of suggestions I'll be making. Your safety and your well-being are more important than any idea that I might have about something that might be helpful.

My hope in writing this book is to empower you by reducing your sense of isolation and confusion. I'm also hoping to help you to have some concrete strategies in hand that you can deploy for yourself in this complex, painful, and potentially growth-inducing situation. I'll ask you repeatedly to consider the question, "What is the one powerful thing I can do for myself here?" To be powerful means knowing what you want, feel, think, and know. A page describing what I mean by being powerful is at the end of this book. Simply identifying one of these forms of knowing makes you more powerful than you were, moments ago, when you were confused or uncertain.

### Death, The Final Frontier

This book will also address the complexities inherent in the death of an abusive elder. The deaths of our elders are existentially challenging experiences for almost everyone. They are stark reminders of our own mortality, with the time between ourselves and death seeming suddenly shortened. Many of us can, after all, remember our elders being our own age not so long ago. We look in the mirror and see our parents' faces, we hear our voices becoming more like theirs. If that source dies, then we are confronted with the reality that we, too, will die. For many people the death of an elder, no matter how expected, no matter how much of a relief from the pain of illness or dementia for the dead person, is the loss of a human constant in life and of a part of who we know ourselves to be.

Most of us will outlive the people who raised us. We expect that we will mourn these deaths, although we mostly practice denial about the reality that death will actually occur. The death of parents, grandparents, aunts and uncles, happens in most of our lives, and for many of us this part of life happens in young or middle adulthood. The grief over the loss of a loving relationship cannot be underestimated. When it *was* a loving relationship, that grief can be relatively straightforward. You miss your dad, who was your best friend and who came and remodeled the

bathroom during his holiday visits, your uncle Al who took you on your first trip to the art museum, your grandma who taught you to make challah, your uncle Hung who made sure that you could speak Mandarin because he would never let you speak English with him. Your life feels emptier without them because they brought love and value to you. This is the narrative of death as we all wish it to be, even as we wish it never to happen. It is the narrative of loss and grief leavened by the gifts of those lives to our own.

The day before I sat down to write this book, one of my neighbors died at the age of eighty-seven. His death occurred in the good narrative. He was in his home of almost sixty years, in his bed, with one of his daughters at his side. Although he had been struggling with the health effects of toxics exposures in the workplace for many years, his final illness lasted just short of a week. My partner and I were members of his daughter's support team in the last week of her father's life, running errands and offering hugs. She was sad, and she was also glad to be there to care for him, easily taking up space again in her childhood home because it had always been a safe place for her.

Over my years living across the road from this man and his wife I had had the good fortune to have gotten to know this couple, the senior residents of our block. We had seen their family gather for holidays, witnessed the adult children's sadness as their mother slipped into dementia that required care away from home, and noticed their regular visits to their father to help him keep up his house and maintain his autonomy. When his daughter came out the door on Sunday afternoon to confirm that he had died she was sad and yet peaceful. She had spent that last weekend with him helping him to be comfortable, and reading his collection of books related to his service in WWII. We were all sad. His dying seemed not emotionally complicated for her and her siblings. It was very sad, and it was relatively clean.

Complicated or abusive relationships, however, generate complicated, ambivalent experiences of grief that frequently surprise not only the surviving adult family members, but also those in the adult survivor's life who simply knew of the dead person as someone who hurt the person they love. Death of an abusive family

member is full of surprises, many of them bad. These deaths are full of confusion. I'll address those confusions at length later in the book. Complicated grief is the norm for adult survivors of childhood maltreatment.

Another component of comprehending the struggles and challenges for survivors relating to abusive elders has to do with aspects of identity and the cultural context. Let's talk about that in the next chapter.

You can read the rest of this book by following the links for purchase on [www.drLaurabrown.com](http://www.drLaurabrown.com).

Your turn for care book. Read 2 reviews from the world's largest community for readers. Your Turn is the first book for adults who were abused and maltreated... It then a Your Turn is the first book for adults who were abused and maltreated by older family members who are now faced with the aging and death of those abusive elders. This book discusses the reasons that this normal life passage has become especially difficult for adult survivors, drawing on psychological research about the long-term effects of childhood maltreatment. It then addresses how adult survivors can move through this time of time and make it into an opportunity for their own healing. Specific suggestions for self-care and strategies for decision-making are presented. Key facts on ageing and health: explanation of ageing, common health conditions associated with ageing, Factors influencing Healthy Ageing, Challenges in responding to population ageing and WHO's response. Key facts. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%. By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years. In 2050, 80% of older people will be living in low- and middle-income countries. The pace of population ageing is much faster than in the past. All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift. People worldwide are living longer. In older adults, the number of white blood cells that find and help eliminate infections can decline. The cells also become less adept at identifying new pathogens to fight. In the case of Covid-19, the virus can also damage the immune cells that might otherwise overcome the virus. While the majority of the people infected by Covid-19 will survive, there will be significant ripple effects if large numbers of older adults get very ill or die from the disease. That's particularly true in the United States, where the population as a whole is getting older: There are almost 50 million Americans over the age of 65, and their ranks are growing rapidly.