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Struggling With an Abusive Aging Parent

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Some new residents come into the nursing home like lions, roaring at staff members and fighting admission at every turn. Others come in like lambs, including an 84-year-old woman who arrived quietly after a complicated hip fracture ended her ability to live alone.

Her presence on the unit raised little attention and no suspicion of a troubled past. But her son, when I eventually reached him, told a different tale: “My mother,” he said, “is a monster.”

Sensing my incredulity, he sighed heavily and detailed her sordid life as a boozing and gambling beast of a person who beat her son. He expressed hope that her arrival to our institutional purgatory would bring a minimum amount of care and attention as a slow but steady form of retribution.

She was thus bereft of all family contact, left abandoned in a bare room without even a single personal photograph. The son grudgingly agreed to intermittent contact with me, but not with his mother.

This woman joined a motley crew of other similarly accused characters in the nursing home — abusers, addicts, family outcasts and even a few psychopaths. Staff members are often unaware of the past sins of these residents, as they may be veiled by a lack of information, the presence of Alzheimer’s disease or other forms of memory impairment.

Sometimes the most telling sign is the absence of a detailed personal history from the family members or friends who can provide it. But many times, these residents leave large wakes of emotionally injured family members who struggle with ambivalence, anger, angst or guilt when old age falls on the accused.

Avoidance is a well-worn defense for these family members. But hostility works well, too, even when it’s directed at nursing home employees whose care is sometimes seen as collusion with the perpetrator. Occasionally I see the opposite: anger converted into fierce advocacy for the accused, as if the family members are giving what they never got. Although

both approaches can bring some degree of psychological satisfaction, neither promises any true justice.

At times there is emotional jeopardy to serving as a psychiatrist for these individuals and their families. It's confusing and disconcerting when stories of past sins burst my previously established impression of a seemingly pleasant and kind elder.

It is certainly not my role to judge a patient for his or her past, but such a feat forces me to disregard Sir William Osler's sacrosanct maxim to know the person with the disease rather than the disease itself. Sometimes knowing just the disease can preserve a modicum of distance and respectability, which is essential to the doctor-patient relationship.

Surprisingly, my 84-year-old patient — the "monster" — became generally well liked and sociable in the facility. Deprived of previous temptations and any links to her family, she saw no other choice but to reinvent herself and exert her more redeeming personal qualities.

With her newly discovered life in the nursing home, purgatory gave way to a paradise of sorts, with endless bingo and free meals. She learned to live in the moment, untethered from past conflicts. Her last stage of life, like her first, was simply an open door.

Her son, unfortunately, remained embittered by past abuse and nursed a gnawing anger that was never sated by the abandonment of his mother. He expected some justice, as if her old age would predictably reap the agony that she had sowed. But even though he despised her, I also sensed that he secretly yearned for some reconciliation with his mother. It is a sad paradox.

There are several lessons within this troubling but telling tale for adult children struggling with aging parents.

First, accept that there is ineffable value to the child-parent relationship that transcends most conflicts, so that the heart will yearn for a connection that the mind may reject. It is possible to communicate with someone and to support their needs without having to endorse current behaviors or forgive past ones.

This is not unlike the respectable distance between doctor and patient that enables care within appropriate boundaries. Not surprisingly, it takes some careful cultivation between adult child and aged parent, but there are many clinicians trained in geriatrics with the skills and the desire to help.

Second, realize that the connection with aging parents often demands a reinvention. There is always a choice about which moments from the present and past to use in forming a relationship. Too much focus on past wrongs can rob the present of any redeeming moments, while fixation on a glorious past can obscure the reality of the present, especially when medical or psychiatric illness has changed the persona.

Over time one can create an approach that appreciates and reinforces the person's more palatable or even lofty characteristics, while ignoring, de-emphasizing or redirecting the more unacceptable ones. It's a form of selective engagement.

Ultimately, the adoption of either strategy can be a difficult and painful balancing act, forcing us to let go of long-held beliefs and emotions for the sake of a relationship. But for aging sinners and saints alike, it's a necessary act of humanity in the end.

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