Family Rules

This is Part III of three parts.

CHAPTER FIFTEEN

Drugs

A *drug* is anything taken internally that produces an effect on the body's functioning, other than simple nourishment. *Drug abuse*, in the case of children, is taking any drug, in any dosage at all, without their parents' knowledge and instruction. *Drug addiction* is only one form of abuse; one need not be an addict to suffer injury or death from an overdose or from taking the wrong drug.

It is obviously frightening for parents to contemplate their children's experimenting with drugs. What makes parents feel so hopeless is the fact that teenagers try drugs when they are with their peers, out of their parents' surveillance. This makes it difficult to follow one of my cardinal principles, "Don't make any rules you can't enforce." You are not going to know when and if your child starts experimenting with drugs, especially if you try to make a rule against it.

The solution to this dilemma is to use your most important ally, your child's *self-esteem*. You build that by being a firm parent in other areas, before drugs even become an issue, and by praising children's specific actions when they sincerely impress you. You then make maximum use of that strength within your children by providing them with accurate *information* about the natural consequences of various courses of action they may choose. The third step is to think beyond your vague fears to the specific likely outcomes of drug dependence—effects on school performance, jobs, trouble with the law—and to *make rules* about those observable things rather than about the unobservable experimenting.

This three-step approach-first building self-esteem, educating your children about the dangers and giving them ways of dealing with the dangers, and finally making rules only of the kind that are

enforceable—applies to other concerns besides drugs. It applies to your concerns about adolescent sexuality (chapter 16), about respect for other people's feelings, about responsibility for property. Although drugs may be the severest problem facing today's young people, the following discussion should suggest a general model for dealing with all sorts of concerns.

This chapter begins with some general considerations about protecting adolescents by building self-esteem. Then we shall move on to steps two and three: how parents can educate themselves about the drugs teenagers commonly use and abuse, how to communicate with your children about these problems, and, finally, how to make enforceable rules about drugs.

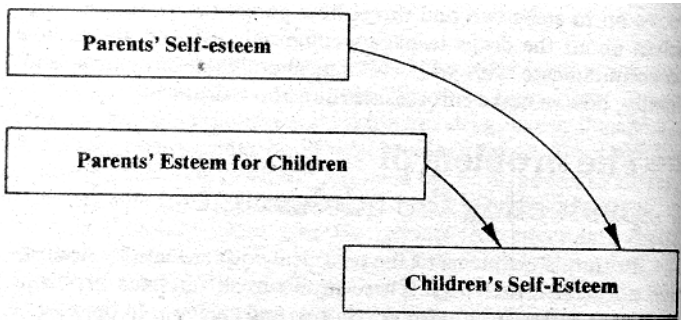
The problem of protecting the adolescent

Both this chapter and the next deal with potentially destructive adolescent activities. These problems differ from problems with such things as homework, chores, and curfews. In the case of drugs, promiscuity, reckless driving, and the like, adolescents are *not* just testing the limits of their freedom. They are actually, though perhaps unconsciously, toying with self-destruction. To shy away from that unpleasant fact is to misunderstand the whole problem.

Therefore, just as we cannot enforce rules against people taking poison or shooting themselves if they really do not want to live, we cannot prevent children from becoming pregnant or drug-addicted if that is what they want to do. These are not really the same kinds of choices as the ones for which your system of rules is designed,

We shall, in these two chapters, discuss some rules that *discourage* children from experimenting with drugs or with sex earlier than you think they should do so. However, we will not pretend that these rules can ever provide the full protection you might like to provide. The best way to protect your children is to make them feel good about themselves and about their futures so that their own health and safety are precious to them, so that they become their own best guardians against self-destructive actions. Children who value themselves as human beings and who feel confident about their futures will protect themselves; children who do not will not.

But where do children get self-esteem? It comes directly from their parents. As the diagram shows, there are two immediate and long-standing influences upon children's self-esteem: how much their parents care about them and respect their feelings, and how much their parents respect themselves.



When you consistently enforce rules, you show your children *both* that you care about them and what happens to them *and* that you have plenty of self-respect. Those two facts are more important to children than anything else, believe it or not—even more important than being fed and entertained and catered to. Furthermore, your clarity and consistency allow you also to be warm, loving, actively listening parents. Because you rarely nag or yell of criticize, you have more opportunities to convey in both action and word how impressed you are with each child's growth and achievements.

With such support, your children have no intention of throwing away their lives, and you do not need an elaborate set of rules to prevent them from doing so.

On the other hand, your family rules cannot ignore your specific concerns about these dangerous activities. It is more than likely that your child will have tried marijuana before the tenth or eleventh grade (in some communities, long before). It is highly probable that by that time the child's tolerance for alcohol will have been tested, and it is also likely that your child will experiment with the effects of any or all of these activities upon driving an automobile.

How do you feel about those eventualities? Your personal preferences and worries will depend not only on your attitudes but also on the grade level of each individual child, the child's physical

maturity, the child's emotional maturity, norms in your community, and your child's friends in particular.

With so many variables, this book can only deal with the problem of how to enforce whatever standards you choose and leave the choice of those standards to you. Some families are very restrictive about things like marijuana, alcohol, and premarital sex. Other families treat their adolescents, beyond a certain age, like adults in these matters, leaving such things to their discretion. Many families try to find a compromise in the middle ground.

"All-or-none" thinking. It is difficult to think about these issues sensibly if you fall victim to "all-or-none" thinking—for example, if you think that once the teenager loses his or her virginity, promiscuity is sure to follow, or that the kid who experiments with drugs even once is automatically on the path to destruction. That kind of unrealistic panic gets in the way of rational planning, and if you talk to your adolescents in catastrophic terms, you only insult them. The question is not how to prevent experimenting with sex or drugs but how to maximize the maturity with which your kids will approach them.

Anyway, you have no chance of succeeding with an absolute, blanket set of prohibitions: "No alcohol, drugs, or tobacco." (I wish it were that simple.) The kinds of rules that work are different for different specific substances or activities.

An illustration: Tobacco. Cigarettes are less upsetting to most parents than other drugs, but they will serve as a good first example of the problems that arise when you try to protect your child from any drug. You can state your preference that your child not start smoking. You can back up that preference with medical data, with the cost of a carton of cigarettes, with the smell of a used ash. tray. You may be able to make a good case, even if you yourself smoke. My father's heavy smoking and coughing were all the evidence I needed to make up my own mind on the subject. But suppose you were to try to make a rule: "If you ever smoke a cigarette, you'll be grounded."

Your son knows as well as you do that he can try a cigarette over at his friend's house without your finding out about it. He can do this on a regular basis, stock up on breath mints, and he will either become addicted to nicotine or be wise enough to stop in

time. Your unenforceable rule will not have had anything to do with it, so it would have been better expressed as a preference: "I personally think smoking is a waste of one's health as well as one's money."

That does not mean there is nothing you can do. You can frame a rule in terms of the results that would eventually come to your attention. You do not really care about that one cigarette, anyway. With this particular drug, your concern is about the addiction that may follow. Are there any consequences of addiction to tobacco that you can let the child know about in advance? For instance, who will pay for all those cigarettes? You?

> EXAMPLE: Fifteen-year-old Lisa gets fifteen dollars per week in allowance. After the bus fare to school and her lunch money, she is left with about six dollars to spend as she chooses. Her parents know that one of Lisa's friends spends about five dollars per week on cigarettes. They say, "We hope you're smart enough not to become a smoker." (Caring)
>
> "Don't worry," Lisa reassures them.
>
> We're not worried," her parents say. "But in case you do, we will interpret that to mean you can afford to waste five dollars per week." (Education) "So if we find out that you are buying cigarettes, your allowance will go down to ten dollars." (Enforceable rule)

If Lisa's parents have previously established credibility in firmly enforcing their rules, this threat will carry some weight. She can conceal occasional smoking, but occasional smoking is not what they were worried about. The main reason they preferred her not to experiment with cigarettes was the likelihood that it would lead to addiction. Lisa knows that if she were to become a nicotine addict, she would not be able to hide the fact for long. So she now has a good financial reason not to smoke. It is only an extra rationalization that she adds to her own reasons, but it could tip the balance.

Closing the credibility gap. In this chapter on drugs and in the following chapter on sexuality, we shall discuss bigger worries than cigarettes. We shall approach all these worries in basically the same way as in the foregoing example:

- Don't try to make rules about the experimenting that your children will probably do in secret.
- Ask yourselves what the consequences are that you really fear; what might the experimenting lead to?
- Those consequences will almost always be things that you will find out about (drunken behavior, truancy, declining grades, pregnancy). Make rules in advance about what your reaction will be if any of those things happen.Educate your children accurately about the probable natural consequences of pursuing certain actions. If they do not understand the risks, confront them with reliable published information. If you are not sure your own ideas are correct, educate yourself first.

The last point may be the most important. Many parents undermine their authority by creating a credibility gap. If you tell your children that marijuana usually leads to hard drugs, they are going to dismiss not only that falsehood but also the truth you tell them, such as the fact that they can never know exactly what is in the various pills they will be offered, or the fact that cocaine is addictive.

Credibility is your most essential asset as a parent. If you throw it away, you throw away whatever degree of control you might have had over those aspects of your children's lives that worry you the most.

Honest, accurate information is vitally necessary to children. It is much better if it comes from the parents, or if the parents at least confirm the information from other sources, including school, the media, and peers.

When should children be educated about sex? In a general way (the "facts of life") by the time they start school, more specifically before they reach puberty, and with accurate, detailed responses to their questions thereafter. Similarly, when should they be educated about drugs? Before they are offered any, as well as later, they continue to need a reliable source of specific information.

There is no justification for parents saying, "We don't plan to discuss such things with our children, because we don't want to put ideas into their heads." The ideas are going to be put into their heads by others. The question is, will they be able to evaluate those ideas? With what knowledge? It is your business how liberal or conservative you decide to be with regard to your children's

behavior. But keeping silent is not a legitimate form of conservatism; you are abdicating your responsibility. Keeping silent about these important matters is almost as destructive to your credibility as telling the child untruths.

In short, tell your children the truth, the whole truth (gradually, as it becomes age-appropriate), and nothing but the truth.

Alcohol

Let's apply the same kind of logic that we have used with cigarettes to beer, wine, and liquor. The rule "Do not drink alcoholic beverages" is unenforceable. It draws the line at the wrong place. Once the child has crossed your line and gotten away with it, there is no effective boundary between one drink and many. "One might as well be hanged for stealing a sheep as for a lamb."

A better set of rules would deal with the behaviors that you are most concerned about, the *reasons* you worry about a teenager getting started with alcohol:

1. Between seven million and ten million Americans are alcoholics, and an even larger number are "problem drinkers," people whose lives are habitually disrupted by abuse of alcohol but who have not yet established a physiological addiction. More than one million of the addicted alcoholics and as many as five million problem drinkers are between the ages of fourteen and seventeen. Alcohol abuse is responsible for the loss of more lives than all other drugs combined. It has been estimated that it costs the American economy ten billion dollars per year in lost productivity.
2. You are justifiably concerned about how drinking will affect your child's school performance. You cannot rely on the school to enforce rules about drinking, but you can expect the drinking to affect grades and attendance reports, and you can set consequences for that.
3. Finally, you are justifiably terrified about driving under the influence of alcohol. You cannot be sure of finding out about every incident of driving while intoxicated, but you can be specific about what you will do if it does come to your attention. Even if you are sure that you can trust your teenager, it is a good idea to have an extremely strict rule about drinking and driving, and also about being a passenger in a car whose driver is drunk. (A majority of the teenage girls killed in alcohol-related auto accidents, and more than 40 percent of the boys, are passengers rather than drivers.)

Your rules, then, can focus upon drunken behavior—when, where, and how frequently you will tolerate it. They can include an absolute prohibition against being seen drinking before or during school hours. Many parents would extend this to school nights, depending on their values, the age and responsibility of their children. Others, especially with children under seventeen or so, would punish drunken behavior at any time.

EXAMPLE: Ruth is fifteen, The first time she is to be driven home from a party by one of her friends, her parents say, "You are responsible for the sobriety of anyone from whom you accept a ride. If we ever find that you have been in a car with a drunk driver, the consequence will be that getting your own driver's license will be deferred for a year. And we don't need as much evidence of intoxication as a court of law requires-so be sure that anyone who gets behind the wheel is not only sober but *drives* like a sober driver."

EXAMPLE: Steve has just received his license to drive. His parents say, "If you ever give us reason to believe that You have driven our car or anyone else's car while intoxicated, your license will be suspended-by us—for one year.

Here are some examples of more liberal rules. This system allows you to set your own standards and then to be firm about wherever you draw the line:

EXAMPLE: "You are expected home at the required time, drunk or sober. And if drunkenness becomes a pattern—more than once per month—we will consider that you are developing an alcohol problem and we will crack down harder."

EXAMPLE: "Now that you're a senior, we're going to start offering you beer and wine when we ourselves are drinking it. But you don't have permission to help yourself at other times. Any other drinking you do will have to be paid for with your own money." This is a reasonable way to begin treating

the seventeen- or eighteen-year-old as an adult. But if pilfering occurs, you'll need a rule dealing with the specific consequences of that, and you'll need to keep track of your supply.*

The two toughest questions that parents ask about how to handle teenage drinking are "How drunk is drunk?" and "If we prohibit our children from drinking in our presence, won't we just drive the problem underground?"

How drunk Is drunk? I suggest you forget about objective criteria like blood alcohol levels, the ability to walk a straight line, and so forth. Never get into an argument over how much your adolescent has had to drink. Refuse to engage in debates over the meaning of "drunk," "high," "tipsy," "loaded," etc. As parents, you have the right to punish your children for *appearing* to be drunk, if your rule is stated in those terms. They have the responsibility to see to it that they never lead you, their teachers, the neighbors, or the police to believe that they are intoxicated.

Therefore, if you want to have rules about drunkenness, state them in terms of "intoxicated *behavior*." Don't argue about it. "I'm sorry, I'm not a detective. I don't know what you did or didn't drink. I can only go by what I saw (or by what the principal reported to me). Justice isn't perfect, but you'll have to accept the consequences and be more careful what impression you give others in the future."

On the other hand, if you feel uncomfortable about making the judgment that your child is drunk, you can bypass the issue of intoxication entirely. You can simply make rules about loudness, disorderliness, violence, and abusiveness. Many "intoxicated behaviors," such as violence and abusiveness, are things that parents normally have rules against anyway. Amazingly, they sometimes forgive these same things if the child is drunk! That is an excellent way to encourage drunkenness. *Under no circumstances should intoxication or any other artificially altered state of consciousness ever be allowed as an excuse for violating parents' rules.* The message you want the child to come away with is "I'd better be careful not to let myself get so drunk that I lose control over my behavior."

* Teenagers who persistently sneak alcohol from their parents' supplies and let themselves be caught are probably sending messages for help.

"I'd rather have them doing it at home than elsewhere." Many parents feel it is a mistake to prohibit drinking at home, because it only encourages teenagers to find other places to drink. "It seems like the wrong place to draw the line; it might convey the idea that we don't care what they do as long as we don't know about it." Another parent adds, "If my children and their friends are going to get high, our home is the safest place they could choose. At least they won't have to be in the car when the others drive home."

I understand the reasoning behind these arguments, but I still think it a mistake to condone behavior in your house that you would not consider acceptable if it happened somewhere else. There are some important general principles at stake. Adolescents are in the process of deciding what standards of behavior they want to take out into the world with them as they spend more and more time away from home. One of the important sources of information they use in those decisions is your own set of standards. You are not the only source, and not one that they accept unquestioningly, but you are a very important source. Sometimes they will incorporate your standards; sometimes they will go the opposite way; and sometimes they will make compromises to fit their own chosen lifestyles. But the best thing you can do for them as a parent is to remain consistent and clear about your own attitudes. Even when they choose to reject your preferences, let them be perfectly aware that this is what they are doing.

You will not necessarily imply that "we don't care how much they drink as long as we don't find out about it." You do care, and your children know you do. Of course you can only enforce rules about behavior that comes to your attention. But through those rules, you let your children know exactly what your standards are, and they will take those standards into consideration even in situations that you probably would not find out about.

Dr. Lawrence Kohlberg, a psychologist at Harvard who studied moral development from early childhood to adulthood, found that the highest levels of morality are based on standards of right and wrong regardless of whether other people are there to observe one's behavior and reward or punish it. Most of us would like our children to be so virtuous; but it would be a mistake to let our ideals make us unrealistic. Few adults reach that highest level, let alone adolescents. Besides, drinking is not really a question of moral

judgment but of practical judgment: Which of my faculties am I going to require in the next few hours, and how much can I afford to dull those faculties with alcohol? Who else is going to be involved, and what are their reactions likely to be? By making your own reactions clear, you can help your adolescent make responsible judgments about drinking.

Parties. I am impressed by a set of guidelines printed and distributed by the parents' and teachers' committees in many high schools around the country. With the permission of the Committee on Drug Abuse in Deerfield, Illinois, I quote from their brochure:

GUIDELINES FOR HOSTING A PARTY

1. Do not offer alcohol to guests under the age of 21 or allow guests to use drugs in your home. You may be brought to court on criminal charges and/or have to pay monetary damages in a civil lawsuit if you furnish alcohol or drugs to minors.
   - ✓ Be alert to the signs of alcohol or drug use by teens.
   - ✓ Guests who try to bring in alcohol or drugs or who otherwise refuse to cooperate with your expectations should be asked to leave.
   - ✓ Notify the parents of any teen who arrives at the party drunk or under the influence of any drug to ensure the teen's safe transportation home. DO NOT LET ANYONE DRIVE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.
   - ✓ Get to know your children's friends and their parents. Keep in touch with them.
2. Set the ground rules with your teen before the party. This will give both a good opportunity to express feelings and concerns. Let your teen know what you expect.
3. Notify your neighbors that there will be a party.
4. Notify your local police department when planning a large party.
   - ✓ This will help the police protect you, your guests, and your neighbors.
   - ✓ Discuss with the police an agreeable plan for guest parking.

   - ✓ If, despite your precautions, things get out of hand, do not hesitate to call the police for help.
5. Plan to have plenty of food and nonalcoholic drinks on hand.
6. Plan activities with your teen prior to the party.
7. Limit party attendance and times.
   - ✓ Invitation only; it is important to discourage crashers.
   - ✓ Avoid open-house parties. It is difficult for parents and teens to keep control over this kind of party.
   - ✓ Set time limits that enable teens to be home before the legal curfew.
8. A parent should be at home during the party.
9. Do not allow any guest who leaves the party to return.
10. Many parties occur spontaneously. Parents and teenagers should understand beforehand that the above guidelines are in effect at ALL parties.

Unfortunately, the reality of life in many communities is that teenagers will not have parties in their homes under such rules. They believe, sometimes correctly, that no one will come to the party if parents are going to be home and if no alcohol is allowed. This is a sad state of affairs, but it will change if more parents agree to adopt the guidelines.

What about parties at someone else's house? We have already discussed the general principle: Limit your rules to actions that would come to your attention, including curfew. You cannot monitor your child's behavior at someone else's house, but you can monitor what time he comes home, in what condition, and whether there are any complaints from others about his conduct. Here are four more of the Deerfield committee's guidelines:

GUIDELINES FOR TEENAGER ATTENDING A PARTY

1. Know where your teen will be.
   - ✓ Obtain the address and phone number of party giver.
   - ✓ Let your teen know that you expect a phone call if the location of the party is changed.

[The only way that can be enforced is in terms of consequences should you later discover that the child wasn't where he said he would be.]

2. Be sure your teen knows when he/she is supposed to be home.
3. Know how your teen will get to and from the party.
   - ✓ Assure your teen that you or a specific friend or neighbor can be called for a ride home (make sure your teen has the phone number).
   - ✓ Discuss with your teen the possible situations in which the teen might need to make such a call.
4. Contact the parents of the party giver to:
   - ✓ Verify the occasion.
   - ✓ Offer assistance.
   - ✓ Be sure that a parent will be present.
   - ✓ Be sure alcohol and other drugs will not be permitted.

The last two suggestions are fine in principle, but unrealistic in most American communities today. Up to the age of thirteen or fourteen, perhaps, one can prohibit one's children from attending unsupervised parties; but after that age such a prohibition is neither practical nor fair.

The reason it is not practical is that we had better hold our teenagers accountable for their actions and the actions of their group, whether or not they are being chaperoned by other adults. Teenagers have to assess the situation at every party or get-together, and if they don't feel secure about taking responsibility for what may happen, they have a responsibility to leave the party. That is true whether parents are in the kitchen or upstairs out of sight, or out of town.

It is not fair to prohibit teenagers from attending unchaperoned parties if, in fact, practically none of the parties *among their age group* are chaperoned. (I would not allow thirteen- or fourteen-year-olds to go to unsupervised parties with older children.) Although I myself insist on being home during any of my children's parties—to help them stay in control of things if uninvited guests show up or if anyone brings alcohol or other drugs—I am aware that some other parents are less cautious.[*] If they are stupid enough to

[*] Want to see what can happen? Rent the movie *Risky Business*.

allow their children to hold a party when they are away, it is not my place to call them up and tell them to stay home. It is their house. My children may go to the party so long as they are willing to share in the responsibility for whatever happens. If things begin to get out of hand, it is up to them to exercise leadership, or call for help, or leave.

The Drinking-Driver Contract. An organization called Students Against Driving Drunk (S.A.D.D.), which has spread from Massachusetts to high schools across the country, has drawn up a sample contract for parents and teenagers to sign. Because it is worth discussing in every family, I quote it verbatim:

> TEENAGER: I agree to call you for advice and/or transportation at any hour, from any place if I am ever in a situation where I have had too much to drink or a friend or date who is driving me has had too much to drink.
>
> *Signature* _____
>
> PARENT: I agree to come and get you at any hour, any place, no questions asked and no argument at that time, or I will pay for a taxi to bring you home safely. I would expect we discuss this issue at a later time.
>
> I agree to seek safe sober transportation home if I am ever in a situation where I have had too much to drink or a friend who is driving me has had too much to drink.
>
> *Signature* _____

The students who designed this contract showed their concern about their parents' safety as well as their own. They also showed an understanding of the most basic principle of child-rearing: If parents want their children to act responsibly, the parents have to act responsibly.

If you or your spouse has a drinking problem. Just as alcohol can interfere with children's schoolwork and development, so can parents' excessive drinking interfere with their ability to be parents. In fact, that is one of the most frequent things adolescents complain about.

The parent who has a habit of drinking too much will often be too lax when sober and *too rough* when inebriated. Alcohol tends to

suppress one's self-control, which often means releasing pent-up anger and sometimes violent rage. Some parents, when drunk, may physically abuse their children. More often, they fall back on futile arguing and verbal abuse. The next day, when sober, they feel guilty. They feel they have no right to criticize anyone else's actions. So they are inclined to be lenient, even when the children may need punishment. Powerless over alcohol, these parents feel powerless over anything and anybody, even the people who most need them to be firm and consistent.

The next thing that happens is that the two parents stop working as a team. If only one of them has a drinking problem, the other one takes over the parental responsibilities. It doesn't work.

Parents who have become dependent on alcohol already know what they need to do. They have to quit drinking. Otherwise, the illness inexorably takes its downward course; and it drags the whole family down with it. But giving up alcohol is not easy. It may require a brief stay at a rehabilitation center. It will certainly require total abstinence, not just "cutting down." In the meantime, while they are postponing that crisis and desperately trying not to let their lives fall apart, they still want to be good parents.

Frequently, when parents seek counseling to help control teenagers, the teenagers point the finger back at the parents' drinking. Some therapists refuse to work with such families until the parent goes through detoxification and joins Alcoholics Anonymous (AA). I certainly encourage the latter, but usually the drinking problem has not become bad enough yet for the parent to face up to it and go on the wagon. The children's behavior problems need help immediately, not months or years in the future when the parents finally get help with their problem.

What is needed, therefore, is a system of discipline that can be implemented by parents who occasionally get drunk but who do not label themselves alcoholics and are not prepared to give up drinking. The system of written rules and consequences described in Part I fills that need. Parents must agree on their family rules and state them explicitly when sober; then they can follow through with the stated consequences even when one or both of them have had a few drinks. The parents' drinking problem cannot be used by the child as an excuse for ignoring rules. At the same time, the written rules and predetermined consequences protect the child from unreasonable, violent, or abusive spur-of-the-moment reactions.

EXAMPLE: Mary Ann's parents are both problem drinkers. In addition, they are divorced, and Mary Ann and her younger brother live with their father. The father does not drink every night, but on Saturday afternoons he usually has several beers, continuing through the evening, so that by the time Mary Ann's curfew rolls around, he is in no shape to enforce it.

MISTAKE: When Mary Ann comes in late, her father yells a lot and calls her ugly names. "You're grounded," he shouts-sometimes he says she's grounded for a week, sometimes for a month, but never with any effect.

BETTER: After a number of counseling sessions, Dad is able to say, "I admit I sometimes drink too much."

"You *always* drink too much," his daughter says.

Dad does not argue about how often or how much he drinks. "You have to, follow the rules; my drinking is a problem, but I don't stop being your father no matter what." However, Dad promises to put off any decisions, including interpreting rules and imposing consequences, if he has had anything to drink that day.

I cannot guarantee that this sort of promise will help you avoid ugly scenes when you have drunk too much, because it depends upon how alcohol affects your personality. (For many people, promises made beforehand are thrown out the window after a few drinks.) In any case, this is not the ultimate solution, as you know. Parents whose children accuse them of a drinking problem have an extra handicap. Making a system of explicit rules can help you provide clear expectations and defer your decision-making until you have a clear head. But it is only the first step, showing the child that you are still a parent, despite any problems you may have. *Then* go through a detoxification program and join AA.

Marijuana

At the end of the 1960s, use of marijuana (and hashish, the more concentrated form of cannabis resin) became commonplace among young people in our society. Those of us who were in college, in military service, or just entering the work force at that time are now becoming the parents of teenagers and preteens. Many of

us have warm, friendly feelings toward cannabis yet do not want our children getting involved with it. Parents who themselves have smoked marijuana may be less upset about their kids trying it than most parents were in the 1970s. They may feel reluc tant to make any rules about it at all.

On the other hand, marijuana is illegal. To condone it is to condone law-breaking. Furthermore, a ninth-grader smoking a joint in the morning before school is a completely different situation from the earliest experiences you may have had with marijuana (sharing a joint on a Saturday night in your college dorm or around a campfire on the beach). The difference is not only in the user's age but also in the strength of the marijuana currently on the market, and in its daily, not just occasional, use. For a frightening number of young people, marijuana is not an occasional "high" but a constant condition.

Although parents who have used marijuana may run the risk of being too tolerant, there are still many to whom it is completely unfamiliar. They are at risk of succumbing to "all-or-none" panic ("one joint and you're a drug addict").

Before trying to make any rules about marijuana, parents need to have an accurate picture of how it is used by teenagers today. You have to be clear to yourself about your concerns before you can make rules that are clear to your children. The place to start is with some facts:

Marijuana is not physically addictive. The body does not build up tolerance to tetrahydrocannabinol (THC), the active ingredient in marijuana. Tolerance would mean that larger doses were required for the same effects, as is the case with alcohol. In fact, habitual marijuana users can get high on smaller doses than novices. The high depends as much on the state of mind before lighting up a joint as it does on the marijuana itself. Nor does cannabis lead to the use of such addictive drugs as heroin. Heroin users are likely to have smoked marijuana previously, but relatively few marijuana users ever try heroin. (In a national survey, 49 percent of high-school seniors who used marijuana said they had also tried other illegal drugs, but the vast majority of those drugs were, like marijuana, nonaddictive.) The proportion of marijuana users who do go on to become "hard drug" addicts is small enough so that I don't consider

it the major concern for parents. Harping on the threat of addiction may do more harm than good, by lowering your credibility.

But marijuana is dangerous. There are potentially harmful effects of using marijuana that are worthy of a parent's concern:

1. Contrary to some teenage mythology, no one does better in school—or in any other environment requiring a clear mind and a high energy level—when stoned. They do worse.
2. Also contrary to myth, there is clear evidence that driving an automobile, or any other work involving reflexes and sensorimotor coordination, is significantly degraded under the influence of marijuana. Even one or two joints produce an impairment of driving skills for several hours after the high is gone.
3. Psychological dependence can be just as serious as a physical addiction. Although the body does not become addicted to the drug, some individuals come to rely more and more on the euphoric, tranquilized state of mind and on the lifestyle that encompasses it. The term "pothead" is used pejoratively by "nonheads" but cheerfully accepted by heads themselves. In other words, they pride themselves on being social dropouts and lifelong nonachievers.

   Some authors argue that the drug itself produces this psychological dependence so that it is addictive. There is no real evidence for that. The result, however, can be the same as with a physical addiction: strong resistance to doing anything about the problem.
4. The marijuana on the market today is estimated to be up to ten times more potent than what you may have smoked 25 years ago. Research is still coming in, but studies based on today's average THC dose have shown that it can cause reduced fertility in men (lower sperm count), as well as genetic defects. In addition, much marijuana is adulterated with other chemicals (including poisons) that have unpredictable effects.
5. Most of us who are over forty-five did not smoke grass until late adolescence or adulthood. A recent study found that in rural Maine, where social change is relatively slow, 6 percent of *fourth-graders* had tried marijuana. Nationwide, 31 percent of boys admitted to using marijuana before the tenth

grade. One in ten high-school seniors smoke pot *every day*, averaging three or four joints a day.

Use of marijuana at such an early age makes today's situation very different from the college drug scene of our generation. Besides disrupting the educational process, drug users tend to halt their emotional development at whatever point they become seriously involved. A twenty-one- year-old who is rehabilitated from a drug habit of eight years typically has the emotional maturity of a thirteen-year-old.

6. Like alcohol, marijuana is a depressant, not a stimulant. Anyone who is already depressed will only make matters worse by smoking dope. Suicide attempts by adolescents are often preceded by ordinary social consumption of alcohol or marijuana. This does not mean the drug causes the suicidal feelings. It releases feelings of emotional pain and despair that are already there.

7. Purchasing any illegal drug, especially in multiple doses, tends to involve relationships with the sort of "adult" who serves as liaison between organized crime and the high-school marijuana market. A dealer's typical routine is to wait until the child becomes dependent on him as a marijuana supplier and then pretend to be out of marijuana but offer another drug as a consolation.

How can we make rules that deal with these concerns? In the first place, let us realize that the mindless "pothead" lifestyle, the psychological dependence, the depression, and the involvement with unsavory characters are not caused by smoking marijuana. Marijuana is only the vehicle by which some already troubled adolescents, low in self-esteem and despairing of success at anything else, drop out of the competitive world while at the same time embracing, to extremes, the fashionable attitudes and behavior of their age group.

So if your child is leaning in that direction, you will not solve he problem by cracking down on pot. It is similar to the situation with teenage alcoholism. There, too, the major concern is psychological dependence, which has to come first before the physiolgical addiction process begins. A parent's job is to get help for the child's original problems, which the child has tried to solve

by abusing marijuana or alcohol. (in chapter 21, I will have more to say on when and how to get professional help.)

Your rules should focus on your concerns about the probable effects of marijuana that you will be able to see: deterioration in school attendance and performance, irresponsibility with motor vehicles. As with alcohol, you can make rules about the consequences of unexcused absences and tardiness, consequences of a significant drop in grades, consequences of being reported in a car whose driver has smoked marijuana, and so forth.

You can also enforce a rule against possession of marijuana, or even paraphernalia like hashish pipes, cigarette-rolling papers, and roach holders (clips, often decorated, to hold a joint down to its last embers). Kids may be able to keep such items out of sight, but that is not the point. The point is that if they can anticipate the consequence of being caught with the stuff, you have made your standards very clear. The mere fact that you care so much will improve the adolescent's self-esteem and make him much less likely to feel like "dropping out," which is your bigger concern.

What if you yourself use marijuana? In our diverse society, some readers may be shocked by that idea, whereas just as many will appreciate its pragmatism. I know parents who have shared a joint with their teenagers as casually as they might offer a sip of wine or beer. I know others who keep their marijuana usage secret, and still others who stopped when they became parents, so as not to set a bad example. In general, whether you continue to smoke marijuana or have stopped, I advocate telling your children honestly about your experiences. It would be worse for them to learn that you had been dishonest than it would be for you simply to acknowledge a double standard: *What is all right for you is not necessarily all right for your children.*

With alcohol, my concern was that excessive drinking would interfere with your ability to be firm but fair. With marijuana, I have two different concerns. One is that you may hesitate to prohibit marijuana if you smoke it yourself. You probably don't feel guilty about drinking alcohol, but you may feel guilty about marijuana. Don't let that interfere with your rules. My other concern arises from the fact that alcohol is not against the law, whereas marijuana is—for adults as well as minors. If the child

knows that you occasionally smoke grass, you are setting an example of disrespect for the narcotics laws—and laws in general.

Although setting such an example is regrettable, you can still show that your actions are consistent with the idea of rules and consequences. You can simply explain that our society is ambivalent about marijuana and has some laws on the books that are rarely enforced. However, you need to stress that if arrested for possessing marijuana, you would take the consequences. Henry David Thoreau did not merely refuse to pay the poll tax that he considered unjust, he willingly took the consequence: a night in jail. You are going to make some rules because your children are not old enough to make the decisions you have made for yourselves about marijuana. Unlike the state and federal marijuana laws, the family rules are going to be enforced consistently.

What you do from that point on will be the same as parents who have much more negative attitudes toward marijuana. You have to sit down and decide what you consider acceptable at your children's age, what limits you want to enforce. And you have to phrase the rules in terms of visible events.

Uppers, downers, acid, coke, and other "trips"

The first thing you need to do is educate yourself. Several excellent books are suggested at the end of this chapter. I shall provide only a brief introduction to the different types of drugs children are playing with today; then I shall make some suggestions about rules.

Hallucinogens. LSD ("acid"), PCP ("angel dust"), quaaludes, mescaline, DMT, and DOM ("STP") are a few of the more popular synthetic drugs that produce hallucinations. In the days of Ken Kesey and Timothy Leary, a lot was written about "mind-expanding" and "altered states of consciousness" in relation to creativity. The adolescents who use these drugs today don't describe themselves as searching for any higher truth. They simply say they want to get "high." When they speak frankly about their goals, these kids do not seem to have much confidence in the future. To those of us who, at twenty, condemned those over thirty for having "sold out" to materialism, now that we are pushing forty, the ones under twenty seem to have sold out. What could be more materialistic than the instant unearned pleasure of a "trip"?

So that is one danger of hallucinogens—that the "high" becomes the most important thing in life. You combat that danger by building up self-esteem and confidence about the future, by generating an interest in sports and other healthy activities, rather than by merely enforcing rules.

But there are other dangers:

1. The question of *addiction* to a drug has two parts: *dependence* and *tolerance*. Dependence may be only psychological ("needing" the drug) or both psychological and physical. Tolerance means requiring an increasing dose to get the same effect.

   Whereas marijuana does not produce tolerance, but can lead to psychological dependence, hallucinogens do just the reverse: They usually do not create dependence, but they do create tolerance. In fact, chemical similarities between different hallucinogens can cause a user of one drug to develop tolerance to others. The frequent user of mescaline will require a bigger dose of LSD to get high, and vice versa.

   The consequence of tolerance to hallucinogenic drugs can be similar to what happens in alcoholism. Problem drinkers may be proud of their "capacity," but what is really happening is that they have to drink more before they feel drunk. Ultimately, the effective dose approaches the level of a lethal dose, producing brain, liver, and other organ damage. "Acid freaks" (heavy hallucinogen users) may similarly flaunt their capacity to take more and more drugs in dazzling combinations, but this does not mean their bodies or brains are impervious to those doses.

2. The long-term effects of these drugs are unknown. It is fairly clear that they can damage the developing nervous systems of fetuses whose mothers take them while pregnant. Findings that indicate genetic damage or other effects on future pregnancies are still inconclusive.

3. Users never actually know what they are taking. The so-called "controlled substances" (the illegal drugs) are not controlled at all. They could contain anything. The people who manufacture these drugs use whatever alternative ingre-

dients are cheaply available at the time. Those who sell them on the street call them whatever is most popular at the time.

In 1970, The Haight-Ashbury Free Clinic in San Francisco found that 90 percent of the "hallucinogen" samples they analyzed were different substances than they were alleged to be. In a study on the East Coast, of thirteen samples purported to be mescaline, seven were found to be LSD, four were STP, one was aspirin, and one could not be identified. None was mescaline.

This unreliability can be extremely dangerous, because the ability to control one's reaction to the psychedelic distortions of a "trip" depends greatly on getting the trip one expects. A youngster may have tried mescaline previously and had a certain kind of experience. The next time someone sells or gives him some "mescaline," it may be something quite different. Not knowing when or how the experience will end, he panics. Most accidents due to "freaking out" (jumping through a window, for example) are caused by panic.

The symptoms of an LSD trip may include tingling, numbness, nausea, loss of appetite, chilly sensations, extreme emotionality (exaggerated laughing or crying), and, most noticeably, dilation (widening) of the pupils. Many of the same symptoms are produced by marijuana, mescaline, DMT, and STP; they differ mainly in their quickness, intensity, and duration of effects. Do not hesitate to get medical attention for a child with any of these symptoms. Hospital emergency rooms deal with them every day.

The foregoing drugs usually come in the form of pills. PCP (phencyclidine, or "angel dust") can be in pills or powder, or be impregnated into cigarettes of tobacco, marijuana, or spearmint. Because it is relatively inexpensive, PCP is one of those drugs frequently sold as something else. It is an extremely dangerous drug, producing an astonishing variety of effects: depressant, stimulant, analgesic, hallucinogenic, anesthetic, and/or convulsant. In low doses it can produce euphoria and distorted perceptions similar to LSD. But daily use of PCP develops tolerance: Larger doses are required. High doses have bizarre, psychotic, unpredictable effects: violent aggression, unusual accidents, suicides, impulsive homicides. Along with complete loss of control, there seems to be an amnesia, so unlike LSD users, PCP users who

have a "bad trip" have no bad memories to dissuade them from trying it again.

Any teenager who is believed to be on a PCP trip should be contained as calmly as possible. Because even a gentle person can suddenly become incredibly strong and destructive with an overdose of PCP, the police should be called to provide immediate transportation to a hospital.

Uppers.[*] Amphetamines, or "uppers"—such as Benzedrine, Dexedrine, and methylamphetarnine ("speed")—are a big drug problem in adults of all social classes, as well as in adolescents. They are stimulants, which means that they activate the sympathetic nervous system, constricting blood vessels, increasing heart rate and blood pressure, dilating the pupils and the windpipe, relaxing intestinal muscles and tensing other muscles, increasing blood sugar, and stimulating the adrenal glands. The results are alertness, wakefulness, attentiveness, and the kind of emotional stress reaction that comes when one feels as if one is about to be attacked.

These drugs are highly addictive, producing both dependence and tolerance. If you were to get your physician to prescribe an amphetamine as diet pills, they would help to suppress your appetite but only if taken every day. Soon one would need more pills just to keep from slowing down and feeling depressed. The same dependency arises in an athlete who takes speed as a pep pill or to increase endurance, and in a college student who uses it frequently to stay awake to finish a paper.

Ironically, these pills will not solve anyone's weight problem in the long run; they damage an athlete's physical conditioning; and they actually impair mental performance. A student who has blown off three months' worth of reading assignments and lectures might improve his chances of passing the final if he stays up all night cramming (and stays awake during the test), but he won't do nearly as well as the student who did the reading over a longer period with an unfatigued mind.

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[*] *NOTE: This book was last updated in 1990. For current information on crystal methamphetamine, Ecstasy, and the most up-to-date facts about the drug problem in our society, I suggest* **www.DrugWarFacts.org/**

Speed is also used as a social drug, like marijuana or alcohol, to produce a "buzz," euphoria, and sensuality. After its use becomes chronic and a larger dose is needed, users may switch to intravenous injections, with the added risk of developing hepatitis or other diseases from contaminated needles. Few teenagers do this, but it is worth pointing out that those "helpful" pills you may have been depending upon, with your doctor's cooperation, can mushroom as a major threat to your children's lives.*

Downers. Sedatives, or "downers," include barbiturates—drugs ending in -al, such as Amytal ("blues"), Nembutal ("yellows"), Seconal ("reds"), and Tuinal ("tooeys" or "rainbows")--and tranquilizers, such as Librium and Valium. They all have the opposite effect of that of stimulants, with equally disastrous possibilities.

These drugs do not create dependence as long as they are used in prescribed doses. Unfortunately, one's system gradually develops tolerance, so that larger doses are required to get the same amount of sedation. The larger doses then produce dependence in many users. It is said that more Americans are addicted to Valium than to any other drug, including alcohol. Most of these Valium addicts are women over thirty. With teenagers, barbiturates are more popular than tranquilizers.

Barbiturates serve different purposes for different users. One type of barbiturate abuser seeks more and more escape from stress, eventually retreating into oblivion. Another type seeks the opposite reaction, since, paradoxically, after one can tolerate large doses, barbiturates begin to have a stimulating effect similar to that of amphetamines. The third type is someone who takes sedatives in combination with other drugs—either in alternation with stimulants or LSD, to produce a cycle of ups and downs, or together with alcohol, which gives a quicker "high" but also a deeper depression soon afterward.

All three types are courting addiction. Again, we have to recognize the precedent we parents establish by our own overdependence on over-the-counter, as well as prescription drugs. If you yourself have a problem with any of these drugs, the best

* *Since writing this, I have met young people addicted to their parents' prescription pain medicines. It's a moving target. –K.K.*

thing you can do for your kids is to let them know how it came about, how it affects you, and what you are doing about it. Children can learn from negative role models as well as from positive ones, if their parents are honest and open with them.

Cocaine. If your children can afford this drug even occasionally, they have too much spending money. You should be as concerned about where they are getting the money as about the cocaine itself.

Whether sniffed or injected, cocaine produces a tremendous euphoria, similar to the effects of marijuana but more powerful, including sporadic paranoia and tactile hallucinations. Unlike marijuana, cocaine is energizing: continued use can produce insomnia and loss of appetite. "Crack" is cocaine in a form that is smokable, relatively inexpensive and uncontrollably addictive. It can damage lungs and promote the spread of AIDS through burned and bleeding lips. Worse, the violence that follows it from community to community makes crack a terribly destructive element in our society. It is not enough to educate one's own children about this. We must all get involved to keep crack out of our towns.*

Heroin and other "hard stuff." I consider all of the drugs discussed above very serious indeed; children who use any of them are drug abusers. Unfortunately, adolescents often reserve the phrase "hard stuff" for drugs that are "mainlined" (injected into the veins). If your kids are doing anything with needles, your problem is already beyond the scope of this chapter. Take the kid directly to a drug rehabilitation hospital.

An overdose is a medical emergency. Too many young people die of drug overdoses when their friends could have saved them by dialing 911 (or the equivalent emergency number in their area).

Often the friends panic and run away, or they stay and try to restore consciousness while waiting for the effects of the overdose to wear off. They hope to save their friend (and themselves) from getting in trouble. For the person who has "OD'd" this can be a fatal or brain-damaging error; it is then also devastating for the friends who have let it happen. An injection or other proper medical treatment could have saved their friend's life.

* *Too late now – it is in your town. –K.K.*

Be sure, therefore, that your children know that they must call the police or paramedics if anyone they are with appears to have lost consciousness or to be physically out of control in any way. They must also recognize it as a medi cal emergency if any one, who may be only moderately drunk or stoned, swallows a number of pills out of the medicine cabinet, perhaps in a suicide attempt. Regardless of how harmless the pills are believed to be, his or her friends must not wait to look for symptoms of an over dose.

The best rule of thumb for all situations is "If you're scared by what you see happening to your friend, call for help." They should be prepared to tell the paramedics as much as they can find out about what drug was taken, when and in what amounts, and what else the person had to eat and drink.

Possession. You don't need a rule in your family about possession of drugs unless you have reason to believe that your children are toying with them. However, if you do find drugs in your children's possession, or if one of your children is reported to be using any drug, then you need an immediate firm rule that will apply to every child in the family.

Although you have the legal right to search your children's rooms at any time, it is not a good idea unless other evidence first comes to your attention (a friend or teacher tells you your child is using drugs, or the child leaves clues where you can't help finding them). The principle to follow is: *Trust each child to the full extent that he or she has been trustworthy in the past.* Even learning that your child's best friend has been arrested for dealing quaaludes may not necessarily be cause for invading your child's privacy. But if you find an unidentified tablet on the floor of the child's bathroom and your pharmacist tells you it looks like a quaalude, then that knowledge combined with the fact that the child's friend was selling quaaludes would be sufficient reason to do a complete search.

The first time you find any drugs at all, other than something you have authorized your children to take on their own (vitamins, perhaps a headache tablet), you should flush them down the toilet. If you want to know what the drugs are, and you do not believe your child's explanation, you can have them tested. But it is not really necessary to identify them before taking action.

Make sure all the children in the family know that you have found and destroyed a drug that should not have been in the house.

Since no one is being punished the first time this happens (assuming you don't already have a specific rule about drugs), it is not important whose pills, powders, or joints they were. Announce a new rule for the future. A logical consequence might involve restricting relationships with other kids, since that is where the drugs come from. Let us say you choose grounding as the consequence. In this case it can't be a brief grounding. A month might be about right, for the first offense after you have given warning. "If we ever again find any unauthorized drugs, the one responsible for bringing them home will be grounded seven days week, for a month. And we won't play detective: if we don't know which of you to punish, you will all be grounded." This speech contains two important phrases. "Unauthorized drugs" means anything you have not told your children to take; it avoids quibbling over what the pills or powders are that you have found, whether they are illegal, and so forth. "Person responsible" enables you to ignore the child's claims that the drug was left behind by a friend, or a friend of a friend. Or an alien.

This consequence will not prevent your children from experimenting with drugs in the future. It may make doing so less convenient. The most important result, however, is that it gives your children a very clear answer to their question "What do you think of this?" That is what they are asking, unconsciously, when they leave stuff where you are likely to find it.

If your rule is subsequently tested, make sure you follow through with it, *no questions asked*. There really is no need to hear all the excuses, all the extenuating circumstances.

EXAMPLE: David, Laura, and Jim Robinson—ages sixteen, thirteen, and eleven, respectively—all swear they have no idea where the little heart-shaped pills their mother found in the TV room came from. Since neither parent brought the pills into the house, all three kids are punished. "How can you punish us, when we don't even know how they got there?!"

"Maybe it seems unfair," Dad says calmly. "I'm willing to believe that those pills were not yours. But you are all responsible for making sure that no unauthorized drugs appear in this house. I guess you didn't do an adequate job of policing some of the kids that you brought home. It may just be bad luck, but you'll still have to take the consequence."

Should you be a tattletale? Yes. If your children name another kid as the possessor or purveyor, you may want to bar that kid from your house for a period of time (one or more months), in addition to punishing your own kids. *You should also call the friend's parent.* Many people are reluctant to do this. They use excuses like not having definite evidence, not wanting to be accused of libel, protecting their children from retaliation—but the truth is they are just too timid. Their reluctance prolongs and exacerbates the problem. if other kids were telling their parents that your kid were a pusher, wouldn't you want to know about it?

EXAMPLE: You pick up the phone and a stranger nervously introduces himself: "Mrs. Jones, this is Frank Smith calling. My daughter Sandra is friends with Robert."

You: Oh yes, I know Sandra.

Caller: I feel a little awkward calling you like this, but my wife and I are very concerned about drugs, and we seem to have a problem.

You: Oh my. Well, I hope Robert isn't involved.

Caller. I don't know if he is or not, frankly. What I do know is that the kids say he is very involved. We found some pills and confronted Sandra, and she said that Robert brought them over here.

You: So you really don't have any evidence. She could be blaming him just to get out of trouble.

Caller. Yes, that's correct. However, Sandra is not out of trouble. She has been grounded for a month. We're not concerned with prosecuting Robert, though he won't be allowed over here for another month after Sandra's grounding is over. The only reason I called was to share with you what Sandra told us. Maybe it isn't even true, but you know Robert better than I do.

You: Well, this is very upsetting. I have seen a package of pink pills, but he said they were just candy.

Caller: They're not candy. I took them to a pharmacist, and he identified them as Secobarbital, a barbiturate.

You: Oh. Well, thank you for calling.

Caller: I'm sorry it wasn't pleasant news.

You: No, it wasn't. But I'm glad you told me.

I think you'll agree that you would appreciate the other parent surmounting his embarrassment and telling you the facts, in a nonjudgmental, constructive way. Now you can feel confident about being the caller, if that occasion arises. You may not meet with the same friendly response this caller got. The other parent might hang up on you. Don't worry about it. You have done the responsible thing. It is the only way we parents can make inroads against teenagers' infatuation with drugs, and against the criminals who exploit it.

Know and use the laws

Whatever rules you make for your own children should be consistent with the rules of their school and your state and local laws. Parents put themselves on shaky ground if they try to be less strict than the law itself. For example, if the law prohibits possession of marijuana but you decide to allow possession of marijuana while prohibiting quaaludes, you are sending a confusing message.

Regardless of your attitude about the marijuana law—even if you strongly believe, as many do, that marijuana should be decriminalized—your best strategy as a parent is still to accept majority rule and support the law. That way the law supports you, and your position is clear, not only on the issues you have discussed explicitly with your children, but also on law-breaking in general.

Most schools publish a booklet that clearly enunciates their policy on drug possession, sales, or distribution on school grounds, buses, and at school functions. Usually there is a suspension for the first offense and expulsion after the second or third offense. Counselors may meet with the student, parents, and principal to arrange participation in an appropriate treatment program before the student is readmitted.

When you know the school rules in advance, you can frankly discuss with your children what your family consequences of school suspension or expulsion will be. In addition, both you and the child should know exactly what your local and state laws say. You should know how the laws are normally enforced in your community.

- Do you and your teenagers know the legal age in your state for purchasing or consuming alcohol in a public place? Is the age requirement younger for wine and beer? Are minors arrested in your community under this law? What is the usual fine or jail sentence? In practice, the first offense usually results in only a warning, but if your child were fined, who would pay the fine? Make it clear.
- Possession of a small amount of marijuana, at any age, in any place, is illegal throughout the United States. However, enforcement of this law varies widely. For what amounts of marijuana, and for what other drugs, have there been arrests and convictions in your area? Are only the dealers arrested, or are the purchasers arrested, too? Would you post bail? Would you make the child pay the fines?
- For how long are driver's licenses suspended after the first arrest for driving while intoxicated in your state? What about the second arrest? What happens to the insurance rates of a parent whose teenager is arrested for drunken driving? Who will pay the difference? (It is worth noting that judges are under increasing pressure to enforce drunk-driving laws more consistently than they have done in the past.)
- Any adult who furnishes alcohol to a minor (even in his own home) may be liable in a civil suit for monetary damages brought by anyone who suffers injury or property loss through the actions of any person intoxicated by that alcohol.
- Recently, many local communities have passed ordinances that allow adults to be fined (up to one thousand dollars in some towns) for serving alcohol to minors even if no damages result. These ordinances are serving as models for new state laws, which promise to have significant benefits if police departments and courts will enforce them. Does such a law exist in your town or state?

To get the answers to these questions, try calling your local police department. Ask to speak to the commander of the juvenile division. Or call the office of the chief judge of the juvenile court in your county or municipality.

"My friends do it, but I don't"

Mr. and Mrs. Roth were in my office with their ten-, thirteen-, and fourteen-year-old children, discussing their feelings about teenage drug use. They had made considerable progress in learning to communicate as a family, but drugs remained a topic on which, as one of the boys put it, "Mom gets hysterical."

Mrs. Roth was saying that if any of the kids' friends started using drugs, she would want them to drop that friend and have nothing to do with him. Her fourteen-year-old interrupted, "You don't drop your friends just because they've got problems. What about Mrs. Collins? She drinks too much. You're worried about her, and you tried to tell her she should go to the hospital. You didn't just tell her, 'Don't call anymore, I'm not your friend anymore.'"

The Roths had to admit that Roger had a good point. I think he was right. It is a natural impulse for parents to want their kids to separate themselves completely from any friends or acquaintances with serious problems, but that is neither realistic nor an action that we would consider moral in our adult relationships.

We will have to accept the fact that within any group of adolescents, some are more involved in drugs, some are less. If your child claims to be a non-user among users, he may be telling the truth—or nearly the truth.

You should make it clear to your kids, however, that you will hold them responsible for any trouble their group as a whole gets into. If your daughter's friends are drunk, and one of them throws a bottle through a store window while she is with them, it is reasonable to say that the group as a whole was responsible. There should be a consequence for your daughter as well as for whoever actually threw the bottle. If she was together with peers who were engaged in anything you prohibit—drunkenness, vandalism, shoplifting, reckless driving, or whatever—and did not remove herself from the situation, she should be punished.

There are two principles involved. First, you simply cannot be a detective and evaluate the truth of your child's claim not to have been doing what the others were doing. You don't want to have to take a position as to whether you believe your children or not. If you challenge their claim, you undermine your relationship of mutual respect. But if you accept their statement on the basis of

inadequate evidence (whether or not they are telling the truth), they may be tempted to lie in the future.

When the rule prohibits being in a group in which any members are doing the acts in question, you do not have to worry about degrees of guilt. You can say to your fourteen-year-old, "I'm glad to hear that you personally didn't have any beer. But because you were in the group that went out behind the school and passed some bottles around, you have to take the consequences. Our rule says that you will be grounded if you are in a group of kids in which *anybody* gets in trouble for consuming alcohol. The rule doesn't get into issues of how much you did or didn't join in with the others. Next time something like that happens, make sure nobody can even get the slightest impression that you might have been one of the ones involved."

The usual excuse is that "I didn't want to leave him because I was trying to get him home and keep him out of trouble." But this is such a universal cop-out that you should never yield to it unless you have independent evidence that your teenager really did everything possible to prevent trouble.

Parents may actually harm children when they accept their unsubstantiated protestations of being the innocent member of the group—the claim "My friends do it, but I don't." Although it is possible for your children to refuse drugs and still be accepted, you should be realistic. If the only friends he has are users, and if a majority of his social activities are of the "other people were doing it but I wasn't" variety, then he is probably lying to you.

How can kids refuse drugs and still be accepted?

The truth is that the child who declines offers of alcohol, pot, and pills does not automatically become unpopular with peers. The other kids will only exclude him or her from one kind of activity: parties whose sole purpose is to get high. Whenever there is any other purpose—playing music, going to the beach, making a homecoming float—the group is almost always tolerant of an idiosyncratic member who is not a part of the drug scene.

Keep in mind that even in communities where drugs are quite prevalent, not all teenagers follow that Pied Piper. If a high

percentage do, that still leaves some who have the courage to refuse. Your children can choose friends from that group.

Furthermore, if their friends do get involved with drugs, your children do not necessarily have to lose them as friends. At a party, when they are offered something they do not want, they can say, "No, thanks." At that point, they may very well get an argument from the kid who is offering the drug. It is important to realize that this kid is not really as concerned about getting his friend high as he is about protecting and enhancing his own self-image: If other kids imitate him, he must be great. So it is a mistake to argue the merits or dangers of drug use if one doesn't want to be rejected as a friend. The most effective thing the child can do is simply to ask, "Can we still be friends even if I don't do drugs?"

If the answer is no, at least the non-user has clearly established that he is being rejected because the other kid doesn't want straight friends, rather than because of anything else he did or said.

More often, however, the answer will be yes, and the group will find ways of including the nonuser in most of their activities. If he has a driver's license, his value to the group may be greater when everyone else has been drinking or smoking grass, and they can count on him to drive them home.

In any group, there is a range of differences. Some kids will be looked down on for going off the deep end, whereas your kids may be teased for being too straight. Yet if they do not argue the point but merely make a personal decision and stick to it, they will be respected for their courage and appreciated for the way they balance the excessive members of the group. Their individual decision reassures others that they, too, have a choice. Instead of having four beers, for example, the others can choose to stop at one or two; instead of using LSD, they can stop at marijuana.

An exercise to prepare children to say, "No, thanks." I suggest holding a family meeting when your oldest child is still only in sixth or seventh grade. You can discuss the kinds of peer pressure that the children anticipate, and you can rehearse different responses that they can try. Have the kids play the parts of the drug offerers, and you be the refuser; then switch roles. They will probably be more creative than you in thinking of ways to handle the situation.

Do not accept assurances from your kids that this sort of thing does not go on among their friends or at their school. It does go on

at their school, and if none of their friends ate involved in it yet, some of them soon will be. Point out that the rehearsal is only an exercise to reassure you that they would be able to handle a difficult situation if it should ever arise. It is just like a fire drill at school.

Going along with this role-playing exercise is not necessarily a promise from your kids that they will never experiment with drugs. It is a demonstration that they *can* choose to refuse. Thus it makes clear that they must be held accountable for whatever decisions they do make when the situation arises.

Summary

The major part of what parents can do to prevent drug abuse involves making adolescents feel good enough about their bodies, their minds, and their futures so that they do not want to throw them away. A second part of the parents' task is seeing that children have accurate information about the effects of drugs. Direct rules about the observable results of using those substances are the smallest part of the parents' task.

It is not possible to draw up a ranked list of dangerous drugs, from least to most harmful. Their relative danger depends as much upon how they are used as upon the substances themselves. For example, everyone would agree that alcohol addiction is much worse than tobacco addiction. But occasional cigarette smoking is more dangerous than occasional consumption of alcohol, because continued cigarette smoking will almost surely lead to nicotine addiction, whereas most social drinkers will not become alcoholics.

Therefore parents are better off avoiding second-guessing (for example, "We'd better crack down on marijuana because it might lead to heroin"). Instead, make rules about the very things you are concerned about. When you and your partner sit down and ask yourselves why you want to insist that your children stay away from drugs, you will usually list things like school, jobs, family responsibilities, and other behavior that you really do have the power to enforce rules about.

SUGGESTED BOOKS: Drugs

Alibrandi, Tom. *Young Alcoholics*. Minneapolis: CompCare Publications, 1978.

Dusek, Dorothy, and Girdano, Daniel. *Drugs: A Factual Account* 4th ed.). New York: McGraw-Hill, 1986.

Milam, James, and Ketcham, Katherine. *Under the Influence: A Guide to the Myths and Realities of Alcoholism*. Seattle: Madrona, 1981.

Talbott, Douglas, and Cooney, Margaret. *Today's Disease: Alcohol and Drug Dependency*. Springfield, IL: Thomas, 1982.

Vaillant, George. *The Natural History of Alcoholism*. Cambridge, MA: Harvard University Press, 1983.

Wegscheider, Sharon. *Another Chance: Hope and Health for the Alcoholic Family*. Palo Alto, CA: Science and Behavior Books, 1981.

NOTE: This book was last updated in 1990. For current information on crystal methamphetamine, Ecstasy, and the most up-to-date facts about the drug problem in our society, I suggest **www.DrugWarFacts.org/**

SUGGESTED BOOKS FOR CHILDREN

Hemming, Judith. *Why Do People Take Drugs?* (32 pp., grades 1-3). New York: Watts, 1988.

Hyde, Margaret. *Mind Drugs* (grades 7-11). New York: Putnam, 1986.

Hyde, Margaret and Bruce. *Know About Drugs* (64 pp., grades 4-6). New York: McGraw, 1979.

Martin, Jo, and Clendenon, Kelly. *Drugs and the Family*. New York: Chelsea House, 1990. (Note: This is one of 50 separate volumes in the Encyclopedia of Psychoactive Drugs, which you will probably find in your school library or the children's section of your public library. Each title is on a specific drug or on a drug-related problem. They are equally good for parents and children to read together, or for 9-12-year-olds to read on their own.)

CHAPTER SIXTEEN

Sex

Martha and Alan were in their twenties and engaged to one another before they "went all the way" for the first time. Now their children are in high school, and Martha and Alan want them to remain virgins at least until adulthood.

In the house next-door, Jim and Kate have a different attitude. They know that adolescents are becoming sexually involved much earlier (on the average) than was the case a generation or two ago, and they feel their children will be better prepared for marriage as a result. Kate took their daughter to a birth-control clinic when she started dating, although she was still a virgin; and they are seeing to it that their son is also completely informed about sex, contraception, and venereal disease.

Down the street live Jeff and Carolyn, who disagree with one another on the whole subject of teenagers and sex. Jeff is extremely worried, but only about his two daughters; he assumes that his son "can take care of himself." Carolyn is open to the idea that all three of their children are likely to have intercourse while still in high school. Carolyn wants her son to be as cautious and responsible about sexuality as she expects her daughters to be.

Parents in our society differ from one another in their attitudes about adolescent sexuality even more than they differ in their thinking about drugs. Yet I think we can make some assumptions about all the parents just mentioned, and about all readers of this book. I assume that you do not want your children plunging into sex irresponsibly; you do not want them procreating before they are ready to assume the responsibilities of parenthood; you do not want them to have to face the trauma of an abortion decision; you want them protected from venereal diseases, and you would want them to get proper treatment if they ever did contract a venereal disease; you

do not want them hurt in ways that might spoil their enjoyment of mature sexuality throughout their lives; and you do not want them to hurt others.

There are differences between those kinds of concerns and the concerns we have about our children experimenting with unprescribed drugs. Drugs are something they can live without entirely; whereas sex is a source of joy and beauty, an expression of love, and our means of reproduction. Becoming a sexual adult is a central part of growing up. A child who learns to fear sex is as unfortunate as one who becomes involved with it too early or incautiously.

Nonetheless, my advice for parents is exactly the same as in dealing with concerns about drugs. The most important task is to build *self-esteem*, beginning practically from birth. The second task is *education*, which begins with "the birds and the bees" and adds honest explanations as soon as children are interested and capable of understanding them. Rules come in as a distant third. In fact, it is absolutely impossible to impose your standards about adolescent sexuality by trying to enforce rules about it. You can state your preferences, and you can provide information. Short of a twenty-four-hour-a-day chaperone, you cannot prevent your children from going as far as they decide they are ready to go.

There are many implicit rules, however, in the facts your children must learn about sex. Sex is replete with natural consequences. For example, "If you have intercourse without contraception, you are more than likely to become pregnant." Your discussions of sex will inevitably focus upon the various natural consequences of irresponsible sexual behavior.

But your children need more help from you than that. They also need to learn that sex is a fine thing, in the context of a warm, trusting relationship between willing and secure partners. They need to know where they can turn for answers to questions they may not feel comfortable asking you, or to which you may not have answers. And they need to know how to say "No" until they feel emotionally ready to have sex, or whenever they do not feel it is what they want with a particular partner.

No one can impart that knowledge better than a child's parents, if they can get past their possible discomfort in bringing up the subject. It does not matter if your own sexual experience is limited, or disappointing, or not the sort of model you hope your child will

follow. You are not going to talk about your own experiences specifically. But the most effective way to show your children that questions about sex can be answered straightforwardly is by taking the lead in opening up the topic. As with drug questions, you probably need to educate yourself first, about such questions as how teenagers can best prevent conception, how to recognize the symptoms of various diseases, and what to do about them. Again I shall only provide a brief outline of the kinds of information teenagers need. (The books listed at the end of the chapter provide detailed information.) First, however, we need to deal with the more general problem of how to talk about these issues with your children.

Don't wait for the child to ask

Despite the barrage of sexual stimulation all around us, and despite the revolution that has brought once-taboo topics into everyday social conversation, it is still not easy for most parents and children to talk with one another about sex. Although we may be more comfortable than our parents were about explaining the basic facts of reproduction, we are no more inclined than they were to go into detail. Nor do our children want to know anything specific about our sex lives, or to tell us anything specific about theirs. Yet they do have many questions, and there are many things they absolutely need to know. If the only way they can piece together answers to those questions is from what they hear on the street, they will be sadly misinformed.

Although your children probably have good books they can refer to, and although they may have a good sex education program at school, they still need to hear a few words about essential topics from you. If they get the impression that their mother or father regards these as shameful or distasteful matters, it is difficult for them to feel positive about what is happening to their bodies or about the natural desires they are feeling.

Certain basic topics ought to be introduced during the elementary school years, mostly to help children make sense out of the frequent allusions they hear and see, but also to prepare them for puberty and to establish certain attitudes. I think it is important for preadolescents to acquire the attitude that sex is a normal, happy part of adult life. I also think they should be made to feel that sex

and all its natural consequences are topics about which they can get accurate information from reliable adults. (Sex is enough of a mystery for us adults; we needn't present it as even more of a mystery than it is.)

Most experts on sex education would agree that during the elementary school years, children should be taught about procreation, gestation, and birth; about menstruation and other changes that will come with puberty; and they should be given correct explanations and ressurance to counteract misinformation that they are likely to get on the playground about masturbation, homosexuality, sexual deviance, and sexual abuse.

Procreation. The "facts of life" should be explained in a simple way, with pictures of the reproductive system, by the time a child is six or so. (There is no harm in telling them at four or five, if they are interested.) The emphasis should be on the miracle of how a baby grows from a fertilized egg. At this age, all the child needs to know about the sex act is that conception occurs when the father's penis deposits sperm from his testes into the mother's vagina, and that the sperm swim up the Fallopian tubes to meet an ovum from the mother's ovaries.

Over the next five or six years, the explanation will need to be repeated as occasions arise. Each time, the parents should be sensitive to new questions the child may have, as well as to old questions repeated.

You should explain—if not at the first telling of the story, then at one of your later retellings—that a baby is created only if the sperm get into the Fallopian tubes at just the right time to meet the ovum of the month. The implications of this point may not be fully understood at first, but it opens the way later to explain that mothers and fathers have intercourse as a part of making love to each other, not just one time for each child they want to have.

Menstruation. Girls need to learn about this part of growing up from their mothers, *before* their first period, which often comes at age ten or eleven. It is astonishing and distressing how many girls, even today, have no idea why they are suddenly bleeding from their vaginas. They may then hear a speech from their mothers about how natural and wonderful it is, a manifestation of their capacity to bear children, but the rhetoric is belied by the fact that it has been

kept a taboo topic until that moment, and by the mother's evident discomfort in having to talk about it.

Boys also need to learn about menstruation by the time it begins to happen to the girls they know. It is not unusual for a fifth-grade girl's period to start when she is in school, and for her not to discover it until it is obvious to all. Your son might be taken aback by this, or he might be one of those who intensify the girl's embarrassment. On the other hand, if you have prepared him, he might be the one who leads his classmates in reacting tactfully and maturely.

Masturbation. It is estimated that about two-thirds of all women masturbate on occasion, and nearly all have tried it at some time in their lives. As for men, the saying is that 95 percent of us admit to masturbating and the other five percent are lying. Among teenage boys, the ratio is probably more like 99 to one. By the time they reach puberty, both boys and girls need to be told simply that masturbation is normal and harmless. Once you are sure your children know that much, it will probably require no further discussion.

Nearly all children play with their genitals as toddlers, but they usually stop at around age five, and when they resume doing so around the time they reach puberty, they do it privately. If your elementary school child has a habit of rubbing himself or herself in public, it is best to say, "That doesn't look nice, and I wouldn't want kids teasing you about it. Let's get out of the habit of rubbing your crotch so much." If the habit doesn't begin to disappear, you can set up a reward system contingent upon stretches of time without public crotch-rubbing, similar to what you might do with gold stars for not wetting the bed (see chapter 5). The next step would be a rule with a negative consequence, such as being sent out of the room. If the problem persists, then it is a symptom of anxiety, and the child should get professional help.

Homosexuality. During the elementary school years, children hear the word gay, call each other gay and use coarser epithets such as queer (which they understand to mean "weird"), and they gradually learn that these words have something to do with effeminacy in men. By the time they are in fifth or sixth grade, they know that the words somehow imply deviant sexual relations, and they are

sufficiently confused so as to need a reliable explanation. I suggest telling them that homosexuals are a minority (one man in about ten and one woman in about thirty) who prefer making love with members of their own sex. You can point out that homosexuals obviously can't make babies, but they can and do kiss and hug each other just like men and women do when they make love. I would also discuss the fact that some people make fun of homosexuals just because they are different, as others make fun of those whose race or religion is different. Don't be afraid to say anything positive about homosexuals, or to defend their rights, or to mention homosexuals of whom the child has heard, such as Tchaikovsky. Doing so will certainly not foster homosexuality in your child. Nor will any insulting remarks about homosexuals ensure your child's heterosexuality.

After puberty begins, both boys and girls frequently engage in a kind of sex play with members of their own sex, which would be called homosexuality if adults did it. For example, girls kiss and pet each other, or boys masturbate together. If you see that happening, you and your child may both need to be reassured that this is not an indication of incipient homosexuality. In most cases, the sex play includes fantasies about doing such things with the opposite sex.

Child molesters. The greatest sexual dangers to children do not come from their peers and are not a matter of voluntary choices. They come from adults: in the form of sexual abuse by relatives, rape by strangers (far less common), and exploitation in exchange for money, drugs, or simply shelter. This is a tragedy of severe proportions in our society.

It is important to make children aware of the fact that to a very small number of disturbed individuals, children are sex objects. You don't want them to get the idea that every stranger who says hi to them on the street is a potential child molester. Chances are that they will never have occasion to say no to a stranger offering them a ride, or run away from someone who exposes himself in the park or talks to them in a dirty way. But that is what they must be prepared to do, in case it does happen.

The real danger, it seems to me, isn't so much the existence of disturbed adults as the likelihood that the child will feel obligated to go along—either in fear of being hurt, or just not wanting to be rude. They should be taught, in advance, that any stranger who

would put a child in that position is not a nice person and does not need to be treated with deference. Unfortunately, though, not all child molesters are strangers. The vast majority of people who succeed in sexually abusing children are relatives, probably because the child feels more obligated to go along and more frightened of being hurt—perhaps even blamed—if the acts become known. I would not suggest warning children about specific relatives or neighbors who have a history of acting "strange," but neither would I leave them alone with those persons.

Because there are safe ways to handle intimate advances from strangers, your child does not need to go around in fear. A child molester is not like a monster who pounces on you from behind a tree. He (and he is never a she) is quite likely to be a timid person who will run away if the child runs away. The most intimidating thing he might say could be, "If you tell anybody, I'm going to come back and get you." When you are talking to your child about these hypothetical situations, tell him not to worry about a threat like that; the police will see that the person doesn't come back.

If you have informed your children, if you see that they are always accompanied or supervised by reliable adults until they are old enough to take care of themselves, and if you have provided them with a secure environment including rules of behavior, then You do not really need to be concerned about sexual abuse by adults. Then all you have to worry about is precocious sexuality between your children and their friends!

Talking with adolescents about sex. If you have taken the initiative during the elementary school years to make sure your children have the accurate information they need at that age, then it won't be difficult to continue to take the initiative during their adolescent years. Do not say to yourself, "My child would feel comfortable coming to me with any questions or problems." Your child probably would not, no matter how good a relationship you have. Your daughter might not spontaneously say to you, "I have had intercourse with Doug and I plan to do so again; how can I prevent pregnancy?" Your son might not initiate the question "Marilyn says she won't get pregnant if I withdraw before ejaculating; is that true?" You need to bring up these subjects, or at least the general subject.

In the following section, I shall list briefly the most important facts you should be sure your teenager knows. What I said in chapter II about active listening applies to this educational process just as it does to conflicts between parents and children: Take turns speaking and listening. When you are expressing your concerns as a parent, talk about your own feelings, including your fears, and avoid criticizing the child's character. When you are listening to the child, ask questions to be sure (and to show the child) that you understand what he is saying, but don't interrupt, and don't respond with your own point of view until the child is ready for you to become the speaker.

EXAMPLE: Marianne overhears one of her fourteen-year-old son's closest friends ask another friend, "Did you fuck her?" She thinks about the implications of this for a couple of days and then decides to have a talk with her son about it.

Marianne: Is this a good time to talk with you about something?

George: About what?

Marianne: I overheard something the other night that kind of upset me, and I wanted to be straight with you, ask you to explain what was going on, and tell you how it made me feel.

George says nothing.

Marianne: Can we talk now?

.*George*: I guess so.

Marianne: Barry was telling you and Peter something about a girl, and I think I heard Peter ask him, using a crude word, whether he had had intercourse with her.

George: So you listen in on our conversations.

Marianne: Well, I was in the living room, and you three were here in the kitchen. I wasn't making an effort to eavesdrop, but since that's not the kind of word I usually hear in this house, it did catch my attention.

George: I can't control what my friends say.

Marianne: That's not why I mentioned it. I was more concerned about Peter's question, and I didn't hear Barry's answer.

George: His answer was yes, but he was lying. We always say stuff like that. Guys brag about their exploits. Don't worry, nothing like that really happens.

Marianne: Well, I've got a couple of things I want to say. I just want to express my feelings. I'm not giving you the third degree; I just need to feel that you're listening. Okay?

George: Sure.

Marianne: It would help if you'd turn around and look at me. (George turns halfway toward his mother.) Thanks. The first thing I want to say is that it's not true that things like that don't happen at your age. They do happen. If you and your friends aren't getting involved with sex yet, some of your classmates undoubtedly are, and it's likely you and Peter and Barry will have girlfriends in the next few years, with whom you may decide to have sex.

George: Come on, Mom, I don't need a lecture. Don't worry--I'm not going to get in trouble.

Marianne: Please don't answer me until you find out what I'm concerned about. I guess it might sound like a lecture, but it's not. It's exploring whether you have thought about certain things.

George: I have.

Marianne: You have thought about sex, or you have thought about what I'm talking about?

George: Both.

Marianne: Well, you haven't heard what I want to say yet. It's about the word F-U-C-K. It's a word that is demeaning, especially the way Peter used it. It implied doing something to the girl, like she was an object, not a human being. And it also implied a one-time thrill, rather than part of a relationship between Barry and whoever he was referring to. You know what I mean?

George: Yeah.

Marianne: You do?

George. Yeah, but it didn't really mean that. They were full of bull anyway.

Marianne. Well, I figured that was probably the case. But I wanted you to know that as a woman, and also as someone who cares about you, it hurts my feelings to hear sex talked about that way even in jest.

George: I didn't say it.

Marianne. Do you understand how I feel?

George: Yes, I do. And I've heard all this before. Sex is a relationship between two people.

Marianne. Well, I'm glad you've heard it, and I hope you believe it.

George: I do.

There is no denying that this mother was lecturing her son, but she did so in a way that focused upon her own feelings, avoided accusations, and was frank and unembarrassed without violating the appropriate gap between generations.

A big mistake parents sometimes make when trying to convey their preferences about sex (as also about drugs and other issues) is to try to support their arguments with ominous consequences. This invariably backfires.

MISTAKE I (mythology): "If you don't remain a virgin, men will think you're a tramp and you'll never get a husband." This is not true today (wasn't true yesterday either), and she knows it. You'll lose your credibility.

MISTAKE 2 (theology): "If you get involved in sex before marriage, God will punish you." Not true. God does not have a good record for following through with consequences in this world, and the expectation of divine retribution in the next world has rarely been an effective deterrent against human temptations.

BETTER: Talk about the moral aspect of sex in terms of love and respect for God, if you will, but also for other human beings. Morality is a matter of social responsibility and of treating others as you would want them to treat you.

MISTAKE 3 (empty hyperbole): "If you get a girl pregnant, I'll kill you." You won't, and he knows it. So you're sending the message that you feel strongly about birth control, but you are failing to state the explicit consequences besides the fact that you will be upset.

BETTER: "Getting involved in sex just for the physical or emotional thrill of it, without regard to the consequences, is irresponsible. Within marriage, or within a long-term, loving relationship between adults, sex is very positive and important. But in your situation, there are hazards. We want to be sure you're aware of them so you can make responsible decisions."

In all three of these cases, the attempted "consequences" are empty threats. Yet sexual relations do have consequences—natural ones—and the purpose of talking with teenagers about sex is to be sure they are aware and have thought about those risks. Your purpose is not to scare your children but to focus them realistically upon the considerations that a responsible person would keep in mind.

What adolescents need to know about "getting involved"

I think most Americans realize that their children will get involved with sex long before marriage. We are in less of a hurry than our parents were for our children to marry. In the light of unprecedented numbers of divorces, more parents are encouraging their young people not to marry until they are mature enough to make responsible choices and a permanent commitment to each other. At some point in that process of maturing, they are very likely to have sex with somebody. There is an increase in teenage sexuality as compared with previous generations, but even more significant is the decrease in guilt and secrecy among teenagers who are nonvirgins, compared to the way their counterparts felt in the 1950s and early 1960s. Although many parents still imply that there is something illicit about sex between adolescents, television, the movies, and popular magazines glorify sexuality. Adolescents cannot help but identify themselves with the images that surround them, especially when the sexy models and movie stars are adolescents like themselves.

Nationwide, by 1973 (when large-scale surveys were done) it was estimated that 30 percent of girls and 44 percent of boys had had intercourse by age fifteen, 72 percent of boys and 57 percent of girls by age nineteen. In the next generation, those figures may have risen somewhat (probably not a great deal).

You can adjust the age upward or downward based on what you know about your own children and their peer groups, but on the average, it is a reasonable guess that half the sixteen-year-olds you know have already had intercourse with someone. This means that

the vast majority of adolescents will have had to make decisions about sex prior to that age. It is certainly not something that parents can close their eyes and wish away.

The phrase *sexually active* is often used for nonvirgins, but it is a misnomer. In the first place, most sexual activity among teenagers does not include intercourse; many actively sexy teenagers are still virgins. In the second place, most teenagers who have had intercourse do not have it very often. So in that sense, not being a virgin does not make them sexually active. Many have had intercourse only once or twice—perhaps to find out whether they were ready, perhaps to prove something to themselves or their friends–and then decided to go more slowly in subsequent relationships. So it is a mistake to assume that if one's child has had some sexual experiences, subsequent relationships necessarily involve intercourse. And it is an enormous mistake to confuse "sexually experienced" with "promiscuous," which might be implied by "sexually active." (Indiscriminate coupling with many partners will be discussed later.)

Teenagers should be educated about three different kinds of hazard they face when they decide to begin having sexual relationships: pregnancy, venereal infection, and emotional damage. For each area, I shall briefly outline the facts that you should be sure your teenagers understand. A short chapter on this subject is no substitute for the thorough treatments in the books suggested in the bibliography, but it will serve to get you thinking and talking about subjects you might have been tempted to avoid.

Pregnancy. The chances are that while your child is still a virgill he or she will hear of someone getting pregnant "accidentally.' This is a wonderful opportunity for you to say, "Anyone who has intercourse without any birth control is trying to make a baby. It is ridiculous to call it an 'accident.' What do people do when they are trying to make a baby? If a couple want to get pregnant, they have intercourse without taking any contraceptive precautions. So if you do that, you have as good a chance as anyone of making a baby. If that happens to you, we won't call it an accident.

You should also be sure that your children realize:

- that a girl can get pregnant the very first time she has intercourse.

- that a boy can get a girl pregnant the very first time he has intercourse.
- that there is a chance of conceiving at just about any time during the menstrual cycle (the rhythm method works only if a woman has kept daily temperature records to ascertain precisely when and how regularly she ovulates).
- that the number of one's different partners has nothing to do with the likelihood of conception.
- that the female orgasm has nothing to do with conception.

Teenagers circulate many erroneous myths about conception and contraception. The biological explanation of reproduction is not enough. They understand about the sperm and the ovum, but many crucial details have been left out of the accounts they were given when younger. Unfortunately, these additional "facts" are often supplied by misinformed peers. You don't have to weed out those myths one by one; you can simply state the truth and say, "Anything you may have heard to the contrary is not true; don't believe it, and don't let your friends believe it."

Talking about birth control does not mean you are encouraging your teenagers to have intercourse.

EXAMPLE: A sensible approach, which does not suggest or endorse early sexuality, is to say, "At some time in the next ten years it is pretty likely that you will be in love with someone and want to get involved in sex with them. That doesn't mean you'll have to gamble with having a baby nine months later. Frankly, young adults are ready for sex before they are ready to be parents. I suggest you wait until you are sure you are ready for sex and the relationship is the kind in which you can feel very comfortable about having sex. But when the time comes, birth control is something you must plan for in advance and be responsible about."

"Birth control" may mean the pill or diaphragm (both of which require a doctor's consultation), condoms, or refraining from intercourse before and after ovulation each month (the "rhythm" method). Withdrawal before ejaculation is a method of birth control only in principle; among teenagers, it does not work in practice.

Obviously, no method works unless it is used without error and without exception.

The most reliable method of contraception for teenagers may be condoms used with vaginal spermicidal foam. The reason is that this combination of two moderately effective methods has the best chance of being used as directed; other methods are more effective under ideal conditions, but also more likely to be improperly inserted (diaphragm), forgotten (pill), or miscalculated (rhythm). Also, because birth control pills can have side effects for some women when used for many years, it may be unwise to start a girl on this method when she is still in her teens, especially if she is not going to have intercourse on a regular basis.

However, I think this decision should be made by the young people themselves, and they should not be asked to report to you. Let your son and daughter know why you are concerned; make sure they have all the facts and know how to get a doctor's advice; and then leave the decision up to them. It is important to make it easy for them to visit a doctor or clinic without discussing the visit with you. If this discussion takes place when you know your teenager is already involved in a sexual relationship, then you can insist that he or she (with partner, preferably) consult a particular doctor immediately. But I think it would be an invasion of their privacy to insist on knowing the results of that consultation.

If the discussion takes place earlier, merely as preparation, it is a good idea to present the medical consultation as something you expect the child to do when the time comes, without necessarily telling you about it. (You can even reimburse them in advance for the cost of the visit, telling them you will hold them accountable for the money, with interest, if they get pregnant.) Several years ago, rumors circulated among teenagers in the Northeast that clinics dispensing birth control were required to notify a girl's parents. That rule had been proposed in Congress but was not actually in effect. The rumor alone was sufficient to reduce by 34 percent the use of the pill, IUD, and diaphragm by girls under fifteen and the pregnancy for that same age group increased by 93 percent.

Birth control is not merely something for parents of girls to be concerned about. It is just as important to be sure your son is aware of his responsibility for precautions against pregnancy. Perhaps it is even more important, because girls know that they will bear the consequences of any "accidental" conception, whereas a boy can

delude himself into thinking that it is only the girl's problem. He may be tempted to believe that "she can always get an abortion," or "no one can prove I'm the father," or he can use such excuses as "I assumed she was on the pill." You need to make him realize that you would consider him as responsible as the girl. If she were to elect to keep the child, he would be its father; if you would expect him to take on that role and contribute to the child's support, let him know that now. If she were to have an abortion, would you expect him to pay part of the cost? Go with her to the clinic? Let him know that now. If she were to put the child up for adoption, he would have no legal right to stop her. That, too, he should think about in advance.

All such considerations involve decisions by parents. Before they ever become an issue, you need to think through what your response would be if your daughter were to become pregnant, or if your son were to make a girl pregnant. Of course you do not know exactly what your reactions would be, because they depend on the ages of the two young people, who the partner is, what their options are in terms of education and jobs. But you can discuss all the possible outcomes that might occur as a result of extramarital pregnancy. You don't know which of these consequences your family would wind up choosing, but you and your teenager do know that none of them would be desirable.

Venereal disease (or VD, or STD). Venereal diseases—literally, "diseases of Venus" goddess of love—include dozens of different infections communicated through sexual contact. It has become more comon to call them STDs, sexually transmitted diseases. Some are easily treated; others have as yet no cure. The most important thing for teenagers (and adults) to know is that none of these diseases goes away by itself. Without exception, every STD gets worse the longer the treatment is delayed. Not only does it spread to every new sexual partner, but in the case of some diseases—gonorrhea and syphilis, in particular—the infection spreads through the nervous system, causing brain damage and eventually death if it is not treated. Therefore, any genital itching, pain, inflammation, or unusual discharge should be reported immediately to a physician.

Teenagers are usually even worse informed about sexually transmitted diseases than they are about conception. Many think

gonorrhea is like a cold: "You just cut out sex until you get over it." Be sure that your kids and their friends know that they will not "get over it" without prompt medical treatment. Sometimes, unfortunately, the symptoms do disappear for a while, so one thinks the infection is gone. But it is certain to return, and in the meantime one can still infect others.

The second thing every teenager who has sexual relations should know is that it is possible to be carrying a venereal disease without being aware of it. A boy can catch gonorrhea or chlamydia, to name only two examples, from a girl who never knew she had it. It is not enough for him to be treated with penicillin. Unless she, too, is treated, he will be reinfected the next time they make love. Conversely, the vaginal infection called trichomoniasis produces symptoms only in the female, but her partner will carry it back to her after she has been cured, unless he too has taken the pills.*

Venereal diseases are not only spread through intercourse. They are also spread by external genital-genital contact, and some can be spread by oral contact as well. Teenagers must understand that contraceptive precautions, such as condoms, are not sufficient protection against venereal disease.** The infection occurs without penetration, without ejaculation, without an orgasm; it is simply a matter of contact between the infecting agent and any warm, moist environment.

At least three venereal diseases—gonorrhea, chlamydia, and herpes simplex 2—are epidemic among American youth. The reason we hear so much about herpes is that no cure for it has yet been found. Someday a cure or preventive vaccine (since herpes is a virus) may be found, but in the meantime its victims suffer occasional bouts of intense pain. The outbreaks recur periodically, affect all the subsequent sexual relationships, and endanger their children during pregnancy. Herpes is no joke.

AIDS has done a lot to heighten our awareness, and our children's, about venereal infection. Somehow its deadliness and

* Often teenagers will share their STD prescription pills with friends, hoping to save them the embarrassment and expense of visiting their own doctors. However, this leaves them with an inadequate dose of medication, and no one is cured.

** Furthermore, birth-control pills actually increase the chances of a girl becoming infected. The normal acidity of the vaginal secretions kills many germs, so that a single act of intercourse with a male who has gonorrhea will infect the female only about 45 percent of the time. But the pill changes those secretions from acid to alkaline, and makes the likelihood of her infection nearly 100 percent.

the acceptability of speaking frankly about it have made more people realize what was equally true of syphilis, gonorrhea, and herpes: When you have sex with anyone, you are having sexual contact with everyone that person had sex with, and everyone they had sex with (or shared a needle with), for years in the past. Teenagers and young adults who regard the AIDS risk seriously enough to use condoms will protect themselves from all other sexually transmitted diseases as well. Unfortunately, if AIDS gets so much attention that it becomes the only risk they consider, and if they consider their partners very unlikely to have been infected with the AIDS virus, they may risk contracting the routine diseases like gonorrhea, which have been with us much longer and which are just as common among teenagers who have sex as among adults.

Therefore, in addition to the point about the network of sexual contact, I think it is important to be sure young people understand the following facts. Heterosexual men and women are just as capable of transmitting and of contracting the AIDS virus as homosexuals are. Worldwide, as many women as men have died of AIDS; this will be true in the United States, too, before a cure is found. In fact, the U.S. Army now finds as much AIDS virus among its adolescent female recruits as among males. Any prostitute or promiscuous person (or anyone who has had even one sexual contact with a prostitute or with another person who has had contact with a prostitute, etc.) should be regarded by your daughter or son as a dangerous sexual partner.

Besides the bacterial and viral infections, one should mention crabs and scabies, itching conditions caused by insects that burrow into the skin. Unlike the diseases mentioned above, these can be spread from one person to another even without sexual contact—for example, by sleeping in a bed or a sleeping bag previously occupied by someone with crabs. Teenagers, being less scrupulous about where they sleep than their parents might be, are more prone to crab lice and scabies mites.

The purpose of giving young people all this information is not to scare them into vows of celibacy—that would not work anyway—but to make them think about their sexual partnerships in advance. Every effort should be made to select partners who they can be reasonably sure are uninfected, or to refrain from sex until they have been treated. Contracting a venereal disease is not an

inevitable result of adolescent sexuality. It *is* an inevitable result of promiscuity.

It is important not to impose any additional consequences on an adolescent who contracts a venereal disease. The symptoms themselves, the embarrassment of divulging them, and the diagnosis and treatment are more than enough punishment. In fact, a teenager who behaves responsibly in these circumstances, seeking appropriate medical care for self and partner, is to be praised. If they expect to be punished, they may fail to get medical attention until the disease has advanced to a more dangerous stage.

Feelings. There is a third set of considerations that adolescents should be made to think about, besides the risks of pregnancy and infection. In some ways, these issues may be more difficult for parents to talk about with their children, because they involve some candor about our own sexual relationships. It has to do with the fact that sex is a bond between two people. It is never just a physical act.

I consider this an essential area in which parents should educate their children. You will find occasions like the one that Marianne found (earlier in this chapter) when she overheard her son's friend refer to sex crudely, as a demeaning exploitation of a girl.

In fact, more than feelings are at stake. Both pregnancy and venereal disease result, in most cases, from too much concern with the sex act and too little concern with one's responsibility to the partner and others. When boys begin to talk in terms of "scoring," suggesting that sex is a game with winners and losers, or when girls think of sex as the price with which they purchase a boy's attention, the risk of pregnancy and of disease is high. On the other hand, when neither partner is out to exploit the other, when both are interested in intimacy and mutual caring, and when their sexuality is not an act of defiance against their parents, they are likely to take appropriate precautions.

Sociologists have discovered a disturbing change in adolescent norms over the past decade or so. In the fifties and sixties, there was much more passion in the high school set than there was sex "Going steady" was the ultimate bliss; it rarely meant "going all the way." "Love me tender" had to do with interpersonal feelings, perhaps with kissing and petting. Teenagers who were known to be promiscuous were looked down upon, while those who were in love were admired. I had been in love several times before I went to college in the early 1960s, but I was a virgin and so were most of my classmates.

More recently, the opposite values have prevailed among teenagers. Sex is acceptable at an earlier age, but only if it is casual. An intimate relationship between two adolescents is likely to be laughed at by their peers, or simply discouraged by the norm of socializing in groups of three or more. The sex taboo has been replaced by a love taboo.

The principal danger for our children might not be sex itself, but the attitude that sexual liaisons are merely a two-person variation of masturbation. They are not supposed to be romantic: As the Beatles suggested, "Why don't we do it in the road?"* Parents who see this attitude in their kids might want to express their feelings about it. How can this be done?

One way to make your attitude clear is by approaching your child privately, as Marianne did in the earlier example, and using the active-listening techniques to have an open dialogue. "I just want to express my feelings," she said. "I'm not giving you the third degree; I just need to feel that you're listening." Another thing Marianne might have done would have been to confront George and his friends on the spot.

Confrontation requires sensitivity, because there is a thin line between confrontation and harassment, or between embarrassing the adolescent a little and cruelly humiliating him. If you succeed in pulling it off forthrightly, it can be very effective.

> EXAMPLE: You overhear George boasting to two friends about a sexual exploit, real or imagined. You enter the room and say, "It doesn't sound like Sharon is a human being to you. I dont know whether you're telling the truth about your encounter with her, but if you are, I wonder if she cared as little for you as you seem to care for her." Thats all, then you walk out of the room. You have taken the opportunity to confront George with the discrepancy between his behavior and a set of values that you would respect. You have pulled off this con-

* There is a direct parallel between the deromanticizing of the drug experience, reducing it from "consciousness-raising" to "getting high," and the deromanticizing of sex, reducing it to "getting off."

frontation without hostility, but with just enough public embarrassment to make it a negative experience for George. It works because you focused on how his description sounded to you rather than on him as a person.

Rules about privacy and modesty. There is one area in which you can and should enforce rules about sexuality: with respect to privacy. Exactly as with drugs, you cannot control what your children do in private, but by controlling what they do in public, you can convey a set of standards. Therefore, I see nothing wrong with rules that force your teenagers to keep their trysts private, even if it is no secret that they occur.

EXAMPLE: Debbie's parents know that she and Carl have a sexual relationship, because she asked her mother for birth control information. Nonetheless, Carl is not allowed to sleep over, nor may Debbie invite him up to her bedroom and close the door. "The only reason I can give you," her father explains, "is that it makes us uncomfortable. In our house, we have the right to be comfortable."

On the other hand, Carl's parents have taken a different attitude. "We expect you and Debbie to be as discreet as we have been all these years in our own bedroom. You can have privacy behind your closed door, so long as we don't hear or see any X-rated scenes."

The same principle extends beyond sexual activity, to modesty and decorum in general. You may feel that your daughter's bikini top is too sexy to be worn downtown, or that your son's jeans with the hole worn through on the butt are unseemly. If your feeling is only a preference, don't go on expressing it again and again; that is nagging. But parents have the right to make rules about clothing, makeup, and decorum—provided that the rules are stated in a form you can enforce.

Promiscuity. I don't want to list promiscuity as one of the "hazards" of teenage sexuality, because it is not a hazard for the vast majority of young people. Adolescents do not become promiscuous (have intercourse with many partners, and without regard to relationships) as a result of having started at an early age. Those who do become promiscuous are using a faulty solution to try to deal with deeper problems, just like those who turn to drug abuse. If you have reason to believe that your son or daughter is using sex in that way, don't try to deal with the problem by strict rules. This child needs professional help, probably through family therapy.

Summary

Raising adolescents who will be responsible about their developing sexuality is not accomplished by rules about sex itself. It is accomplished by making young people feel so good about themselves that they want to protect their own futures, and good enough about other people that they will automatically want to protect their girl- or boyfriends from being hurt, too. You do this by being clear about many other rules, before sex even becomes an issue.

Equally important, at puberty, parents have to educate their children about the biological and interpersonal aspects of mature sexuality, and especially about the natural consequences that follow irresponsibility in sexual activity. Those consequences include pregnancy, venereal infections, and damaged relationships.

Only as a third step can we add some explicit rules and consequences about the superficial details of sexuality-for example, what things are to be kept private, what standards of modesty you expect.

SUGGESTED BOOKS: Sex

AIDS: Answers for Everyone (96 pp., grades 6-12). Treehaus Communications, 1989.

Calderone, Mary, and Johnson , Eric. *The Family Book About Sexuality*. New York: Harper and Row, 1981.

Cartland, Cliff . *You Can protect Yourself and Your Family From AIDS*. Old Tappan, NJ: Revell, 1987.

Lewis, Howard R., and Lewis, Martha E. *The Parent's Guide to Teenage Sex and Pregnancy*. New York: St. Martin's Press, 1980.

There are many excellent books for children on reproduction, puberty, and sexual relations. Because it is so important that your choice be appropriate to your own communication style as well as to your children's maturity, I recommend reading as many books as you can in your library or bookstore before selecting them for your children.

PART III.

Special Topics

Parts I and II were for all parents. The remaining chapters are for those who face special problems. Chapters 17, 18, and 19 deal with the difficulties of being a single parent, a stepparent, or a divorced parent without custody. Chapters 20 and 21 discuss extreme behavior problems—how to recognize them and what to do about them—and what to do if you cannot make the author's system work in your family.

Many other special problems are not discussed—for example, the special child, the adopted child, the only child, and families belonging to racial or religious minorities. Whatever makes a family's experiences different—for example, the questions that arise for the adopted child, and the awkward or ignorant remarks about adoption that he may hear from others—should be acknowledged within the family, not denied. However, such special difficulties only increase the importance of everything that has been said in Parts I and II.

CHAPTER SEVENTEEN

Single Parents

Thus far, I have emphasized the importance of both parents' agreeing upon their rules and collaborating in enforcing them. But what if there is only one parent? If you are one of the seven million parents in the United States who must do the job without a partner, you can still use the system described in this book. You won't need to worry about getting another person to agree with your rules, unless there is someone else in your home (a grandparent, for example) whose help you rely on in enforcing them. But you will need a consultant or two, friends with whom you can share your thinking and planning.

For purposes of this book, a single parent is anyone with legal custody of a child and with no live-in partner helping to maintain that child's home.* If a new partner moves in with you and your child, your situation is discussed as a stepfamily (chapter 18). If you are a parent without custody, whether single or remarried, your situation raises different issues (see chapter 19).

In the first part of this chapter, I address all single parents without partners, who have custody of their children. Then I shall discuss some issues that depend upon whether the children also have a relationship with their other parent.

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* Some married mothers feel like single parents because their husbands are away a lot or take no active part in the child-rearing. If you are one of those, this chapter is not for you. What you need to do is insist that your husband start acting like a father. If that leads you into marriage counseling, fine. If it leads to divorce, *then* you will need this chapter.

Cautions for all single parents

Are single parents more likely to need written rules than married parents? Not necessarily. Many children of single parents are extremely cooperative, so they and their parents never fall into the vicious circle of behavior problems → nagging instead of clear rules → more behavior problems. It is *parents under stress* who need written rules; and being single is one factor that might make you a parent under stress.

Whether you are divorced or widowed, with daily responsibility for one or more children, some of your biggest difficulties are likely to relate to time and money. Two people can handle their children's needs as long as one of them can earn enough money alone, or as long as they can earn enough by both working and sharing the child care. A single parent, on the other hand, not only has to support the family but also must pay for child care.

In addition, there is the problem of spending time with other adults. No child can or should meet the parent's need for companionship. But your social life decreases your time with your child and adds to your expenses as you pay for extra child care. If, instead, you cut back on adult relationships (romantic and otherwise) you probably increase the stress in your two full-time jobs as worker and parent.

Along with the problems caused by being a single parent, you may have emotional sources of stress—for example, grief over the loss of your spouse, or anger and depression following a bitter separation. Clear rules and expectations for your children will help you to be a better parent under stress, but they will not make the sadness, grief, anger, loneliness, or depression go away. Those internal stresses require time, friends, and sometimes professional counseling.

Stress tests. When children sense that their parents are under stress and fear that the parents may not be able to cope with that stress, they don't always react in the way we might wish them to react, in order to reduce the stress. Instead, they sometimes become depressed and withdrawn, which gives the parent something else to worry about, or else they test the parent's breaking point.

That sounds crazy. Why would children who are afraid their parents may reach the breaking point go ahead and push them toward it? The answer is expressed in the Irish saying "Better the devil ye know than the devil ye know not." Your child knows what you are like when you are furious with him: You are not happy, you are not nice, but you are alive and attentive and engaged with him, even if what you are engaged in may feel like mortal combat. That is far less terrifying than the possibility, which he unconsciously fears, that you might just cave in. The child does not want to believe that you could run out of energy, literally "break down." So he keeps testing you.

The only solution is to pass that test so decisively and consistently that the child gradually gets over that fear. Be a clear parent; use the system described in Part I. Children of all ages feel reassured when they find that their parents can be relied upon. There is no better way to demonstrate your reliability than by making rules (which are really just predictions about your own behavior in particular circumstances) and following through on them.

You don't have to do it without help. When you are ready to draw up your list of rules, or to add to the list, or revise it, or experiment with different consequences, talk it over with a friend first. If you know other single parents, you can be sounding boards for one another.

In the two-parent situation, the fact that they have to agree with one another and help each other enforce the rules guarantees that the two parents will do some discussing and debating. Thus they serve as checks and balances on one another. If one parent is inclined to overreact about an issue, the other can suggest moderation.

> EXAMPLE: I was upset at my five-year-old's persistent habit of lying on the floor two feet from the TV, looking up at it. Convinced that he was straining his neck and searing his eyeballs (that was what they told me when I was five), I had told him many times to move back. Finally, I indicated a line on the carpet and threatened that if I saw him closer to the TV than that line, it was going to be turned off for the rest of the day. His mother came to our rescue by asking whether turning it off for five minutes might not be just as effective. We made it a written rule. He still tended to forget the rule, so we raised the penalty to ten minutes and the problem soon disappeared.

The "rest of the day" threat had been my overreaction to frustration.

During most of the child's waking hours, he is with one parent or the other, not both, even in a two-parent household. In applying a system of rules, the two parents' main benefit to one another is in the planning phase, having somebody to talk over the problems, crises, and decisions with at the end of the day. There is no reason that single parents cannot arrange to have that opportunity, too; two single parents can perform that service for each other. That is also what neighbors and sisters-in-law are for, not to mention hotlines, pediatricians, and counseling services.

Boundary confusion. Testing the parent's ability to cope is not the only explanation for problem behavior in single-parent families. Another problem is the child's possible confusion about the normal boundary between the generations. Throughout this book, I have referred to the importance of that boundary. It is even more important in single-parent families. The child may misunderstand his role, thinking he is supposed to replace the lost spouse as your best friend, emotional support, and equal partner in decision making.

Children do not really want that kind of responsibility for their parents' welfare. Yet if they sense that their parent needs to have them in that role, they will try to take it on. They may even see some short-term advantages (later bedtimes, more choices) in being treated so democratically. Yet we know they don't feel comfortable about it, as shown, for instance, by the fact that arguments and tantrums increase. As one mother told me about her thirteen-year-old son, "I told him if he would act more mature, I'd treat him like a friend instead of a child. But the more I let him get away with, the more childishly and irresponsibly he acts."

Children of single parents. It is difficult to generalize about children in single-parent families, because many other factors have greater influences upon their personalities, needs, and problems than the mere fact that they live with only one parent. The child who has never known a father; the child whose father or mother has died; the child whose parents have been through a relatively amicable divorce (as compared to a bitter divorce or a desertion)—all these

experiences are so fundamentally different that there is no reason to expect the children to resemble one another at all in terms of self-esteem, competence, or behavior problems. Other factors that make a difference are the age at which the loss occurred, the number and ages of siblings who suffered it together, and the personalities of the parents both before and after it occurred.

For those reasons, I have listed some valuable books that focus separately on coping with divorce, death, or never having known the father, and which offer detailed discussion of the issues related to the number of children, their ages, and other family circumstances. (See also the books listed at the end of chapter 21.)

One generalization can safely be made about all such children: The events that create a single-parent family are powerful forces in shaping a child's development. A parent's death, desertion, or divorce leaves emotional wounds in the child just as it does in the remaining parent. Discipline may be necessary, but it will not be sufficient to heal the wounds. Don't be afraid to acknowledge, "My child is in pain and needs professional help."

When the other parent is in the picture

Up to this point, I have been referring to all single parents. Your own particular experience will depend on many different factors, including your economic situation and your social support network. Perhaps the biggest factor is whether the children's other parent is still involved through weekend visits, telephone calls, or letters. This section assumes that the other parent has maintained contact with you and sees the children on a regular basis. Of course, this is a positive thing, for you as well as for the children. It gives you some time off.

Furthermore, when the bitterness between you and the ex-spouse has slacked off a bit, it feels good to exchange a remark or even just a knowing smile with the one other person in the world to whom your children are as special, their development as marvelous, their needs as urgent as they are to you.

But there are dangers on that road. All forces converge to pull the two of you into overinvolvement with one another. The reality is that your family *has* broken up. You are divorced, or you are getting divorced, and if the children are living with you, then you have to make the decisions. (If you have joint custody, it may be

even harder to remember that you are a single parent.) Keep the coparenting consultations to *the minimum necessary to sustain the other parent's cooperation in your decisions*. For instance, the other parent should not be the main person you rely on as your sounding board or counselor.

Since you cannot afford to be undermined, you will need to respect the other parent's feelings, values, and opinions. But divorced families too often use joint decision making as a way of denying the reality of the divorce, or of maintaining the same habitual patterns of conflict that characterized their marriage. When you catch yourself falling into that trap, you will know that you have carried the idealistic notion of coparenting too far.

Whether you have a traditional custody agreement or some sort of joint custody, remember the difference between at-home rules and elsewhere rules. As I said in chapter 4, the fewer elsewhere rules you have, the better for you and the child. The principle is that when the children are not with you, other people are in a better position to enforce rules than you are; but they can only be expected to enforce their own rules, not yours.

MISTAKE: Doris's ex-husband is a pediatrician, so she respects his judgment about the children's biological needs. She asks him how much sleep they need, and he suggests a bedtime of 8:30 on school nights and no particular restriction on weekends. Doris encounters no problems over this until the first time the children stay with their father on a school night. Although she has reminded the children to be sure to go to bed by 8:30, their father and stepmother do not even serve dinner until nearly 8:00, and it is 9:30 before the children are in bed. Guess what the children say to Doris the next time she tells them it is bedtime? These adults would deny it, but I think they are playing games with each other.

BETTER: Doris can reply by explaining that she makes the rules for her house and that Daddy and his wife can make whatever rules they want for their house. She might like to have more control over her ex-husband, for a variety of reasons, but the reality is that she cannot. What she can and must do is keep his independent decisions from having any impact on her own ability to be an effective parent.

Often, fortunately, the noncustodial parent—the one whom the child merely visits—sincerely wants to be helpful. That parent should also have a set of at-home rules, and some of them are bound to be different from those of the custodial parent. You don't have to resolve those differences. *Such differences in rules for different situations cause no problems for children.* They are used to it, from infancy onward: Grandmother has her own rules, the day-care center has its own rules, school and playmates' homes all have different rules. Children can learn two or three languages (for example, Spanish with grandparents, English with parents) as masterfully as one. So they are never traumatized by the fact that rules are situation-specific. They are traumatized when adults are inconsistent within the same situation.

When the other parent has no contact with the children

The truth is that the other parent is never really "out of the picture." He or she may have died, or been institutionalized, or disappeared before the child's birth, or moved to the other end of the country and left no forwarding address. Nonetheless, a child will normally wonder about that parent, entertain fantasies about what they were like or about the possibility that they might return. There is typically some anger toward the deserting parent—even if the desertion was unintentional, through death. Because the child feels guilty about that anger, it may be denied or repressed or transferred onto the remaining parent (you).

So the departed parent turns out to be very much "in the picture." However, he or she is no material help to you. Quite the contrary, for the fantasy may be a superparent, warm and affectionate, always understanding and tolerant of all the child's desires. The banal reality that you offer cannot hold a candle to that fantasy. You may find yourself in considerable conflict between the desire to maintain your children's positive feelings about their origins and the equally understandable desire to destroy that fantasy once and for all by saying, "Your mother was a tramp" Or "Your father took one look at you and packed his bag."

That can be extremely destructive (though factual questions should be answered honestly). You can afford to ignore the child's fantasy and concentrate on the reality, which is that you are the only

parent the child has. Don't let yourself be put in competition with a remote fantasy. Your rules, like your love, deal with today and tomorrow and next week. A system of concrete written rules will actually help you stay on a different level from that missing parent.

Another mistake to avoid is feeling guilty about the child's missing the other parent. Don't try to compensate for that loss by overlooking problem behavior.

MISTAKE: In chapter 12, when discussing tantrums, I used the example of Matthew, a five-year-old whose father had died. His mother, grieving as much as he was, had a hard time coping with Matthew's tantrums. Since she understood that they were probably related to his grief and anger over the loss of his father, she was tempted to use each tantrum as an occasion for talking about their sadness.

That would not be helpful. Matthew was unaware of the connection between his tantrums and his sadness. When he was crying over a toy that didn't work, he sincerely believed that was the only thing upsetting him. If Mother rewarded the behavior with extra attention and closeness, she was likely to see more tantrums in the future.

BETTER: Matthew's mother should deal with the tantrums just as any parent would (see chapter 12): by grabbing him firmly and making it clear that tantrums will not get him anywhere, and then by teaching him appropriate ways of expressing frustration. Then she should find other occasions and other ways for the two of them to talk about the husband and father they have lost.

If some parents try to compensate for the child's loss by overlooking problem behavior, others do the opposite. In my experience, single mothers sometimes overdo it where rules are concerned. Perhaps it is a symptom of what a stressful job they have, or of a fear that if they do not keep a tight grasp on the reins, their whole family might just gallop out of control. As a family therapist, I have worked with a number of mothers who seemed to be trying to compensate for the missing father by being unnecessarily strict. I know of no research showing how widespread this is, but here is an example.

MISTAKE: Sally is a single mother of three children, ages nine, eleven, and fourteen. Her rules are reasonable, but she has more of them than the U.S. Marines. The children feel compelled to test each rule. They find novel ways by which complying with one rule can be an excuse for challenging another. Instead of producing a sense of relief in the children after the former chaos of their home, Sally's list only makes them feel as if they were under martial law. Revolution is the only honorable way out.

Furthermore, indications that the system is going to meet with heavy resistance throw Sally into a panic, and she reacts by escalating the punishments rapidly. Swearing was to have been punished by a half hour's ostracism in the child's own room, but now the punishment doubles with each offense, and before Sally knows it she is sending the eleven-year-old to his room for two hours. As he trudges off, she has to pretend not to hear the stream of profanity he mutters.

BETTER: Sally should start with as few rules as possible–perhaps with just one rule. She should add rules only as needed, to change the behavior that she feels is really important. (I happen to agree with Sally that she needs a rule about swearing.) Remember that the rule only applies next time. (Do not be upset when there is a next time; expect it. The child needs to find out whether you can be trusted to follow through.)

As for the punishment, why not start with five minutes of ostracism? And instead of doubling it if it does not work, Sally can increase it by one minute. With one-minute increments, even if it takes the child ten trials before realizing that he is making life harder for himself, he is still only up to a fifteen-minute punishment. It is *the direction in which things are going* that must be impressed upon the child, not how powerful and punitive his mother can be.

Summary

Single parents need clear rules for the same reasons married parents do. But single parents have a greater need for a support network, especially for at least one close friend with whom to

discuss decisions as a spouse would do. Two heads *are* better than one, for this purpose at least.

As in any family, children of single parents need to know that the parent is firmly at the helm. Resist the temptation to be more egalitarian than you would be if there were two of you.

On the other hand, don't panic and take an overly strict approach just because you are alone at the helm. As long as you are clear and consistent, you can create a system that reflects your own values and concerns, and that gradually gives your children all the freedom they can handle responsibly.

SUGGESTED BOOKS: Single Parents

Bustanoby, Andre. *Being a Single Parent*. New York: Ballantine, 1987.

Dodson, Fitzhugh. *How to Single Parent*. New York: Harper & Row, 1986.

Gardner, Richard. *The Boys' and Girls' Book About Divorce*. New York: Bantam, 1970.

Gardner, Richard. *The Parents'Book About Divorce*. New York: Bantam, 1970.

Salk, Lee. *What Every Child Would Like Parents to Know About Divorce*. New York: Warner Books, 1979.

Scarr, Sandra. *Mother Care, Other Care*. New York: Warner, 1984.

Turow, Rita. *Daddy Doesn't Live Here Anymore*. New York: Anchor/Doubleday, 1978.

CHAPTER EIGHTEEN

Stepfamilies

A stepfamily is created when a single parent acquires a new partner who moves into the home and helps to maintain it. The classic type consists of mother, children, and a stepfather who either has no previous children or whose children live with their mother. But this chapter applies also to father/stepmother families, blended families with "his" or "her" children, and families like Al and Betty's (see chapter 1), where one child is from a former marriage and the rest are "theirs."

Exactly when the new partner begins to take on the role of stepparent is bound to depend on the situation and on the personalities involved. In general, I believe that being a partner in making and enforcing rules has to go along with being a partner in maintaining the household. If the person you live with has children, it is nearly impossible for you to be a good partner financially and emotionally without being a partner in parenting.

The time when a new stepparent joins in the enforcement of rules marks a significant and probably stressful transition for the whole family. How should such a change be handled? Should you ease into it by degrees, calling as little attention to it as possible, hoping that no one will be too upset and everyone will get used to it eventually? Absolutely not. That makes it much more stressful in the long run.

It is easier for children to get used to changes that are clear, substantial, and openly acknowledged than ones that are subtle and confused or even denied. So there should be a marked change from "father alone," for example, to "father and stepmother" as the parental team. Coinciding with a stepmother's move into the home,

a wedding-type party helps mark that change. Whether or not the legal arrangement is important to you, a celebration of some kind may serve to symbolize an event that is affecting the structure of the family.

Mankind has always dealt with major changes in families through *rituals*: weddings, funerals, baptisms, Bar Mitzvahs, graduation ceremonies. Whenever someone moves in or out of a family home, or moves to a new Status within it, the traditional ritual helps everyone prepare for the change, acknowledge it, and refer back to it later by sharing memories and photographs of the occasion.

Because our society is going through a period of change in attitudes toward marriage, we have not yet established a customary way of marking the occasion when unmarried people begin living together . But we need some such ritual, especially if one of them has children.

As a stepparent, your authority comes from your status in the home as coprovider of the children's needs. Do not allow yourself to be sidetracked because of the lack of a biological relationship to the child. Nor does it matter that the love between you and your stepchildren cannot be the same as between them and their biological mother or father.*

> EXAMPLE: The child says, "You can't tell me what to do. You're not my father."
>
> MISTAKES: Stepfather backs down or appeals to mother to handle the situation, or lashes out angrily at them because of hurt feelings.
>
> BETTER: "No, I'm not your father. But this is not your father's home. In school you follow the rules that the teacher and principal make, and here you have to follow the rules that your mother and I make. (optional comment, if the timing is right: "I would like to be a good *step*father, though, and when you say things like that, it makes me feel I'm not doing very well. Do you want to talk about it?")

* This chapter does not necessarily apply to stepparents who go on to adopt the children. By the time that happens, you should no longer be thinking of yourself as a stepparent. You are then the child's father or mother.

In such a confrontation, the implications of "You're not my father" would be quite different if the child has a father elsewhere (implying, "Don't you try to take my father's place") as opposed to his being fatherless (implying, "I wish I had a father, but I don't"). As with single-parent families, it is useful to discuss stepfamilies in two categories, depending on whether there is a noncustodial parent in the picture.

Stepfamilies when the other parent is also actively involved

If the children have a "real" father who takes them every other weekend, or a mother who lives out of state but telephones regularly and takes them on vacations, their attachment to that other parent is likely to be strong. In fact, it can remain very strong even if the noncustodial parent is less than wonderful—even in the face of disappointments, broken promises, and the most irresponsible behavior on that parent's part. As the responsible parent or stepparent, this is likely to infuriate you.

The secret is for stepparents to establish their own distinct relationships with the children. (The same applies to a "weekend" stepparent, typically the wife of a man whose children live with his former wife.) You are not replacing the other parent, not usurping the love and respect due that parent, not pretending to have the same feelings toward the children that you would have toward your own natural children. What you really want and deserve is to become a respected and loved person in your own right. The love between adults and children is not exclusive. Just as a parent can have equally caring but different relationships with several children, so can children have close relationships with several different adults. Father means one sort of relationship, mother a different sort, grandparent another, and stepparent yet another.

Make no mistake about it—you mean more to your stepchildren than friends, teachers, even uncles and aunts. You are so important, in fact, that you can expect your share of the anger, tears, resentment, and abuse that are an occasional part of all intimate relationships. But most of the serious trouble—the prolonged antagonism that some stepparents experience from their stepchildren (often *mutual* antagonism)—can be avoided if you make it very clear that you are not interested in taking anyone else's place.

Small gestures can carry great weight. A stepfather who wants to be called "Dad," for example, is blurring that crucial distinction between father and stepfather. (I think stepparents should be called by their first names.) If you buy the child a new watch when she already has a watch her father gave her, you are asking for trouble. Birthdays and Christmas call for some advance communication between the two sets of parents to protect the child from conflict. You should also refrain from negative remarks about the other parent. Religious or ethnic slurs, comments in the child's presence about that parent's values, occupation, appearance, or behavior are all like waving a red cape in front of a bull. Peaceful coexistence is your goal, because if it comes to a war—even a cold war—the stepparent will certainly lose, and no one will win.

EXAMPLE: Nancy and Jerry normally have his six-year-old daughter every Friday night and Saturday. This week, Jerry is out of town and won't be home until 11:00 Friday night. Nancy picks up Jennifer at the usual time, gives her dinner, and wants to put her to bed as Jerry usually does, with a story. Jennifer wants to wait up for her father. Nancy wisely allows her to stay up, which allows the two of them to have a special evening together and does no harm whatsoever to the enforcement of bedtime on normal occasions.

EXAMPLE: Morris lives with Judy and her two children. It is a school night, Judy is at a meeting, and the children want to watch TV. Morris asks to see their homework, since he and Judy have a standing rule that there is to be no TV until both children have finished their homework. The children explain that they want to watch one show before they do their work.

In this case, Morris says, "Sorry," and turns off the TV. It is more important to show solidarity with Judy than to promote himself as a "nice guy."

Unfortunately, the children know how to get under Morris's skin. Robert, the eleven-year-old, says, "When we're at our father's, we can watch our favorite programs and do our homework later."

MISTAKE: "Your father is probably half-tanked, so he doesn't care."

BETTER: "At home, you can't." (Terse and firm, but not unfriendly; Morris does not need to defend the clear family rule.)

It is good to remember that you have taken the other parent's place, in two important ways. As Dad's or Mom's new spouse, you are the model for what kind of person they would now choose for a partner. And together you provide the model for what a successful marriage and family can be. However, there is no reason to point this out explicitly to, the children.

Mourning the dead marriage. One of the hard things for a stepparent to deal with is a situation in which the children are still feeling sad about the break-up of their original family. And the stepparent's spouse is sad, too—even if the first marriage was awful.

A study has shown that people typically take two to four years to complete the period of mourning that follows the end of a marriage. Even a bad marriage is a powerful emotional bond, which, when torn apart, creates a wound that will heal slowly. Healthy mourning for any loss requires talking about the thing that was lost, remembering the good parts, thinking about what life might have been like if it had continued.

The average divorced person remarries in less than three years, still in the midst of that process of recovery. The children, especially, have barely begun to give up the fantasy that their parents' marriage will be restored. A stepparent who demanded that those slow processes of adjustment to reality must be curtailed or pushed underground would only endanger the new marriage and inflame the children's resentment of the situation.

MISTAKE: Sandra became involved with Peter shortly after his divorce, and during the first year of their relationship, she listened patiently as he rehashed his disastrous marriage, his anger at his wife's leaving, and his sadness and anxiety about the children's welfare. After they married, however, Sandra resented having to listen to the continuing emotional travail over Peter's first marriage. She especially resented it when Peter and his children would recount some event from those years in which she had not taken part. She tried changing

the subject gently, but when the problem did not go away, she confronted Peter about it and got him to promise to avoid talking about the first marriage when she was within earshot.

BETTER: A friend points out to Sandra that when Peter and the children talk about the past, it has nothing to do with their feelings about her. Getting to know and love someone includes hearing about their past and understanding their present feelings about that past—happy as well as sad. Getting to know and love children includes letting them talk about their life in another family, even if you are not part of that family and dislike the other parent.

Sandra decides to regard the children's and Peter's conversations about his ex-wife as though they were accounts of a movie she had not seen. With the proper distance, she finds she can be an interested outside observer yet still be warm and empathic when sad feelings arise. The secret is not taking their nostalgia as a reflection upon her.

However, when one of the children tells Peter, "I wish you and Mommy would get married again," Sandra responds openly and honestly.

"That hurts my feelings," she says. "I love your dad. We have a happy marriage. I hope your mommy will find someone else."

Although the stepparent is not trying to take the other parent's place with the child, he or she certainly has taken that person's place with the spouse. Both facts have to be acknowledged. But the purpose of doing so is not to induce guilt and make the child act lovingly toward you, the stepparent. The purpose is to be entirely yourself—a whole new person, not Mother, not Father. Those biological parents really are not your rivals.

Stepparents when the original parent is gone

The foregoing advice—to avoid entering into a contest with the mother if you are a stepmother, or with the father if you are a stepfather—applies to stepparents when both of the original parents are still involved in the children's lives. The situation is more complicated when the parent has died or, worse, deserted. Then,

often, children show a real need to have a stepparent fill the gap, but they may also feel ambivalent. The intensity of the conflicting feelings depends on their age, how long it has been since they lost the parent, how well they knew the parent, the personalities of all those involved, and how the surviving parent seems to feel about the relationship between the stepparent and the children.

At one extreme, a two-year-old who never knew her original father can easily be adopted if her stepfather wants to be in the role of a "real" father. On the other hand, a ten-year-old who has been told stories about her father, has kept his picture and for years identified herself as his daughter, may need to remain faithful to the biological tie even while looking to her stepfather for everything that a father could provide. It requires sensitivity and the willingness to put the child's needs and desires ahead of your own.

EXAMPLE: Suzanne tried for twelve years to have children with her first husband. For medical reasons, it was difficult, and the only two times they conceived, she suffered miscarriages.

The marriage did not survive, and Suzanne found herself divorced at age forty, having to adjust to the disappointment of knowing she would never be a mother.

Two years later, Suzanne married a widower with three children. She hoped that the children would call her "Mom." The children frankly said that they still thought about their mother often and talked about her. "We don't want to hurt Suzanne's feelings," the fourteen-year-old confided to her father, "but she's not our mother."

After five years of marriage, when the children were nineteen, sixteen, and fifteen, Suzanne at times resented all that she had done for them. She had, in effect, been their mother without the formal acknowledgment of the fact. In their kisses on the cheek at bedtime, she had always felt a reserve. Five years later, however, when the children were adults, they found the words to express their love and gratitude. It had taken ten years of patience, devotion, and frequent reminders to herself that she was an adult and the children were only children. But she had a parent's pride in the three young adults' accomplishments, a happy marriage, and a good enough relationship

with her pregnant stepdaughter to be able to say, "Don't you dare tell that baby to call me Stepgrandma!"

EXAMPLE: Mark and Chris have been married for two years. He is thirty, and she is twenty-five. Chris has a six-year-old son who never knew his biological father and a three-year-old daughter by her first husband, whom she divorced after a violent, on-again-off-again marriage lasting about a year. The ex-husband refuses to have anything more to do with either child and has expressed willingness to have Mark adopt them. Chris is eager for this to happen, and the children also seem to want it. They both call Mark "Daddy" and have a good relationship with him.

Mark has reservations about going ahead with the adoption. He feels it is probably best for the kids, and the best way to show his love and commitment to Chris. Yet he doesn't feel they are really his children. Although he is fond of them, he knows he will probably feel different about the children he and Chris plan to have together. "Maybe adopting them would change that," he admits. "But what if it doesn't?"

I encourage Mark to share these feelings with Chris. The two of them can work toward an agreement, based on mutual understanding, through which Mark can express his commitment to Chris and her children without having to conceal any feelings that may be stirred up later, feelings of less attachment than to his biological children. This kind of understanding will be important whether Mark adopts the children or not.

Summary

The two adults in the child's home—parent and stepparent—are both *parents* in that home, so far as rules are concerned. You need neither biological nor legal status as a parent to use the system described in Part I. All that matters is that you are helping to meet the child's needs on a daily basis. If you sense that you are being tested because the child is ambivalent about whether you are a "real'' parent or not, do not let that be the issue. The important issue is whether you and your partner can give the children an explicit list of what actions are expected of them and what consequences will follow if those expectations are not met.

For some stepparents, the role involves all the thankless tasks of a parent, the same conflicts with the children that their natural parent suffers, the same worries and frustrations, without the fullness of joy and satisfaction that comes to the parent. But you can have it exactly the other way around: sharing in all the joys, priding yourself on your accomplishment as a partner in raising the children, relating to them in a very special way, yet remaining freer than their biological parent can be from those inevitable fights and worries and frustrations. Many stepparents have a better and more satisfying relationship to the children than their natural parents have. The goal of this book is to make both kinds of relationship better.

SUGGESTED BOOKS: Stepfamflies

Berman, Claire. *Making It as a Stepparent: New Roles, New Rules*. New York: Harper & Row, 1986.

Gardner, Richard. *The Boys'and Girls'Book About Stepfamilies*. New York: Bantam, 1982.

Lewis-Steere, Cynthia. *Stepping Lightly: An A to Z Guide for Stepparents*. Minneapolis: CompCare Publications, 1981.

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CHAPTER NINETEEN

Parents Without Custody

When I was divorced, my ex-wife was "awarded" custody of our five-year-old son. It seemed like the appropriate word, because we both felt that he was a prize. The court's assumption that he needed her day-to-day care more than mine made it natural for the "award" to go to her and the aching void to me. The parent without custody—most often, but not always, the father—suffers a painful loss in addition to the pain of the divorce itself. He is not going to be there when the children cut themselves or scrape their knees, not going to tuck them into bed at night or be bounced out of bed by them in the morning. No matter how well the weekend visits go, they always end with the wrenching bitterness of taking the children "home" to alien territory. In a way, one recapitulates the divorce every weekend, with its mixture of sadness, guilt, anxiety for the children's welfare, and helpless rage over the injustice of it all.

One does recover. For me, those feelings lasted about five years, but they did wear off. One thing that helps is that both parents begin to realize that except for the sadness, the one without custody actually has the easier role of the two. The one with custody is more frequently the one whom the children engage in power struggles, the one nagging them, rushing home to drive them to soccer practice or the orthodontist, waiting up for them after curfew.

If you are a noncustodial parent, you can cherish the joys of being with your children and watching them grow, while taking

advantage of the fact that you don't have day-to-day responsibility for their comings and goings. Once you get over the idea that a weekend father (or mother) is supposed to provide constant upbeat entertainment, you can settle into a more normal relationship. There are certain advantages to being with your children for a day or two at a time, then having a week or two to yourself.

It is all a matter of your attitude. I found that it helped, whenever I felt myself resenting the arrangement, to tell myself that it was as if I were paying for a first-rate boarding school. "My son is away at school," I would say to myself. "He comes home every other weekend."

Let me share what I learned from my relationship with my son and his mother. I certainly have not managed to follow this list of principles perfectly, but I have done well enough to be what the great British pediatrician D. W. Winnicott would have called a "good enough father."

- Use the system described in Part I to make at-home rules, which take precedence over the custodial parents' rules whenever the children are with you. You can be as consistent with the other parent's rules as you think advisable, but the children will not be disturbed by any differences that are made clear. If you have a new partner, then the two of you can collaborate as in any stepfamily, when the children are with you.
- You may not need many rules. I know a father who has only one rule, because he has only found a need for one: If the children cannot agree about what radio station to listen to in the car, he turns off the radio.
- Noncustodial parents generally will not need any elsewhere rules, because that is the other parent's job. If you make a rule that conflicts with hers, your rule will have to be disobeyed. This may sound obvious, but the divorced fathers I know, including myself, sometimes find it hard to give up all that control to the mother. We have to struggle to accept the fact that we simply do not have the power to shape our children's experiences as we would like to do. That is where the boarding-school fantasy helps. Someone else is in charge.
- Have as little to do with the other parent as possible. I cannot make this an absolute principle, not knowing your situation and feelings. However, in the first years of my own

divorce, almost any innocent conversation could lead to a fight, which only produced distress for all of us. The best period was during the second year, when for four months we exchanged not a word; I simply picked up and delivered the child on schedule, and neither of us found it necessary to call the other to request any revisions. (Eventually, I should add, we had amicable, constructive conversations about our son, every few months. And by now we've had joyous graduations, a wedding, and soon—a happily shared grandchild. Life goes on.)

- On the other hand, when you do have to negotiate something, be businesslike. Be as courteous and cooperative as you would be with a coworker whose help you might need in the future. No matter how you feel about the people with custody, anything that makes life easier for them will work to the benefit of your children. Anything that makes it more difficult for your ex-spouse and his or her current spouse to be effective parents will in the long run harm the children. I can't think of any exceptions to that principle. Be as uninvolved with those other parents, as independent in your relationship with the children, as you can be. But in certain areas, such as pick-up and drop-off times, health care, coordinating birthday presents, and, most of all, in avoiding backbiting remarks, you and your children have everything to gain when you manage to cooperate.
- Keep money issues entirely separate from visitation. Pay your assigned child support with unerring regularity. Refuse to discuss other questions, such as extra money for camp tuition or music lessons, when the child is present. If the child wants to ask about money—for example, why you declined a request to pay for half his music lessons—treat it as a sincere and legitimate question on his part- Don't let yourself get defensive, assuming that his mother put him up to it. It doesn't matter if she did. Explain your reasons just as you would have done if there had been no divorce.
- Be absolutely reliable on pick-up and delivery. It is important to let the child know he can count on you. The fact that you are not a constant presence in his life is far less important than your consistency and reliability. If you have to change a date with your child, suggest an alternate date; don't just cancel it. Keep other promises, too—for example, don't promise a ski trip unless it is definite.

- Don't be hurt if the child, at times, seems to forget about you. There are reasons, having nothing to do with you. As children grow older, they have more interests outside the family. Inducing guilt is counterproductive. Just be patient. My son often forgot to call me back—if I call at dinnertime, for example. This left me feeling pretty unimportant. Then a few days later, he would call to tell me there was something on television I would be interested in. He cared! He thought about me!
- When the child calls, express your joy at hearing from him, not your hurt about his not calling more frequently. You could have called him. You are the adult; he is the child. The separation from you is not his fault. The fact that he was born into an unstable marriage is not his fault. Your sadness is a consequence of your own mistakes—not of the child's neglect.
- Don't be jealous of the stepparent or of other signifi cant people in the child's life. He would have had a number of other attachments even if there had been no divorce. If you continue to do your job, whether it is every weekend or only a few weeks a year, *no one* will replace you. I guarantee that.
- Many divorced parents, with custody as well as without, make the mistake of assuming that any problem the child has must be due to the divorce. Don't forget that children in intact families have problems in the course of their development, too. Basically, you are a normal parent, and your relationships with your children are normal. The divorce should gradually become a relatively minor consideration. So should the fact that you don't have custody of the child.
- Ultimately, your principal effects on your children's development will not come from what you do to them or for them. It will come from the kind of respect they have for you, as a person. And it will come from the respect they see that you have for them.

SUGGESTED BOOKS: Parents Without Custody

Rowlands, Peter. *Saturday Parent: A Book for Separated Families*. New York: Continuum, 1982.

Ware, Ciji. *Sharing Parenthood After Divorce: An Enlightened Custody Guide*. New York: Viking, 1982.

(Also see books suggested in chapters 17 and 18.)

CHAPTER TWENTY

Crisis

Beyond Liberty and Probation is a third mode of life, which I call Crisis mode. It is a temporary measure for parents whose teenage children are so far out of control that they cannot be made to respect the ordinary rules of Liberty without first undergoing a Crisis. It requires a powerful confrontation with reality in which the consequence of continued defiance will be expulsion from the home or withdrawal of financial support. Crisis mode requires professional help.

The Crisis comes when you announce an ultimatum, such as "The next time you are arrested, I will not post bail" or "If you do not stay in this drug rehabilitation center for three months, you will not be allowed to come home." It may or may not culminate in actually kicking the kid out of your house, but as with any ultimatum, you must be prepared to carry it out if necessary.

In this chapter, I shall explain how parents can decide whether they have to impose Crisis mode. I shall discuss how to do so, and connect the principles of this book with the ToughLove movement, of which you may already have heard. However, the main purpose of this book has been to prevent your children from ever abusing their freedom to the extent that Crisis mode would be needed.

Crisis mode: When?

There is an easy test you can use to decide if it is time to go beyond Liberty and Probation. If you find your family in either of two situations, it is time for Crisis mode.

Crisis situation one: Child in grave trouble. When certain kinds of events happen more than once, nothing short of a parent-induced Crisis is likely to produce a change. These events include being arrested for any reason, being suspended from school, staying out overnight without permission, physically assaulting anyone (not counting fair fights with a male of his own age group), carrying a switch-blade or a pistol, or using any drug to the point of losing consciousness or memory. One incident of this kind is sufficient cause to seek family counseling. But if you have a second incident, either before or after starting counseling, then you should enter Crisis mode.

EXAMPLE: Teddy is a fourteen-year-old who repeatedly fails to do homework, lies to his parents, and is in danger of failing eighth grade. After trying to implement a system of rules and consequences, with no positive results, Teddy's parents ask the school counselor for the names of some child psychologists in their community who specialize in family therapy (see chapter 21). *They do not need to use Crisis mode;* Teddy's behavior problems are not comparable to those listed in the preceding paragraph.

EXAMPLE: Bud is a fourteen-year-old who has been suspended from school for selling marijuana. His parents try to deal with this problem by making a set of clear rules and consequences. Unfortunately, soon after returning to school, Bud is again caught selling marijuana. This time he is arrested. It is time for Crisis mode. The juvenile officer recommends family counseling, and the judge appoints a social worker. However, professional counseling is not enough. Bud's parents ask the social worker for referral to a local chapter of ToughLove, the parents' support network. They work with both sources of support. Their fellow ToughLove members help them set a "bottom line" for Bud and follow through with it. The therapist helps them understand why this is particularly difficult for them, helps Bud deal with the impact of his parents' stand, and helps all members of the family begin to communicate effectively with each other.

Crisis situation two: All reasonable consequences exhausted. If you have a child who ignores your rules, you don't need to go into Crisis mode; you simply need to enforce the consequences. If your child is taking the consequences for ignoring rules but his behavior is not improving, that is still not sufficient cause to switch to Crisis mode. You can escalate the consequences or use Probation. But if your child *defies your consequences to the point where you cannot escalate them any further without physical violence*, it is time to precipitate a Crisis.

EXAMPLE: Tom has defied his curfew so many times that he is now supposedly on Probation until he serves a thirty-day grounding. But Tom shows no remorse, denies that his parents' concern is valid, and cannot be trusted to come home after school to be grounded. Short of locking Tom in his room for a month, there is no way his parents can enforce the restriction on his freedom. Hence they have to switch to the mode in which his right to continue living with the family, not merely his freedom, is at issue.

This example assumes that Tom's parents have already withheld all such unnecessary luxuries as allowance, transportation, the right to have friends over. If you simply feel helpless but have not sat down and made a list of all the things you provide in addition to food, shelter, and nurturance (see chapter 10), then that is the thing to do first. Most parents who cry, "Nothing works," have not been imaginative enough about what they have tried. In Crisis mode, your ultimatum or "bottom line" is absolutely your last resort. The final freedom you can withhold is the child's freedom to continue living in your home.

EXAMPLE: The Davises had drawn up a list of all the things they were doing for their daughter Marsha. Except for providing food, clothing, a bedroom, medical care, praise (on the rare occasions when they could find something to praise her for), and affection (on the rare occasions when she let them close enough to give it to her), the Davises had systematically withdrawn everything else on the list as consequences for ignoring their rules about curfew, school attendance, cleanliness, and courtesy. Eventually, praise and affection were withdrawn,

too, simply because the Davises could no longer sincerely give it. Marsha continued to ignore their rules, coming and going as though the house were a hotel. She showed contempt toward her parents and brother. Finally, with the help of a family therapist, her parents instituted Crisis mode. They established a bottom line—the maximum misbehavior they would put up with from Marsha—beyond which she would be sent to live in a group home in another town.

Crisis mode: How?

The foregoing examples of when to institute Crisis mode also illustrate what I consider its two distinctive features. First is the "bottom line." In Crisis mode, as in Liberty, you will use written rules and consequences. The difference is that you will have to go beyond the freedom-versus-restriction type of consequence, upon which Part I of this book is based, to the more radical question of whether to continue providing a home for your child. I shall not put it more delicately. You may feel that you could never deny your child shelter. But the truth is that it is only a question of *how much you are willing to put up with* before you would do so. That is what we mean by a bottom line.

The bottom line raises powerful legal, moral, and emotional issues. (Many of the issues are discussed in the excellent book *ToughLove*, by Phyllis and David York, whose argument I shall summarize below.) "Kicking the child out of the house," to put it bluntly, is a very big part of what you may have to do in Crisis mode. You will want to find somewhere for the child to stay, which you can do with the help of a social worker and with the help of your support group. Once you have found a place, you present "structured choice." If the child chooses to reject the place you have found, there is nothing more you can do—you have fulfilled your moral as well as legal responsibility, and now you can only hope that the child learns to survive in the world.

A structured choice that is often effective in changing teenagers' attitudes is to threaten to send them to a foster home in a distant part of your state, away from all their friends and drug sources. (The choice is "If you defy this bottom line, you will be sent to a foster home at the other end of the state.") Obviously, it becomes all the more important to know the law, to know what your

options are—and this is one of the benefits of a support group like ToughLove.

In Crisis mode, when a teenager gets himself in trouble with the court, one of the difficult decisions parents may have to make is whether to let the teenager take the consequences, and refuse to keep bailing him out. Fortunately, ToughLove groups are skilled in the use of informal hearings in judges' chambers, judges' signatures on unofficial documents, and other procedures to impress the gravity of the situation upon teenagers without tying matters up in the formal paperwork, trials, and bureaucracy of the court system.

The second distinctive feature of Crisis mode is the need for mutual support among parents. You can withhold allowance from a child who leaves the kitchen messy, all by yourself. But you will need a friend by your side if you plan to refuse to post bail for one of your children.

I am impressed by the ToughLove movement, especially by the materials prepared by the Yorks to help nine hundred local support groups get started around the United States. However, on one important point I disagree with some of the ToughLove literature: I do not see such groups as a substitute for professional counseling.

Crisis mode = getting tough + support groups + counseling. The right way to join ToughLove or one of the other self-help support groups for families—Parents Anonymous (mainly for parents who have abused or neglected their children, or are afraid they might), Families Anonymous (mainly for parents of teenagers with drug problems), Al-Anon (for family members of alcoholics), or similar groups within your church, synagogue, or community—is by first contacting an experienced professional, then getting some advice from that person about the type of self-help support that will benefit your family the most.

I certainly would not want family therapy or any other type of counseling to be an obstacle to self-help. No responsible professional would discourage you from making use of all the resources in your community. What I do want to discourage you from doing is assuming that a self-help group can do the whole job.

You can count on your fellow group members for solid, heartfelt support when you do what is hardest for you: drawing the bottom line for your teenager. You can count on them to help you find a place for your kid to stay when he is no longer able to stay

with you. You can count on them to come with you to the police station or to court. And you can count on them not to blame you for what your child has been doing.

What you cannot rely on fellow members of a support group for is understanding the special patterns of interaction in your particular family, as compared to others. There is a danger that you will get *prescriptions without diagnosis*. The group members may have strong ideas about how you should tackle the problem, but their prescription will be based on their own experience, not on a discerning analysis of the dynamics of your particular family. It is as though you were to tell a friend that you had an itchy rash on your arm and the friend gave you some medicine that had helped her when she had a similar-looking rash. But her rash was due to an allergy, while yours is a reaction to skin parasites. What helps in one case could be disastrous in another.

Although I feel confident in advising parents in Crisis mode to make use of *both* professional counseling and a parents' support group, I am aware that this can be difficult. Despite the fact that ToughLove's founders themselves were family counselors, there are apparently some ToughLove parents who have had negative experiences in therapy and who regard their group as an antidote to professional advice. They may have been blamed by counselors for what their children had been doing, or they may have been told to be more patient and nurturant while their children were running rampant. Having swallowed this bad advice for years, they are fed up with it. They have become anti-professional, though they lack the training and experience to do the professional therapist's job.

My advice is to shop around among ToughLove groups in your area, as well as any other groups that look appropriate. Look for people with whom you feel comfortable, from whom you feel support, but who do not pretend to be able to do the whole job of counseling you. At the same time, you should shop around among professional counselors to find someone whom you trust, like, and can afford. One question to ask in the initial interview is whether that person can recommend additional resources in the community. He or she may strongly recommend ToughLove. On the other hand, he or she may have serious reservations based upon your description of the situation, or upon his or her own knowledge of the particular group in your community.

In the next chapter, I discuss at length how to find an appropriate family therapist. As for ToughLove, you can telephone (215) 348-7090 for the current locations and meeting times of the chapters nearest you. For Al-Anon, look in your local telephone directory under Alcoholics Anonymous. Check with school and hospital social workers for information about other appropriate groups.

The "Ten Beliefs"

Phyllis and David York, counselors whose own lives were torn apart by their teenagers' wild, irresponsible behavior, built the ToughLove movement upon what they called their "Ten Beliefs." Listing these ten important principles will be a good way to summarize their approach and at the same time point out how well it relates to the ideas in this book.

Although the Yorks created this list to help abused parents become ToughLove parents, most of the principles apply long before your children become teenagers. And the principles also apply if your children and teenagers never act in the extreme ways ToughLove is designed to combat.

1. *Family problems have roots and supports in the culture.* This is not a "cop-out" for parents; the Yorks do not fall for the "peer pressure" myth. They emphasize that children must be held accountable for their own decisions about whether to yield to peer pressure, and that parents are not powerless against peers. However, the Yorks refuse to tell parents, "These problems are your fault." We counselors have to acknowledge that this generation of American parents faces problems in the society with which our own parents did not have to cope in the fifties and sixties: easily available and socially glamorous drugs, widespread crime both organized and unorganized, unemployment, a majority of all marriages ending in divorce, the necessity for both parents to work, a foreboding sense of nuclear apocalypse, worldwide terrorism and chaos. Against all those odds, we parents try to sound a hopeful message: "Work hard, adhere to decent human values, obey the law, and you will have a wonderful life ahead of you." The peer culture says, "Get high while you can."

Parents must be realistic about the forces opposing them in the teenage subculture and in the culture at large yet not be passive and helpless about them.

2. *Parents are people, too.* This means, "Stop letting your children walk all over you." It also represents a rebellion by thousands of parents nationwide, against psychiatrists, psychologists, social workers, and other counselors who told them to be more patient, more understanding, more lenient, more loving. The Yorks argue, and I agree, that children do not want parents who are pushovers. If you stand up for yourself as a person, asserting your own rights, you will not only get your own needs met, you will also be helping your kids. Kids need parents who are people.

3. *Parents' material and emotional resources are limited.* "Parents have both the right and the need to say, 'This is my limit. I've had enough. I need something from you now.'" (*ToughLove*, p. 45).

4. *Parents and kids are not equal.* As I have said several times in earlier chapters, a family is not a democracy.

5. *Blaming keeps people helpless.* Amateur counselors make parents helpless by implying that they were responsible for everything that happened in the past, instead of offering specific suggestions to give them back the control they have lost. The same mistake is made by family members themselves. As long as everybody in the family dances around pointing at each other and dwelling on past wrongs, nothing is going to change. The first step in solving problems is to stop blaming ourselves and others, and start planning differently for the future.

6. *Kids' behavior affects parents. Parents' behavior affects kids.* That much seems obvious, and it is the reason for working with a family therapist instead of shipping the "problem child" out for individual psychotherapy. However, even in family therapy some parents are tempted to say, "We're not going to change unless he/she does." The kid says the same thing, and we have a standoff. Nobody changes. Instead, ToughLove support groups and professional family therapists tell parents, "You change first. Give your kids something different to react to, and their behavior will have to change, too."

One thing that can make a supportive friend or counselor effective is recognizing that the behavior they see in distressed parents is more likely to be a result of what those parents have been going through than a reliable picture of the way they were years ago when the problem started.

The Yorks claim that many counselors, if they are meeting parents for the first time when those parents have been driven to the depths of ineffectiveness, hostility, and despair, assume that this is the kind of parents they have always been. None of the psychologists and social workers whom I know are guilty of such simplistic thinking, but I think this is a good reminder anyway. When a family is in crisis, everyone's behavior is a result of everyone else's, and the useful question is not "Who brought us to this point?" but "Who will take the lead in changing the way we interact?

7. *Taking a stand precipitates a crisis.* In Crisis mode, the parents recognize that their family's situation has reached intolerable proportions. They draw a bottom line, which may cause a crisis for the child, who has to change his behavior or move out.

I don't think it is quite true that taking a stand always precipitates a crisis. In fact, Crisis mode will sometimes lead to a peaceful solution of the crisis the family has been in for a long time. I think the Yorks' point is that it is *all right* if the parents' stand does precipitate a crisis. A long stay in a rehabilitation hospital or a year in a foster home may be the best thing that could happen to a particular teenager. As one father put it, "We should have precipitated the crisis right then and there when he was still in school. We didn't do that. I guess that everyone thinks the same thing: No, we can't do it now, he's in school. The really most important thing is to get the head straight and if that means missing school for a whole year, it's worth it." (*ToughLove*, p. 190).

8. *From controlled crisis comes positive change.* This belief is based on a fairly recent discovery by social scientists that social systems, including families, adapt in very much the same way individual organisms do. A plant grows toward the light, a baby learns to communicate in the language of its parents, and, similarly, a family makes positive changes whenever it has to change in order to survive.

At the same time, families, like organisms, resist changes as long as they can do so while continuing to function. So the authors of *ToughLove* realize that parents often resist taking a stand because the distress they have grown used to is less frightening than the unknown results of a crisis. The kind of controlled crisis the Yorks recommend—the same as what I call Crisis mode—often leads to a gratifying resolution. It almost never leads to a worse situation than what preceded it, whereas fear of precipitating a crisis usually results in prolonging or intensifying the problem.

9. *Families need to give and get support in their own community in order to change.* This is what ToughLove, Families Anonymous, Al-Anon, and Parents Anonymous have to offer. I agree that when family problems reach Crisis proportions—not only in the case of an abusive adolescent but also in the case of an abusive parent, an emotionally disturbed child, or an alcoholic or drug-dependent family member of any age—relationships with mental-health professionals are never enough. The member whom the rest of the family labels as the source of their headaches needs to be brought together with peers who acknowledge having similar problems; and the rest of the family also need the support of people like themselves who have been through similar crises. Even if you had your own private family therapist available full-time there would be many times when you could get more from talking with another troubled parent. The other parent is enough of an outsider to be more objective than you can be, yet has "been there" in a way the professional has not.

Furthermore, you yourself will benefit as much from the support you give to other parents as from what they give you. The greater objectivity and firmness you are able to muster in talking about the other parents' teenagers is sure to echo back in your own response to your own teenager. Urging the other mother to lock her daughter out of the house may help you find the courage to do the same with your own kid.

10. *The essence of family life is cooperation, not togetherness.* This last belief is a restatement of my own central theme—that the direction of family development is toward autonomy. The child's agenda is to acquire more freedom, along with the skills and self-confidence he or she will need in order to enjoy that freedom. The parents' agenda is to relinquish control over the child's actions, one step at a time. That indeed requires cooperation—between the parents, among the children, and between parent and child. Togetherness is fine at certain times and places, but as a way of life it runs counter to what growing up is all about.

Summary

This book is designed to help parents prevent a nightmare that occurs in millions of American families. But if you have already lost your adolescent's respect, trust, and caring, and he or she has lost your trust and respect and almost lost your caring, Crisis mode is a way of extending the principles of this book to an extreme "bottom line": the point where you acknowledge the possibility that the only way you may be able to save your child and the rest of your family is by expelling the child from your home.

If you have found that it is too late to apply clear and consistent written rules and consequences, if you are victimized by an abusive child who gives no sign of caring about your feelings or about your rights, then:

- *Don't* dissipate your energy in guilt.
- *Don't* cripple yourselves in blaming one another or in blaming the child.
- *Do* recognize your mistakes.
- *Do* recognize that your child is in pain, too. Those intolerable actions are not evil but symptoms of unhappiness; unfortunately, they are the kind of symptoms that only make everyone's unhappiness worse.
- *Do* seek out a competent, professional family thera
- *Do* explore ToughLove or similar parent-supp groups in your community.

SUGGESTED BOOKS: Crisis

Bayard, Robert, and Bayard, Jean. *How to Deal with Your Acting-Up Teen: Practical Self-Help for Desperate Parents*. New York: M. Evans, 1988.

York, Phyllis, and York, David. *ToughLove*. New York: Doubleday, 1982.

CHAPTER TWENTY-ONE

Family Therapy

This book by a child psychologist and family therapist has been designed to give most parents all the professional child-rearing advice they need. However, the system (written rules, consequences instead of nagging, more praise than criticism, active listening) will not work in every case. This chapter is about the exceptions.

Four different circumstances might lead you to seek professional advice.

1. You waited too long before deciding to make and enforce rules. The kind of problem behavior you are concerned about is already so dangerous or upsetting that you have to go into Crisis mode to produce change. As explained in the previous chapter, the Crisis mode requires professional help.
2. You try to make rules, but you and your spouse cannot agree about them or cannot manage to follow through with them. The communication problem is mainly between the two of you. (How to raise the children may turn out to be only one of several issues that need to be resolved in your marriage.)
3. You follow through consistently with your rules, escalate the consequences by small degrees, yet the problem behavior gets worse. The child continues to ignore the rules and to take the consequences, thereby bringing punishment upon himself. (This indicates deeper psychological problems than merely a lack of parental structure.)
4. Finally, there are certain kinds of behavior you may be concerned about, for which stricter rules should not even be a first attempt at solution. First on the list is chronic depression, which often manifests itself in irritability and a lack of concern

about parents' goals. Depression may grow out of grief, loneliness, anger, unrealized expectations, confused messages from the significant adults in the child's life, low self-esteem, or the chronic unhappiness of others in the family. Children cannot be expected to sort out and deal with those feelings without help. Then there are other emotional disorders, such as phobias and generalized anxiety, which are more likely to be exacerbated if parents take a tough line. The same is true of such compulsive habits as nail-biting. Severe eating disorders (self-starving or vomiting)—also need professional diagnosis and therapy. And so does any disorder with a possible neurophysiological basis, such as hyperactivity.

In any of those four situations, parents should consult a child psychologist, psychiatrist, or social worker who specializes in working with families. Therefore, this chapter begins with an explanation of what "family therapy" means and how you can find an appropriate professional to help you help your child. Then we shall discuss in more detail the circumstances that might send you to this kind of counselor.

What is family therapy?

When children are in trouble behaviorally and emotionally, the clinical professions have two fundamentally different approaches to get them back on the developmental track. In one approach, a therapist establishes a relationship with the individual child, becomes a kind of auxiliary parent, and tries to compensate for whatever emotional injuries occurred earlier in the child's life. In the other approach, the therapist establishes a relationship with the whole family, but primarily as a consultant to the parents.

Individual child therapy is the older way (with a 100-year history), trying to help the child directly. Family therapy is the newer way (by now about 40 years old), helping parents to help their children.

Family therapy makes more sense for several reasons. One is that children live with their parents seven days a week, and the parents have far more influence on them than any outsider—certainly more than one who sees them only an hour or two per week. Another reason is that a child's troublesome behavior affects

everyone in the family, and everyone's reactions then reverberate back upon the child. The whole family is one organic system, with all the parts interconnected. It is like a baseball team: You cannot train one member of the team to use a different set of plays without every other player being in on the changes.

A strong argument against individual child therapy is that it often makes parents look and feel inadequate. The implicit assumption is that the therapist is a better parent. Family therapy, in contrast, respects parents. It conveys a message to children that their parents are competent and in charge, that they care, that they can change the patterns of family interaction.

Dr. Charles Kramer, a child psychiatrist who was my colleague at Northwestern University Medical School and founder of the Center for Family Studies there, said that prescribing individual therapy for a child who lives at home ought to be grounds for a medical malpractice suit. Those are strong words for a physician to use against his own colleagues, but a growing number of other psychiatrists—as well as psychologists, social workers, pediatricians, teachers, school counselors, and juvenile officers agree. We should never treat a child as an independent person, as though we could change him without working with the most important people he lives with. (Freud himself wrote that it was impossible, but his closest followers, the psychoanalysts, continue to work with individual children and adolescents. Family therapists, to varying degrees, make use of Freud's insights about the mind and about human development, but we incorporate those insights into the family-centered approach.)

Therapy is counseling. Family therapy means the same thing as family counseling. In this book, I use the two terms synonymously. Perhaps the term *counseling* more accurately conveys the idea that the professional's role is to advise parents, not to "fix'' children. Family therapy is counseling. Conversely, fam- ily counseling is psychotherapy, as powerful an agent for change as psychoanalysis, behavior modification, or any other form of therapy.

An assortment of disciplines. The distinction between individual and family therapists has little to do with the field in which they received their primary training. There are child psychiatrists, psychologists, and social workers who work only with individual

children; and there are those who work primarily with families. In some cases, the family-therapy training came as part of their training in their particular profession. But because family therapy therapy is relatively new, many of us acquired our special training later, after we already had our academic degrees.

Psychiatrists are medical doctors; they may prescribe drugs, and they have more knowledge about any drugs you are already using and about physical ailments that complicate your family's problems. Psychologists are a more varied lot. A clinical psychologist with a Ph.D. who has passed the state licensing examination is a broadly trained expert in testing, diagnosis, and several types of therapy. But there are also more narrowly trained psychologists who specialize in only one type of treatment—for example, stress reduction. In that case, more of the responsibility falls upon you to be sure that the type of therapy this person offers is really what you need. Social workers (M.S.W.s), too, have a variety of specializations. Because the field of social work has always been family-oriented, it was quicker than psychology or psychiatry to assimilate family therapy, beginning with one of the pioneers of the new approach, Virginia Satir.

There are also increasing numbers of other kinds of professionals who have been trained in family therapy. Some pediatricians, nurses, and family-practice physicians do counseling as one aspect of their work. Many ministers are also trained in family therapy.

A family therapist's type of academic degree is of virtually no importance in determining whether he or she can help you. A responsible member of any profession will not offer you therapy that is inappropriate. A psychologist or social worker will refer you to a psychiatrist if there is a possibility that someone in your family may need medication or hospitalization. A psychiatrist or social worker will refer you to a psychologist if certain kinds of testing are needed. A minister or pediatrician will refer you to a mental-health professional if the problems seem to go deeper than communication among family members.

More significant than the letters after the therapist's name are the following considerations:

- Is the therapist a respected professional? (I shall discuss how to get the names of respected family therapists, below.)
- Is he or she mature and experienced? If not, will your therapy be discussed with his or her supervisor regularly (weekly)?
- Do you feel comfortable with his or her personal style?
- Does the therapist seem to understand what you say in the first interview, answer your questions clearly, and offer a suggested plan for therapy that makes sense to you?
- Are the fees reasonable, and can you take advantage of your health insurance or employee-assistance plan?

Shopping around for a therapist is fine. It is normal to begin by calling two or three people, perhaps even to have appointments with each of them. Remember, you are not "putting yourself in the hands" of a professional; you are hiring a consultant.

Family therapy includes individual therapy. Almost all family therapists also work with individuals when it is appropriate. (Unfortunately, most therapists who see individuals do not work with families.) A family with whom I recently worked consisted of mother, father, fourteen-year-old son, and eight-year-old daughter. I met with the whole family only three times. I had fifteen sessions with the son alone; sixteen with the mother and father; four with the mother, father, and son; one with the mother alone; and two with the father alone. This was not planned in advance; the decisions were made each week as we worked on different aspects of the problem. There are other families whom I always see as a full group, some in which I have not seen the children since the first session, and others in which I work mainly with the adolescent, only occasionally inviting the parents to join us. Sometimes, grandparents and other relatives are invited for special sessions.

Such flexibility is fairly typical of family therapists. The choice of who should come will not be left up to you, however; as the focus of the work changes, the therapist may suggest restricting or expanding the number of participants.

Another possible change in midstream is that one or more family members may be referred to a different therapist with special skills: a behavior therapist (one who uses behavioral conditioning),

a play therapist (one who communicates with children through play with symbolic objects), a hypnotist, a group therapist (for example, with a group of adolescents who have similar problems), or a psychiatrist who is qualified to prescribe medication.

A clinic or a private practitioner? Family therapy is available in many agencies that are subsidized by community or private funds, enabling them to charge less than many therapists in private practice. You may wonder, therefore, what a private therapist offers to make his or her higher fee worthwhile.*

What you don't necessarily get is better therapy. There are a few benefits of seeing a therapist in private practice, but there are also some advantages to a community mental-health clinic or agency. Although the following points are generalizations, they are worth thinking about when you are looking for a therapist:

- With a private practitioner, you may be able to count on a longer continuing relationship with your therapist. This does not necessarily mean longer therapy; it might mean stopping when the current problems are resolved but being able to return to the same person several years later. When he or she established the practice, it was with the intention of remaining in that community for many years. At a clinic or agency, where the therapists are salaried employees, they are more likely to leave: to move away, or pursue an advanced degree, or start their own practice. In general, large institutions and those that are known as training centers have the highest turnover in their clinic staffs. However, you can check this out at the first interview. Ask how long you can count on the therapist to remain there. Of course, no one can predict very well how long your counseling will need to continue. Despite the best-laid plans, you may have to transfer to someone else at the clinic. That is not the worst thing in the world, just something to try to avoid.
- You may have a wider choice of therapists in private practice than of clinics in your community. It is difficult or impossible to shop around for a therapist you like within any one clinic.

* Many private practitioners have sliding scales, so you should not assume their fees are higher than a clinic until you inquire.

- The private practitioner might have a fancier office, with a quieter waiting room.
- On the other hand, you may get better-supervised therapy in a clinic. Private practitioners consult their colleagues about cases, too, but they are not forced to do so as systematically as the staff of a well-run clinic. The training clinics connected with universities often have the best-supervised therapists.
- A clinic may provide better access to a variety of approaches, unless the whole clinic is too specialized.
- Many of the best-trained, most sensitive and skilled therapists are social workers who remain in salaried positions with agencies rather than moving off into private practice. Discrimination against social workers in private practice is one reason for this. In many states, M.S.W. psychotherapists are ineligible for payment by health-insurance plans. In an agency, a staff physician or psychologist can sign the insurance forms. Psychologists and psychiatrists have an easier time building up their own practices, but that does not mean they are better therapists.

In summary, even if you can afford a therapist in private practice, don't turn up your nose at clinics or family-therapy agencies with subsidized fees. Explore both alternatives, if possible, and make your decision on the basis of how you feel about the therapist.

Finding a family therapist. The ideal source of a referral is someone who knows your family, understands what family therapy is all about and why you need it, and has first-hand knowledge about the work of several therapists in your community. Call the child's pediatrician, the school social worker, or your minister. Or call all three, and ask each of them for a couple of suggestions. (You might also ask each what he or she has heard about the therapists suggested by the others.) If the same clinic or therapist is suggested by more than one person, that is surely the one to try first.

Almost as good a source of information about therapists are your friends and relatives who have been in family therapy. Your sister-in-law probably cannot analyze your situation as objectively as your pediatrician can, but on the other hand, she knows you

better. And you can evaluate her recommendation based on how well you trust her opinion.

If those two kinds of sources do not give you enough promising leads, call your local hospital and ask for the social-work department. Tell them about your problem, find out if they offer family therapy (they may work only with patients in the hospital), and ask for some names of private practitioners whom they recommend.

If there is a Family Institute or a university-affiliated family therapy training program within a few hours of you (again, something a school or hospital social worker would know), they undoubtedly keep a directory of their alumni and can give you several names of qualified family therapists near you.

Finally, the worst method of finding a therapist is by calling your state psychiatric, psychological, or social workers' association, or by using the yellow pages or responding to a newspaper advertisement. Reputable people are listed in all of these places, but the listing is no guarantee. Being on the professional association's referral roster means nothing except that they have paid their membership dues.

Now that you know what family therapy is and where to find it, we can deal with the more difficult question: When do you decide that a system of rules and consequences is not going to work?

Waited too long?

I don't think it is ever too late to begin setting down rules, warning children about the consequences of their actions, and following through. Crisis mode is based on rules and consequences just as much as Liberty is. So are prisons and mental hospitals. The difference is only in the degree of restriction.

What you may have waited too long for, though, is to be able to put this system into effect without help. In the previous chapter, I mentioned several crisis situations that indicate a professional should be consulted:

- Being arrested.
- Suspension from school.
- Staying out overnight without permission.
- Physical assault.
- Carrying a knife or pistol.

- Abuse of any drug to the point of losing consciousness or memory.

This list is certainly not exhaustive; anything that you consider to be as self-destructive or as dangerous to others as the actions named above should be added to the list. Any such incident is a sufficient indication that you have waited too long before setting clear limits. I would not think a rule such as "If you are suspended from school again, you will be sent to military school" could possibly be sufficient in itself to resolve the internal problems that have led to the child's suspension.

All the actions listed are within the realm in which a child can, with help, turn completely around and get on a positive track. But they are so close to the outer edges of this realm that you have little room for trial and error. Therefore, consult a psychologist, social worker, or other family therapist before cracking down on such actions.

In all likelihood, the family counselor with whom you talk will recommend a system of clearly defined rules similar to what I have described. But you will know that this advice is given to you personally after the experienced counselor has explored your family's particular situation. And you will have the counselor's continuing support through the crisis.

Parents' despair. An even greater danger than trying to crack down on children too late, without professional advice, is that parents will give up trying at all. They will feel so powerless against "peer pressure," so convinced that "nothing works" that their only recourse is prayer, or kicking the child out of the house without therapy, or waiting for natural consequences to catch up with the child.

> MISTAKE: Andy's parents are fed up with his school failures, shoplifting, and hostility toward them. "I give up," his father says. "I'm just waiting for him to hang himself." He means this as a figure of speech. But every year, three hundred to four hundred children in the United States do hang themselves, and another fifteen hundred or so commit suicide in other ways. And these statistics represent only those who "succeed."

No parents should ever accept serious problems in their children as something about which nothing can be done. You might choose to accept a messy room or fighting among siblings without making rules about such problems—if you think enforcing these rules would be more bother than looking the other way. But don't accept a school suspension, a deadly weapon, or drug abuse with the same resignation. Such problems don't go away when they are ignored by parents.

Therefore, no matter how much despair you may feel, if your reaction to that despair is to give up, you will probably soon have reason for worse despair. It is part of the therapist's job to change that despair into the energy needed for a systematic assault on the problem.

Can't agree on rules?

Some parents put off making rules because they have found from experience, or unconsciously expect, that they cannot agree on what the rules should be, what the consequences should be, or who should enforce them. In other families, the mother and father think they are in agreement, but their child knows how to break their consistency by approaching them separately.

EXAMPLE: *Seventeen-year-old daughter*: Mom, can I borrow your Sears credit card? I need a new pair of running shoes.

Mother: What happened to your clothing allowance?

Daughter: I spent it on clothing. These I need for track; they don't count as clothing.

Mother: I'll give you an advance on next month's clothes-purchasing budget, if you want. I'll discuss it with Dad, but it seems to me shoes of any kind are clothing.

Daughter (later): Dad, my clothing allowance isn't supposed to cover equipment for track and stuff, is it?

Father: What do you need?

Daughter. Running shoes. Look at this pair.

Father. Oh yeah, you can't run in those. But I'll bet you've already asked your mother for the money.

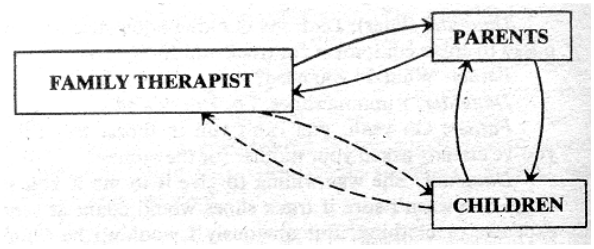
Daughter: She was willing to give it to me if you said okay. She wasn't sure if track shoes would count as school expenses or clothing. But obviously I wouldn't be running five miles a day if I wasn't out for track. Besides, my clothing allowance is a pittance. I'm already going to need an advance for a decent top and some jeans.

Father. All right. Is twenty enough for the shoes?

Daughter: No way. They'll be at least forty. Give me fifty, and I'll bring back the change.

If this sort of thing happens once in a while, you can deal with it. You and your spouse can promise each other not to go along with any requests for "extras" without discussing it with one another. But if you are unable to carry out that policy, it probably means that there are hidden conflicts in your marriage. One of you may be harboring resentment about the other parent's relationship with your children, or about something that has nothing to do with the children. Try to sit down and explore such feelings openly. What is getting in the way of communication? What does your spouse think might have happened if he or she had discussed the issue with you before giving the child a unilateral yes or no? It will soon be clear whether you need some help from a family counselor.

The best way to proceed is to try to enforce a set of rules for your children after reading this book. Then try to resolve any disagreements that you discover between yourself and your spouse. If that doesn't work, *then* you need to talk with a family counselor. Obviously, both partners will have to see the counselor together; it is not a matter of one of you taking the children to be "reformed." Think of the counselor's role as shown in the diagram: consultant to the parents, as needed.



Rules don't work?

Another situation in which professional consultation is needed happens when parents have enforced their rules consistently but their child continues to bring the consequences down upon himself. Here, the main problem is not lack of parental agreement, consistency, or structure.

Inappropriate expectations. You may be expecting behavior that is beyond your child's capabilities at this age. Inappropriate expectations can result either from a parent's lack of experience with children, or from a particular child's disability.

If you wonder whether your expectations are appropriate, the best person to ask is probably your pediatrician (except for questions having to do with school achievement, which, of course, you would address to the child's teacher).

Covert depression. The child may be seriously depressed without appearing depressed. Children and adolescents don't always show depression in the way adults do, by looking and feeling sad. A clinically depressed child may be active, rebellious, even violent, much like a child who merely suffers from a lack of limits. When you set limits, the latter child's behavior improves markedly; that of the seriously depressed child does not. The depression may come from loneliness, rejection by peers, grief over the loss of a loved one, anger or confusion about a divorce, remarriage, or adoption. Low in self-esteem, high in guilt (warranted or unwarranted), he may be punishing himself by getting himself grounded or by losing privileges again and again. Whatever the source of emotional pain, once it is expressed in self-defeating actions, a tough parental response might perpetuate the negative feelings, contributing to a vicious circle.

EXAMPLE: Michael's father and stepmother brought him to a child psychologist after a series of lying and filching incidents. Michael was an immature eleven-year-old with a three-year-old half sister. He was a below-average student, repeating fifth grade. He had no friends. The psychologist learned that Michael's parents had responded to the lying and stealing in a variety of ways: lecturing Michael, spanking him, threatening him. What they had not done was to set forth clear consequences, so this was the first step in family therapy.

After two weeks, it was apparent that Michael's father and stepmother could follow through consistently with their consequences. However, this was no deterrent to Michael's misbehavior, even when the consequences were made more severe. He continued to take money and other items from his parents, and for the first time he stole something at school: a small radio.

The therapist insisted that the parents continue enforcing consequences for all such actions, but he also initiated individual play therapy with Michael. Some of those sessions included the father, some both parents, and some were private sessions between Michael and the therapist. It became clearer that the core of Michael's unhappiness had to do with feelings about his natural mother, a drug addict who had not been able to care for him. Michael was angry at having been abandoned, blamed his father, stepmother, and, most of all, himself. He continued to see the psychologist weekly for more than a year, then at irregular intervals over the next several years. The lying and stealing stopped soon after play therapy began, but Michael's school problems and social relations were slower to improve.

Other disorders. Depression is certainly not the only disorder that can be hidden. In the following section, I discuss many problems for which, if you know your child has them, rules and discipline are not the answer. However, you may not realize that this is true of your child until after you put into practice a system of written, consistently enforced rules.

In general, the way to know whether a system will work for your children is to put it into effect and follow through with con, sequences. The results will tell you whether you need to go to the next step, family therapy. And your rules will not have done any harm.

Rules not appropriate?

With certain kinds of child-behavior problems, you can be pretty sure in advance that rules are not the solution. (You may

need clearer rules anyway, but not as a substitute for therapy.) One group of problems I have in mind are self-directed: depression, specific fears, generalized anxiety, hyperactivity and attention deficits, compulsive habits such as nail-biting, and eating disorders. Another group are social problems, such as stealing, chronic lying, bullying other children or animals, painful shyness, and promiscuity.

Overt depression. I mentioned above that seriously depressed children and adolescents do not always act depressed. Sometimes, though, they do—behaving socially withdrawn, tired, apathetic, self-deprecating, tearful, melancholy; sleeping too much or too little, eating too much or too little, perhaps being preoccupied with death. A depressed person rarely shows all these symptoms; any three are sufficient for a clinical diagnosis. However, before we apply the official label ("depressive neurosis"), the child must have had either a major episode of acute depression (inability to function in normal daily activities) or a full year of manifesting three or more depressive symptoms.

You may have your own home cure for depression, something you do for yourself when you are feeling blue: a car trip, an extra few miles on your morning run, a new dress. Don't try to treat your child's depression the same way, or any other way except by consulting a professional therapist. I am not saying children never get through depression without help; some do, especially if their life situation improves. But in too many cases, childhood depression leads to chronic adolescent and adult prob lems, or to suicide. And the longer you wait for the depressive cloud to lift itself, the more the child misses out on—socially, academically, and in terms of self-esteem.

Specific fears. When a child has an intense, irrational fear—of the dark, of being alone, of animals, of water—and does not get over that fear by a certain age, parents sometimes become impatient. If they are sensitive as well as sensible, they gently but persistently coax the child through a series of nontraumatic experiences: allowing them to put only their toes in the water, then on a later occasion going in up to the ankles, and so on. Pressuring the child too much may make him even more afraid; on the other hand, indulging the fear and keeping the child away from the feared

situation prevents him from learning not to be afraid. If parents avoid both extremes, children usually gain confidence and master their fears. At the same time, they learn other important things, such as trust in their parents.

If the child refuses to give up the fear despite your best efforts, then this is something to talk with a therapist about, rather than putting more pressure on your child. The therapist may help you carry out a carefully designed series of "desensitization trials," not very different from what you already tried. First, however, he or she will be assessing whether the fear is a phobia, which means that the child is unconsciously more deeply afraid of something else. The deeper fears are displaced onto the object of the phobia.

EXAMPLE: Polly, age six, is knocked down by a large dog. From then on, she is intensely afraid of all dogs, large and small. Her parents indulge her in this for about a year, but then they insist that she must get over her excessive fear. They sensitively control her encounters with dogs, beginning with small dogs and quiet dogs, held on leashes or in their owners' laps. This is not the sort of problem for which a psychologist's help is needed. Polly's parents know what she is afraid of, they know why, and they know what to do about it. Only if their own desensitization cure did not work would they need to seek professional help.

Mary, also six years old, develops an intense fear of dogs without having had any bad experiences with dogs. Correctly defined, the term *phobia* applies to Mary's fear—displaced onto dogs from more complex, unconscious origins—but not to Polly's, which was in fact caused by a frightening encounter with a dog. Although Mary's parents are just as gentle and thoughtful as Polly's, Mary's phobia only gets worse. At the age of eight, she is taken to a child psychologist, who uses play therapy to discover and help Mary work through her deeper fears. It turns out that her grandmother's death two years ago left Mary with intense fears about dying, mixed with guilt about an incident in which her grandmother had severely reprimanded her for teasing a dog. There is no way Mary's parents could have known what caused her phobia. Their good sense in taking her to a psychologist not only saves her years of unhappiness and embarrassment but also frees her from her

confused feeling of having played a part in her grandmother's death.

In both Polly's case and Mary's, the parents begin by putting pressure on their daughters to behave maturely. In one case, the pressure is effective. In the other case, it is not effective, but no harm is done and the child's need for therapy becomes clear.

Generalized anxiety. An anxious child may not have specific fears, but he may be generally fearful, overly dependent, and easily upset in many situations. Since it is normal for all children to be fearful, dependent, or upset at times, you can only judge your child's level of anxiety in comparison with other children of the same age. Again, pediatricians and teachers are the best people to consult about how concerned you ought to be.

If the pediatrician, teacher, or your own experience tells you that your child is excessively anxious, and if you don't see significant improvement over a period of months, don't keep waiting for the child to outgrow this problem. And don't pressure the child for more independence—that may backfire. Consult a child psychologist or other professional therapist who specializes in children and families.

Hyperactivity and attention deficits. Many of us consider our children "hyper" at times. All parents, I suspect, have noticed deficits in our children's attention to such things as table edges, flowerbeds—and rules! The diagnosis of hyperactivity, however, applies to a child who literally can hardly sit still. Such children often show specific deficits in auditory or visual attention, which slow down their learning in normal classes.

In recent years, we have learned more about the neurophysiological aspects of hyperactivity in children and are gaining more control over the disorder through a combination of drugs, behavior modification (administered by the parents), and family therapy. If you think you may have a hyperactive child, ask your pediatrician to refer you to a child psychiatrist, preferably one who is affiliated with a hospital outpatient program for hyperactive children and their parents.

Compulsive habits. Thumb-sucking, nail-biting, blinking, and stuttering should be ignored at first, but if they persist for many months, discuss the problem with professionals. Start with your pediatrician, but if you are convinced it is a bigger problem than the pediatrician thinks, call a child psychologist. Don't try to talk (nag) the child out of doing it, but don't try to extinguish it by consequences, either—at least, not until you have consulted someone who can evaluate what the habit is a symptom of. Such habits have a way of becoming entrenched just because the parents are lobbying so hard against them.

The same can be said of bed-wetting, up until age eight or so, After that age, I don't think it does any harm to try the consequences I suggested in chapter 5, but if you don't succeed, talk it over with your pediatrician.

Eating disorders. Refusal to eat certain foods is not an eating disorder. Refusal to eat with the rest of the family is not an eating disorder. These problems are simply challenges to parental authority, and you have the choice of giving the child that amount of freedom or making a rule about it.

Eating disorders are serious mental illnesses: anorexia nervosa (self-starvation) and bulimia (gorging followed by self-induced vomiting, or binge eating alternating with drastic dieting). Simple obesity is not considered a mental illness, though it is often both a symptom and a cause of serious emotional problems. If you have the slightest concern that your child may be anorexic, bulimic, or obese, consult your pediatrician.

I don't need to discuss the symptoms of these disorders in detail, because the diagnosis has to be made by a doctor, not by you. For example, you might think your daughter has anorexia nervosa, but she might actually be suffering severe appetite loss and malnutrition as a result of a neurophysiological disease. That has to be ruled out before psychotherapy for anorexia nervosa can be initiated.

However, there are a few facts that may help to put eating disorders in perspective and underline the importance of early detection and treatment. First, they are not diseases exclusive to adolescent girls. The most typical age of onset is in the early teens, and there are many more anorexic and bulimic girls than boys, but

these illnesses may begin at any time from age three to adulthood, and they do afflict boys as well as girls.

Second, anorexia nervosa is not just dieting carried to an extreme. It is dieting gone out of control, to the point where the young person becomes addicted to hunger. Anorectics will fight almost as hard to be allowed to starve themselves as drug addicts will fight for their fix. Like an addiction, the starvation begins gradually and is much easier to stop if you catch it early. A girl with a normal figure who says she is fat, starts to count calories obsessively, and goes on a diet may be on her way to anorexia. But a few family therapy sessions can educate her about the dangers of the illness, help the parents make rules about dieting, and help her talk about her deeper worries. Without that prompt help, once she has lost a significant amount of weight, is measuring every bite she cats, and has a distorted perception of her own body, treatment will be a long and harrowing process.

True anorectics (those who are dangerously skinny and have such distorted body image that they deny their skinniness) rarely recover spontaneously. Without treatment, or even with treatment if it begins too late, many of them die. Some, however, consciously decide to become bulimic instead of anorectic. As one of my patients said, "I realized, 'Hey, I could die from this !' Then I read an article about bulimia—how you could eat all you want and vomit and you wouldn't gain weight and you wouldn't starve—and at first I thought, 'That's disgusting.' But then I tried it, and pretty soon I didn't mind it." This is common; it is estimated that as many as 20 percent of all girls and young women try, at some point, binge eating and vomiting. Therefore, when I hear of someone who had anorexia and made a spontaneous "recovery, " I try to find an opportunity for a confidential talk about bulimia. It is difficult, though, because many bulimics burden themselves with shame about their secret "disgusting" vice so that the shame becomes as great a burden as the compulsion itself.

As for obesity, it is not quite as urgent to crack down immediately, but I would not ignore the problem either. Much depends upon the child's own feelings about it. A body may be perfectly healthy even while weighing 20 to 30 percent more than what is considered fashionable. On the other hand, children who are very sensitive to how others see them might consider themselves terribly fat if their weight is merely above average for their height.

Rather than impose your own standard, I suggest having frank talks with your child about his or her own concerns about weight. Don't hesitate to get professional help if needed.

Cruelty. Bullying other children—physically or verbally—tormenting animals, and sexually molesting younger children are never merely a result of unclear rules or inadequate limits. Such behavior does not come naturally to children. It comes from pain and confusion deep within the child. Not to give it immediate professional attention is a tragic disservice to the child, as well as to his or her victims.

Shyness. The point where shyness ceases to be merely a personality trait and becomes a cause for therapy is fairly easy to diagnose. So long as children go ahead with activities, even if they are the quietest members of the group, their shyness is probably not causing them anguish. But if they avoid things they really want to do, they need help. For instance, a girl wishes she could be a Brownie but won't join unless her mother agrees to come to every meeting. When the mother refuses, if the child goes ahead and joins the troop, no therapy is needed. If she does not, she needs to be seen professionally to prevent the problem from mushrooming. The older the child, the more strongly I would recommend therapy.

Other problems. Elsewhere in this book, I have discussed chronic (prolonged) lying, stealing, drug abuse, promiscuity. You can make a first attempt at dealing with these problems in Probation mode, but if they persist, your chances are poor for solving the Problem without help.

I have surely omitted some problems for which neither parental firmness nor loving support will be sufficient. The problems discussed above can only convey some general ideas about when to seek help. Whenever you are in doubt—my standard line—call your pediatrician.

Summary

In this book, I have presented a system for managing children's behavior and development through clear rules, consequences, no nagging, and an emphasis upon self-esteem and responsibility. The

system of rules and consequences outlined in Part I was designed in such a way that parents can use it with no fear of doing harm. It will solve most behavior problems, in most families, without professional help.

There are, however, many situations that parental discipline cannot resolve, without the help of someone who can diagnose the particular problems of the particular family. In general, what a family therapist has to do is figure out what function the problem behavior is serving for a certain child in a certain family, what benefit comes to the child or to others in the family when the child persists with the behavior. Then the therapist (who may be a psychiatrist, psychologist, social worker or other professional) can offer more adaptive ways for everyone in the family to act.

Therefore, parents should be prepared to seek help if a clear, consistent system of rules does not work. In the following cases, we can even say in advance that it will not work. Find a qualified family therapist:

- If the child's actions have been allowed to go so far out of control that you are already in a crisis (no room for trial and error).
- If you and your spouse cannot agree upon rules or consequences, or cannot enforce them consistently.
- If you enforce your rules, but the child persists in bringing consequences down upon himself—even as you gradually escalate the consequences.
- If the child appears to be suffering from depression, specific irrational fears, general anxiety, painful shyness, hyperactivity, compulsive habits, or an eating disorder.
- If the child attacks other children or animals, molests them sexually, lies or steals on a grand scale, or is sexually promiscuous.

If you are in doubt, don't hesitate to consult your pediatrician and/or the child's teacher, counselor, or school social worker.

SUGGESTED BOOKS: Family Therapy

Ackerman, Paul, and Kappelman, Murray. *Signals: What Your Child Is Really Telling You.* New York: Signet, 1978.

Kramer, Charles. *Becoming a Family Therapist: Developing an Integrated Approach to Working with Families*. New York: Human Sciences Press, 1980.

Napier, Augustus, and Whitaker, Carl. *The Family Crucible: The Intense Experience of Family Therapy*. New York: Harper & Row, 1988.

Ramos, Suzanne. *Teaching Your Child to Cope With Crisis: How to Help Your Child Deal With Death, Divorce, Surgery, Being Adopted, Moving, Alcoholic Parents, Sick Parents, Leaving Home, and Other Major Worries*. New York: McKay, 1975.

Sorosky, Arthur, and Baran, Annette. *The Adoption Triangle*. New York: Doubleday, 1979.

Zimbardo, Philip, and Radl, Shirley. *The Shy Child: A Parent's Guide to Preventing and Overcoming Shyness From Infancy to Adulthood* New York: McGraw-Hill, 1981.

APPENDIX

For Professionals

This appendix is for psychotherapists, counselors, physicians, nurses, teachers, school administrators, clergy, community social workers—any professional who works with parents of troubled children. Its purpose is to explain the rationale of this book in terms of the current state of our knowledge in developmental psychology and in family-systems therapy, and to describe how I use the system in my own practice.

The majority of readers of this book will be parents whose problems with their children are less severe than the average case we see in our offices. They attend PTA programs and church workshops on child-rearing; they talk about these issues extensively with friends and relatives; they read books and magazine articles—and they do a good job of preventive care. They avert crises with their children, or they respond adaptively to a crisis so that the experience strengthens the whole family. Although there were many books already on the market for such parents, there were none, I felt, that delivered the appropriate combination of these three principles:

1. Emphasizing the need for a balance between, on the one hand, attention, active listening, praise, emphasis on responsibility, and other constructive, competence-building, confidence-building techniques; and, on the other hand, a firm set of rules based on parental authority and consistent consequences.
2. Offering a system or set of procedures for parents to use in designing their own rules, rather than the "expert's" suggestions as to what those rules should be.

3. Acknowledging the role of punishment in child-rearing but showing how all punishments can be designed to restrict children without causing feelings of rejection, humiliation, pain, or deprivation.

These straightforward principles can be understood and applied creatively by most parents without professional consultation. There are others, however, about whom you and I are more concerned. In my experience, the parents who seek counseling for problems with their children are *not* merely people who could have solved their own problems with the right self-help book. Their crisis has come about because they *can't* simply agree on rules, stop undermining each other, and stop hassling their children. Or it has come about because the children *can't* conform to a rational set of rules with appropriate positive and negative consequences. The emotional cost of doing so is too great. A family therapist, in order to be helpful in a lasting way, must identify the recurring dynamics of the family—the patterns of interaction that maintain their problem—and then must intervene to disrupt those patterns and force the system to develop new, more productive adaptations. It would be naive to hand such a family this book and expect them to change.

In writing this book, I was aware that those parents who most need it would probably not read it. I originally began the project because it was a tool that I needed in my work with dysfunctional families. Perhaps it will prove useful to other troubled parents who, for whatever reason, have more faith in the impersonal printed word than in personal counselors. But it is primarily designed to be given to parents by family counselors as a principal intervention in the first or second session of work. I shall outline how I use this tool with families. In the course of that discussion, its theoretical rationale will become clear.

The rules task. Whenever children's behavior is the family's main identified problem, I assign parents a homework task between our first and second interviews. Their task is to sit down together and draw up a list of rules. It is as much a diagnostic task as it is an intervention (Haley, 1976; Pinsof, 1983). This book began as a handbook for that task. Corresponding roughly to chapter 4, it explained the differences between rules and preferences, the "if ... then" criterion for rules, the idea of starting with small

consequences that can be increased, and the guidelines for natural and logical consequences (Dreikurs and Grey, 1968). 1 sound the parents out on all these points in the initial interview, show them a sample list of rules, and ask them to come back the following week with their own list. (Parents who have previously heard me speak at their school or church may arrive for the first session with a list they have already tried and failed to enforce.)

One function of starting in this way is to establish a clear alliance with the parents. "What have you tried in the past? What worked? What didn't work? What are the things you want to insist upon now? What sort of consequences would work for your child?" It puts the therapist in the role of consultant to the parents, neither a substitute parent who is hired to cure the child nor a critic of the parents whose role is to show them all their failings. If the parents have never tried a set of written rules, I can explain the system in five minutes, and by the next session we can diagnose, together, where they had difficulty implementing it. If they have already tried this sort of thing, we quickly get to whatever obstacles they encountered (or created).

At the same time, I engage the children by frankly asking for their assessment of the problem, their ideas about how the family could change. I empathize with them especially as to how confusing life must have been "not knowing exactly what the rules were, hearing one thing one time and something else the next time." I win a little trust from the children by advising the parents to try smaller consequences than they had in mind—setting back the curfew time, for example, instead of grounding the child; or increasing the grounding in units of one day instead of doubling it each time. (This comes as a relief to the parents, too.) Then I ask for help. The parents having come up with a rule (either in the first session or after conferring during the week before the second session), I turn to the child or children and say:

> "Your parents are trying to draw up a set of rules with definite consequences. What's in it for you is that you won't be hassled anymore about anything that isn't clearly written in the rules. This will only work if they follow through as they say they're going to do, with the consequences. The only way we'll know if they can do that is if you *test* the rules. So I need you to do that once or twice, after they post the list.

> "On this first rule, I'm worried that you might start getting .everything done in time for the bus each morning, before we find out whether Mom and Dad can follow through with consequences. So, without telling them when you're going to do this, and without reminding them about the rule, at least once this week I'd like you to leave without making your bed or washing the breakfast dishes. Then come back and tell me whether Mom and Dad remembered to enforce the rule or whether all they did was the same old nagging and complaining. Will you do that?"

This is not a paradoxical intervention (Watzlawick, Weakland, and Fisch, 1974), because it is entirely sincere. I am prescribing the symptom, but the parents have already planned an adaptive solution, which they cannot practice unless the child tests the rule. Many children understand and welcome the chance to cooperate with me. They are dying for some structure, consistency, and security; that is why they pushed their parents to the point of seeking help. Others, however, claim to be unwilling to bring the consequences upon themselves. ("I want to go to bed later, not earlier!") I make a strong pitch:

> "I understand how you feel. It would seem crazy to disobey the rules when all that gets you is punishment. But that's what I'm asking you to do. Just once or twice. It's a small sacrifice to make, for the sake of changing the way your parents deal with things. Would you be willing to try it?"

This almost always wins the children's cooperation, whether they are five or fifteen (or twenty-five, in some cases). If not, there is no need to push further. (*Not* to test the parents means obeying their rules.)

I try to reframe the children's misbehavior as well intentioned; thus the label "behavior problem" is lifted off them, freeing them from having to act out that role. At the same time, I add that their misbehavior is doing the family no good and can no longer be tolerated by the parents. The responsibility for solving the problem is shifted back onto the parents.

With most families, I spend the first four or five sessions, or more, talking about the rules, the testing, the consequences, and all the transactions that occur in relation to this new experience. Often

there is significant improvement in the "problem" children in those few sessions. They may show one or more positive signs:

- Engaging with me in a friendly, trusting way while still maintaining that "the list" is a terrible idea, not working.
- Helping me by criticizing the parents' failures to enforce the rules.
- Discovering and acknowledging advantages of the list.

This way of beginning always leads to two results. I help the parents work out the details of a set of enforceable rules as described in Part I. At the same time, the exercise of trying to collaborate on their rules brings out the underlying dysfunctions that need treatment. Thus I have usually accomplished all seven of my goals for the initial phase of counseling:

1. Engaging with all family members—with the parents, empathic alliance; with the children, empathic understanding and mutual willingness to listen.
2. Establishing the assumptions of our work together—that I am in charge of the sessions but that the solution depends upon parental agreement with one another and on their own priorities; that I will not tell them what their rules should be.
3. Destabilizing the system. If the children have been caught between the two parents, I break up the triangle. Parents are treated as one unit, children as another. If there has been no clear boundary between the generations, I force a hierarchy by insisting that the parents are in charge and by refusing to accept their helplessness. If the children have been split into "good" child and "bad" child, I point out that the "good" child's behavior has not been helpful to the family as a whole, and I insist that rules be drawn up for every child. Sometimes I predict misbehavior by a different child if the "problem" child improves.
4. Observing what happens when the parents try, or resist trying, to collaborate on rules and consequences.
5. Taking the focus off the child as "identified patient"; explaining that we cannot deal with the child's behavior until the parents can communicate better and work together.

6. Introducing "active listening" techniques (asking questions, clarifying what one has heard, requesting permission to respond—see chapter 11) and practicing them in the session, between the two parents and between each parent and child. Often I challenge the children to demonstrate these techniques to the parents; children seem to be able to learn this (as most other things) faster than adults.
7. Educating the parents about some basic principles of child-rearing (I see the role of therapist as essentially that of a teacher):
   - The importance of consistency in parental policymaking and follow-through.
   - The value of enabling children to know what is expected of them and what they can expect from their parents.
   - The fact that criticizing, yelling, and nagging are as destructive as the failure to set limits, and that all of those alternatives provide poor role models for children.
   - The idea of priorities: distinguishing between the things the parents really want to insist upon and lesser issues that they might be tempted to nag and complain about but do not take seriously enough to translate into rules.
   - The merits of the freedom-versus-restriction continuum, and the conception of child development as moving in the direction of freedom, with periodic steps backward to safer, more restrictive conditions until the child is responsible enough to handle more freedom.
   - The destructive, ineffective character of three other types of punishment used by parents instead of simple restrictions: physical punishment, food deprivation, and humiliation.
   - The importance of *self-esteem*, including actual competence and the child's *belief* in his competence and worth. I emphasize that this is more important than any system of rewards and punishments we can devise.

In short, working with parents on their rules is a point of entry for the therapist, entirely different from working on the assumption that something is wrong with the child. Although the rules approach is quite consistent with the structural and strategic schools of family therapy (Haley, 1976; Minuchin and Fishman, 1981), 1

regard it as far from the whole treatment. It is merely one technique in the family therapist's kit. In the following rationale, I shall indicate how the family therapy proceeds beyond this initial work with rules.

Rationale. This is not the place for a theoretical discourse, nor do I want to publicize the paltry secrets of our art. I do, however, want to discuss my approach to parent/child problems in the context of a particular system of therapy. Integrative Problem-Centered Therapy (IPCT; Pinsof, 1983, 1995) is integrative in two ways. First, it integrates the family-system treatment with the individual treatment of each member within the family. Second, it integrates the psychodynamic use of emotion and, to varying extents, personal histories, with the problem orientation of the so-called strategic, structural, rational, and behavioral therapies.

A summary of Pinsof's seminal work will help to clarify my approach to parents' and children's complaints about each other. IPCT has the following essential features:

1. *Problem-centered.* Therapy begins with the problem as identified by the patient system and clarified by the therapist. He or she does not put new goals on the agenda without .a mandate from the patient system (in the present application, the parents). The therapist obtains that mandate by linking his or her suggested goal (e.g., better communication between the parents; more intimacy; or more autonomy) to the family's original identified goal.

2. *Problem maintenance.* IPCT involves an analysis of how the system has worked to maintain the problem until the present (Feldman and Pinsof, 1983). Rather than seeing the problem as an anomaly that the whole family wants to dispose of, we have to understand it as something that has been serving a function and that the family cannot easily be rid of. They must either find a more adaptive way to serve the same function or give up their beliefs about the need for that function to be served.

3. *Health assumption*. Like Haley (1980), Pinsof strongly repudiates the attitude that patients are sick and helpless, that the curative factors come from the therapist. IPCT acknowledges that systems—individuals or families—solve their problems because all living systems have the capacity to adapt. The therapist is like a gardener: watering, weeding, moving a plant into better light, but relying always upon the inherent growing and healing capacities of the organisms themselves. (Note the similarity to Haim Ginott's [1965] approach to children in therapy, and to parents in his books.)

4. *Interdisciplinary orientation*. Whenever the patient system is unable to adapt, one explores other hypotheses and consults with other professionals. For example, a child who soils his pants needs a pediatric examination; a school phobic may need projective testing or play therapy; an underachiever may need tests for specific learning disabilities, or tutoring. One should not view every behavior problem as an occasion for clearer parental rules.

5. *Adaptive solutions.* The health assumption enables therapists to conceive of our role as helping the family find adaptive solutions to their problems, helping them discover where they are blocked from such solutions, suggesting other possible solutions and exploring the obstacles to implementing those. With this attitude, we invariably find families creating better solutions than any we could impose upon them. An example was the mother I mentioned in chapter 11 whose discomfort with the negative aspect of consequences for misbehavior led her to post, alongside the rules on the refrigerator door, a "Family Newsletter" reporting the parents' appreciation for positive changes they could see in their sons. Her adaptation of my approach was more compatible with her own and her husband's style than anything I could have instructed them to do.

6. *"Block" (i.e., obstacle) identification*. Several times in any session, Pinsof asks a question like "What do you think would have happened if ... (you had supported your husband? / you had followed through with the consequence you promised? / you had told your new wife how you' were feeling? / etc.)." When he gets the answer, based either on the person's past experience or on a "catastrophic expectation" (Perls, 1971)—"He would expect to get his way with everything" / "Our son would quit school" / 'She would leave me"—Pinsof usually asks the respondent to check this expectation with the other person involved (the husband / the son / the wife). The search for an adaptive solution then proceeds by means of the elicited dialogue and the exploration of each family member's needs, fears, and motives, until they can see possibilities for new patterns of interaction that they are willing to try.

7. *Determinant continuum*. When change is blocked, the determinants of the block are conceptualized along a continuum from "immediate" to "remote" (Kaplan, 1974). Immediate

determinants are recent, actually exist in the current situation, and are interpersonal (what person X is doing to person Y right now). Less immediate determinants would include organic causes—for example, hyperactivity that might respond to medication. The most remote determinants are in the past, involve transference reactions from significant others who are not actually involved in the current situation; and/or are more intrapsychic (what Y projects onto the situation with X because of things that may have happened to Y in early childhood). The philosophy of IPCT is to work with the immediate determinants and attempt to solve each problem at that level if possible. The therapy moves back along the determinant continuum to historical, transferential, intrapsychic, or biological determinants as necessary, always linking each insight back to the current situation and goals.

8. *Emotion*. Finally, IPCT differs from other cognitive and behavior-oriented therapies in its strong affective emphasis. The rationale for pushing clients to verbalize the feelings behind their behavior is the assumption that human emotions energize, motivate, and facilitate active problem-solving (Ackerman, 1958; Tompkins, 1962). Often people are in touch with one emotion and attribute their behavior to that emotion (e.g., anger) but repress or deny another emotion that lies beneath it (e.g., the fear of abandonment). Therefore, IPCT is at odds with Rational-Emotive Therapy (Ellis, 1963). As Pinsof (1983) explains:

> Sadness and grief facilitate psychologically reparative solutions to problems of loss. The greater a system's ability to appropriately access the various human emotions, the greater their capacity to adaptively resolve life problems. The therapist's affective task is to teach the patient system to identify and use emotions that will facilitate resolution of their presenting and other related problems.

This brief overview of IPCT indicates, I hope, why the system presented in Part I of this book has been an effective starting point for family therapy whenever a child's disobedience is presented by his parents as a problem. I never see disobedience as a symptom of child pathology, but rather as interaction patterns maintained by the family for a reason. Although maladaptive in some respects—the family is in pain—the intergenerational conflict is an adaptation to some other aspects of the family's dynamics or to its situation with

respect to a still larger system. The presenting pain, in effect, relieves or protects the family from a worse pain, real or imagined; and they will not part with it until they have reason to believe the worse pain will not replace it.*

The system of rules deals with the immediate end of the determinant continuum. If it is effective in meeting the parents' goals—producing respect for certain basic rules and eliminating the intergenerational warfare—then we have no need to deal with remote determinants. If, on the other hand, the parents are unable to do this task, then I have my mandate for exploring more painful issues. If they resist that, they can try again to get together on their rules. Each time they acquire as much insight as they can tolerate about how they are maintaining their problem, we return to the immediate end of the determinant continuum and the here-and-now task. I keep them engaged, praise them for their successes, and empathize with their failures. They feel that I am with them—which I am. But at the same time, they are caught in a squeeze: Either they must change their parental behavior or they must undertake more difficult work further back on the determinant continuum. In that sense, the position I put the parents in with respect to the structure of therapy is a model for the position they need to put their children in with respect to rules, choices, and consequences. They cannot honorably escape until they are functioning demonstrably better, as a family, than when they came.

Different kinds of families. The system described in this book forces parents to be firm about a small set of rules, continually reassessed as their children grow and demonstrate responsibility. It forces consistency in following through with consequences but keeps the consequences small and nonabusive. It facilitates open, supportive communication without any need for nagging, complaining, or character assassination. For these reasons, parents who have leaned toward too much control, too many rules, and too severe consequences will be pushed away from those extremes. Parents who have not had enough control, not enough rules, no consequences, will be pushed in the opposite direction. The system is just as useful in blocking parents from being authoritarian,

* Freud himself (1920) had that insight about the families of his patients, which convinces me that if he had lived another decade or two he would have changed his couch for a set of conference chairs and insisted upon working with the whole family.

arbitrary, and abusive as it is in promoting discipline in parents who feel impotent and distraught.

In other words, the same basic approach can have opposite effects on different types of families. Obviously, the metaphors one uses and the reasons given for rules, consequences, praise, and active listening must be suited to the individuals. One codes the same message in entirely different language for different clients, as a pharmacist might put the same medicine in tablets, capsules, or liquid for different patients.

At the same time, I believe these different parents share a. great deal of similarity. When I work with extremely punitive parents, it is probably not their punitive side that hears me but the part of them that would give anything not to be punitive if they can be reassured about certain fears. When I work with parents who are putting up with chaos, manipulation, and abuse by their children, it is not their helplessness and despair that I speak to but the part of them that believes in their rights and responsibilities as adults. If those conflicting opinions were not already being voiced within either type of parent, my therapy would not change them.

The push toward a moderate amount of structure and discipline, from either too much or too little, is the direct benefit of this approach. I have already said, however, that there is an even greater benefit in the way the task serves as a diagnostic tool. Two families might look similar in terms of their presenting problems and their apparent structure, but what happens when each set of parents is told to confer about rules and consequences?

In one family, the mother is unable to get her husband to set aside time for the discussion. He is never home, or, when home, is uninterested in helping her. The problem, as he sees it, is that his wife is an inept mother. He works hard at his job and expects her to discipline the children. He undermines her in my office by disparaging her, just as he undermines her at home by ignoring the children's misbehavior and failing to back her up whenever she does try to deal with a problem herself.

In the next family, the parents have a serious, intense discussion in response to the task I have given them. They hear and understand each other, but they fundamentally disagree. The mother is fed up with her daughter's behavior and wants to set strict limits and consequences. The father says that he knows he would never follow through with those consequences. Standing up to his

daughter chokes him up, and he prefers to back off and let her have her way. Our work leads into the father's depression, his inability to stand up to people at work, and his bitter memories of confrontation with his parents.

A third set of parents has no difficulty with the task at all. The mother and stepfather are in perfect agreement. But the rules they come up with seem developmentally inappropriate. For example, the fifteen-year-old is not allowed to touch her stepfather's stereo or take any food out of the refrigerator without permission. Her rebellion seems to me to have been provoked. This mother is being made to choose between her child and her new husband. The problem is too many rules for the child, too little understanding between the spouses about what their marriage entails.

After the initial work with rules, the course of therapy is different for every family. In some families, after the first session I ask the parents to come alone and I do not see the children again for months. Despite a commitment to conceptualizing the whole family as a system, I have most often found that the core issues in the parent system have little to do with the children and either are not appropriate to discuss with the children or are more directly addressed without them.

With other families, I may see the adolescent alone for awhile, we may alternate individual adolescent sessions with family sessions, or the adolescent may be referred to a group. How we proceed depends partly upon the family structure and dynamics, but even more upon the quality of rapport I am able to establish with the adolescent.

Research on the efficacy of psychotherapy has time and again shown that the therapist's training (social worker, psychologist, psychiatrist) and ideology (psychodynamic, structural, behavioral) are far less important factors than the patients' feeling that this therapist is someone with whom they can relate comfortably, who cares about them, and who understands them. Accordingly, it is not my intention to urge any particular school of family therapy upon the professional reader. What I would like to urge is that you try to incorporate the kinds of parent education outlined above (which I have attempted in the book itself) within your own therapeutic approach. Reports of your experience in doing so, and critical comments on this book, will be most gratefully received. Please

write to ken@kaye.com. And feel free to download copies of this book for distribution, free, to your clients: www.kaye.com/famrules

Summary

Although the author hopes this book will be a valuable self-help tool for the average family, he also hopes that it may help dysfunctional families in two ways:

Some parents may read the book, attempt to apply it, encounter difficulties, and follow the author's suggestion to seek professional counseling.

For parents who have not read this book but who seek counseling either for themselves as parents or for one of their children as a "behavior problem," this book or the system explained in it can be used as a preliminary, diagnostic intervention. As such, working on a system of rules and consequences may or may not be sufficient family therapy, but it is an excellent starting point. From that point, the therapist can move back to more remote determinants of parental helplessness, of child misbehavior, of hostility, rage, miscommunication, or despair. On the other hand, if a solution can be achieved or if adaptive developmental processes can be set into motion by working directly on the immediate problem—the lack of clear, consistent, enforced rules that both parents agree upon—then psychotherapy at the level of remote determinants is, at best, a needless luxury.

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