

SPECIAL REPORT

It's Not Tough, It's Tender Love: Problem Teens Need Compassion that the "Tough-Love" Approach to Child-Rearing Doesn't Offer Them

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Parents and physicians alike are shocked, confused, and troubled by high rates of suicide, drug abuse, and truancy among teenagers.

An increasingly popular prescription for reforming out-of-control adolescents is the stringent approach known as "tough-love." Professionals who advocate tough love tell parents whose adolescents take drugs, skip school, steal, and talk back to present the teen with strict, unconditional rules for acceptable behavior. If the teen does not adhere to these demands, parents are to mete out stern responses that range from withholding privileges to actually changing the locks to bar the difficult teen from the house.

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The precept behind the tough-love approach is that true parental love entails an uncompromising refusal to be manipulated by one's children; it is better to lose an adolescent than to collude in unreconstructed teens' misbehavior by allowing them to continue to enjoy the security and comfort of home.

However, in light of the principles of the new, comprehensive psychology called intrapsychic humanism developed by the authors, the tough-love approach is seen to be thoroughly wrong-headed, based on a faulty notion of human nature, and, in practice, to have caused grievous suffering for both teens and their parents.

Further, tough love remains unsupported by research findings, while intrapsychic humanism draws from the most up-to-date research on human development.

Tough Love Is Desperation

Tough love was a desperate remedy spawned by the wave of anti-Dr. Spock feelings that initially swept the country in reaction to the unruly, drug-taking students who so visibly populated the 1960s. The argument went that if out-of-control adolescents were raised in conditions of Spockean permissiveness, then stern and firm limits would produce their opposites—well-behaved, well-ordered teens who would stay out of trouble and not trouble their parents.

The ideology of tough love rests on a pessimistic view of human nature and encompasses both precepts for paradigmatic parenting and child development, as well as precepts for the process of rehabilitation needed when child development has gone awry.

Tough love advocates assume that, by their nature, both normal and abnormal children are continuously driven to manipulate their parents to gratify forbidden desires, and that parents must be ever vigilant in order to deflect and defeat this manipulation. This vigilance is expressed in the parents' ongoing skepticism about the quality of the child's motives, including those motives that appear to be positive and benign.

Sadly, a child will never genuinely experience tough-love parents as stably positive, accepting, and nurturing; rather the child will experience the parents' constant, though often unstated, disapproval and skepticism.

Negative View of Human Nature

The view of human nature that undergirds the notion of tough love² entails such a negative view of a child's natural inclinations that parents become

persuaded that they must be prepared to sacrifice their child to save the child from himself.

This willingness to sacrifice the child in the service of reclaiming him is seen as the highest and most selfless type of parental love. The premise underlying the nonnegotiable demand that the teen reform his behavior is that the parent who permits the delinquent teen to enjoy the privileges of home is enabling the teen's actions. When the parents cease their enabling behavior and force the teen to choose between anti-social behavior or the family, the salvageable teen will ultimately choose the family.

Even if the teen does not reform in response to the parents' ultimatum and becomes lost to the family, the tough-love advocate believes the parents nonetheless have behaved appropriately and the loss of their child only illustrates that the parents had been "in denial" of the imperviousness of the teen's problems and their own powerlessness to affect them.

An illustration of the extreme harshness of tough love is the mother of a marijuana smoking teen who reported that by following the principles of tough love she was able to feel acceptance of the intractable nature of his difficulties and to remind herself that she was powerless to stop her children from doping or smoking cigarettes or making bad grades.

She told her son, "I'm going to give you a choice, and I'm doing it because I love you. Either be drug free or get out of the house."

In appraising this ultimatum, she concluded, "We had no guarantee that Kevin would ever want to get straight again. We had to be willing to let him kill himself with dope if he wanted to do that."

Tough Love Doesn't Work

The drawback to the tough love approach is that it does not work. Externally imposed behavioral sanctions are no better at changing teens than they are at regulating the behavior of citizens of repressive governments. At best, sanctions produce a fragile truce in the form of shallow cooperation or a smoldering, dissembling compliance, and, at worst, they result in open rebellion and defiance.

In contrast, intrapsychic humanism demonstrates that meaningful change occurs only when it is actively chosen by the individual as representing the most desirable type of pleasure. In the authors' view of human nature, the most desirable type of pleasure is associated with genuine self-caretaking ideals and not with the pleasure of short-term pain relief. Parental facilitation of the child's pursuit of self-caretaking pleasure does not lead to licentiousness or to the syndrome of the spoiled child.

Dr. Spock's predilection for being nice to children was neither misguided nor harmful. The problem is that nice parenting can signify either the actualization of genuine caregiving ideals or the same type of manipulation as sanctions represent. Nonfacilitative parental kindness works like a bribe: it is an instrumental act that has the aim of inducing the child to behave appropriately for the sake of the parent, rather than an act whose sole aim is to facilitate the child's autonomous capacity to pursue self-caretaking ideals.

Nonfacilitative Kindness

An example of nonfacilitative parental kindness is the father who spent hours every night helping his son with math, but who felt betrayed and became irate when the boy decided to major in English in college instead of following his father into engineering. The father's manifestly supportive behavior was actually regulated by his personal motives to have his son follow in his footsteps rather than by caregiving ideals to aid the boy in realizing his potential and to choose the career that he felt would best suit him.

When parental kindness is primarily in the service of maintaining the parent's personal comfort, the child will have conflicts about decision making, and will be prevented from developing an autonomous, stable sense of purpose and identity.

In healthy development, the child acquires a fundamental and unshakable inner esteem based on a sense of effective purpose that is forged in the pleasure that both parent and child find in the caregiving relationship. For example, when the parent delights in responding to the child's needs, the child feels both the enjoyment of having his needs met and also the greater pleasure of having the capacity to cause his own inner well-being. With this foundation, the child will meet the world without any motive for self-induced pain, and without any vulnerability to disturbances in self-esteem caused by losses that result from chance or entropy.

When parents, in spite of their best intentions, cannot provide the child with the stable caregiving that engenders the unshakable inner esteem of self-regulated purpose, the child, unfortunately, cannot accurately assess the cause of the displeasure she or he experiences.

On the contrary, in the absence of the mother goose, imprinting to a human caregiver takes place in goslings, despite the human's inability to provide the goslings with stable, ideal care. So, too, the child will accept unstable nurture, believe in it as ideal, and appetitively seek it. In other words, in psychopathology the child develops motives for what an observer can recognize as

the psychic pain of self-defeating behavior, but which the child unconsciously experiences as motives for pleasure. These learned motives for illusional types of inner well-being coexist with and regulate the remnants of innately determined motives for genuine inner pleasure.

Conflict Causes Swings

The conflict between these two opposing sets of motives characterizes all psychopathology. When the child's unhealthy motives for unpleasurable experiences (which the child accords the illusional meaning of pleasure) are gratified, the healthy self of the child, which seeks genuine pleasure, experiences a loss that it attempts to rectify.

Similarly, when the child achieves even a moment of success, the felt satisfaction represents a loss to the self of the child that pursues "unpleasure" under the illusion that it represents well-being. As is illustrated by the following case example, the ongoing competition between motives for incompatible types of pleasure accounts for much of the lability exhibited by the troubled teen.

Fifteen-year-old Adam had short spurts of positive behavior in which he would attend school, do his homework, and remain sober. Soon, however, he would begin to cut classes, stay out all night, and come home drunk or high the next morning. Adam's parents and family doctor concluded from these cyclical behaviors that the boy "can be good when he wants to."

The school counselor, a tough-love advocate, told the parents they were enabling the boy's delinquency and instructed them to tell Adam that his delinquent behavior would no longer be tolerated. Accordingly, they informed him that his slides into self-destructiveness would be met with increasingly stringent restrictions of privileges.

Adam made a heroic effort to remain positively focused, but eventually he skipped school and stayed out all night, at which point he was told that he could not go out on weekends. He soon began sneaking out of the house on Saturday nights, whereupon the school counselor advised the parents to follow the principles of tough love and to lock him out. The boy defiantly responded that he was glad to leave and went to live with a friend.

After a spurt of attending classes, Adam began drinking heavily, taking drugs, and skipping school altogether until he was on the verge of expulsion. Fortunately, at this point the parents, frightened at seeing their son deteriorate so precipitously, consulted their family physician, who advised them to engage a psychiatrist.

In getting Adam to the psychiatrist, the parents had to ignore the strenuous objections of the school counselor, who insisted the boy should not be prevented from "bottoming out," and also that psychodynamic psychotherapy was worthless in treating substance abuse and truancy problems.

The psychiatrist's training in intrapsychic humanism allowed her to understand the boy's swings from positive to negative behaviors as manifestations of the conflict that characterizes all psychopathology between innately based motives for pleasure derived from self-caring behaviors, and learned motives for an inner well-being gained from self-defeating behaviors.

She helped Adam understand that when things went well, the self that pursued inner well-being through the gratification of pain-seeking motives was like an alcoholic deprived of drink, and that he was driven at all costs to gratify these motives. Only when these motives had been satiated, would the self that pursued genuine inner well-being become functional once again. The psychiatrist explained to Adam's parents that periods of negative behavior were actually triggered by periods of positive behavior and that, although these self-destructive behaviors were motivated, they were not freely chosen.

Tough Love Dumped

She explained the "tough-love" approach only gratified and buttressed the pain-seeking part of Adam's personality. The psychiatrist enabled the parents to understand that during the periods when their son's behavior was out of control, he needed their understanding and support—not confrontation and ultimatums. For example, she advised them to help Adam get out of bed and to drive him to school on mornings when school avoidance seemed to be imminent.

The psychiatrist also helped the parents realize that even at the times when Adam was functioning well, he needed their ongoing, steady help to shore up his positive motives. For example, she advised the father to leave work to attend a performance of the boy's small rock group, which was the one extracurricular activity Adam pursued whole-heartedly. In implementing the psychiatrist's advice, the parents experienced the double satisfaction of seeing their son on the path to health and of following parenting ideals that gave them pleasure rather than pain.

The parents also sustained their increasing sense of competence by keeping in mind the psychiatrist's caution that even if the parents were unswervingly understanding and supportive, they would still witness swings in the boy's behavior. The psychiatrist emphasized that these lapses were part of the

healing process and that, over time, they would abate. In fact, this prediction was borne out.

Results Seen

After a few months, Adam's negative motives began to be expressed less destructively. Adam might be 20 minutes late to school after a week of being on time, or might be a day late handing in an assignment in a class in which he was doing well. Adam's self-caretaking motives became sufficiently dominant, and he was able to graduate from high school and continue on to college.

By the time of his high-school graduation, Adam's motives to establish a feeling of inner well-being through the pursuit of destructive pleasure were rarely gratified directly, and were often relegated to dreams. For example, after a stretch of doing very well in his English class, Adam dreamt he forgot to do an assignment, came drunk to the final exam, and failed it. He shared the dream with his psychiatrist with the comment that he guessed his motives to mess up were so frustrated they had to come out somewhere.

Given the popularity of the approach to children captured in the adage, "Spare the rod and spoil the child," it is important to emphasize that the tender love we suggest as a replacement for the ideology of tough love is not an act of irresponsible indulgence made in the service of denying the reality of a teen's self-destructive behavior.

Rather, tender love entails an approach to the delinquent teen that helps parents acknowledge the severity of their adolescent's problem while simultaneously maintaining an unshakable commitment to help the teen resolve it.

Fundamental Differences

Tender love and tough love each endorse the basic precept that parents must unequivocally avoid encouraging the teen's delinquent behavior. Tough love applies this tenet to mean that any parental involvement with the unreformed teen represents collusive and, therefore, enabling behavior, and that parents should react suspiciously to their own tender feelings toward and wishes for closeness with their child. In contrast, intrapsychic humanism distinguishes between the teen and the delinquent behavior perpetrated by the teen.

Intrapsychic humanism asserts that the adolescent's motives for self-destructive behavior are neither the teen's only operative motives, nor even the motives the adolescent intrinsically finds most appealing. Therefore, intra-

psychic humanism does not accept the tough love tenet that the only route to nondelinquent behavior is through the teen's latent capacity to comply with the parental directives. No matter how thoroughgoing the teen's motives for delinquent behavior appear to be, they coexist with motives to pursue humanistic ideals, which can be strengthened by caregetting intimacy with the parents (and, if clinically indicated, with a professional).

From the standpoint of intrapsychic humanism, withholding active parental involvement strengthens the teen's most pathological motive, whereas offering the teen an unconditional caregiving commitment is a powerful aid to the self of the adolescent that seeks inner well-being through genuinely self-caretaking types of pleasure.

Therapeutic parenting of the troubled adolescent includes such concrete efforts as being available for discussions, driving the teen to and from school, assisting with homework, establishing curfews with the adolescent and helping the teen to adhere to them, and, if indicated, providing psychiatric help. The knowledge that the turning away from self-destructive behaviors is an uneven process makes it possible for parents to respond to the adolescent's inevitable lapses with renewed commitment rather than with self-criticism and the painful conclusion that their supportive efforts enable the teen's misbehavior. The adolescent, in turn, will have the important and growth-promoting experience that even though the parents are aware of the strength of the teen's motives for an inner well-being derived from a self-destructive type of pleasure, they are prepared to go to any lengths to aid the self of the adolescent that has a motive to pursue a genuine type of self-caretaking pleasure.

Parents Give Up Pleasure

One of the most tragic consequences of tough love is that parents are advised to relinquish the deepest pleasure available to them—the pleasure of caring for their child. Although some parents may react to the precepts of tender love with occasional reservations that they may be spoiling the child, we have found that when they respond constructively to the child's self-destructive motives, parents take great satisfaction in their newfound caregiving capacity. They often voice great relief and gratitude that they have regained positive feelings for their child, feelings for which parents universally yearn. Parents nearly always say they found the precepts of tough love a heart-wrenching experience, which, in spite of continued attempts to convince themselves they were acting in the best interests of their child, caused them considerable inner disquiet.

Using the principles of intrapsychic humanism, the physician consulted by the family can offer both parents and adolescent an articulated viewpoint based on constructive principles that promote an active, nurturing engagement rather than a destructive rending of the family. By adopting a view of human nature as congenitally disposed to seek positive, relationship-oriented pleasure rather than as innately driven toward antisocial acts that must be thwarted and suppressed, both professional and parent can pursue an optimistic, facilitative, and realistic approach to the adolescent. ♦

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