Chapter 2

Case 1 Dr. Blue Eyes: Dreams That Turned into Nightmares

Brief Personal History

A tall, neatly groomed man of 68 years, Dr. BE, has a degree in a medical specialty plus he has taken some graduate courses. He was born, raised, and educated in a large, east coast metropolitan city and now maintains a solo practice on the west coast of Florida and is on staff at several local hospitals.

His dad was a prominent and charismatic physician who was also a composer and an artist. Dr. BE plays an instrument and finds pleasure and relaxation now in playing alone or with a small group of friends. He described his parent’s marriage as highly conflicted and attributed some of this to his dad’s self-involvement. He was the youngest child and very close to his mom, captured in his statement “I loved her dearly.” He resented his dad’s lack of time for the family and never made peace with him before he died. His dad showed a clear preference for his sister as “perfect” and had told Dr. BE and his brother that they would both grow up to be “failures.” (It is hard to forgive and make peace given that kind of parental prophecy.) He still rues the fact that he never saw displays of affection between his parents. To this day, he wonders if his dad had a long-term affair with his secretary, with whom he often worked (supposedly) until 9:00 p.m. at the office. [The affair theme resurfaced twice later in his personal life but in reverse – that is, it was his wife who cheated (Brown, 1991)].

First Marriage, First Child, First Divorce

Dr. BE married his first wife, Diane, when he was 26 years of age. Both are Caucasian, born in America, Jewish, and came from similar family backgrounds. He very much wanted children. However, she did not – apparently an issue they had not discussed before they got married. (Many couples assume they both want the

Areas in () in the following case studies are author interpretations and notes to reader
same things and do not verify with one another that these assumptions are correct.) When Diane got pregnant, he went to La Maze classes with her in preparation for the delivery, and they had a daughter. Diane “froze” emotionally and did little for the child, for him, or for and in their house. He described her as “cold, controlling, and angry,” frequently embroiled in arguments with those close to her, and as someone who never smiled (i.e., chronically unhappy).

After 10 years of marriage, he “couldn’t stand her anymore” and left. A two-year separation ensued, prior to the divorce – for which Diane did the filing. During the separation period, the still married Mrs. Blue Eyes had an affair and an abortion, which Dr. BE paid for. When the divorce was final, Dr. BE felt enormous relief mingled with a continuation of his longtime sadness that the wife he had selected was such a controlling person and so resentful for having become pregnant and having a child. Nonetheless, she was awarded primary custody/residence of their daughter (Florida law terminology at that time).

**Second Marriage, a Stepdaughter, and a Son**

Happily for him, or so he thought at the time, he met an attractive woman who traveled in the same social group that he did, shortly after the divorce was concluded. It did not take them long to decide to marry. He was then almost 40 years old. She was a few years younger, also divorced, and with a daughter one year senior to Dr. BE’s daughter. They fell very much in love, and for the first few years, it was the kind of passionate and highly sexual relationship he wanted and she enjoyed. The trouble in their marital paradise seemed to stem from the fact that her daughter, Katrina, from her first marriage, lived with them almost full time, and when his daughter, Sally, came to visit, she felt Katrina was favored. Dr. BE thought his ex-wife wanted Sally to “spy” on him and his new family, and this caused much tension. As the girls got older, Katrina was much “faster” than Sally, which Dr. BE was not pleased about. He acknowledged that his sexy second wife, Jamie, tried to be a “good stepmom,” but his daughter resented her now being dad’s partner. Dr. BE and Jamie had a son together, who is seven years younger than his daughter and lived with the new couple full time. This further complicated the family relationship system and contributed to Sally feeling like an outsider.

He coached his son’s sports teams and went to many of his games. Sadly, his son, whose ADHD caused him to have difficulty concentrating and studying, did not finish high school. His mom was glad to have him at home to keep her company, so she did not insist he complete his education. Later, Dr. BE persuaded him to go back and complete his GED.

Dr. BE became close with Jamie’s daughter, who was six when they married, and felt bonded to her for as long as they were together. After the divorce, he had little contact with her because her mother objected to his staying in touch with her and as a stepparent; he had no legal right to do so. He knows that when she was 18 years old, she moved from her mother’s house and allegedly maintains little contact with her mother also.
Addictions Eroded the Marital Bliss

When other, more troublesome behaviors on Jamie’s part surfaced, they did seek good professional marital therapy. At the beginning of treatment, he realized that Jamie was abusing drugs and alcohol and had a very serious problem with both. He had known her dad had been a heavy drinker, and her mom had taken Miltown (an early tranquilizer) daily but had disregarded the likelihood that Jamie would follow the same path. Much animosity and anger were exchanged between them, and Jamie finally went into a revolving door pattern of drug and alcohol inpatient and outpatient rehabilitation treatments (Bepko with Kreston, 1985). He was told and ultimately recognized he had tried many times to “rescue her” and was “codependent.” He attended Al-Anon groups where he learned to “keep the focus on himself.” Although they had separated at one point and she had primary custody of their son, at the urging of the drug counselor, he returned to Jamie for another five rocky, unhappy years. Her bouts with addiction were intermittent even though she trained to become a drug counselor and briefly served as one (Leesa & Scanlon, 2006). Her heavy smoking and overeating continued, and she was no longer attractive to him. Personality-wise, she was morbid, negative, critical, and depressed. After 14 years, he once again felt “I have to get out.” He could not stand being trapped any longer. The trigger event that made it possible for him to extricate himself was coming home from work and finding a prophylactic in the toilet. On a tape the “other man” left behind, which Dr. BE heard, she and her lover were talking about their feelings for each other. This was how he learned Jamie was having an affair with his best friend’s brother – who they both knew was a substance abuser and alcoholic. Frustrated and enraged, he left and was and is proud of his courage to do so and not be inveigled and guilted into being a lifelong caretaker.

The Postdivorce Years: To Whom Do the Children “Belong”? 

During subsequent years, Jamie was caught taking and using her son’s, Don’s, prescription for Ritalin (he has ADHD). The police were frequently called to her house by neighbors because of her disruptive behavior – like running outside naked when stoned and trying to break into their son’s bedroom. There had been calls to Child Protective Services (CPS), and they did come out to the house to check on Don. But given that he was protective of his mother and would not reveal all that went on in the house and that there were no visible signs of physical abuse, no formal charges were filed by the CPS investigator against Jamie. [Unfortunately, all too often children of divorce become “parentified” by one parent, that is, are thrust into the role of taking care of a parent who is physically challenged, emotionally disturbed, and/or has some kind of addiction. They are assigned the adult role and become the protector (Sauber, L’Abate, Weeks, & Buchanan, 1993). They have no one in the home concerned about their well-being and about their developmental needs being met.]
As part of the interview, I queried Dr. BE as to why he had not petitioned the court for custody of his son when he realized how Jamie’s condition had deteriorated and the untenable emotional climate in which Don was living at his mother’s house, where he resided the majority of the time. He answered that he saw Don as often as Jamie would allow, that he knew the court in his jurisdiction continued to give preference to mothers who wanted primary custody, and that his petition would not have been granted. He continued to help support his son beyond age 18 and paid for his post-high school vocational training. When he was free to make his own choice and was no longer under court jurisdiction, his son moved in with him of his own accord. Now 10 years later, his son and daughter-in-law and their child live with him, and he is a very attached and doting grandfather – thrilled to have them all under his roof and to be part of a real family – every day.

When he first left Jamie, he went to live with a buddy temporarily (as many men do until they sort out what they want to do), so he would not feel totally alone and until he could find and afford a suitable apartment. At that time, he thought the children had responded to living in two households and going back and forth easily and well.

Although his relationship with his own daughter has improved somewhat in recent years and she now works in his office part time, he believes she still sides with her mother, is still angry at him for leaving, and shows him little warmth. She too is married and has a child. She indicates she thinks he prefers her half brother’s child over hers just as she felt he preferred her stepsister and half brother when they were growing up and as Dr. BE’s father had preferred his sister over him and his brother. [Often relational patterns of rivalry and competition are transmitted and repeated down through the generations as seems to have happened here (Bowen, 1988)].

**Finances**

Dr. BE paid child support and alimony after both divorces. He paid his first ex-wife a total of $190,000 combined child support and alimony from the time they separated, and Sally was only three years old until she was 18 years old, a total of 15 years. He paid his second wife $164,000 in total over eight years plus he underwrote all the costs of his son’s summer camp and medical and dental expenses. He now provides free-living quarters for his son and his family and is supplementing Don’s income while he is looking for a better job – something he has done periodically for many years. Although at the peak of his career Dr. BE’s gross earnings fell in the $101,000–150,000 range, since the economic downturn of the last five years and the severe cut back in insurance reimbursement for medical services, his gross income is under $100,000. Despite his hard work and middle-class income, after paying so many years of alimony and child support and supplementing both by covering many additional expenses for the children, he always was strapped financially. He finally bought an inexpensive house and has a little money for
Most Important Contributions to His Children’s Lives

dating and vacations. The other two households he was supporting had first claim on his income most of his adult life.

Experience of Divorce: Then and Now

The most painful aspect of the divorce (Schwartz & Kaslow, 1997) was “the loss of the kids” and not being able to be part of their everyday life. Despite knowing to survive and retain any semblance of sanity he “had to leave,” he still had felt guilty each time he finally said “I’m out of here.” Over the years, he has come to understand why he chose each of his wives and to take responsibility for his part in the breakup of his marriages. Even though his daughter is cold and seemingly judgmental of him, he sees her several times a week at the office, and this pleases him. However, she is curt and tends to “talk back” to him. She comes to visit him at home with her son. He is happiest when children and grandchildren are at the house and finally feels he has the “family” he always wanted. The prospect of taking his two grandchildren to Disney World soon thrills him.

Postdivorce Interactions with Ex-Spouse and Her Family

He was unable to discuss concerns about his daughter and son with their mothers. There was little communication across the separate households. His first wife continued to make his having a relationship with his daughter difficult by undermining his authority, criticizing his behavior, making negative remarks about him, and claiming he never sent enough money. Jamie was also very critical, accusing him of deserting them. She tried to play on his guilt about abandoning a “sick” wife.

In the early postdivorce years, he had no contact with his first in-law family. Neither he nor they wanted it. Years later, his ex-mother-in-law called to say she had gotten to know her daughter better and realized how difficult it must have been for him to live with her, and he had her sympathy. Subsequently, she decided she would like to become his patient as she held him in high regard and knew he was a good doctor.

Most Important Contributions to His Children’s Lives

Dr. BE sees himself as always “being there” as a stable and available father, being a role model of consistency in their lives and in his career/work, trying to guide his children to have solid values, and helping both children – when possible – to find good jobs. Currently, he contributes all he can to keeping his son, daughter, their partners, and children close as a family in the here and now.
Feeling Stymied, Left Out, Unable to Be as Much a Part of Children’s Lives as He Wanted to Be

His first wife’s constant negativity and failure to imbue their daughter with warmth and softness thwarted his efforts to be close to Sally and to try to make joint decisions with her regarding their daughter. She exercised “mind control” over Sally, and the impact of this modus operandi during her childhood is still potent (Bernet, 2010). Sally thinks whatever her mother dictates she is obliged to do. With second wife Jamie, her serious addictions (American Psychiatric Association [APA], 1994) and frequent relapses continued to widen the schism between them and exacerbate the differences in their approach to child rearing. (It made dealing with her akin to a roller-coaster ride.)

Retrospective

Among Dr. BE’s worst times and memories were making the decision to leave each wife, the process of leaving, and the actual day of moving out. Yet he knew he was dying inside and could not survive if he remained, particularly in his second marriage. He stated, “fortunately a therapist gave me permission to set myself free and go out and live, but it was all so painful while it was happening and for many years afterwards.”

His dreams and plans for marriage and being a dad had been “until death do us part,” raising children together with their mother and building a close-knit family. He never anticipated he would be divorced, yet his dreams were shattered twice. Now he is thoroughly enjoying being a “dad” to his two grown children and grandfather to his grandchildren – it is the most important aspect of his life. He dates and has occasionally had a long-term relationship but in the past has been too hurt and disillusioned to seriously contemplate making another permanent commitment. (This is often the sequelae of such painful partings which entail betrayal, the violation of trust, and questioning of one’s own judgment.) For recreation, he enjoys being with friends, playing an instrument, and going to jam sessions and concerts.

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