The image of an alcoholic, drug user, or other type of addict existing on the fringes of society is not an accurate portrait of an addict. From the middle-class soccer mom to a straight-A high school student, or a grandmother recovering from surgery, or famous celebrities and politicians, addiction does not discriminate.

Many of the people who seek out therapy could easily express similar variations on this same theme, presenting with broken relationships, anxiety, feelings of grief, loss and abandonment. According to the Substance Abuse and Mental Health Services Administration (SAMSHA), in 2013 approximately 20 million persons aged 12 and older were diagnosed with substance dependence or abuse. Only about 4.5 percent (908,000) of those people identified that they wanted treatment for their chemical dependency problem and only 316,000 indicated they had attempted to obtain treatment (2013). This low number indicates that there are copious untreated substance abusers who are connected to family members and friends in potentially complicated webs of co-dependency and enabling behaviors. According to the Centers for Disease Control and Prevention (CDC), “alcohol and drug abuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior” (CDC).

In her book, The ACOA Syndrome, Dr. Tian Dayton, PhD, identifies the following statistics: “One out of four children is a child of an alcoholic; 55 percent of all family violence occurs in alcoholic/addicted homes; 50 percent of adult children of alcoholics (ACOA) marry alcoholic, 70 percent of ACOAs develop patterns of compulsive behavior as adults…and abusive patterns with alcohol, drugs, food, sex, work, gambling or spending” (2012).

One of the earliest articles about families affected by alcoholism was written in 1954 by Joan Jackson for the Quarterly Journal of Studies on Alcohol (White & Savage, 2005). Jackson “outlined stages in a developmental process of alcoholism for the spouse and family of the alcoholic.” (Brown, 1995, p. 280). In 1993, Al-Anon, the 12-step group modeled on Alcoholics Anonymous was founded to provide support for the friends and family members of alcoholics. Prior to this, treatment professionals regarded the marital or family environment as actually an agent in initiating and sustaining addiction” (White & Savage, 2005, p. 3).

The image of an alcoholic, drug user, or other type of addict existing on the fringes of society is not an accurate portrait of an addict. From the middle-class soccer mom to a straight-A high school student, or a grandmother recovering from surgery, or famous celebrities and politicians, addiction does not discriminate. As astute clinicians, we know that the chances of working with a person who has grown up or been in a relationship with a substance user are more than probable.

Pioneers in the field of family recovery, Janet Wiessner, Sharon Wiegcheider-Cruy, Claudia Black, Stephanie Brown, Tian Dayton, Patrick Carnes, Melody Beattie, and many more, have created an extensive and well-researched body of work about the traumatic impact of living with another’s addictive behaviors. In the beginning stages of a therapeutic relationship, the skilled clinician evaluates family history to identify negative and dysfunctional patterns, and as therapy progresses, guides the client to uncover inner resources in order to move in a direction toward restoring emotional wellness. A critical component of this assessment is asking clients about their exposure to drinking and drug using behaviors within their immediate and extended family, and whether they had significant relationships with substance abusers or others with addictive behaviors.

“The alcoholism of a parent [is] a central organizing principle determining interactional patterns within the family” and [Brown] suggests that “parental alcoholism should be viewed as a governing agent affecting the development of the family as a whole and the individuals within” (Brown, 1995, p. 281). The term “alcoholism” is interchangeable with other addictive behaviors, such as sex or drug addiction or gambling, as the effects on relationships are very similar.

“It’s easy to capture addiction’s image. It wears a certain distasteful, hang-over look…[but], what of the people left behind? The rest of the family. What happens to the kids, the wives, the husbands, and the parents whose lives are devastated by…alcoholism/addiction? How do they get well?” (Dayton, 2012)

The Effects of Growing Up with Trauma and Addiction
Growing up in a family with adult caregivers who are consumed by their addiction and have no time for their kids or other family members can be a highly traumatic experience for everyone in the relationship. There may be physical violence or violence expressed in a more subtle way, in the form of emotional battering. Children may receive confusing, contradictory, and abusive messages from their parents that can give rise to feelings of abandonment, shame, and guilt, creating a template for unstable and unpredictable relationships. How a person reacts to this type of environment is affected by his or her resilience and other protective factors, but often times children growing up in these kinds of environments experience complex trauma, defined by the National Child Traumatic Stress Network as “exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure.”

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Dr. Tim Dayton, PhD, identifies the ACOA Trauma Syndrome as a “post-traumatic stress syndrome in which suppressed pain from childhood remains and is experienced, re-created, and lived out in adulthood… Years and years after leaving their addicted homes, ACOAs carry the pain of their past relationships into their partnering and workplace. Childhood feelings that were never identified, worked through and understood get triggered and projected into adult relationships or sink into the body, where they increase chances of many illnesses from hypertension to heart disease” (2012).

When attachment to primary caregivers is disrupted due to parental substance abuse, some of the characteristics of growing up with the complex trauma of addiction may be hidden and not easily understood. These characteristics include problems with self-regulation, exhibiting high risk behaviors, a disorganized inter world, emotional constriction, distorted reasoning, traumatic bonding, cycles of reenactment, relationship issues, being easily triggered, hypervigilant, unable to accept caring and support from others and, generally anxious (Dayton, 2012).

In our experience as therapists diagnosing trauma, we reference specific identifiable symptoms of Post Traumatic Stress Disorder (PTSD) to make this diagnosis, including intrusive memories, distress over reminders and dissociation and avoidance of memories related to the traumatic event. Those symptoms do not fit in with the picture of the seemingly high-functioning, narcissistic executive father who coaches his son’s baseball team or the mother who is both executive and president of the PTA. Perhaps this parent grew up in an environment of abuse and neglect due to addictive behaviors, but the parent feels like they have moved on based on all of their outer successes. In spite of the accomplishments, these parents do not feel connected to their children, cannot be open about addiction, and they find themselves having meaningless affairs to fill a hole that cannot be filled because of the unresolved complex trauma that affected them growing up.

An important and sometimes overlooked aspect of addiction is the fact that the dysfunctional coping mechanisms and patterns that are developed to deal with the chaos can be passed on through a multi-generational transmission process. “The replication…of repetition from pathology one from generation to the next, is without intervention and change, automatic… it is a legacy, a heritage and a family identity” (Brown & Lewis, 1999, p. 22).

The Process of Family Recovery
That moment has arrived when a family member leaves the treatment center after spending 60 plus days there and returns to the family unit. The hope is that the family will continue treatment through involvement in a 12-step program and individual therapy. Family members have probably attended a family program through the treatment center and may have started attending their own 12-step support meetings. Maintaining physical and emotional sobriety will determine the long process for the addict. “Abstinence is not recovery. Abstinence provided a necessary foundation for the beginning of a developmental process of recovery” (Brown & Lewis, 1999, p. 6).

“IT is very important that the family therapist understand the stages of recovery, so that he or she can synchronize treatment goals with the client. It is also important for the family therapist to make initial assumptions about family goals” (Brown & Lewis, 1999, p. 228). Families experience a development process of recovery that includes four stages: Transition, Early Recovery, Ongoing Recovery, and Outcomes (Brown, 1999).

Drinking Stage: “The system of the drinking family is restrictive, rigid and closed, and preservation of this unhealthy system supersedes any healthy development of individuals within it…adaption to the unhealthy system also produces pathology” (Brown & Lewis, 1999, p. 18).

Transition Stage: The addict is unable to control his use and the family member cannot control the addict. “The family may begin to challenge the old beliefs and ideas that support the [substance use] and denial” (Brown & Lewis, 1999, p. 106).

Early Recovery Stage: “Recovery is letting the family system collapse…and is central to [Brown’s] whole theory of recovery. It is the collapse of the family’s structures and defense mechanisms that protected and maintained the drinking that cleared the ground for the transformative process of recovery” (Brown & Lewis, 1999, p. 19).

Ongoing Recovery: One of the foundational premises of the theory is the idea that a couple or family unit cannot sustain healthy relationships without doing the deep work to heal past emotional scars. (Brown & Lewis, 1999, p. 116).

The Job of the Family Therapist
During the transition and early phase, if a therapist suspects that the client may have been affected by another’s addictive behaviors, some questions to ask to identify the impact of those behaviors could include: In your family, was drinking (or drug use, gambling, etc) never mentioned and never discussed? The way to celebrate? A recent memory of a family member who has been in treatment? Something that made mom or dad unhappy? Something scary? Something that was done only on special occasions? One parent hiding how much he/she drank? What took Dad or Mom away from us kids? Not a cause of any problems or disadvantages? (Black, 2010). Getting clarity from a client on whether any of these types of reactions are relevant to them could be a key starting point in therapy.

Brown identified therapist flexibility as a critical piece in the family therapy process. “Being in recovery is not self goal to be treated… because recovery is often just as traumatic as drinking, but in different, paradoxical ways…” (Black, 2010). Family members are faced with the dilemma that what is absolutely necessary to establish and maintain recovery can also cause problems—within the family unit. The impact of this unhealthy family on adult relationships. “(Ipad / Kindle version). (Black, 2010). Brown & Lewis, “The alcoholic family in recovery: A developmental model” (1999, p. 19). Brown, S. (1981, 2001). Families and Addictions: Interventions and Mental Health Services Administration, 2011. (Ipad / Kindle version). Hazelden Publishing.

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