THE INTERSECTION OF ADDICTION, MENTAL HEALTH, AND FAMILY RECOVERY

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"We didn't know Dad was addicted to drugs or alcohol until my parents separated. My mom kept it a secret… He was a doctor and we thought all doctors worked a lot. We learned to never question and never expect anything. We were just supposed to accept his absence and disregard for us. Mom vacillated between depression, being a super mother and having a short temper. I really thought I was not affected, but then I began to have problems in my relationships. I always seemed to need one, but didn't know how to be close. I became anxious about everything…I began to experience depression and still struggle with it today. I realize I missed out on a whole lot of basics, such as feeling I was worthy or that my needs were of value…" (Black, 1981, p. 12)

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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 Trauma 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 alcoholics, 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 1951, 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. 9).

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 Woititz, Sharon Wegscheider-Cruse, 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 disheveled, hung-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."

Dr. Tian Dayton, PhD, identifies the ACOA Trauma Syndrome as a "post-traumatic stress syndrome in which suppressed pain from childhood reemerges 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 workplaces. 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 inner 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, nightmares, flashbacks, 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, perfectionist 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 intimate with their spouses, and they find themselves having meaningless affairs to fulfill 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 and repetition of pathology from one 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 addict 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 potentially be a long-term 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 recovery tasks" (Washton & Zweben, 2005, p. 228). Families experience a developmental process of recovery that includes four stages: Drinking, Transition, Early Recovery and Ongoing Recovery (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 the 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 behaviors that support the [substance use] and denial" (Brown & Lewis, 1999, p. 106).

Early Recovery: "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 clears the ground for the transformative process of recovery" (Brown & Lewis, 1999, p. 19).

Ongoing Recovery: One of the foundational premises of this stage 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 initial assessment 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? Fun? The way to celebrate? A tense subject with arguments about it? 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 disappointments? (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 conducting treatment. "Being in recovery is not itself a problem to be treated… because recovery is often just as traumatic as drinking, but in different, paradoxical ways… [and] families are faced with the dilemma that what is absolutely necessary to establish and maintain recovery can also cause problems… without awareness and support" (Brown & Lewis, 1999, p. 9). According to Brown and Lewis, "the therapist needs to be flexible in practice, able to intervene at concrete behavioral levels one moment while shifting to a reflective, analytic stance in the next. Preferably, the therapist should also be comfortable holding multiple roles: to give support, direct instruction…to maintain a more traditional neutral stance; to act as a supportive coach, cheering the hard work onward; to challenge and to wonder about thinking, motivation, resistance, and defense; and to interpret individual and systems dynamics" (1999, p. 30).

"*When [trauma] survivors recognize the origins of their psychological difficulties in an abusive childhood environment, they no longer need to attribute them to an internal defect in the self. Thus the way is opened to the creation of new meaning in experience and a new, unstigmatized identity" (Herman, 1997, p. 127).*

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