



# FAMILY CHAPTERS

# 1. THE DISEASE PROCESS OF CHEMICAL DEPENDENCY

## Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, that occur any time in the same 12-month period.

1. **Tolerance:** As defined by either of the following:
  - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - b. Markedly diminished effect with continued use of the same amount of the substance
2. **Withdrawal:** As manifested by either of the following:
  - a. The characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets or Withdrawal from the specific substances.
  - b. The same (or a closely related substance) is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), or to use the substance (e.g., chain smoking), or to recover from its effects.
6. Important social, occupational or recreational activities are given up or reduced because of substance abuse.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption.)

## Nature of the Disease

We believe ....

Alcoholism/chemical dependencies are diseases that are:

- Primary-
- Progressive-
- Chronic-
- Fatal-
- Compulsive-
- Treatable-

While the following article concentrates only on alcoholism, please note that the same patterns hold true with many other drugs of abuse. The progression of drug addiction is similar to that of alcoholism as well as some of the physical, psychological, behavioral and social effects that occur.

Specific differences between alcoholism and drug addiction could include:

1. How different drugs interact with brain chemistry (i.e. crack cocaine, marijuana, and various prescription drugs).
2. The time span for negative consequences to emerge and become severe can, many times, be much shorter with drugs.
3. The criminal element that is associated heavily with drugs.
4. The financial consequences can become extreme-quickly.

5. The sexual effects can be severe in both alcohol and drug abuse.
6. Family members tend to hold on to their own denial of the severity of addiction with alcoholism more than with drug addiction, perhaps because alcohol is more socially acceptable than most other drugs.

## DEFINITION OF ALCOHOLISM

The first step in recovery for the family is education about the disease of alcoholism. Before you can look at yourself and see what is wrong, you have to understand what is at the heart of the problem. You have to have a deep-down belief and acceptance that alcoholism is a disease. When you can come to understand and accept it as a true disease, you are better able to let go of resentments, bitterness, guilt and defensiveness. You will be better able to view the alcoholic's response to the disease as a normal part of the disease. Then you will be able to view your own responses as normal. You can see your own illness with less guilt and less defensiveness.

Alcoholism is a primary chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic use, impaired control over drug, preoccupation with the drug alcohol, use of alcohol despite adverse consequences and distortions in thinking—most notably delusion or denial.

Primary refers to the nature of alcoholism as a disease entity in addition to and separate from other pathophysiological states which may be associated with it. Primary suggests that alcoholism is an addiction; is not a symptom of an underlying disease state. If it were caused by another disease, it would be called a secondary disease. Cirrhosis of the liver, for example, is a secondary disease that results from the primary disease of alcoholism. You should not confuse the resulting condition with the primary disease. Sometimes people get treatment for the conditions resulting from alcoholism and believe they are getting treatment for their primary problem. It does no good to treat the secondary conditions until the alcoholism is under control. No effective or lasting healing of damaged body organs will take place until alcohol is removed from the body. Sobriety is the necessary first step of treatment.

Disease means an involuntary disability. It represents the sum of the abnormal phenomena displayed by a group of individuals. These phenomena are associated with a specific common set of characteristics by which these individuals differ from the norm and which places them at a disadvantage.

Progressive and fatal means that the disease persists over time and the physical, emotional and social changes are often cumulative and may progress as drinking continues. Alcoholism carries premature death through overdose, organic complications involving the brain, liver, heart and many other organs, and by contributing to suicide, homicide, motor vehicle crashes and other traumatic events.

Impaired control means the inability to limit alcohol use or to consistently limit on any drinking occasion the duration of the episode, the quantity consumed, and/or the behavioral consequences of drinking.

Preoccupation in association with alcohol use indicates excessive focused attention given to the drug alcohol, its effects, and/or its use. The relative value thus assigned to alcohol by the individual often leads to a diversion of energies away from important life concerns.

Adverse consequences are alcohol related problems or impairments in such areas as:

1. Physical Health (withdrawal symptoms, liver disease, gastritis, anemia, neurological disorders)
2. Psychological Functioning (impairments in cognition, changes in mood and behaviors)
3. Interpersonal Functioning (marital problems, child abuse, impaired social relationships)
4. Occupational Functioning (scholastic or job problems)

5. Legal, Financial and Spiritual Problems
6. Denial is used here not only in the psychoanalytic sense of a single psychological defense mechanism disavowing the significance of events, but more broadly to include a range of psychological maneuvers designed to reduce awareness of the fact that alcohol use is the cause of an individual's problems rather than a solution to those problems. Denial becomes an integral part of the disease and a major obstacle to recovery.

## 2. COMMUNICATION

There are characteristic ways of communicating in alcoholic family systems which are stumbling blocks and are the result of alcohol/drug abuse by one or more family members. Just removing the alcohol/drug does not solve the problems; all family members must actively work on establishing open, honest, clear and concise communication. In a dysfunctional family system there are behaviors that often take precedence over respect and honor. Distrust and fear of rejection cause all family members to begin to communicate in ways that can hurt, belittle, shame and confuse.

The following are some of the characteristic ways of communicating in alcoholic family systems:

1. Tendency to keep thoughts and feelings to oneself-Isolation.
2. Family members do not share anger or frustration-don't rock the boat.
3. Family members often try to handle things themselves.
4. Assuming you know what the other person is thinking, without asking them what they think.
5. Trying to arrange things just right, then maybe he/she won't drink/use.
6. Rejecting feelings- "Look at all you have to be grateful for and stop complaining."
7. Blaming and Placing Guilt. Bringing up old problems and hurts.
8. Families have rules regarding family secrets- "Alcoholic behavior is not discussed."
9. Tendency to put off discussion until tomorrow, but tomorrow never comes.
10. Not listening to each other.

### Filters and other kinds of interference

A natural filtering system exists in our brains to handle information overload. In most families affected by chemical dependence, the "filters" have been modified. What we hear people say to us may not be what they are actually trying to say to us. We need to check out what our perceptions are, and if our messages are getting across. Many times, when we get feedback from others, we interpret it as criticism. The natural response is to feel defensive.

The next step is to try to think of what we are going to say to that person to justify our position. When we are thinking of our response, we end up missing the message that person was trying to give us. Even the most negative, damning, even "passive-aggressive" criticism can be of value to us. There are several responses we can give to any type of feedback without defending ourselves or agreeing with the feedback.

These responses are not used as a cop-out. They are effective tools for us to:

1. Acknowledge we are hearing the feedback
2. Give us time to sort the new information for a time when we can respond in a more rational way

Here are a few examples:

"Thank you."

"I hear you."

"I appreciate the information."

"I need some more time to think about it and get back to you."

Of course, there are unlimited options for this. The main thing is to not get defensive. Feedback is a gift.

Please do not throw it away lightly. Compulsive worry, work, books, alcohol, drugs, sex are just a few of the other things that can interfere with communication.

## Levels of Communication

Human communication takes place on different levels at different times. Getting through an average day involves numerous interactions which involve various modes and levels of communication. We spend most of our time on the shallower levels. It would take too much energy to try to reach the deeper levels in every exchange. It might not be appropriate, or even safe. The State Trooper who pulls a speeder over does not want to know how that person “feels” about the situation. Intimate relationships, however, need a certain depth in order to be sustained. People who care about us really do want to know how we feel.

1. **Shallow Self-Disclosure**–“Talking about the weather” is the shallowest and safest level. Draw back; you don’t get to know each other.
2. **Deeper Self-Disclosure**–a bit more risk. The beginning of a friendship.
3. **Discussing Wants & Needs** –Medium risk. Pitfalls: Need to be very clear–“You can’t always get what you want ...but if you try sometimes... you just might find ...you get what you need.”
4. **Sharing Emotions**–Very high risk. Only with those who are trustworthy. Caution: Need to test safety levels and start with the safest. Drawback: Risk of exposure-they may not like what you have to say.
5. **Where We Stand With One Another**–Highest Risk. You may not get your intended outcome; however, isn’t it better knowing where you stand?

## Techniques for improved communications

There are a few basic steps we can take to improve both the quality and quantity of information we exchange with others. There are many more, but we can begin practice today.

1. **Remove Distractions**–it is very difficult to try to communicate on any level with someone who is doing something else. Turn off the TV. Put down the book. Soothing music is OK but heavy, pulsating, gut-wrenching rock-and-roll at high volume is usually not conducive to quality communication. Neither is driving a car in rush hour. Eating a meal is OK in conjunction with light conversation, but non-alcoholic beverages will fit in better with attempts at intimacy. Mood-altering chemicals are a definite no-no. Do not try to communicate with someone under the influence. Wait until the drugs wear off.
2. **Active Listening**–It is very important that the listener do just that. Listen. Resist the temptation to try to come up with a comeback for what the other person is trying to say to you. Face each other. Get knee to knee if possible. Frequent eye contact tells the other person the lights are on and we are home-for them. Some verbal acknowledgment that we are hearing is also beneficial, such as a “Thank You” at the end of the person’s statement.
3. **Well-Modulated Voice**–Keep the tone of your voice level. Resist the temptation to escalate in volume and intensity. If you are not heard the first time, repeat it until you are heard.
4. **Be specific**–Avoid generalities such as “You always ...” These are guaranteed to get the other person in a defensive mode.
5. **Keep it as Current as Possible**–the nearer to the present day you can get, the more effective your communications will become. The sooner you can talk to each other about a conflict, the less power the conflict will have in your relationship. The past must be dealt with, but deal with it and move on.
6. **State Wants and Needs Clearly**–Say what you want and mean what you say, but don’t be mean saying it.
7. **Use “Feeling” Words and “I” Statements**–Describe how you feel, not how you think. Feelings are perceptions and are subjective. Thoughts tend to be opinions and are subject to debate,

### 3. LETTING GO – GETTING WELL

An upset family member’s concern about chemical dependency in a loved one sometimes experiences the following kinds of problems:

<b>Physical</b>	Health Problems: Headaches, high blood pressure, insomnia, upset stomach, etc ...
<b>Emotional</b>	How we feel: Angry, resentful, lonely, guilty depressed, etc ...
<b>Social</b>	How we relate to others: Distant and aloof, embarrassed and withdrawn, aggressive and controlling, etc ...
<b>Intellectual</b>	Our thought processes: Unable to concentrate, mistrustful, confused, etc ...
<b>Spiritual</b>	Our general outlook on life: Bitter, despairing, helpless, hopeless, lacking in faith, etc ....

Letting go or Detaching with Love involves our making some changes. Some guidelines for letting go are helpful. Remember we have choices—there are always options.

Begin to behave responsibly for self-accepting what happens. Acceptance does not mean we have to like what’s happening; acceptance means we understand we cannot change some things. We must stop asking why. We must remember the 3 C’s:

- We did not CAUSE chemical dependency
- We cannot CONTROL chemical dependency
- We cannot CURE chemical dependency

Detachment is simple, but it is not always easy. As humans we sometimes overlook the obvious in search for something more profound. Keep it simple. Remember the K.I.S.S. slogan... Keep It Simple, Sweetheart.

1. Begin to get honest with ourselves and others
2. Get involved with others who understand
3. Find a Higher Power. God as we understand God.
4. Dump garbage-old resentments, anger and hurts.
5. Stay involved in Al-Anon or AA. Find a sponsor.

Live a day at a time. Hindsight is always 20/20. Don’t look back unless we intend to go that way. Forgiveness is a word for detaching with love.

Make an independent decision to change our behavior in a creative way. The change we make will be noticed, we can be certain.

Take it easy. Change is slow...it is a process....Remember—Progress not perfection.

## Letting Go

Letting go does not mean to stop caring;  
It means I can't do it for someone else  
Letting go is not to cut myself off,  
It's the realization I can't control another  
Letting go is not to enable;  
But to allow learning from natural consequences  
Letting go is to admit powerlessness  
Which means the outcome is not in my hands  
Letting go is not to try to change or blame another  
It's to make the most of myself  
Letting go is not to care for  
But to care about  
Letting go not to fix  
But to be supportive  
It is not to judge  
But to allow another to be a human being  
Letting go is not to be in the middle arranging the outcome  
But to allow others to affect their own destinies  
Letting go is not to be protective  
It is to permit another to face reality  
Letting go is not to deny  
But to accept  
Letting go is not to nag, scold or argue  
But instead to search out my own shortcomings and correct them  
Letting go is not to adjust everything to my own desires;  
But to take each day as it comes and cherish myself in it  
Letting go is not to criticize and regulate anybody;  
But to try to become what I dream I can be  
Letting go is not to regret the past  
But to grow and live in the future  
Letting go is to fear less and live more

## 4. ENABLING BEHAVIOR

Usually, enabling means doing something helpful and supportive. This is true in alcoholism, too but the irony for the alcoholic family is that the thing being enabled ( comforted) is the alcoholism-the drinking itself- instead of the drinker as a person. Who is an enabler? An enabler is an individual who reacts to an alcoholic in such a way as to shield the alcoholic from experiencing the full impact of the harmful consequences of alcoholism. An enabler helps the alcoholic delude himself that drinking is not the problem, and enabling allows the chemical usage to continue and sometimes even give the person another "reason" to use.

A small example of enabling: a wife or husband calls the alcoholic's office to explain that the alcoholic "has the flu" when actually, the problem is a hangover. When enablers cover up for an alcoholic, the alcoholic does not realize the effect of drinking and thus has little reason to change. Further, the alcoholic misses an opportunity to gain what is needed most: significant insight that alcoholism is the problem. Without insight, the alcoholic will remain a victim of his drinking. Truly, it is in the nature of the illness that alcoholics are incapable of recognizing their need to stop drinking and to seek appropriate help.

Any family member who does for an alcoholic what the alcoholic normally would be doing for him/herself is enabling.

No enabling can certainly lead to some difficult situations. Loss of job, loss of driver's license, jail sentence, moving out of the family home, loss of contact with the family-all are possible. But matters do not need to go to this extent. And if enablers stop their enabling behavior, although some difficult situations will arise with the alcoholic in the short run, it is virtually certain that in the long run, the alcoholic will be forced to face problems more honestly.

Tragically, as a person in an enabling role continues to try to "help", the disease progresses, and the situation worsens instead of improves, to a point where the whole family is affected and eventually needs help.

## Styles of enabling behaviors

General ways of enabling include:

1. **Avoiding and Shielding:** Any behavior which covers up or prevents the drinker/user from experiencing the full impact of harmful consequences of chemical use:
  - a. I enabled my husband by helping keep up appearances with his family
  - b. I enabled her drinking by declining social invitations
2. **Attempting to Control:** Any behavior done with the intent to take personal control over the other's drug or alcohol use:
  - a. I enabled him to drink by hiding the liquor-attempting to get him to quit
  - b. I enabled her use by threatening, preaching, screaming and crying
3. **Taking over Responsibilities:** Any behavior designed to take over the drinker/user's personal responsibilities such as household chores or employment.
  - a. I made sure he got to work on time or called his boss with an excuse
  - b. I covered her bad checks and I paid her bail
  - c. I enabled him to use by paying his mortgage so he wouldn't lose his home
4. **Rationalizing and Accepting:** Any behavior that excuses or accepts drinking or using:
  - a. I enabled his drug use by believing it made him more confident, relaxed, open, creative and less depressed.
  - b. I enabled her alcohol and drug use by believing she needed the stuff to help her deal with her stressful job and energetic kids.
5. **Cooperating and Collaborating:** Any assistance or involvement in the buying, selling, preparing or use of drugs or alcohol
  - a. I enabled his use by my buying liquor and beer for him and often joined him in drinking it
  - b. I agreed to supply friends with drugs to help support his habit
6. **Rescuing and Subservience:** Any behavior that overprotects the user/drinker and diminishes the personal power of the other person
  - a. I enabled him to drink by cleaning up after him when he vomited
  - b. I enabled her to drink by asking her to drink at home so she wouldn't get into more trouble by using away from the house.

## Family Enabling

1. Not talking about family problems.
2. Threats of withdrawing from the relationship and then not following through.
3. Giving permission to the chemically dependent person to withdraw from the family and family responsibilities.
4. Accepting blame for problems in our relationship (not making waves).
5. Buying into the game of "I can't please you; therefore, I don't need to be responsible.

6. Acting as a buffer between:
  - a. Parent and Child
  - b. Spouse and Child
  - c. Spouse and Spouse
7. Protecting the chemically dependent person from problems.
8. Denying the problem exists, not looking at the connection between the drug use and abuse, and what's happening to the family.
9. Accepting guilt and not feeling good enough about myself to say, "I COUNT."
10. Trying to control the chemically dependent person's behavior
11. Covering up
  - a. Behavior
  - b. Bad checks
  - c. Discarded value system
12. Enabling takes the form of survival
13. The family becomes resistant to change
14. Enabling attitudes and behaviors such as insecurity, fear-anxiety, frustration, blaming, pleading, resentments, self-pity, degradation, bargaining, dependency/love, lack of understanding the disease, threats that aren't carried out, hostility/anger, shame/guilt, warped personal lives, belittling and condescension.

## 5. DETACHMENT: GIVING UP CONTROL AND CARING FOR ONESELF

### Examples of attachment (Non-Detachment)

<b>Preoccupation</b>	With the alcoholic/addict (is he/she going to drink or use?)
<b>Blaming</b>	You are making me feel the way I do
<b>Walking on Egg Shells</b>	Maybe something I say or do makes the difference in his/her use
<b>Controlling</b>	Trying to take charge of the alcoholic's recovery (maybe I should call his/her sponsor and let him know .... )

### Some Suggestions

- Think about yourself—do something nice for you.
- Take responsibility for your own mood.
- Do not try to change reality—let life happen.
- Go to AI-Anon. Address enabling behaviors.
- Get an AI-Anon sponsor and work the 12 steps yourself.

### When to Detach

1. When you cannot stop thinking, talking about, or worrying about someone or something.

2. When emotions are churning and boiling.
3. When you feel like you have to do something because you cannot stand it another minute.
4. When you are faced with abusive language or behavior.

## More on Detachment

Alcoholism is a family disease. Living with someone who has this disease is too devastating for most people to handle, without help. Detachment, a recovery tool for the family in Al-Anon, helps members to help themselves. In Al-Anon, we learn individuals are not responsible for another person's disease OR their recovery from it. We let go of our obsession with another person's behavior and begin to live happier and more manageable lives, lives with dignity and rights; lives guided by a Power greater than ourselves.

In Al-Anon we learn:

- NOT to suffer because of the actions or reactions of other people
- NOT to do for others what they should do for themselves
- NOT to allow ourselves to be used or abused in the interest of another's recovery
- NOT to manipulate situations so others will eat, go to bed, get up, pay bills, etc.
- NOT to cover up for another's mistakes or misdeeds.
- NOT to prevent a crisis if it is in the natural course of events.

Detachment is neither kind nor unkind. It does not imply evaluation of the person or situation from which we are detaching. It simply means for us to recover from the adverse effects of our own lives of living with someone afflicted with the disease of alcoholism/drug addiction. Detachment helps families look at their situations realistically, objectively, thereby making intelligent decisions probable.

## SUGGESTED READING

### These books can be found at most bookstores:

*Beyond the Yellow Brick Road* by Bob Mehan  
*Bradshaw on: The Family* by John Bradshaw  
*Codependent No More* by Melody Beattie  
*I'll Quit Tomorrow* by Vernon Johnson  
*Of Course You're Angry* by Rosellini & Warden  
*Staying Sober* by Terrance Gorski  
*Tough Love* by Pauline Neff  
*When I Say No, I Feel Guilty* by Manuel Smith  
*Reclaim Your Family From Addiction* by Craig Naldcen (available through Hazel den)  
*Reclaim Your Family From Addiction Workbook* by Craig Naldcen

### These books are available at AA or Al-Anon groups or from AA.org:

*A New Pair of Glasses*  
*Al-Anon Faces Alcoholism*  
*Alcoholics Anonymous* (The "Big Book" -AA's Basic Text)  
*As Bill Sees It ...* (Words of wisdom from one of AA's co-founders)  
*Courage to Change*  
*From Survival to Recovery*  
*How Al-Anon Works*  
*Living Sober*

*A Day at a Time in Al-Anon*

*The Twelve Steps, and Twelve Traditions* (12x12: one for AA and one for Al-Anon)