Substance Abuse, Co-Dependency and Family Systems Across Generations

The Bowen System and the Alcoholic/Addict Family
By Russell Gillette, LPC, LADC
At the risk of sounding cliche, doctor, let me say that I have certain unresolved issues regarding my parents.
Co-Dependency

“The Co-dependent is a spirit divided from itself.”
Co-dependency is defined as a dysfunctional pattern of living and problem solving which is nurtured by a set of rules within the family system.

It is these unwritten family rules (we can also call them Sacred Rules) that affect our approach to living. Each family has their Sacred Rules.
Common characteristics of co-dependency

- Difficulty identifying feelings
- Difficulty expressing feelings
- Difficulty forming and maintaining close relationships
- Perfectionism or black and white thinking
- Rigid attitudes and behaviors
- Difficulty adjusting to change
Common characteristics of co-dependency (continued)

- Feeling overly responsible for the feelings and behaviors of others
- Constant need for approval from others
- Difficulty making decisions
- General feelings of powerlessness over one’s life
- A basic sense of shame and low self-esteem over perceived failures in their life
Co-dependency and it’s origins

- Originally thought to only affect individuals directly involved with a chemically dependent person.
- Initially considered to be an unhealthy pattern of coping with life, as a reaction to someone else’s alcohol or drug use.
Misconceptions about co-dependency

- Many co-dependent people appear to be very self-sufficient, “Strong” and in control of their lives.
- Example: “Everyone thinks I am so strong, and all of my friends and relatives come to me with their problems, but if they only knew the real me they would be very surprised. Sometimes it’s all I can do just to get through each day.”
Today, professionals are realizing that co-dependent patterns of coping do not solely develop from relationships with the chemically dependent.

Current research in Family Systems is revealing that co-dependency is a condition that can emerge from any family system where certain unwritten, even unspoken, rules exist.
Co-dependent Rules

- Protecting or isolating oneself from others by not taking risks to get close.
- Not realizing that there are many families that do allow an individual to talk about problems within or outside the family.
- Not being able to express emotions openly.
- Not being able to make mistakes without undue criticism.
- Not being allowed to be vulnerable or to ask for help.
How do we get to this point?

The co-dependent:

- Learns to do only those things which will get him/her the approval and acceptance of others
- Denies much of who he or she really is, with loss of self-identity and self-awareness
- Sees the needs of others as more important than the needs of themselves
At birth our Spiritual/ private self and our public self are equal. Who we appear to be on outside is who we are on the inside. As we learn to deny who we are and as we try too hard to live up to other’s expectations our real self gets stuck and our public self gets distorted.
In an Addictive Family System the word *Enabler* defines the behaviors of the *Co-dependent*.

*The Enabler* is an individual who reacts to the symptoms of the illness (disease of addiction).

The *Enabler* shields the dependent person from experiencing the full impact of the harmful consequences of the Addiction.

The greater the enabling, the greater the fusion of those individuals.
Correlation between the Enabler and the Chemically Dependent.

1. How the Disease affects the Dependent
   - Destructive Behaviors
   - Internal Value system is violated
   - Growing feelings of guilt, remorse and shame

2. How the Disease affects the Enabler
   - Excuses behavior of the chemically dependent
   - Self-worth becomes tied to the Dependent person (Fusion)
   - Growing feelings of guilt, embarrassment and anger
1. Stage One – Protection. Small tasks are done for the dependent such as calling in sick, getting them out of jail, paying for attorney fees.

<table>
<thead>
<tr>
<th>Defenses used by the dependent</th>
<th>Enabler’s Response</th>
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<tr>
<td>Rationalization</td>
<td>Believes it</td>
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<td>Repression</td>
<td>Feels “Crazy”</td>
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<tr>
<td>Projections</td>
<td>says “it’s my fault”</td>
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<tr>
<td>Irresponsible</td>
<td>Overly-responsible</td>
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Progression of Enabling Con’t

2. Stage Two – **Controlling.** Larger responsibilities are taken over such as the handling of financial matters, supplying room and board for a young adult, or trying to control the dependent’s chemical use.

3. Stage Three – **Super People or Martyr.** Begins to receive increasing positive feedback for “hanging in there” or “going the extra mile”. At this stage, the enabler has grown so accustomed to their role that new found sobriety for the chemical dependent creates a traumatic emotional upheaval.
Why People Enable

1. **Deluded about the situation** - Not aware of their enabling
2. **Feelings of apathy, tiredness and inadequacy** - Keep them from trying new approaches to the problem
3. **Feelings of Fear** – Scared for the dependent and feel a need to protect the dependent and themselves
4. **They get good feelings for being responsible** - Being in control gives them a position of power.
5. **Keeps them from looking at their own issues**, their Shadow Side remains hidden - childhood issues
The Bowen Theory (Family Systems)

- The **Bowen Theory** – which is named after Murray Bowen, is based on observations of how the family operates as a system over many generations.

  (Use of Genograms)
Profile of a Dysfunctional Family System

Addicted to:
- Alcohol, drugs
- Work
- Power
- Sex
- Food
- Religion
- Gambling
- Rage

Roles:
- Offender
- Victim
- Rebel
- Family scapegoat
- Hero
- Little Parent
- Victim (physical illness)
- Parents’ parent
- Dad’s buddy
- Family counselor
- Winner
- Genius

Addicted to:
- Addict
- Worry
- Sadness
- Religion

Roles:
- Super Spouse
- Enabler
- Martyr
- Mediator
- Saint

Roles of Children in Family:
- Mom scapegoat
- Dad star victim
- Underachiever
- Designated patient
- Addict
- Surrogate spouse
- Caretaker
- Lille Princess
- Lost child
- Rebel
- Perfect one
- Mom’s buddy
- Saint
- Pretty one
- Mom’s Enabler
- Heroine
- Confidante
- Religious one
- Rascal
- Cute one
- Clown
- Sunshine
- Overachiever
- Athlete
- Peacemaker
- Dad’s scapegoat
- Sacrifice
- Family referee
- Offender
- Mascot
- Loser
- “Sick One”
- Family Scapegoat
- The Problem

1. A system in delusion and denial
2. Idealization of parents — fantasy bond
3. Control madness
4. Intergenerational (will be passed on)
5. Approval must be earned
6. Rigid roles
7. Closed system
8. Rigid family boundary
9. Secrets — no talk rule
10. Compulsive/addictive
11. Perfectionistic
12. Frozen feelings
13. Shaming/blaming
14. Punishing/permitive
15. Unhealthy competition
16. Roles assigned by system (each individual exists for family needs — no choice)
17. Rigid or enmeshed ego boundaries, cultural/boundaries, intra-family boundaries
18. Disabled will-loss of freedom

All Members of the Family are Co-dependent
Example:

- We will begin to see an eighteen year old, leaving home for the first time and taking their belief systems (family sacred rules) out into the world.
- This person will be controlled by the degree of fusion (his loss of a separate self in relationships to others), as to his level of differentiation.
Bowen Family Systems therapists believe that all family dysfunctions, including substance abuse comes from ineffective management of the anxiety in a family system.

More specifically, substance abuse is viewed as one way for both individuals and the family as a group to manage anxiety.
Bowen’s “Undifferentiated Self”

- People with a poorly “differentiated self” depend so heavily on the acceptance and approval of others that they either quickly adjust what they think, say or do to please others or they use power/control to coerce others to conform, e.g. people who either do too much for others (ending up feeling like a victim) or bullies/rebels who use anger and control (perpetrators, offenders).

- Here lies the parallel with co-dependency.
Less differentiated people and families are more vulnerable to periods of heightened chronic anxiety which contributes to them having a disproportionate share of society’s most serious problems.
Bowen’s concept of a well-differentiated “Self”.

- The person has developed an inner acceptance of his own dependence vs. interdependence on others and can stay relatively calm and clear headed in the face of conflict, criticism or rejection, by being responsive rather than reactive to situations or people.

- This person is confident in his/her thinking without polarizing differences.
The less developed a person’s “self”, the more impact others have on his functioning.

The less differentiated a person is the more he tries to control, either actively or passively, the functioning of others.

Relationships during childhood determine how much “self” he develops.

This rarely changes except with long term effort.
Bowen’s Level of Differentiation

**Undifferentiated**
- Co-dependent
- Alcoholic/Addict
- Fused/Enmeshed
- Unhealthy
- Triggered, evoked, “freaking out”
- Emotionally immature
- Parent/Child relationships
- False Emancipation

**Differentiated**
- Co-dependent in recovery
- Alcoholic/Addict in recovery
- Functional
- Self-Actualized
- Healthy
- Rational under stress
- Emotionally Mature
- Adult/Adult relationships
- True Emancipation
The Scale of Differentiation of Self:

- The scale was not designed as a diagnostic tool but rather as a map reflecting conditions.
- The scale enables us to see the process of functioning.
- One’s functioning in a group is influenced to a greater/lesser degrees by the anxiety we absorb and the level of maturity in the surrounding social group.
The scale notes that those who are motivated can always make an effort to become a more mature self.

The scale is based on *Emotions and Feelings*. *Emotions* being deep seated programming in the human that becomes automatic behavior. *Feelings* are emotions that are processed that one becomes aware of. A *Feeling* is a “report” in black and white (that can & should be edited) i.e., for how one is reading the environment.
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The scale numbers are as follows:

- **0 to 25** - People in this range of intense *fusion* live with the greatest amount of life problems.

- **25 to 50** – People in this range are still guided more by what feels right, sensitive to disharmony and lives can be more functional except in times of stress.
50 to 60 – People still find it challenging to say what they think and feel to important others, but they are often willing to try. They can adjust to changes in relationships without threatening others.

60 to 100 – Defined as the most mature and autonomous whose families are also mature. Here we can leave room for future evolution and the lives of Saints and Prophets.
Family Systems Theory describes processes that create this range of functioning or adaptation in the members of a multigenerational family. They are as follows:

- Families change gradually over generations.
Bowen Family Systems (con’t)

- Changed by functioning of those in preceding generations.
- Shaped by genes, ways people react & behave towards one another.
- Families transmit behaviors almost as predictably as they do their genes.
- The greater the **fusion** in a family, the more poorly defined are the boundaries between self and others.
Mother

Child

Father

Triangulation
A *triangle* is a three person relationship. Someone is always uncomfortable in a triangle and pushing for change.

Anxiety is the major influence on the activity within a triangle.

Anxiety generated by anticipating or being the odd one out is a potent force in triangles.

Prolonged stressors in triangles contribute to clinical concerns and may result in serious mental and physical health problems.
Although Bowen considers a triangle to be more stable than a dyad, he also mentions that for people who are undifferentiated in the triangle, it tends to create prolonged significant stressors in their relationships and in their well-being, since it shifts the focus of attention to something outside the self that adds to anxiety and stress.

Examples: affairs, substance abuse, money, mental illness, kids, etc.
While everyone experiences acute and chronic anxiety, the difference between people in the amount of chronic anxiety they experience appears to be based primarily on learned responses.

Murray Bowen
Bowen’s distinction between Acute and Chronic Anxiety.

- **Acute** anxiety generally occurs in response to real threats and is experienced as time-limited. People usually adapt to **acute** anxiety fairly successfully. **Acute** anxiety is fed by fear of what is.

- **Chronic** anxiety generally occurs in response to imagined threats and is not experienced as time-limited. **Chronic** anxiety often strains or exceeds people’s ability to adapt to it. **Chronic** anxiety is fed by fear of what might be.
Every Multigenerational Family has:

- High functioning people
- Assorted black sheep
- All socioeconomic scale
- People who commit crimes
- People with stable marriages & divorce
- Schizophrenic and Alcoholics, etc….

This is the nature of all families.
“CONTRARY TO WHAT MIGHT BE EXPECTED, I LOOK BACK ON EXPERIENCES THAT AT THE TIME SEEMED ESPECIALLY DESOLATING AND PAINFUL WITH PARTICULAR SATISFACTION. INDEED, EVERYTHING I HAVE LEARNED, EVERYTHING THAT HAS TRULY ENHANCED AND ENLIGHTENED MY EXISTANCE HAS BEEN THROUGH AFFLICTION AND NOT THROUGH HAPPINESS.”

MALCOLM MUGGERIDGE
Once therapy has begun for the Addicted Person and their family, the therapist who is using the Bowen family Systems therapy as their primary counseling technique should begin the following:

- Assist the family in creating a Genogram showing multigenerational substance abuse; explore family disruption from system events, such as traumatic geographical moves. Other family histories are extremely important such as mental health, suicide, etc.

- Orient the nuclear family toward facts versus reactions by using factual questioning.
Ask individual family members *more questions*, so the whole family learns more about itself.

Reduce levels of *anxiety* by encouraging family members to become more *differentiated*, more autonomous, and less *enmeshed* in the family emotional system.

Orient the family to *triangulation*, explaining that the triangulation is an emotional pattern that can involve either three or two people and an issue (such as the substance abuse). In the latter situation, the substance is used to displace anxiety that exist between the two people.
Orient the family to *coping* and how substance abuse is used to mute emotional responses to family members and to create a false sense of family equilibrium.

Educate the family in general to the different roles that the alcoholic/addict family put themselves in the *“Family System”* (see above handout) explaining these roles are not to label any certain family member, but only to help understand different behaviors and how they work.
Orient the family to co-dependency giving a simple definition such as the one provided by Co-dependents Anonymous (CoDA): “Co-dependency is being overly concerned with the problems of another to the detriment of attending to one’s own wants and needs (CoDA 1998”).

Discuss the following with the family:
1. That co-dependent’s are controlling because they believe that others are incapable of taking care of themselves.
2. That they typically have low self-esteem and a tendency to deny their own feelings.
3. They are **excessively compliant**, compromising their own values and integrity to avoid rejection or anger.

4. They often react in an oversensitive manner as they are often **hyper-vigilant** to disruption, troubles, or disappointments.

5. They remain **loyal** to people who do nothing to deserve their loyalty.
If you work in the world of Addiction and family systems you will come face to face with a client that seems hopeless, chronic, incapable of significant or lasting recovery; a waste of your time and energy. The cluster of behaviors or symptoms that defined what seemed to be a specific behavioral illness led to the unofficial diagnosis of VICTIM.
Victim symptoms include but are not limited too:

- **BLAMING** – “My mother, my father, my spouse, my siblings, the police did such and such to me. “it isn’t my fault. I can’t help it”.

- **NEGATIVITY** – The glass is always half-empty. Objectivity is lost to distortions that support a negative interpretation.

- **POOR ME** – Stories are skewed by the victim to create sympathy. “Poor me, poor me; pour me another drink.”

- **DRAMA** – The victim makes others’ problems his or her own.
Victim symptoms include but are not limited too:

- **NEEDY** – People, frequently and unconsciously, precede the victim’s name with “poor”. Poor old Johnny he never________________.
- **SEEKS HELP** – again, again and again. The victim searches for a rescuer; someone who will magically fix him or her.
- **SICKNESS** – Illnesses are exacerbated and exaggerated as an often successful means escaping responsibility and attracting the longed for attention, pity and caretaking.

**Being a Victim is not just a diagnosis, it is a way of life.**
Rules that keep people stuck in co-dependent patterns of living

- It’s not okay to talk about problems.
- Feelings should not be expressed openly.
- Communication is best if indirect (a.k.a. “triangulation”).
- Unrealistic expectations - be good, strong, right, perfect. Make us proud.
- Don’t be selfish.
- Do as I say, not as I do.
- It’s not okay to play or be playful.
- Don’t rock the boat.
Looking at the Fundamentals of Co-dependency and the Bowen Theory we see how closely they parallel each other.

At the core of both lies the family system and how we are affected by our family of origin and how the Co-dependent evolves.

This knowledge gives us a road map of a way out of Co-dependency especially as it pertains to Addiction.
Moving from Codependency to Interdependency

- Begin by resolving conflicts from the past.
- To move towards wholeness, we must create a “healing event” with a radical restructuring of the family power system.
- This healing event includes giving up inter-generational intimidation and dependency.
Moving from Codependency to interdependency

- Person must rise above family emotionality and develop a loyalty to self that is not dominated by covert loyalties to previous generations.

- Must gain a clear, clean title to our own destiny, unencumbered by debts or events of the past.
Healthy Interdependency

- Partners who go out of their way for each other are *interdependent*. Only relatively healthy people are capable of interdependent relationships, which involve give and take. It is not unhealthy to unilaterally give during a time when your partner is having difficulty. You know your partner will reciprocate should the tables turn.

- Interdependency also implies that you do not have to give until it hurts. By comparison, in a codependent relationship, one partner does almost all the giving, while the other does almost all the taking, *almost all the time*. – Dr. Irene Matiatos
Mostly people change not because they see the light, but because they feel the heat.
“Addiction has been characterized as a genetic, social, psychological and spiritual disorder. The Bowen Family Systems Theory perspective, describes it as an aspect of a multi-generational emotional process.”
New found sobriety can stress (chronic anxiety) the family by disrupting patterns of interacting, until new roles are generated. The new person in recovery begins practicing new behaviors which throws the family into chaos when their behaviors, that have been the norm in dealing with the Addictive person, no longer work.
Family responses to a Newly Recovering person:

- A family member can replace the addicted person’s role by becoming the family’s Alcoholic/Addict. This immediately resolves the crisis, as family members can maintain their old roles and live by the old rules.
- The family may dissolve into many parts. The other parent may divorce the recovering parent.
- The family might have had so much pain recently, that they are willing to go to great lengths to get some relief. Meaning that the family may reach out for support and recovery as a unit.
- The family may undertake the deep work and commitment that is required to develop a whole new set of family rules.
How to Support a newly Recovering Family

- Stress “Self-focus” for individual family members. The beginning process requires each person to get as healthy as possible. This keeps the system as calm as possible.
- Make small, practical, manageable goals for the family during initial crisis.
- Make referrals, when possible, that treat the entire family.
- Address lack of trust and fear of relapse.
- Begin to teach new coping skills to deal with changes.
What is Detachment?

- DETACHMENT – is neither kind nor unkind. It does not imply judgment or condemnation of the person or situation from which we are detaching. Separating ourselves from the adverse effects of another person’s Alcoholism/Addiction can be a means of detaching: this does not necessarily require physical separation. Detachment can help us look at our situations realistically and objectively.

- DETACHMENT – Allows us to let go of our obsession with another’s behavior and begin to lead happier and more manageable lives, lives with dignity and rights, lives guided by a Power greater than ourselves. We can still love the person without liking the behavior.

*adopted from the AL-Anon Family Group brochure on Detachment.
Traits of a Healthy Family

The healthy family:

- communicates and listens.
- affirms & supports one another.
- teaches respect for others.
- develops a sense of trust.
- has a sense of play and humor.
- exhibits a sense of shared responsibility.
- teaches a sense of right and wrong.
- has a strong sense of family in which rituals and tradition abound.
Traits of a Healthy Family con’t

- has a balance of interaction among members.
- has a shared spirituality core.
- respects the privacy of one another.
- shares leisure and meal time.
- admits to and seeks help for problems.

*adopted and modified from Dolores Curran’s, Traits of a Healthy Family.*
2. Beyond Codependency, by Melody Beattie
4. Family Therapy in Clinical Practice by Murray Bowen, M.D.
5. Self-Pity booklet by Gil Baker
6. The Therapeutic Genius of Pia Mellody by John Bradshaw, MA (article taken from website addictionrecoveryreality.com.
7. Alcohol and Other Drug Treatment Initiative, Level II Training Manual, Sacramento Co., DHHS, Robert S. Caulk, Director
8. Substance Abuse Treatment and Family Therapy, A Treatment Improvement Protocol, Tip #39, US DHHS.
9. Health Network, Chemical Dependency Program, Presentor; Mavonn Ellis, PH.D.
10. Cedar Vale ATU Out-Patient Office, Family Treatment Program handbook
11. I’ll Quit Tomorrow by Vernon E. Johnson