

**Addiction is a Family Problem:
The Process of Addiction for Families**
By Kristine Hitchens, PhD, LCSW-C, LCADC, CCDC

What is Addiction?

Addiction is a brain disorder. Basically, when addictive substances are put into a body, the chemicals in those substances move into the brain and stimulate the limbic system, the pleasure center of the brain, and enormous sensations of gratification ensue. This part of the brain is supposed to be balanced out by the prefrontal cortex, which is responsible for judgment and decision-making. So, when the limbic system says, "Go, go, go! Those drugs feel good! Get more!" the prefrontal cortex is supposed to recognize that there are consequences to doing so and is supposed to be able to say, "Stop." However, when the brain has been altered repeatedly by the use of drugs and alcohol, addiction can occur, and the prefrontal cortex becomes disabled. It can no longer say, "Stop." Typically, an addicted person must experience enough consequences from their use to override the associated pleasure. The desire to end the consequences is often what leads an addicted person to seek recovery. Recovery builds scaffolding around the damaged prefrontal cortex so that it can begin to work correctly again and help the person to make healthy, appropriate decisions.

Addiction is a process, not an event. It is not like a cold. With a cold, you go to bed feeling fine and then wake up feeling lousy. Your throat hurts, your nose is running and your face is full of pressure. You know something has changed; something is wrong. You are sick. Addiction is different. It grows over time and, because of the relatively slow process, the sickness is harder to recognize. Addiction is akin to the boiling frog phenomenon: What do you think

happens if you throw a frog into a pot of boiling water? The frog will recognize that the water is too hot and that he is in danger. Therefore, he does his best to jump out. But, what happens if you take a pot of lukewarm water, place the frog in the pot, put the pot on the stove, turn on the gas and slowly over time the water starts to boil? The frog has difficulty sensing the incremental temperature change. The warm water dulls the senses and makes the frog sleepy. He does not recognize the danger, and he boils. Addiction acts in much the same way. As addicts continue into the process, they become used to the changes. Their damaged brains do not sense the danger, and they often find themselves in “boiling water” before they realize, if they realize, that they are in serious trouble.

The Family in the Process

Family members of addicts, witness to the destruction, are part of the process. When a person loves someone who is addicted to drugs or alcohol, it is impossible for that person to avoid being affected by the addict’s actions. The extent to which the impact occurs depends greatly on the family member’s knowledge of addiction and use of resources. For many family members, it takes months and years to gather helpful information and related coping skills. In the meantime, it is easy to personalize the process. For example, many family members believe that if they had said or done the right thing at the right time, they would have prevented their loved one’s addiction. Other family members grow resentful, thinking that if the addicted person truly cared about them, then that would be enough to stop the addiction. It can be a tremendous relief for family members to comprehend that they cannot control or cure their loved ones and to attempt to do so tends to make problems worse for themselves and

others. Family members who are unable to grasp these concepts tend to become so hurt by the process of addiction that they are no longer able to function as they once did. Their personalities change. They become victims of the disease.

An Innocent Start

The addiction process begins innocently. Nobody wants to be an addict. Most are first introduced to alcohol and drugs by another person in some type of social setting. Perhaps they are spending time with a friend who raided a parents liquor or medicine cabinet. Perhaps they are at a party. Or, perhaps they are sitting around the family dinner table and are given a sip or more of wine every now and then. Rarely, do people start using substances all by themselves. Moreover, experimentation with alcohol and drugs tends to begin in the teen, or even preteen, years when the user is ill-equipped to think through these actions. The prefrontal cortex, the part of the brain that is responsible for weighing consequences and making good decisions, is not fully functioning and, in teenagers, is out of balance related to the limbic system (the pleasure center which develops more rapidly) until the early to mid 20's. Therefore, teenagers are less likely to make wise decisions because their brains are still developing. It is more likely that they will engage in risky behaviors and focus on immediate pleasures instead of potential consequences. Moreover, the younger a person is when he or she begins using drugs or alcohol, the more likely it is that he or she will become addicted. The attraction to and dependency on the substances gets folded into the developmental process.

Another common way in which people enter the process of addiction is through doctor-provided prescriptions. People have legitimate reasons for

seeking out a doctor's help with concerns like chronic pain or anxiety. And, doctors have legitimate reasons for prescribing drugs to treat these conditions. Unfortunately, opiate medications (like OxyContin and Percocet) prescribed for chronic pain can be addictive, as can be benzodiazepines (like Xanax) prescribed for anxiety. Once a person gets hooked, it is quite common to "doctor shop," going from doctor to doctor with the hope of cajoling the doctor into prescribing a certain type of drug. People get very good at knowing what to say and how to act to manipulate a doctor into prescribing. Some doctors are savvy and understand the signs and symptoms of addiction, but many are not, and take their patients at face value. Of course, it is also possible for people to buy opiates and benzodiazepines off the street and the internet.

It would be so nice if potential addicts would turn blue the first time they drank or drugged, to let them know that they need to stop because further use will lead to addiction. But they don't turn blue. Typically, they look like everyone else who does some experimenting with alcohol or drugs or goes to the doctor with complaints and gets a prescription. The obvious signs of addiction do not emerge until later.

The Family Enters the Process

People do not continue behaviors for no reason. There has to be a benefit that reinforces the behavior. So it goes with addiction. People continue to use alcohol and drugs because they enjoy the use itself or the related effects. Maybe the substances make a good feeling last longer. Maybe they make a bad feeling turn into a good feeling. At the very least, maybe they make a bad feeling go away; it is better to feel nothing than bad. Perhaps the use of the substances

provides a feeling of acceptance or a thrill of adventure. Therefore, our loved ones make space for the use in their lives. They become preoccupied with the substances. Of course, the use of substances can be quite time consuming. So, an ample amount of space must be made in a person's life to fit this new activity. And this is often when family members first enter the process of addiction. Many family members become more and more preoccupied with their loved ones as their loved ones become more and more preoccupied with their drug of choice. When someone we love starts to change their habits, their patterns and their interactions, we know it. We know something is different and it pulls our attention. Additionally, family members are often negatively impacted by the lifestyle changes made by their alcohol and drug abusing loved ones. Without a clear understanding of the phenomenon occurring, family members tend to feel hurt, angry, frustrated and confused. They wonder why their loved one is acting differently, withdrawing and failing to handle responsibilities. As such, tension builds in the family. Some family members become aggressive with their concerns. Arguments and perhaps physical altercations can ensue as they confront their loved ones about their unreliability. Some family members are more passive. They stuff their concerns inside and walk on eggshells. Some family members are passive-aggressive, and they find ways to "get even" with their loved ones while pretending that everything is okay.

The Process Continues

Addicts are sick people; they are not stupid people. They know when tension has entered the family. However, because of the way that addiction hides itself in the brain they do not consciously understand that their family members

are upset because of behavioral changes that have occurred as a result of their growing addiction. They just know that things aren't comfortable in the home. It's an uncomfortable feeling, and they'd like this feeling to go away. It is a problem, and they have trained their brains to handle problems by using more drugs and alcohol. Of course, the more they use, the more the physical and psychological hooks of addiction penetrate. Therefore, the user becomes more preoccupied and less responsible. The tension grows, and the greater the tension the greater the uncomfortable, guilty feeling. Therefore, the more the user uses, and so on, in a vicious cycle.

Family members also often find themselves feeling guilty regarding the changes that have occurred. They may wonder if they caused the problem or feel that they have failed to fix it. Many family members wish that they had discovered the drug and alcohol use earlier, said something differently or acted differently, believing that they have the power and the responsibility to cure or control the disease. Family members, especially parents, may also feel that they caused the disease because they failed to protect their loved ones from it. By this time, everybody's stress level has increased dramatically. Witnessing someone you love suffering from addiction is incredibly stressful. As human beings, we have a very natural reaction to stress; our defenses kick in. In the best case scenarios, our defenses help us. They ease us into reality when life hits us with shocking information. However, with addiction, defenses tend to get stuck, and they end up being more harmful than helpful. The main defenses include denial—an inability to comprehend that a problem exists; minimization—believing the problem to be minor and self-correcting; avoidance—removing oneself from situations in which confrontation is probable; blaming—believing that others are

the cause of any problems that are occurring; and, rationalizing/justifying—excuse making. The excuse that is most frequently made is some variation of this: “If you had the job/the life/the family/the trauma that I’ve had, you would understand I need this/I deserve this/I cannot live without this.” Family members are also prone to getting stuck in defenses. Family members can live in denial for months and years. They either do not see the problem or they try to make the problem about something else, believing that if the other issue can be fixed (e.g. work troubles, self-esteem issues), the abuse of alcohol and drugs will stop. Family members also avoid. It is horrifying to watch a person you love progress into addiction and it can create a terrible hopeless, helpless feeling. Therefore, family members may pull away from the addict because it hurts too much to be around them. Family members may also blame, resentful that their loved ones aren’t seeking help and believing that they cannot feel better until their loved ones are okay again. Family members will also join in with rationalizations and justifications. Although, overtime, many family members gain the ability to sense when their loved one is being dishonest, they are still likely to give the benefit of the doubt, hoping that their loved one will magically change. By joining in with the excuses, family members make those excuses stronger.

With the defenses in place, people are no longer tethered to reality. Therefore mood swings are more common. Addicts will have mood swings throughout the process because the addictive chemicals create changes within the emotional centers of the brain. The mood swings tend to get worse over time as the process unfolds. Family members also experience mood swings in the form of touchiness, irritability and tearfulness. The late stages can be chaotic;

problems multiply. Areas of life often impacted by addiction include finances, health, relationships, work and school.

Family members also experience problems in these areas. For example, if a family member has a joint account with an addicted person and the addict is having financial problems, so too is the family member. If a family member has been bailing their loved one out of trouble, they have been impacted financially. If the family member is supposed to be cared for financially by the addict who is no longer able to do so, that dependent family member is hurt. Furthermore, stress takes a great toll on health. It can cause or exacerbate problems related to heart rate, blood pressure, stomach irritation, muscle tension and the immune system. Family members also experience problems with their relationships. It is difficult to know who to trust and how to reach out to others. It is difficult to have time or energy for other relationships if the addict is the center of attention. This can be especially troubling if a parent is too distracted to be aware of the needs and the impact of the situation on their children. In addition, it is difficult to concentrate on work or school tasks when preoccupied with the addict's behavior and worries about what will happen next. Productivity can suffer greatly.

In the end, the pressure of the process must go somewhere. Those who tend to internalize show symptoms of depression and anxiety. Those who tend to externalize may become rageful. Those who cannot stand to feel anymore go numb. This is the late stages of the process. For family members and the addicted person, the situation has gone from bad to worse once functioning and personality have changed.

Families Stuck

Family members get caught in the process of addiction and stay caught if they believe that relief can only come if the addict changes. Thoughts related to this mindset include:

“I want to fix you because it hurts me to see you this way or live like this. I don’t want to hurt, so I have to make you better.”

“I want to feel good/happy; I can’t do that if you are going to be sick.” (For example, “I depend on you to make me feel good.”)

“When I am feeling bad, I blame you. If only you were taking care of yourself, then I wouldn’t have to feel this way.”

“I feel empty because nothing is getting through to you and I don’t know what else to do or who to turn to who will understand. I am all alone.”

As a result, family members feel responsible *for* the addict and try to fix, rescue, protect and control which leads to exhaustion, anxiety, fear, guilt, anger, rejection and self-pity. Enabling is also common in this process. Enabling includes standing between a person and his or her consequences; doing for someone something he or she should be doing for him or herself; and engaging in actions that ultimately perpetuate someone’s problematic behavior. Families will enable their loved ones and keep them from recognizing the seriousness of their problem by:

- Getting stuck in the defenses
 - Denying there is a problem
 - Minimizing the problem
 - Avoiding discussions about the problem
 - Blaming others or lashing out with anger
 - Joining in the rationalizations/justifications that the addict creates

- Taking over their responsibilities
- Continuing to provide financial support
- Helping to resolve legal problems
- Promising rewards for abstinence
- Threatening to kick them out and not following through with the boundaries set
- Provoking arguments/nagging
- Avoiding getting help for themselves

Getting Unstuck

In order to get out of the process, family members must learn to detach. Detachment becomes possible when families recognize that it is impossible to control or cure another person and to try to do so makes things worse. Detachment is not abandonment. With abandonment, family members let go with hate. They pull away from their loved ones with bitterness and resentment, and healing is not possible. With detachment, family members recognize what they can and cannot do. They stop enabling and create boundaries to protect their safety and sanity. They reach out for support and education. They find ways to enjoy life again. And, they still have love for the addict. In fact, because of their improved balance and ability to reality-check, they are able to shine a light of health onto the situation which can improve communication with and decisions regarding the addict. A family member who has detached knows, "I can't control you. I can only control me. If I am hurt, then I have to take care of me. I have to get my center back so I can function again. I heal through connections and balance. Health is here and you are welcome to join me. I take responsibility for

myself and bring the benefits of my healthy lifestyle back into my relationships. I share myself with other healthy people. You take care of you. I take care of me. We support each other.” Instead of being responsible *for* others, family members become responsible *to* others meaning they are sensitive, empathetic, encouraging and able to listen while maintaining necessary boundaries and confronting behaviors when appropriate. As a result, family members are able to breathe again. They feel more relaxed, free and aware.

How Do Families Get There?

Many family members find comfort, relief and information through programs like Al-Anon and Nar-Anon, the Twelve Step programs for family and friends of alcoholics and addicts. Families also do well by reading books about addiction and attending educational and therapeutic programs. Individual and family therapy can also make a great difference. If you know a family in need of such services, please encourage them to explore their resources. The guidance of caring professionals can help move families from panic towards serenity.

About the Author

Kristine Hitchens, PhD, LCSW-C, LCADC, CCDC, earned her PhD from Bryn Mawr College in 2011 and her Master’s Degree in Social Work from Widener University in 1999. Kristine has developed and facilitated a number of specialized programs, worked as an adjunct professor for area colleges and universities and has enjoyed volunteer work with domestic violence and juvenile justice programs. For the past 12 years, Kristine has worked at Maryland’s premier inpatient drug

and alcohol rehabilitation facility, Father Martin's Ashley. In her current position as Director of Family Services, Kristine develops, oversees and runs programs for family members, ages six and up, who have been impacted by addiction.

(Web) www.fathermartinsashley.org (Email) khitchens@fmashley.com

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