



1201 Wyoming Street | Missoula, MT | 406.532.9900 | RecoveryCenterMissoula.org

10 WAYS FAMILY MEMBERS CAN HELP IN ACTIVE USE

The pain and suffering of addiction is not limited to the alcoholic or drug addict. Family members share a tremendous burden as well. Shame, guilt, fear, worry, anger, and frustration are common. Everyday feelings for family members concerned about a loved one's drinking or drug use. In most cases, the family has endured the brunt of the consequences for the loved ones addiction, including the stress of worry, financial costs, and life adjustments made to accommodate the addicted person's lifestyle. Addiction leads the addict away from positive influences of the family. The disease twists love, concern, and a willingness to be helpful into a host of enabling behaviors that only help to perpetuate the illness.

Family and friends are usually very busy attempting to help the alcoholic or addict, but the help is of the wrong kind. If directed toward effective strategies and interventions, however, these people become powerful influences in helping the loved one "hit bottom" and seek professional help. At the very least, families can detach themselves from the painful consequences of their loved one's disease and cease their enabling behavior. Here are 10 ways family members can help their loved one and themselves:

1) Do learn the facts about alcoholism and drug addiction.

Obtain information through counseling, open AA/NA meetings, and Alanon/Naranon. Addiction thrives in an environment of ignorance and denial. Only when we understand the characteristics and dynamics of addiction can we begin to respond to its symptoms more effectively. Realizing that addiction is a progressive disease will assist the family members to accept their loved one as a "sick person" rather than a "bad person." This comprehension goes a long way toward helping overcome the associated shame and guilt. No one is to blame. The problem is not caused by bad parenting or any other family shortcoming. Attendance at open AA/NA meetings is important: families need to see that not only are they not alone in their experience, but also that there are many other families just like theirs involved in this struggle. Families will find a reason to be hopeful when they hear the riveting stories of recovery shared at these meetings.

2) Don't rescue the alcoholic or addict. Let them experience the full consequence of their disease.

Unfortunately, it is extremely rare for anyone to be “loved” into recovery. Recovering people experience a “hitting bottom.” This implies an accumulation of negative consequences related to drinking or drug use which provides the necessary motivation and inspiration to initiate a recovery effort. It has been said that “truth” and “consequences” are the foundations of insight and this holds true for addiction. Rescuing addicted persons from there consequences only ensures that more consequences must occur before the need for recovery is realized.

3) Don't support the addiction by financially supporting the alcoholic or addict.

Money is the lifeblood of addiction. Financial support can be provided in many ways and they all serve to prolong the arrival of consequences. Buying groceries, paying for a car repair, loaning money, paying rent, and paying court fines are all examples of contributing to the continuation of alcohol or drug use. Money is almost always given by family members with the best of intentions, but it always serves to enable the alcoholic or addict to avoid the natural and necessary consequences of addiction. Many addicts recover simply because they could not get money to buy their drug. Consequently they experience withdrawal symptoms and often seek help.

4) Don't analyze the loved one's drinking or drug use. Don't try to figure it out or look for underlying causes.

There are no underlying causes. Looking for underlying causes is a waste of time and energy and usually ends up with some type of blame focused on the family or others. This “paralysis by analysis” is a common manipulation by the disease of addiction which distracts everyone from the important issue of the illness itself.

5) Don't make idle threats. Say what mean and mean what you say.

Words only marginally impact the alcoholic or addict. Rather “actions speak louder than words” applies to addiction. Threats are as meaningless as the promises made by the addicted person.

6) Don't extract promises.

A person with an addiction cannot keep promises. This is not because they don't intend to, but rather because they are powerless to consistently act upon their commitments. Extracting a promise is a waste of time and only serves to increase the anger toward the loved one.

7) Don't preach or lecture.

Preaching and lecturing are easily discounted by the addicted person. A sick person is not motivated to take positive action through guilt or intimidation. If an alcoholic or addict could be “talked into” getting sober, many more people would get sober.

8.) Do avoid the reactions of pity and anger.

These emotions create a painful roller coaster for the loved one. For a given amount of anger that is felt by a family member in any given situation, that amount—or more—of pity will be felt for the alcoholic or addict once the anger subsides. This teeter–totter is a common experience for family members—they get angry over a situation, make threats or initiate consequences, and then backtrack from those decisions once the anger has left and has been replaced by pity. The family then does not follow through on their decision to not enable.

9) Don't accommodate the disease.

Addiction is a subtle foe. It will infiltrate a family's home, lifestyle, and attitudes in a way that can go unnoticed by the family. As the disease progresses within the family system, the family will unknowingly accommodate its presence. Examples of accommodation include locking up ones and other valuables, not inviting guests for fear that the alcoholic or addict might embarrass them, adjusting one's work schedule to be home with the addict or alcoholic and planning one's day around events involving the alcoholic or addict.

10) Do focus upon your life and responsibilities.

Family members must identify areas of their lives that have been neglected due to their focus on, or even obsession with, the alcoholic or addict. Other family members, hobbies, job, and health, for example, often take a back seat to the needs of the alcoholic or addict and the inevitable crisis of addiction. Turning attention away from the addict and focusing on other personal areas of one's life is empowering and helpful to all concerned. Each of these suggestions should be approached separately as individual goals. No one can make an abrupt change or adjustment from the behaviors that formed while the disease of addiction progressed. I cannot over–emphasize the need for support of family members as they attempt to make changes. Counseling agencies must provide family education and programs to share this information. They must offer opportunities for families to change their attitudes and behaviors. The most powerful influence in helping families make these changes is Al–Anon/Naranon. By facing their fears and weathering the emotional storms that will follow, they can commit to ending their enabling entanglements.

The disease of addiction will fervently resist a family's effort to say “no” and stop enabling. Every possible emotional manipulation will be exhibited in an effort to get the family to resume “business as usual.” There will always be certain family members or friends who will resist the notion of not enabling, join forces with the sick person, and accuse the family of lacking love. This resistance is a difficult but necessary hurdle for the family to overcome. Yet, it is necessary if they are to be truly helpful to the alcoholic or addict. Being truly helpful is what these suggestions are really about. Only when the full weight of the natural consequences of addiction is experienced by the addict – rather than by the family– can there be reason for hope of recovery.

Excerpt from "Baffled by Addiction" written By Ed Hughes, MPS and Ronald Turner, MD, CDCA