

STEPS FOR RECOVERY

What About the Family? The ACOA/ Co-Dependent Story.

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Shows like Intervention, along with regular photo blasts of this or that celebrity being ushered into some treatment center, slightly veiled from the glare of the paparazzi by a scarf, a hood or a large pair of sunglasses..... have gone a long way to break down walls when it comes to looking at addiction as an illness that can strike anyone, any where at any time.

But what about the rest of the family?

What happens to the ones left sitting, dazed and stunned on the living room couch after the "problem" has supposedly been "handled"?

When my Father went to treatment in 1964 the wisdom of the day was essentially 'get the alcoholic sober and the rest of the family will get better on their own'.

But that didn't happen.

It didn't happen because long after the substance was removed, the trauma of living with addiction still reverberated for all of us. And none of us had a clue as to how deeply and thoroughly the dysfunctional dynamics surrounding it had wrapped their tentacles around our minds and hearts. Dad may have been physically drunk, but we were all mentally, emotionally and spiritually drunk from the mind numbing, heart wrenching experience of living with active addiction.

No one escapes that, not really. If you're in the house, you're at risk.

The addict isn't the only person who needs help to become well again. Growing up in an Alice in Wonderland-like world where one pill makes you large and another small (at least on the inside) messes with everyone's sense of reality and predictable life order. Nothing is the way it's supposed to be in an alcoholic family. Normal routines are thrown out of balance. Promises are broken. Intimate relationship connections may morph from being close and warm to cold and distant and often no one even knows why. Truth becomes so laced with lies that it gets difficult to separate fact from fiction. Adults fall in and out of normal functioning which leaves children to scramble around on their own to restore order, kids in addicted households may vacillate between having no power at all, to drowning in way too much power. Their childhoods become strained and burdened.

The anguish of living with these disturbing styles of relating, can go underground and lay dormant for years, only to emerge, long after the fact, when ACOAs attempt to create families of their own. The feelings of dependency and vulnerability that are a natural part of intimacy can trigger a range of emotions from anxious

emerging to fear and mistrust in the ACOA who carries unacknowledged and unresolved relationship wounds from the past. This is a post traumatic stress reaction PTSD, in which unresolved pain from the past is getting triggered long after the original stressor has been removed.

Just as a soldier who hears a car back fire will duck to avoid what he interprets as a gunshot, a child of an alcoholic family may duck emotionally when feelings accompanying intimacy make her feel at risk all over again.

Following is a list of characteristics that I have been compiling for around twenty years in an attempt to help clients wrap their minds around the toll that growing up with addiction can take. It will be followed by a list of the resilient strengths that ACOAs equally seem to develop.

Pathological Characteristics of ACOAs

Hyper Vigilance/Anxiety/Hyper-reactive(Bessel van der kolk) When we're hyper vigilant, we tend to scan our environment and relationships for signs of potential danger or repeated relationship insults and ruptures. We constantly try to read the faces of those around us so that we can protect ourselves against perceived pain or humiliation. We "wait for the other shoe to drop" as we say in the rooms. Unfortunately, this hair trigger reactivity can create problems that either aren't there or that might be overlooked or easily managed were we not projecting our own past pain onto situations and relationships in the present.

Emotional ConstrictionHomes that do not encourage the expression of genuine emotion or that make us want to hide or shut down what were experiencing on the inside may result in family members having a restricted range of emotions that they are comfortable feeling and sharing.

Unresolved GriefACoA's have suffered profound losses. There has been the childhood loss of family members to addiction and the disruption of family rhythms and rituals. There is the daily loss of a comfortable and reliable family unit to grow up in or the anxiety of wondering if parents are in the position to parent them and meet their changing needs. ACOAs often need to mourn not only what happened in their childhoods, but what never got a chance to happen.

Traumatic BondingBecause it is so deeply disruptive to our sense of normalcy, trauma in relationships impels people both to withdraw from close connection and to seek it desperately. Traumatic bonds, are unhealthy bonding styles that tend to become created in families where there is significant fear. Children who are lost and frightened may "rescue" each other, or carry a sense of "surviving together" which can create a feeling that loyalty should be maintained at all costs, even if "close" bonds become problematic or dysfunctional. Traumatic bonds have a tendency to repeat themselves, that is we tend to repeat this type of bonding style in relationships throughout our lives, often without our awareness.

Problems with Self- Regulation:The limbic system can become deregulated through emotional trauma. Because the limbic system has jurisdiction over our mood, appetite, sleep cycles and libido, deregulation in the limbic system can translate into a lack of ability to regulate our feeling states, appetite, sleep or sex drive. Broad swings between states of emotional intensity and numbing are part of the natural trauma response. For example, we become overwhelmed with intense anxiety and fear and we shut down to protect ourselves from going on emotional and psychological "tilt". Over time ACOAs may become used to living in emotional extremes and can be uncomfortable living in a more regulated, middle range of thinking, feeling and behavior.

Learned Helplessness (van der Kolk)When we feel that nothing we can do will affect or change the situation we're in, we may develop learned helplessness. We may lose some of our ability to take actions to affect, change or move a situation forward; we may give up and collapse on the inside or adopt a permanent position

of victim hood.

Somatic Disturbances Our bodies are neurologically wired to process our emotions and because of that our feelings make us want to do something; we get scared, then we run or freeze in place, we feel love then we reach out and touch or hug. When we block experiencing or acting on powerful emotions, they may be held as back pain, chronic headaches, muscle tightness or stiffness, stomach problems, heart pounding or headaches. This is why the catharsis of a "good cry" or getting angry, can release our bodies as well as our emotions.

Tendency to Isolate People who have felt traumatized may alternate between anxious clinging and taking refuge in avoiding connection. They reason that by avoiding honest and authentic connection they will avoid being hurt and so they isolate. Isolation is also a feature of depression. Unfortunately social connectedness, though natural to our species, still needs to be learned and practiced. The more we isolate, in other words, the more out of practice we become at making connections with people, which can further isolate us.

Cycles of Reenactment/Repetition compulsion (Freud 1920) is psychological phenomenon in which a person repeats the emotional, psychological or behavioral aspects of a traumatic event over and over again. This can take the form of reenacting the actual event or putting oneself in situations where the dysfunctional dynamics or similar events are likely to happen again. This "reliving of the trauma" can also occur dreams in which memories and feelings of what happened are repeated, and even hallucination. We tend to recreate those circumstances in our lives that feel unresolved, perhaps in an attempt to see the self more clearly and master or resolve our pain.

High Risk Behaviors (van der Kolk) Adrenaline is highly addictive to the brain and may act as a powerful mood enhancer and mood alterer. Speeding, sexual acting out, spending, fighting, drugging, working too hard or other behaviors done in a way that puts one at risk are some examples of high risk behaviors.

Survival Guilt The person who "gets out" of an unhealthy family system while others remain mired within it, may experience what is referred to as 'survivor's guilt.' Survivor's guilt can lead to self sabotage in recovery or becoming overly preoccupied with fixing one's family. Trying to break free of self destructive thinking, feeling and behaving while family members remain locked in all too familiar dysfunctional patterns that have their own gravitational pull, can trigger guilt, anxiety, fear and discomfort.

Shame For the person growing up in an addicted environment, shame becomes not so much a feeling that is experienced in relation to an incident or situation, as is the case with guilt, but rather a basic attitude toward and about the self. "I am bad" as opposed to "I did something bad." Shame can be experienced as a lack of energy for life, an inability to accept love and caring on a consistent basis, or a hesitancy to move into self-affirming roles. It may play out as impulsive decision-making, or an inability to make decisions at all.

Development of Rigid Psychological Defenses People who are consistently being wounded emotionally and are not able to address or process what's hurting them openly and honestly, may develop rigid psychological defenses to manage or ward off pain. Dissociation (remaining physically present but inwardly absent), denial (rewriting reality to be more palatable), splitting (seeing life and people as alternately all good or all bad), repression (pushing feelings down out of consciousness), minimization (minimizing the impact of situations or behavior), intellectualization (using thinking to rationalize and analyze in order to avoid feeling), projection (disowning one's own pain by projecting it outwardly) are some examples of these defenses.

Relationship Issues Because relationship trauma occurs within the context of primary relationships, the feeling, thoughts and behaviors related to that trauma tend to resurface and get played out in subsequent relationships. There is a recreating of dysfunctional patterns of relating in the present that mirror unresolved issues from the past. This can occur through psychological dynamics such as projection (projecting our pain onto someone or a

situation outside the self), transference (transferring old pain into new relationships (transference), reenactment patterns (continually recreating dysfunctional patterns of relating whether or not they prove successful or healthy).

Depression with Feelings of Despair Research both in animals and in people show that stress or trauma early in life can sensitize neurons and receptors throughout the central nervous system so that they perpetually over-respond to stress throughout life. (van der Kolk 1987) The limbic system, which is part of the nervous system, regulates emotion. If a child's limbic system becomes deregulated through living with the stress of addiction, it can lead to trouble regulating emotional states throughout life, which may contribute to depression.

Distorted Reasoning Watching someone we love slowly become someone we cannot make sense of can shake us to the core. It can be disturbing, humiliating and frightening. Family members may twist or distort their own reasoning in order to make this destabilizing experience easier to manage or less "real". Also, as children we make sense of situations with the developmental equipment we have at any given age; when we're young we either borrow the reasoning of the adults around us or make our own child like meaning. This "child think" may be saturated with what psychologists call magical thinking or interpretations that are laced with immature or even fantastical conclusions. It may also be influenced by the natural egocentricity of the child who feels that the world circulates around and because of them. This kind of reasoning can be immature and distorted and can be carried into and played out in adult relationships.

Loss of Ability to Take in Caring and Support from Others As a result of feeling traumatized we may develop fear, mistrust and a degree of emotional frozenness and our willingness to let love and support feel good may lessen, fearing that if we let our guard down, we'll only set ourselves up for more loss or pain. So we protect ourselves imagining that by avoiding meaningful connection we will also avoid hurt. (van der Kolk 1987)

Loss of Trust and Faith When our personal world and the relationships within it become very unpredictable or unreliable, we may experience a loss of trust and faith in both relationships and in life's ability to repair and renew itself. This is why the restoration of hope is so important in recovery. It is also why having a spiritual belief system can be so helpful in personal healing because hope and a sense of security in chaos tend to be part of such systems.

Cultivation of a False Self ACOAs often learn not to tell the truth about what they see going on around them. For the family that is in denial about the progressive illness of addiction in its midst, telling the truth can be ostracizing. Family members can quickly turn against the one who tries to make the growing problems of dysfunction and addiction evident "Looking good" becomes a critical survival strategy and keeps the family from having to endure the pain slipping ever further into dis-ease. Because of her need to "look good" to herself and her family, the ACOA may take refuge in creating a persona that is workable and acceptable within the family as it exists, at the expense of her own authentic self. It may feel easier to the ACOA to adopt this false self and feel like a clever solution to a pressing identity problem. Though in the long run it can cost a great deal in terms of self honesty, genuineness and clarity of mind and heart. We all, to some extent, cultivate a false self (Horney, 1950) for protection, but the ACOA may become her false self and lose touch with who she really is on the inside. Beneath the false self lies the fear of exposure which can make the ACOA want to cling to it at all costs.

Desire to Self Medicate All of the characteristics we have discussed that can result from relationship trauma can create emotional, psychological and somatic disturbance and dis-equalibration. Self medicating can seem to be a solution, a way to calm an inner storm and restore "balance" as it really does make pain, anxiety and body symptoms temporarily abate, but in the long run, it creates many more problems than it solves. Many addicts are also ACOAs. ACOAs may engage in a compulsive relationship with alcohol, drugs, food, sex, work or money as a form of mood management. Part of getting and staying sober for this person will be facing their childhood pain so that it doesn't remain unresolved and active inwardly and trigger relapse. (van der Kolk 1987)

Resilient Strengths

Though I have outlined the pathological problems that can stem from growing up with the trauma of addiction, growing up with addiction certainly need not be a life sentence. ACOA's equally develop powerful and unusual strengths from facing and overcoming childhood challenges. This a good thing for all of us as several of our recent presidents, e.g. Reagan, Clinton and Obama were and are ACOAs, and G.W. Bush himself had a drinking problem. Dealing with the sorts of challenges that living with addiction inevitably poses can challenge kids, to say nothing of leaders of the free world, to develop unusual ingenuity and courage.

The research on resilience conducted by Desetta and Steven Wolin helps to counter what they refer to as the "damage" model or the idea that if you've had a troubled childhood, you are condemned to a troubled adulthood or you are operating without strengths. In fact, resilience helps us to see where adversity fosters and develops strength.

Resilience, these researchers observe, seems to develop out of the challenge to maintain self-esteem. Troubled families often make their children feel powerless and bad about themselves. But resilient children find ways to feel good about themselves and life in spite of the powerful influence of their parents. They understand that everything is not their fault, that there are other forces at work beyond them and they are not to blame for all that goes awry. And they do tend to internalize their successes; they take own what goes right in their lives.

Wolin and Wolin define resiliency as the capacity to rise above adversity; to be hurt and rebound at the same time. To keep hacking away at the thorny underbrush and moving through life.(Wolin, S. and Wolin, S. (1993).

Research Findings

Resilient children were found, by Emmy Werner who conducted the longest study on the subject in Kuwail Hawaii to generally be of average or above average intelligence. They tended to have at least two years between themselves and their next sibling. Resilient people tend to have engaging personalities from birth and have the natural capacity to attract mentors to them. Researchers reported that they were able to soak up support wherever they could find it, even surreptitiously. One of the cardinal findings of resilience research is that those who lacked strong family support systems growing up received help from others. Perhaps a relative, a teacher, a neighbor, the parents of peers or eventually a spouse, those who thrived had one secure bonded relationship, usually within the family system. (Werner, E. and Smith, R. 1992). Resilient people are not afraid to talk about their own hard times with someone who cares, can help or who will listen.

Qualities of Resilient People

Wolin and Wolin have identified several qualities that resilient children often demonstrate. Children who grow up with adversity can become very inventive and resourceful because they had to learn from a young age to use what was at hand to meet their needs. They can be wonderfully creative, as for many, creativity was a way to meet needs, make sense of or even escape from what was going on around them. This can also be a very funny group of people. Humor often gets honed to a fine art as a coping strategy. Additionally, children from troubled homes may become independent from a young age because they learn that the adults in their lives cannot necessarily be relied upon. The ones who thrive often do so because they have exercised initiative and have taken the reigns into their own hands. Problems, if they don't sink us, deepen us. ACOAs can have unusual insight into the workings of human nature. Oftentimes morality is developed as much from seeing what should not be done as what should. They learn that fire burns if you play with it and so they don't play with matches. Children of adversity can also develop a determination not to hurt others as they have been hurt or to even dedicate parts of their own lives to helping others.

Resilient people have the capacity to see beyond them into a different kind of life. Wolin and Wolin, find that resilient people often move their lives forward by establishing goals for themselves, reaching them and moving beyond them; they tend not to let adversity define them. Rather they continually marshal their strengths and propel themselves out of their present circumstances. Additionally, they see their problems as temporary rather than a permanent state of affairs. They tend not to globalize and find reasons and ways, whether they be religious, creative or just good common sense to place a temporary framework and perspective around the problems in their lives. My own more resilient clients often report relatives, neighbors, faith institutions and even television shows that showed them a different way to live. And when they saw it, they somehow believed it was possible for them, too.

Resilient people often report having an inborn feeling that life will work out.

Resilient people do have emotional and psychological scars that they carry from their experience. They can, for example, have stormy relationships, health problems or be somewhat aloof. They indeed struggle, but they keep going, they stay engaged with life and continue to function as a part of it. Resilience is not the ability to escape unharmed. It is the ability to thrive in spite of the odds. (Wolin, S. and Wolin, S. 1993).

How Can You Foster Resilience?

Resilient qualities can be intentionally created and strengthened. Following are some suggestions of ways that you can develop resilience.

- * Maintain good boundaries: Keep your desired life and way of being in front of your eyes and don't get into conversations and situations that head you down a self destructive path.
- * Find other family models: Resilient children seek out other types of families as models. They often spend time with and marry into strong family networks.
- * Don't Avoid Life: Learning to tolerate small amounts of stress and manage them builds resilience both in children and adults. Retreating from life and playing it safe so that we can avoid pain doesn't teach us how to handle it and move along. It can actually make problems get larger rather than smaller in our heads.
- * Get honest with yourself: Be willing to ask yourself penetrating questions and answer them honestly.
- * Take meaningful Actions: Remember initiative. Take charge of your life and take meaningful, sensible actions toward insuring your present and future. Build emotional and psychological strength just the same way you build a muscle, slowly, steadily and daily.
- * Find and maintain relationships: Relationships actually foster resilience. Do what's necessary to find and maintain a solid network of relationships.
- * Reframe life issues: Reframing is at the heart of resilience. Resilient people use it as a way of seeing the glass as half full rather than half empty, seeing life as a challenge rather than taking a defeatist attitude toward it. Wolin sees this reframing as central to "survivor's pride."
- * Look for the lessons: All situations have lessons and silver linings. Looking for the lessons is a way of seeing life as a challenging journey of unfoldment. It allows us to use the circumstances of our lives to grow from and deepens our capacity for personal growth.
- * Develop inner resources, strengthen your inner self: When we mobilize through recovery, we are consciously

developing inner strength and mastery. We are learning a language of emotional literacy that allows us to take on more of life.

* Work through past issues: Unresolved issues from the past can interfere with our ability to have successful relationships in the present. Take active steps to work through those issues so that the past can be understood and integrated and lessons can be learned that strengthen us in the present.

* Stay away from "victim thinking." We need to understand that we may not have been to blame for being children in painful homes. However, we need to guard against getting too comfortable in the victim role. Change doesn't happen by accident. Victim thinking can become entitled thinking and can interfere with our motivation toward change.