

Developmental Perspective of Addiction in the Family

A Developmental and Systems Perspective

Activity: Watch the Movie: [Boys Don't Cry](#)

Addiction as the Family's Organizing Principle

Extracted from: Steinglass, P., Bennett, L., Wolin, S., Reiss, D. (1987), *The Alcoholic Family*. New York: Basic Books.

Tenets of a systems model of an alcoholic family.

1. Alcoholic Families are behavioral systems in which alcoholism and alcohol-related behaviors have become central organizing principles around which family life is structure. (The whole is greater than the sum of the parts).
2. The introduction of alcoholism into family life has the potential to profoundly alter the balance that exists between growth and regulation within the family. This alteration most typically skews the family in the direction of an emphasis on short-term stability (regulation) at the expense of long-term growth. (Systems are in a state of homeostasis-morphostasis and transformation-morphogenesis.)
3. The impact of alcoholism and alcohol-related behaviors on family systemic functioning is most clearly seen in the types of changes that occur in regulatory behaviors as the family gradually accommodates family life to the coexistent demands of alcoholism. (Systems contain patterns and move toward equifinality.)
4. The types of alterations that occur in regulatory behaviors can in turn be seen to profoundly influence the overall shape of family growth and development- changes in the normative family life cycle that we have labeled "developmental distortions." (Steinglass et al., 1987, p.47-48) (Systems have a circular causality.)

Family Regulatory Process

Deep Regulatory Behaviors: Patterns combining family organization, process and "traces" (of something that has been there).

How do you "know" this family is organized around addictive behavior?

1. Deep Regulatory Structures: only known by "traces." These structures are not observable. They are hypothesized as organizing principles, which produce patterns of behavior seen as observable behaviors.

- Family identity: Underlying cognitive structure, shared beliefs, themes. The family creates family identity through rules and transmission of themes, which organizes reality.
- Family temperament: Energy-activity patterns, mediation of intimacy and distance, behavioral response styles.

How do you observe "deep structures?"

2. Observable Regulatory Behaviors

- Daily routines
- Family rituals
- Problem solving episodes

Family Roles : Roles maintain homeostasis of family.

Growth and Development in the Alcoholic Family: Family Unit Developmental Tasks (Steinglass, 1987): "Instead of tying family development to the life cycle of individual family members, we propose a family life cycle built around the notion of systemic maturation" (Steinglass, 1987, p.74)

- All families must define their external and internal boundaries.
- All families must choose a limited number of major developmental themes.
- All families must eventually develop a set of shared values and view, about the kind of family they are (family identity).

The Developmental Process of Recovery (Notes from Brown and Lewis)

How a therapist holds and interprets the multiple levels at which the abuse and the recovery affect families will also affect how he or she listens to, thinks about, and interprets what is happening in the family. Time away from drinking is very important but length of time in abstinence alone does not necessarily equal growth and change. At the foundation of change is deep acceptance by the individual that he/she has lost control of drinking.

Principles of the Developmental Model for the Family.



Four stages – Drinking, Transition, Early Recovery and Ongoing Recovery – are generalizable from the individual to the family. Process of recovery unfolds developmentally on two tracks – domains and stages. The domains focus on three arenas of change. The environment or context of the drinking family is traumatic and harmful to all members involved. The system of the drinking family is restrictive, rigid, and closed (Steinglass et al., 1987; Brown, 1985). In recovery, Brown and Lewis suggest, the unhealthy family system must collapse. Reaching outside the family and relying on external sources of support ironically, offers the necessary stabilization.

At the end of drinking, couples will most likely be in crisis. Such a couple goes on hold in Transition. They are simply too 'young' in recovery and therefore incapable a mature, autonomous 'self' to a couple partnership. The book illustrates why it is important to let the family system remain in the collapsed state.

With the collapse of the unhealthy family system, the adults turn their attention to their own development, beginning a process of individual recovery, the third 'domain'.

It is not unusual to have at least three generations of alcoholics identified. It is a legacy, a heritage, and a family identity.

Children may be just as neglected and abandoned in recovery as they were during the drinking, or more so, as the system collapses and parents turn their attention away from the family onto themselves.

Dilemma of different needs contributes to chronic tension and conflict.

Important to advocate the necessity of attending to both – individual recoveries and children.

Families in recovery can be 'mentor' families to others.

Families are in a dynamic process of difficult change for as long as ten years before all the pieces come together.

Assessment: How to Listen to and Think About Families in Recovery

There could be other perspectives with a different organizing lens than loss of control, abstinence, and a developmental perspective.

These core principles, in addition to the other assumptions shape assessment and intervention.



Sometimes the best clinical intervention is to serve as a “holder” and a teacher, helping the family weather massive disruption and radical change while reassuring family members that what they are experiencing is normal.

The assessment process is ongoing.

The therapist is always considering what is positive, healthy, and belongs to a forward-moving developmental process.

The therapist can talk with the family about how they can live with this new uncertainty.

The therapist must always remember that the drinking family system produces an unhealthy situation.

By holding the global view, or faith in the recovery process, the therapist can better function in the many roles required.

Understanding the anxiety and tension that accompanies this initial recovery stage will help the therapist allow the family to weather uncertainty.

The Organizing Focus of Alcohol Addiction: Guidelines

In listening with an “alcohol focus”, the therapist gathers data directly, or indirectly, regarding family members’ relationship to drinking and recovery.

- Is this a drinking family?
- Does anyone identify drinking as a problem?
- Is this a recovering family?
- If so, who identifies as ‘being in recovery’, who doesn’t, why, how, are all important assessment questions.
- Is alcoholism, or family alcoholism, organizing a recovery process?
- There is great variability between families based on multiple factors. For example, is one or both parents alcoholic?
- Do one or both enter recovery – at the same time, or at different times?
- What are the ages of the children during drinking and entering recovery?
- Was the entry into recovery acute, with crisis and systems collapse? Or was it a long process, one person after another?
- Is recovery a one-person story with the rest of the family not involved?
- Whatever the pattern, is there support, warmth and an environment and system that encourage growth and personal autonomy? Or is there conflict, anger and unresolved tension?



Understanding the meaning of alcoholism is vital as it helps a therapist assess and challenge denial.

The Need For Therapist Flexibility

- The therapist needs to be flexible in practice, able to intervene at concrete behavioral levels one moment while shifting to a reflective, analytic stance in the next. The therapist should also be comfortable holding multiple roles.
- The therapist may positively function in all these modes in a single session, thereby helping the family stabilize in recovery and contributing to cohesiveness in treatment rather than fragmentation.
- The therapist, like the patient, holds the acceptance of loss of control and abstinence as the primary organizers of listening and intervention.
- The therapist provides information all along the way to help ease the buildup of intolerable anxiety about all this change and the family systems vacuum created by the end of drinking.

Using the Family Interview in the Clinical Setting

Our questions offered many respondents their first opportunity to think about themselves as a “couple, or family, in recovery,” and to say aloud, within the safety and structure of a research interview, what it was like for each of them. The interview was a very useful clinical tool. It helped the families construct narrative, or “family story”. The process could serve as a bridge to begin talking with each other about their lives as a couple.

Complexity, disruption, ongoing trauma, although necessary changes, can inadvertently cause additional trauma; systems collapse; the danger of child neglect and abandonment in recovery have been emphasized.

Recovery is a wonderful, positive process, though it is also difficult, painful, and traumatic.

Transition and Early Recovery :

Brown and Lewis write about four cases in their book. Below are some excerpts and ideas I find interesting and that you will need to study further while reading the book:

- They ask questions like What was it like for each of you during the drinking, and what was it like for your family as a whole? Another

question, useful at anytime, is to wonder what it would be like, for each person and the family as a whole, if the movement was underway and holes were attended to? What would this kind of “success” look like and feel like?

- Clients’ show us that they can label their dad’s drinking, talk about it with us, though not with each other, and have feelings about it.
- The erosion of denial is an incremental process. Distancing and minimization are often some of the mechanisms to soften the harshness of reality
- Reality must be denied and lived with, at the same time.
- Adults and children frequently end up drinking together.
- Why does it take a family so long “to get it”, to see that it is the alcohol? Because families are doing all they can to stay together.
- People’s dilemma often revolves around which came first, alcoholism or something else.
- Drinking becomes a solution to other problems. But alcohol is also a depressant.
- Being “dry” may place everyone in a place of no moving or changing. The family becomes a holding zone, dominated by anger. The environment may be dry, not wet, but still tense and permeated by hostility.
- How does decision-making change? They cannot change either, unless and until they can shift the focus off the other and onto themselves as individuals.
- The ACOA often feels chronic anxiety about the past, about how to change now, and about what this new person is like and will be like.
- The beginning of abstinence is often very difficult because the reality is so different from people’s expectations.
- The therapist has to make mindful decisions about how much to facilitate opening up memories of the past and the emergence and expression of affect. It is not unusual to hear issues of childhood trauma for example.
- The therapist must be guided by the focus on alcohol and recovery, coupled with solid knowledge and skill in behavioral, cognitive, psychodynamic, (including trauma), and systems theories.
- Good therapy involves following the patient closely and knowing what constitutes ‘normal’ recovery. It is not a preferred modality.
- The partner, who may be very pleased with abstinence, feels a loss of the alcoholic spouse emotionally.
- It is hard to integrate and understand ambiguity and this is a central element when families are transitioning into recovery. Couples may be impatient for solutions in part because there is a vacuum in self and relationship that follows abstinence. Members of the couple need to reach outside the system for help to deal with explosions of danger and anguish, and confusion about a “correct course” that does not really exist.

- Recovery is a process and an interaction.

Stage Two, Transition, is when the family begins to challenge their reality regarding drinking, beliefs, and behaviors. During Transition, the system needs to stop focusing on itself, and each individual member must begin concentrating on him/herself and dedicate him/herself to his/her individual treatment and recovery. The therapist working with Lana and her mother through this stage should explore the various strengths each of them has and their individual goals they hope to achieve. Other focuses should be on accepting the loss of control, allow the alcoholic system to collapse, and enlist supports outside the family. This stage is the most crucial for Lana and her mother, and will take the most amount of work, effort, and time. For instance, after the murders, Lana's mother wanted to protect her daughter. She may try to continue this throughout the treatment, which is contrary to what research says. "It is very difficult to see that the best help is for each individual to focus on the self" (Brown & Lewis, 1999, p. 109). In addition, the beginning of recovery can be scarier than an alcoholic environment since so much is unknown. The therapist must support Lana and her mother through the stage if they are to be successful. By highlighting their individual strengths, Lana and her mother may recognize that it is not all bleak and hopeless; that they are doing some things correctly, such as accepting people for who they are and wanting to protect your daughter. Discussing their goals and managing the treatment in a way that exemplifies that are the change agents and the therapist is the guide may empower them and instill pride in their work to accomplish the agreed upon goals. Overall, trust must be established, and utilizing the above approaches will build the necessary hope.

Stage Three, Early Recovery, continues to move the family towards healthier environments and interactions. It revolves around continuing to maintain a focus on individual recovery, build individual identities, and continuing to work with external support systems, such as AA and Al-Anon. Early Recovery is a time of action where the individual is able to cope with uncomfortable feelings and impulses to drink. If a client does relapse, it is crucial not to judge him/her and continue to meet the client where he/she is. If one or both does experience a relapse, external supports will, hopefully, enable them to pull through it and maintain their treatment. Over time, the environment becomes more comfortable and stable, while the family structure remains collapsed. The family is concentrated on via individual needs, where the individual begins to communicate and problem solve family issues. It can only be imagined what Lana and her mother would look like during this stage. Perhaps they would recognize and accept their individual needs, act on the strengths they each bring to their relationship, and reestablish attention to their responsibilities to themselves and each other.

The fourth stage, Ongoing Recovery, is a time when new interests develop or old interests are pursued in a more meaningful way. It is also when the individual's solid base established via individual recovery can be integrated into the family context with a focus on new relationships, healthy interactions, and open communication. The environment has minimal stress and tension, while the individual recovery remains strong, allowing a family focus to be established. Given the trauma that Lana and her mother have experienced, reaching this stage is crucial in order for each other to continue to be honest with each other, support each other, and maintain the healthy relationships and interactions that have been built via the work they have achieved in treatment.

A student comment: (Bonnie Johnson Barry: October 8, 2002)

After reading the stages of recovery, I tried to visualize what progression through these stages might look like for Lana and her mother from the movie, Boys Don't Cry. Families with alcohol problems will follow stages similar to the following—drinking, transition, early recovery, and ongoing recovery. Brown and Lewis (1999) remind the readers that the recovery process is not a separate one from drinking. For instance, many abusers try to ignore or split off from their life as an alcoholic, and do not wish to incorporate these aspects into the recovery process. However, disregarding the memories will only sustain the pathology of the drinking, and lead to confusion, depression, and denial. Essentially, "a wish to exclude the drinking takes away a sense of foundation and an ability to see and register reality" (Brown & Lewis, 1999, p. 101). Recovery, though, is just the opposite; it is organized around the permanence of the drinking, and is a new development focused on the abuser's acceptance of loss of control.

In Stage One, Drinking, the family is focused around alcohol. They are "dominated and organized by the realities of drinking, which everyone must deny and explain at the same time" (Brown & Lewis, 1999, p. 103). The family lives with the trauma of active drinking, and tries to alter their behavior and belief system in order to accommodate the drinking. The job of the therapist at this stage would be very difficult with Lana and her mother. For instance, the therapist would first have to find a way in to this family; developing supports that challenge denial and acknowledging the realities of alcoholism, as well as focusing on the behaviors of drinking and the defensive beliefs that maintain the drinking (Brown & Lewis, 1999), could not be addressed until the therapist is welcomed and trusted by the family. Lana and her mother have both developed "false selves;" Lana portrays that she has connections, when, in fact, she is starved for some, and her mother appears to want to be everyone's mother but is really a drinking buddy. Unfortunately, at first, Lana and her mother may



not willingly work on their problems related to alcohol, but rather concentrate on other problems that are more obvious to them.

While working with Lana and her mother in this hypothetical future, the therapist must remember that the reason they entered therapy may not be due to the drinking. It could be around other problems they wish to solve, such as PTSD-symptoms from the murders, the break-up of the family they knew with two people dead and two others in prison, or a host of other emotional issues. The therapist must factor alcoholism into the equation and challenge their defenses regarding it. A long, arduous battle can be suspected to get Lana and her mother to even Stage One, to admit how much drinking occurred. By bringing alcoholism to the forefront, along with the problems the family is willing to address, the therapist must expect the family to spiral, the environment to become more chaotic, the family structure more rigid as they try to hold it together, and the individuals more stressed and distrustful of therapy. The family “will often have come for a ‘quick fix’ and will likely resist the ‘getting worse’” (Brown and Lewis, 1999, p. 105), which indicates that “hitting bottom” is fast approaching. The therapist must recognize that Lana and her mother have already experienced a “hitting bottom” (i.e., the murders), and must incorporate that experience, not overlooking it, into any future episodes of hitting additional bottoms.