Family therapists believe that the families of addicts display significant features

Despite their major differences, there is one notable area of agreement between psychodynamic and behavioral models of addiction: both place significant emphasis on past experience. For Freud especially, the famous line from Wordsworth's poem, "The child is the father of the man," was a profound truth, and he was convinced that adult character is shaped during the first 5 or 6 years of life. Child psychology and the study of human development have become cornerstones of modern psychology. And who are the most important figures in the developing child's life? Clearly, members of the family.

Beginning in the 1950s, many mental health professionals began seeing the value of working with families, not just to consult with them about their family member's problems but as a direct way of treating those problems. In effect, the family became the patient. To this work, many clinicians brought their pre-existing models (psychodynamic, client-centered, behavioral), but some began to argue for a new way of thinking about families -- viewing them not just as collections of interacting individuals but as **systems** that operate in accordance with unique principles. This led to the appearance of family systems theories and therapies (FST), with the core assumption that the family is like an organism, made up of interdependent parts and self-regulating mechanisms. Though there are many theories, they all tend to include in some form most of the following:

- Boundaries (diffuse-clear-rigid)
- Subsystems (triads) and hierarchies (open-closed, fluid-rigid): marital, parent-child, sibling
- Rules
- Reciprocal causation (positive and negative feedback loops)
- Homeostasis
- Cross- or Inter-generational repetition: emotional cutoffs and unfinished business
- Differentiation, separation and autonomy

Most of these ideas can be illustrated with specific examples taken from alcoholic/addicted families. For example, Lawson & Lawson described 3 **rules** in alcoholic families: "don't talk about it, don't confront it, shelter and protect it," while Deutsch described: "don't feel, don't trust, don't talk."

The husband who says, "I drink because she nags me," and the wife who says, "I nag him because he drinks" are caught in a negative feedback loop (vicious circle), an example of what is termed **reciprocal causation**. [A key principle for almost all family therapists is to avoid any focus on *blame*; one reason why the concept of reciprocal causation is important is that it helps families to get around the need to blame, since in effect, they are all equally "at fault."] The principle of **homeostasis** is often seen as explaining how drinking and drugging can become central to a family's balance. It also helps us to understand why a marital breakup is still likely to occur even *after* the problem drinking ends -- can you understand why?

Teenage drinking and drug use are often viewed as tied to the processes of what Murray Bowen has called **differentiation of self**, a natural process through which the adolescent seeks to gain separation and autonomy. An offshoot of the family systems perspective is a focus on the **development** of addiction, with the twin goals of identifying the childhood and adolescent precursors of addictive behavior and of developing effective means of prevention to target and control those precursors.

Bowen has also focused on trying to understand the **emotional system** that exists within all families. Although his theory is not specifically a theory of addiction, he has tried to show how the failure of families to allow for a healthy degree of differentiation among its members leads to dysfunction and the projection of parental difficulties onto the children. He has also described the process by which the unfinished business within one's family of origin can lead to an "emotional cutoff" and the perpetuation of the unfinished business into one's new family,

Over the past 20 years, a number of clinicians began focusing not just on the psychopathology of the addict in the family, but more and more on signs of psychopathology in other family members, and in the process they have generated some highly successful best-sellers and have spawned a whole new trend in self-help groups! We'll consider those ideas in our next Topic.

Family systems therapists believe that successful treatment of addiction requires skilled treatment of the family, and treatment models emphasizing phases of treatment are very common. In addition, if the family is the "cauldron" in which the addiction stew is brewing, working with families also provides an opportunity for early intervention and prevention. Thus, a lot of effort goes into trying to identify those families that are "at risk" as a function of a history of addiction or mental disorder, socio-economic pressure, instability, domestic violence, etc.

There is also great interest in the spouses and children of addicts

For those who emphasize the importance of the family and developmental aspects of addiction, there has also been a lot of interest within the substance abuse field in looking specifically at spouses and children of addicts. Much of this interest has been generated by therapists, some of whose work has become widely popular, hailed by some as "groundbreaking" and by others as "psychobabble."

One area of focus is **co-dependency**, which initially was viewed simply as something that happened to people whose lives and well-being were affected by living with an addict.

More recently, under the influence of people like Robin Norwood and Melanie Beattie, it has come to be viewed as a 'disease' or an 'addiction' of its own.

Supposedly7, co-dependents:

1) Need to be needed
2) Have a strong urge to control others

3) Are willing to suffer
4) Fear and resist change
5) Have low self-esteem

In addition, as an extension of the FST concept of homeostasis, it is assumed that co-dependents actually contribute to the problem through the process known as *enabling*. In other words, they are assumed to be so stuck in their co-dependent role, so "addicted" to their significant other's addiction, that they act unconsciously to perpetuate it!

Another area of focus is on **adult children of alcoholics** (addicts), known as ACAs or ACOAs or COAs.

Deutsch has described ACOAs as deeply influenced by one or more of the following:

- Inconsistency, insecurity and fear
- Anger and hate
- Guilt, self-blame and depression

Ackerman has generated an extensive list of ACOA characteristics, saying that ACOAs:

- ✓ guess at what normal is
- ✓ have difficulty following projects to completion
- ✓ lie when it is just as easy to tell the truth
- ✓ judge themselves without mercy
- ✓ have difficulty having fun
- ✓ have difficulty with intimacy
- ✓ overreact to changes they cannot control
- ✓ feel different from other people
- ✓ constantly seek approval
- ✓ are either super responsible or irresponsible
- ✓ are extremely loyal even when not deserved
- ✓ look for immediate gratification
- ✓ seek tension and crisis but then complain
- ✓ avoid conflict, or aggravate it, but don't deal with it
- ✓ fear rejection and abandonment while rejecting others
- ✓ fear failure and can't handle success
- ✓ fear criticism but criticize others
- ✓ manage time poorly

Finally, it has become popular to categorize alcoholic family members into their respective roles; the most popular distinguishes: Addict, Chief Enabler, Hero, Scapegoat, Lost Child, and Mascot.

Therapists' views can be very subjective, but there is also a lot of research into the families of addicts

A lot of the support for family systems views of addiction has come from mental health and substance abuse professionals describing their clinical experiences with addicted patients and their families. Unfortunately, as we have learned, such clinical case studies, while often fascinating and appealing, are scientifically weak and often open to being criticized as "psychobabble." In addition to the contributions from family therapists, there is also an extensive amount of solid empirical research in addictions dealing with family issues and developmental patterns as they relate to drinking and drugging and also to personality characteristics and patterns of psychopathology.

Drawing from what has come to be known as a "lifespan developmental psychopathology perspective," the goal is to identify those factors that occur from birth through adolescence and on into young adulthood that increase the risk for development of a substance use disorder. Moreover, this perspective can be easily combined with an emphasis on genetics, with a family history of addiction the starting point.

Within this developmental perspective, researchers have become increasingly able to describe various **trajectories**, or pathways, that children follow that eventually lead them into problems with alcohol and other drug. Of particular importance is to describe the interaction between the temperament and behavior of the developing the child and the family within which the child lives, along with other important factors that complicate the child's development, such as the effects of peer groups.

Trajectory models attempt to identify, in step-by-step fashion, the route, or routes, that people take as they grow up to be addicts or substance abusers and the forces that propel them along these routes. For example, here's one widely-studied route:

1. Begin with a child born to substance-abusing parents, who might therefore possess a genetically-influenced temperament of excitability, stimulation-seeking, and/or negative affectivity.
2. Such children have a heightened risk of academic failure during childhood.
3. Such children are at heightened risk of displaying conduct disorder problems (e.g., truancy, aggressiveness, theft, vandalism, etc.) during adolescence.
4. The live in families where they are exposed to recurring examples of excessive drinking and drugging.
5. As teenagers, they become increasingly likely to associate with peers who are also struggling academically and acting antisocially.
6. Living lives that are often frustrating and unrewarding, they find the reinforcement value of alcohol and other drugs to be especially attractive.
7. Their parents do not do a good job of modeling socially responsible behavior, and might not use, or even posaess, effective parenting skills to control the child's antisocial behaviors and initial experimentations with alcohol or drugs.
8. Early experimentation and even abuse of alcohol or other drugs exacerbates #2, 3, and 5 above, creating a downward spiral toward adult substance abuse and possible addiction.

Thombs describes many important areas of on–going research that are adding to our understanding of these trajectories:

FAMILIAL ALCOHOL & DRUG USE: This is probably the most extensive area of research investigation; both cross-sectional and longitudinal studies have carefully investigated alcohol and/or drug-involved families to assess their impact on adolescent alcohol and drug use and abuse. Note that the issue here is not *genetics*; the view here is that it is the family as an *environment* that is crucial.

Dozens of rigorous studies reveal that having an alcoholic or addicted parent is a significant risk factor for teenage drinking and drug use, including both age of first use, amount of use and problems associated with use.

However, the majority of children who grow up in alcoholic/addicted families do *not* develop any substance use problem themselves. Moreover, the majority of such children grow up to be reasonably free of most psychological problems, and they function pretty well as spouses and as parents -- maybe they learned an important lesson growing up!

[It is findings such as these that make many researchers so skeptical of the ACOA movement. The research suggests that most ACOAs do not exhibit the traits or problems attributed to them, and those same traits and problems often show up in children from other types of families as well.]

Such studies also attempt to pin down the mechanisms involved. In other words, the key factor might not be simply the parent's drinking or drugging - it might be that such drinking and drugging is often associated with other factors, such as lack of parental supervision, increased family stress and conflict, violence in the home, etc.

For example, a series of studies by Laurie Chassin and her colleagues have employed longitudinal designs to study children and adolescents with and without a biological alcoholic parent.

Her studies indicate that linking an alcoholic parent with problematic substance use in the children depends upon a number of what are called "mediating" variables, such as:

- whether either parent also has a mood disorder or antisocial personality disorder
- whether the parents monitor their children's behavior
- the amount of stress in the adolescent's life
- measures of emotionality and sociability in the adolescent
- the adolescent's experience of negative affect
- the adolescent's associations with substance-using peers

Other family variables examined by other investigators include:

- Family values
- Single-parent structure
- Parental drinking behavior
- Sibling influence
- Parental involvement vs. susceptibility to peer influence

ANTISOCIAL BEHAVIOR: Patterson and others have looked at adolescent alcohol and drug use within the larger context of antisocial behavior and delinquency, and have emphasized a "family management" model, in which more emphasis is placed on the parents' antisocial qualities than on their substance use. In addition, there is evidence to suggest that the combination of parental drinking or drug use and antisocial behavior is an especially problematic condition for children, and that these COAs are much more at risk than children who only have to deal with parental alcohol or drug use.

Patterson says that, in effect, some parents train their children to act out; he has studied five areas of parents' management skills: discipline, monitoring, problem solving, involvement and positive reinforcement.

MARITAL INTERACTIONS: In a similar way, many studies have carefully examined aspects of day-to-day marital interactions; these studies indicate that it matters greatly whether the drinking (or drugging) happens in the home or out of the home, with the non-affected partner or without, and whether the affected partner is the male or the female.

FAMILY VIOLENCE: Extensive research exists to show that addiction, especially chronic alcohol abuse, correlates significantly with child abuse, child neglect, homicide within families, violence between domestic partners, and so on.

CHILDREN OF ALCOHOLICS AND CO-DEPENDENTS: Not surprisingly, given the degree of popular interest, these have been a significant focus of research.

- Heterogeneity is the rule; for example, many studies find that children are often quite satisfied with their relationship with an affected parent, and that children can easily differentiate their feelings as a function of the parent's use.
- The effect of addiction in the family is significantly mediated by many variables, including at what age the child begins drinking, the child's expectancies, other aspects of parental psychopathology (especially antisocial qualities), as well as the family's ethnicity and socioeconomic status.
- Heterogeneity also applies to outcomes, in terms of severity of addiction, whether it is more a pattern of abuse or dependence, whether it is associated more with internalized emotional problems or externalized conduct problems, etc.
- ACOAs probably do have a somewhat elevated risk of depressive and anxiety disorders, but the effect is modest.

Similarly, ACOAs appear to be at only somewhat greater risk for substance use disorders and antisocial behavior.

How shall we evaluate the developmental and family perspectives?

Family systems theories, like psychodynamic theories, have been dominated by clinicians, and their 'research evidence' is almost always what is called "anecdotal," based mostly on case studies of families in therapy, creating numerous problems:

- Biased samples - only troubled families end up in therapy, so we don't know if the same processes occur in all addicts' families
- The subjectivity of the therapist/investigator - therapists often see only what they want to see, and their judgments and interpretations are always open to question
- Correlation vs. causation - therapists see many factors intermingled in addicts' families, but just because certain factors go together does mean for certain that we can pinpoint causation

The clinical literature on co-dependents and ACOAs is particularly open to criticism. Indeed, some view this "pop psychology" literature as nothing more than "psychobabble."

Several research studies have specifically examined groups of ACOAs and co-dependents, comparing them to other groups to determine if any of the popularized characteristics are indeed typical. Most such studies fail to confirm the existence of any well-defined personality type or trait that is unusually characteristic of ACOAs or co-dependents compared to either the general population or to adults whose parents had other types of personal pr psychiatric problems.

In her article, "A critical analysis of the co-dependence construct" (*Psychiatry*, November 1990), Janice Haaken acknowledges that the co-dependency construct is consistent with feminist psychology: those who are oppressed and powerless forge an identity based on the necessity of "compromise, appeasement and covert manipulation" (p. 397).

However, she argues that the concept of co–dependency has no diagnostic or discriminative validity. She also points to the danger of oversimplification, where many family therapists assume that the mere presence of an alcoholic makes all such families pretty much the same. Finally, she questions whether co-dependency is truly an "addiction" and whether it must always be regarded as a "disease," and though she sees potential value in 12-step programs for co-dependents, she warns of the danger of turning caring and commitment to family into a form of psychopathology in women to be avoided at all costs.

If so many psychologists find fault with the ACOA and co-dependency literature, why have so many people embraced the popular literature? And how did all these clinicians make such mistakes?

Many have pointed to the "Barnum effect" to explain why so many people identify with the ACOA descriptions (see Thombs p. 226).

Also, many have pointed to the inevitable "tunnel vision" of clinicians who only see those who are in enough distress to seek help.

Finally, we see again the enormous power that the "disease" concept exerts over people who like simple answers and who seek relief from the moral burden of personal responsibility. And disease theorists are often "discovering" new diseases: co-dependency, "ACOAism," etc. Indeed, some cynics, like Stanton Peele, have talked

about how these new "diseases" have spawned whole new treatment industries, with millions of new clients to keep professionals busy.

In contrast, many contemporary developmental models are built on a growing body of impressive empirical evidence. Across the U.S, there are numerous longitudinal studies still going on that have been studying cohorts of young people from the time they were born, and these studies are generating valuable information.

But critics point out that there are many possible factors that might influence development, and that even within the same family, widely different outcomes often occur. How do we make sense of the fact that the same family can produce a college honors student and also a high school dropout, or a successful business person and an unemployed drifter?

In summary, based on what you now know about the developmental and family perspectives on addiction, how would you rate them in each of the following areas we identified a few weeks ago as the formal attributes of a good theory or model?

Clarity: are the developmental and socio-cultural models clear, well-articulated, easy to understand?
Comprehensiveness: do the developmental and socio-cultural models deal with all, or at least most, of the major issues?
Explicitness: do the developmental and socio-cultural models use precise definitions in a way that allows for reliable measurement of key variables?
Parsimony: do the developmental and socio-cultural models provide a simple way to understand addiction?
Ability to generate useful research findings: are there good studies with strong scientific evidence to support the developmental and socio-cultural perspectives?