

## **The Addicted Family System- How Do We Change It?**

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The addicted family system has become more common than not. Murray Bowen developed the most complete theory on family systems. After World War II, many of the veterans needed mental health treatment and went home to their families. Many therapists were puzzled about their lack of progress once treated and many regressed after returning to their environment. So began the examination of the home environment and its impact on the patient.

Instead of focusing on an individual and their psyche, intrinsic factors were addressed. The cause of the problem “seen” by the therapist was no longer the “identified patient” but the dysfunctional family system (Foley, 1984). Many therapists and theorists of the time did not agree with this new avenue of systemic therapy. Arguably, my question is, “How can we look at one without seeing the whole?” As a Clinical Director of a treatment center, there is no other way to do therapy. Our worldview, beliefs, values, and judgments all come from the place we call home. Our system was created hundreds of years ago by people we do not know. This multigenerational concept is undeniable once you see it on paper. I use a genogram, which is a picture of a person’s family relationships and goes beyond a family tree, to view a family system. This examines hereditary patterns and psychological factors and can depict addiction and mental illness. I have many times used this approach to show my clients how their family system has repeated itself for hundreds of years. Once patients see this for themselves, they feel less guilt and shame about their addiction.

Addiction is often created by a genetic predisposition and a dysfunctional family system. Many of you may have heard of the dysfunctional roles people take on in order to survive and get their needs met within their family. One is known as the “chief enabler.” This person is caring for the addict (alcoholic or workaholic); they give excuses why the addict behaves the way they do, and that they somehow deserve to behave the way they do. Then we have the “hero child,” usually first born. He or she cares for the younger children and makes sure that dinner is cooked, the laundry is done and that the younger kids do their homework. This is the “perfect” child who is usually a perfectionist and gets straight A’s. Once grown, this person often will either turn into an addict themselves or marry an addict and take on the enabler role. Next we have the “rebel child.” The rebel or scapegoat gets in trouble at school and at home, but they do this for a reason—attention. Then we have the “sick child.” This is the child who maybe fell off their tricycle when they were young and mom or dad came to the rescue, so they received attention. Once the child understood this is how they received attention, they became ill; their stomach hurt or their head hurt. After some time, where do good parents take their child? The doctor. And what does the doctor give them? Medicine. Then, unintentionally, an addict is born. Sometimes these children really feel the pain. If pain is imagined, pain can exist. As humans, we can become nervous or anxious. When this occurs, have you ever internalized this and developed a headache or stomach ache? For these children, this can happen. Then we have our “joker” or the “clown.” This is the one who always makes things light and everyone laughs at their antics. They, too, sometimes end up in treatment. We also have the lost or forgotten child. This is the child who is always in their room, and probably likes computers or likes to read. They are quiet, and when they get older, they sometimes move out of state and only come home for Christmas and Thanksgiving. Lastly, we have the “addict” or “alcoholic.” They too have a role. They use alcohol or drugs to cope with the system.

If you come from an addicted family system, these roles naturally develop because each serves a purpose. If there are not that many children in the system, then one child may take on more than one role. All of these children can end up addicted.

If you recognize this system as your own, or in someone you know, please know this is not any one person's fault. As I said earlier, this is a multigenerational disease and each person affects the other. As people grow up and begin the courting process, they attract those that complement them. For example, if you are the hero child (caretaker), then you may be attracted to someone who needs your help (alcoholic) and this feels natural or right. Then the system described above perpetuates.

How do we change it? Once those who seek help come to treatment, they learn to live life sober and be healthy again. They take the knowledge they learn and change. This is done by working the 12 steps, meeting with a sponsor, and possibly doing further work with a therapist. While they are in treatment, we ask the immediate family to get treatment also, whether it is seeing their pastor, church support group, Al Anon, or a private counselor or therapist. If the loved ones do the work, the system changes and future generations are changed. If the work is done just by the addicted family member, the system stays the same.

How do families that have been affected with substance dependence continue to affect future generations if the genetic predisposition is still there? It is done by modeling a healthy home environment. It is accomplished by the addicted person and their family continuing to do their work as described above. If more children are born into the system, they are educated about the possibility of having the addictive gene and how best to avoid the negative consequences that come with it. If there is no one drinking or using drugs in the home, the roles above do not form. In a healthy system, problems are discussed, not swept under the rug; children within the system receive the attention that is needed to grow in a healthy manner. With that said, children and young adults do not always listen to their parents. They test the waters and, when they do, a substance dependence could be created. If this occurs we hope they seek treatment and, when they do, their chances of staying sober are higher than those who came from a dysfunctional addicted family system. Why? Because they are not accustomed to the chaos of an addicted family and all they know is the family system they came from. Consequently, they return to the healthy lifestyle because that is their "norm."

After working for years in this field, I have seen families heal and move on to change generations forever.



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