The Impact of Chemical Dependence on the Family

Handouts
Glossary of Terms Related to Chemical Dependence*

**Chemical Dependence** (a clinical definition) – A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug, and use of the drug despite adverse consequences and distortions in thinking, most notably denial.

**Chemically Dependent** (a working definition) – A person who is chemically dependent continues to use alcohol or other drugs despite repeated negative consequences at the personal level.

**Disease Concept of Chemical Dependence** – The concept of chemical dependence as a serious, chronic illness that is progressive and can cause death is one that is widely held by medical, mental health, chemical dependence, and social work professionals. It is hoped that characterizing alcohol and drug addiction as a disease will help reduce the shame and stigma associated with the disorder, and that people will be less likely to see the disorder as a result of weakness of character or lack of morals. Looking at chemical dependence as a serious, chronic disease—one that is comparable to high blood pressure, heart disease, or diabetes—also helps people see that it can be treated and managed through diligent, continuous efforts.

**Common Family Roles in Chemical Dependence** – In families in which chemical dependence exists, family members take on roles which help them cope with the chemical dependence. Common roles include the **Enabler**, who is often supportive of the person who is chemically dependent and thus enables the dependence to continue; the **Hero**, who is the person in the family upon whom the other family members depend; the **Scapegoat**, who takes on the problems of the entire family; the **Lost Child**, who is often quiet and draws away from the family; and the **Mascot**, who keeps the family’s attention diverted from its problems.

**Recovery** – An ongoing process of growth and change in all areas of a person’s life, especially in the spiritual area. When a person is recovering from chemical dependence, the person is successfully managing the disease through adherence to the following: 1) abstinence from all mood- and mind-altering drugs; 2) continued contact with and support from other people in recovery; and 3) adoption of a philosophy of living that demands the four essential components of acceptance, honesty, open-mindedness, and willingness.

**Relapse** – A characteristic of the disease of chemical dependence in which a person returns to using alcohol or other drugs after a period of sobriety. Common terms used to describe relapse are “lapse back,” “backslide,” and “slip.” Relapse is more than an isolated event or behavior of taking a drink or using one’s drug of choice; it is a process that begins long before the person actually resumes using the drug.

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The Components of Recovery*

When a person is recovering from chemical dependence, the person is successfully managing the disease through adherence to the following:

♦ Abstinence from all mood- and mind-altering drugs. Switching one’s drug of choice (e.g., from cocaine to alcohol or from alcohol to prescription pills) is not acceptable for the recovering person.

♦ Continued contact with and support from other people in recovery. The Twelve-Step programs that have evolved from the original Alcoholics Anonymous fellowship all derive their effectiveness by providing a sense of community, reducing shame, and providing empathy and acceptance for participants. In addition, they offer an alternative peer group that can exert positive peer pressure and provide role models for the successful recovery from chemical dependence.

♦ A philosophy of living that demands four essential components: acceptance, honesty, open-mindedness, and willingness:

1) Acceptance – By a person’s accepting the fact of his addiction and disease, he is guarding against the need to let denial once again enter into his life, as it once did so powerfully when he was using the chemical substance.

2) Honesty – To continue using despite adverse consequences, a chemically dependent person has to be ingenious in his dishonesty, lies, and denial in order to protect his use. During a person’s active addiction, he will forget about truth in favor of the most convenient lie. At times, the chemically dependent person will not even be sure what the truth is and what is not the truth. When in recovery, a person must be willing to be painstakingly honest with himself and others if he is to survive his disease.

3) Open-mindedness – For most chemically dependent people, entering treatment is an act of desperation. They felt trapped and had nowhere else to go. Unwilling participants in their own treatment, the familiar pain of their addiction feels safer than the risks of recovery, especially when they are told such things as that they “need to change everything in their lives.” Open-mindedness means not saying “no” to the changes involved in recovery.

4) Willingness – Recovery is a process that requires energy and work. Those who attend Twelve-Step groups soon learn that if they put nothing in, they get nothing out. The gains made in recovery are in direct proportion to how hard the person is trying to recover.


Signs of Relapse*

The relapse process often begins with the following:

1. Set-ups
   ♦ Going into high-risk situations like bars and familiar hang-outs where most of the recovering person’s drinking/drugging was done
   ♦ Going back to old friends who are still users and not making new, non-using friends
   ♦ Letting everyday problems intensify to the point of being suddenly unable to cope with the stress of daily living
   ♦ Avoiding or not using support systems such as a drug treatment program, AA/NA, or the caseworker

2. Feeling cured after a few weeks or months
   ♦ Saying that he or she does not have a disease or that he or she has the problem “under control”
   ♦ Arguing that everybody should leave him or her alone, since he or she is now “clean”

3. Desire to test control
   ♦ Using alcohol or other drugs in social settings
   ♦ Switching from one drug of choice to another drug (e.g., cocaine to alcohol), using the reasoning that “I never had a problem with booze.”

4. Negative moods
   ♦ Being angry, impatient, and critical of others
   ♦ Being bored, restless, argumentative
   ♦ Withdrawing from others, isolating into loneliness

5. Exhaustion
   ♦ Falling into old patterns of skipping meals, sleeping less, or overworking, and not taking care of the physical body

The Twelve Steps
of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs.

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## Worksheet: Management Strategies for Chemical Dependence Issues

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<thead>
<tr>
<th>Chemical dependence issues in my family:</th>
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<tr>
<td>(Note: This should describe typical types of behaviors displayed by the family member who is chemically dependent and the feelings you experience when you deal with the family member’s behaviors. Describe your own behavior that enables the family member to continue behaving as he or she does.)</td>
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| My strategies for dealing with my family’s chemical dependence issues: |