



The Set Up: Living With Addiction

By Tian Dayton, PhD

(Adapted from The Process Study Guide, with permission of the author,
for Congregational Leadership Training, Detroit, MI – 1/24/06)

What Happens to the Family When Addiction Becomes Part of It?

Families where addiction is present are oftentimes painful to live in, which is why those who live with addiction are oftentimes traumatized to varying degrees by the experience. Broad swings, from one end of the emotional, psychological and behavioral spectrum to the other, all too often characterize the addicted family system. Living with addiction can put family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of events that are part of living with drug use. What is being said often doesn't match up with what family members sense, feel beneath the surface or see right in front of their eyes. The drug user as well as family members may bend, manipulate and deny reality in their attempt to maintain a family order that is gradually slipping away. The entire system becomes absorbed by a problem that is slowly spinning out of control. Little things become big and big things get minimized as pain is denied and slips out sideways.

During early childhood years, this intense emotional environment can set up a fear of feeling or patterns of attachment that are filled with anxiety and ambivalence. In their youth, children of alcoholics or drug dependent parents (COAs) may feel overwhelmed with powerful emotions that they lack the developmental sophistication and family support to process and understand. As a result, they may resort to intense defenses, such as shutting down their own feelings, denying there is a problem, rationalizing, intellectualizing, overcontrolling, withdrawing, acting out or self medicating, as a way to control their inner experience of chaos. The COA may be difficult to identify. They are just as likely to be the president of the class, the captain of the cheerleading squad, or the A student, as they are to act out in negative ways.

Families have a remarkable ability to maintain what family therapists call homeostasis. When alcohol or drugs are introduced into a family system, the family's ability to self regulate is challenged. Family members become subsumed by the disease to such an extent they often lose their sense of normal. Their life becomes about hiding the truth from themselves, their children and their relational world, Their faith in a loving God can be challenged as their family life becomes chaotic, promises are broken and those we depend upon behave in untrustworthy ways. Those in this family may lose their sense of who and what they can depend upon. Because the disease is progressive, family members seamlessly slip into patterns of relating that become increasingly more dysfunctional. The children are often left to fend for themselves and anyone bold enough to confront the obvious disease may be branded as a family traitor. Family members may withdraw into their own private worlds or compete for the little love and attention that is available. In the absence of reliable adults, siblings may become "parentified" and try to provide the care and comfort that is missing for each other.

Such families often become characterized by a kind of emotional and psychological constriction, where no one feels free to express their authentic selves for fear of triggering disaster; their genuine feelings are often hidden under strategies for keeping safe, like pleasing or withdrawing. The family becomes organized around

trying to manage the unmanageable disease of addiction, They may yell, withdraw, cajole, harangue, criticize, understand, get fed up, you name it. They become remarkably inventive in trying everything they can come up with to contain the problem and keep the family from blowing up. The alarm bells in this system are constantly on a low hum, causing everyone to feel hyper vigilant, ready to run for emotional (or physical) shelter or to erect their defenses at the first sign of trouble.

Because family members avoid sharing subjects that might lead to more pain they often wind up avoiding genuine connection with each other. Then when painful feelings build up they may rise to the surface in emotional eruptions or get acted out through impulsive behaviors. These families become systems for manufacturing and perpetuating trauma. Trauma affects the internal world of each person, their relationships and their ability to communicate and be together in a balanced, relaxed and trusting manner. As the “elephant in the living room” increases in size and force the family has to become ever more vigilant in keeping its strength and power from overwhelming their ever weakening internal structure. But they are engaged in a losing battle. The guilt and shame that family members feel at the erratic behavior within their walls, along with the psychological defenses against seeing the truth, all too often keeps this family from getting help. The development of the individuals within the family, as well as the development of the family as a resilient unit that can adjust to the many natural shifts and changes that any family moves through, becomes impaired. Initially, addicts may feel they have found a way to manage a pain-filled inner world. Unfortunately, in the long run, they create one. Chronic tension, confusion and unpredictable behavior are typical of addictive environments and create trauma symptoms. Individuals in such situations may become traumatized by the experience of living with addiction. One of the results of being traumatized is to withdraw from authentic connection with others which can affect comfort and participation in a spiritual community. Contact with a spiritual community, however, can be a tremendous buffer against isolation and can support young people and help them to sustain their faith in God and in life. Their spiritual life can be fostered and guarded through being a part of faith based programs and activities, and their sense of feeling normal can be protected by engaging in the kinds of activities that preserve a sense of normalcy in their lives.

Talking about and processing pain is an important deterrent as far as developing post traumatic symptoms that show up later in life. Intense emotions such as sadness, that are an inevitable part of processing pain, can make family members feel like they’re “falling apart” and consequently they may resist experiencing the pain they are in. And the problems in an alcoholic family system are perpetual. For the child in an alcoholic system there may be nowhere to run, as those they would normally turn to are steeped in the problem themselves. Seeing the problem for what it is often alienates them from other family members.

If addiction remains untreated, dysfunctional coping strategies become very imbedded in the general behavior of the family. Family members may find themselves in a confusing and painful bind, e.g., wanting to flee from or get angry at those very people who represent home and hearth. If this highly stressful relational environment persists over time, it can produce cumulative trauma. Trauma can affect both the mind and the body. Intense stress can lead to deregulation in the bodies limbic system or that system that helps us to regulate our emotions and our bodily functions. Because the limbic system governs such fundamental functions as mood, emotional tone, appetite and sleep cycles, when it becomes deregulated it can affect us in far ranging ways. Problems in regulating our emotional inner world can manifest as an impaired ability to regulate levels of fear, anger and sadness. This lack of ability to regulate mood may lead to chronic anxiety or depression. Or, it can emerge as substance or behavioral disorders, for example, problems in regulating alcohol, eating, sexual or spending habits.

It is no wonder that families such as these produce a range of symptoms in their members that can lead to problems both in the present and later in life. Children from these families may find themselves moving

into adult roles carrying huge burdens that they don't know exactly what to do with and that get them into trouble in their relationships and/or work lives. This is why PTSD can occur; it is a post traumatic reaction in which symptoms related to being a COA emerge in adulthood, or in the ACOA. The traumatized child lives in frozen silence until finally the frozen feelings of the child emerge in adult actions and words. But it is the wounded child still searching for a place to put their unprocessed, unspoken pain.

The Effect of Familial Trauma on Children

Trauma in childhood can seriously impact development throughout life and can have pervasive and long lasting effects. The amygdala, which is a brain center for the fight/flight/freeze response, is fully functional at birth. This means that a baby is capable of a full blown trauma response. The hippocampuses, which is where we assess stimuli as to whether or not it is threatening, is not fully functional until the age of four to five. In addition, the prefrontal cortex is not fully mature until around age eleven or older. This means that when a child is frightened, they have no way of understanding what is going on around them. They do not have the developmental capability of assessing frightening stimuli for its level of threat nor do they have the cognitive capability to understand what's happening. They need an external modulator, namely a parent, or a caring adult, to help them to regulate themselves and calm down. Even a sibling, caretaker or pet can help an anxious child to even out their emotions. Without this help, the painful stimuli may become locked in a sensory memory that lives within the self system without insight, understanding or regulation.

Characteristics of Adult Children of Trauma and Addiction

- 1. Learned Helplessness**

A person loses the feeling that they can affect or change what's happening to them.
- 2. Depression**

Unexpressed and unfelt emotion lead to flat internal world – or agitated/anxious depression. Anger, rage and sadness that remain unfelt or unexpected in a way that leads to no resolution.
- 3. Anxiety**

Free floating anxiety, worries and anxieties that have no where particular to pin themselves or look for a place to project at, phobias, sleep disturbances, hyper-vigilance
- 4. Emotional Constriction**

Numbness and shutdown as a defense against overwhelming pain. Restricted range of affect or lack of authentic expression of emotion.
- 5. Distorted Reasoning**

Convoluting attempts to make sense and meaning out of chaotic, confusing, frightening or painful experience that feels senseless.
- 6. Loss of Trust and Faith**

Due to deep ruptures in primary, dependency relationships and breakdown of an orderly world.
- 7. Hypervigilance**

Anxiety, waiting for the other shoe to drop – constantly scanning environment and relationships for signs of potential danger or repeated rupture.

- 8. Traumatic Bonding** Unhealthy bonding style resulting from power imbalance in relationships and lack of other sources of support.
- 9. Loss of Ability to Take in Caring and Support** Due to fear of trusting and depending upon relationships and trauma's inherent numbness and shutdown
- 10. Problems with Self Regulation** The deregulated limbic system can manifest in problems in regulating many areas of the self system and thinking, feeling and behavior. Go from 0 – 10 and 10 – 0 without intermediate stages, black and white thinking, feeling and behavior, no shades of gray as a result of trauma's numbing vs. hi-affect.
- 11. Easily Triggered** Stimuli reminiscent of trauma, e.g., yelling, loud noises, criticism, or gunfire, trigger person into shutting down, acting out or intense emotional states. Or subtle stimuli such as changes in eye expression or feeling humiliated, for example.
- 12. High Risk Behaviors** Speeding, sexual acting out, spending, fighting or other behaviors done in a way that puts one at risk. Misguided attempts to jump start numb inner world or act out pain from an intense pain filled inner world.
- 13. Disorganized Inner World** Disorganized object constancy and/or sense of relatedness. Internal emotional disconnects or Fused feelings (e.g., anger & sex, intimacy and danger, need and humiliation)
- 14. Survival Guilt** From witnessing abuse and trauma and surviving, or from "getting out" of an unhealthy family system while others remain mired within it.
- 15. Development of Rigid Psychological Defenses** Dissociation, denial, splitting, repression, minimization, intellectualization, projection, for some examples or developing rather impenetrable "character armor"
- 16. Cycles of Reenactment** Unconscious repetition of pain-filled dynamics, the continual recreation of dysfunctional dynamics from the past.
- 17. Relationship Issues** Difficulty in being present in a balanced manner; a tendency to over or under engage, explode or with draw or be emotional hot and cold. Problems with trusting, staying engaged or taking in love and caring.
- 18. Desire to Self Medicate** Attempts to quiet and control turbulent, troubled inner world through the use of drugs and alcohol or behavioral addictions.

What Happens When ACOAs Have Their Own Families?

When ACOAs enter intimate relationships in adulthood, their feelings of dependence and vulnerability that are an important part of any intimate relationship may make them feel anxious and at risk again. They may perceive themselves as helpless even if they are not. Beneath the level of their awareness, the ACOA may worry that chaos, out-of-control behavior and abuse may be looming around the corner, because this was their early childhood experience. When ACOAs enter intimate relationships as adults, they may be so convinced that distress is at hand that they experience mistrust and suspicion if problems are solved smoothly. And so the pattern of strong feelings leading to emotional danger, chaos, rage and tears is once again reinforced and passed along in a blast of triggered emotions into the present when they belong primarily to the past. At these moments the ACOA is stuck in and reacting out of the survival parts of the brain, what is getting triggered is a sense memory from childhood with little reason and understanding attached to it. The more advanced parts of the cortical brain where thinking and reasoning take place is temporarily overwhelmed and shut down and they are locked in a reaction that is filled with unresolved emotions from the past that are getting triggered by present circumstances.

Children who have been traumatized by living with addiction become very adept scanners; they are constantly reading their environment and the faces of those around them for signs of emotional danger. If they sense emotions in another person that make them feel anxious, they may lapse into people pleasing in order to alleviate potential "danger." They may have learned as children that if they could calm and please their acting out parent, their own day might go more smoothly; i.e., they might experience less hurt. Such people pleasing strategies also get carried into intimate relationships in adulthood. The upshot of all this is that ACOAs often lack the ability to live comfortable with the natural ebb and flow of intimacy.

Traumatic Bonds

Those who live in families that are traumatizing often form what are known as traumatic bonds. If someone is unable to escape chronic traumatic abuse they are more likely to develop both traumatic bonds and PTSD. They may become emotionally numb as part of the trauma defense and their capacity for real intimacy may become disrupted by the regular trauma. The intensity and quality of connectedness in addicted/traumatizing families can create the types of bonds that people tend to form during times of crisis. Alliances in addicted families may become very critical to one's sense of self and even survival. Alliances can become very intense among children, for example, who are feeling hurt and needy and without proper parental support. Or traumatic bonds may simply get seared into place as family members repeatedly face threatening, frightening and overwhelmingly painful experiences and hunker down in emotional dugouts together until the barrage of explosions passes. As the family member's fear increases so does their need for protective bonds. Trauma may lead people both to withdraw from close relationships and to seek them desperately. The deep disruption of basic trust, the feelings of shame, guilt and inferiority combined with the need to avoid reminders of the trauma may foster withdrawal from close relationships, social life, or healthy spiritual beliefs. But the terror of the traumatic event, such as living with addiction and the chaotic behavior that surrounds it, intensifies the need for protective attachments. The traumatized person therefore frequently alternates between isolation and anxious clinging to others. Factors that can contribute to bonds becoming traumatic are:

- If there is a power imbalance in the relationship.
- If there is a lack of access to outside support.
- If those who we would naturally go to for caring and support are unavailable or are, themselves, the abusers.

- If there are wide inconsistencies in styles of relating that induce both states of high need/anxiety alternating with high need/fulfillment.

All too often the confusion in these types of relationships is that they are neither all good nor all bad. Their very unevenness can make the nature of the bond all the more difficult to unravel. In the case of addiction this is an all too familiar dynamic. The addicted parent, for example, may swing between being attentive, generous and caring to being abusive, neglectful and rejecting. One minute they are everything one could wish and the next they are miserably disappointing. Without supportive interventions – usually from outside the family – these types of bonds become styles of relating that get played out in relationships throughout life. Traumatic bonds formed in childhood tend to repeat their quality and contents over and over again throughout life.

Co-Occurring Addiction and Mental Illness

If there is a dual diagnosis, which is so often the case in addiction, the diagnosis of addiction is properly dealt with by removing the substance, but the underlying diagnosis, for example of depression, anxiety or PTSD, may not be dealt with. Recovery is more than recovering from substance abuse. It is also about recovering from the other diagnosis or the symptoms that may have been self medicated in the first place. And finally, the addict will still need to engage in a full recovery process in order to deal with the emotional and psychological complications that stemmed from their addiction. If they do not accomplish this, they are asking both themselves and their family members to live with emotional and psychological burdens that can keep the family and the individuals within it mired in dysfunctional patterns of relating that get passed along through the generations, commonly referred to as “passing on the pain”.

Recovery is equally important for those who have lived in, developed their sense of self and learned relationship skills in an addicted/traumatized family. Without a rigorous program of treatment and recovery for all concerned, the dysfunctional personality styles and relationships developed in the addicted family environment will tend to recreate themselves over and over again. Sobriety needs to happen on all levels, in all family members; it is an emotional and psychological as well as a physical goal.

Trauma and Addiction as an Intergenerational Disease Process

Children of addiction are four times more likely to become addicts themselves and these statistics don't include multiple addictions such as food, sex, gambling, work addiction etc. Nor do they include those who marry addicts. There is certainly evidence that there is a genetic predisposition to addiction. However, even putting genetics aside, the emotional, psychological and behavioral patterns that get passed down through the generations put each generation at risk for perpetuating the trauma related dynamics that lead to emotional problems across a wide range of indicators and addiction if rigorous treatment doesn't intervene. In this way, addiction and psychological problems become a family illness that is intergenerational.

Resilience

Not all children who grow up in addicted family homes fail to thrive in adulthood. Some of the common traits that resilient children share are a strong, bonded relationship with at least one other person, usually within the extended family network, often a grandmother, aunt or uncle. ACOAs can be marvelously adaptive and resourceful. As the Italian proverb goes “what doesn't kill you makes you stronger.” Many COAs and ACOAs develop unusual personal strengths, especially those who were able to find and rely on other adults for support.

The faith community has unique opportunities to provide information and a supportive environment that welcomes and supports children and families suffering from the effects of addiction in the family. Trust can be rebuilt and healthy relating can be reinforced as those from troubled families learn to reach out for help and take responsibility for accepting and using the help that they receive. The structure of a faith community can sustain a broken family during their rebuilding period, it can hold them until they can hold themselves. That healing support can begin with simple messages about the hope and promise of recovery – for the whole family.

Tian Dayton M.A. PhD TEP is the author of The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy and the best seller Forgiving and Moving On, Trauma and Addiction as well as twelve other titles. Dr. Dayton spent eight years at New York University as a faculty member of the Drama Therapy Department. She is a fellow of the American Society of Psychodrama, Sociometry and Group Psychotherapy (ASGPP), winner of their scholar's award, executive editor of the psychodrama academic journal, and sits on the professional standards committee. She is a certified Montessori teacher through 12 years of age. She is currently the Director of The New York Psychodrama Training Institute at Caron New York and in private practice in New York City. Dr. Dayton has masters in educational psychology, a PhD in clinical psychology and is a board certified trainer in psychodrama.



National Association for Children of Alcoholics

11426 Rockville Pike, Suite 301
Rockville, Maryland 20852
Phone: 888-55-4COAS

or

301-468-0985

Fax: 301-468-0987

E-mail: nacoa@nacoa.org