

# Chemical Dependency & Family Health

Paul David, Ph.D.

Chemical dependency exists when an individual becomes addicted to a drug, medication, or toxin. The essential features of chemical dependency is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual uses the chemical despite significant problems related to taking it. With chemical dependency there is a pattern of repeated self-administration that can result in tolerance, withdrawal, and compulsive drug taking behavior (American Psychiatric Association, 2000).

Chemical dependency is a national problem affecting millions of Americans. Nicotine and alcohol are the two drugs most abused in the U.S. The American Psychiatric Association (2000) estimates that approximately 25% of Americans become dependent on nicotine and that 15% become dependent on alcohol. Other types of substances (e.g., cocaine, hallucinogens, cannabis, amphetamines, opiodes, sedatives, inhalants, etc.) account for another 12-15% of chemical dependency in the U.S.

Chemical dependency is a family--not just an individual--health problem. When we look at family problems, we need to understand these problems as taking place in a system; that is, even though one family member might experience the problem, all family members are connected and therefore are affected by the problem in one way or another. In addition, family systems, like all biological systems, are self-regulating. This means that when families experience a persistent problem, they have a tendency to restructure themselves in an effort to reduce the stress that the problem creates. Let's take a look at the kind of restructuring that often takes place in families that experience chemical dependency problems.

## Family Roles

Roles in the family become inflexible to protect family members from the emotional and psychological distress of chemical dependency. Some typical roles that develop in the family include the *enabling spouse*, the *overly responsible kid*, the *problem kid*, the *loner kid*, the *carefree kid* (Lawson, Lawson, & Rivers, 1996). The enabling spouse acts in ways that protect the addicted spouse from suffering the consequences of his or her chemical dependency. The overly responsible kid takes on an achievement-oriented role to compensate for the failure of the addicted family member.

In contrast, the problem kid acts out everyone's frustration and anxiety in a manner that shifts attention from the addicted member to him or herself. The loner kid cuts off from the other members of the family to protect him or herself and the carefree kid accomplishes the same thing by acting as if nothing is really wrong.

### **Family Rules**

Family rules are the expectations that family members have about the way in which they should treat one another. Some typical rules that get established in families where there is a chemical dependency problem are as follows:

*Don't Talk*--don't talk about the chemical dependency problem because it might make things worse.

*Don't Trust*--don't rely on the addicted person because he or she will let you down.

*Don't Feel*--keep your feelings to yourself so that you don't cause more trouble (Black, 1981).

### **Family Subsystems**

There are three main subsystems to the family system: the marital subsystem, the parental subsystem, and the sibling subsystem. Normally, these subsystems are fluid and family members can flow between them as the circumstances permit. Kids can act like adults when they learn to do chores or baby-sit for their younger siblings. Parents can act like kids and play and be silly for short periods. However, shifts to other subsystems need to be temporary. In families with chemical dependency, these subsystems can become rigid and family members can become uncertain of their responsibilities. Kids can get stuck in the parent subsystem and addicted parents can become rigidly childlike and irresponsible. In addition, with an addicted parent, kids can be allowed into the marital subsystem and become overly involved with the spouse who is not addicted (Lawson, Lawson, & Rivers, 1996).

### **Family Alliances**

Alliances exist in a family when two members become allied against a third member. For example, when a wife is afraid to confront her husband about his drug use, she may entice her son to fight her battles with her

husband for her. This kind of alliance is inappropriate because it crosses generational boundaries and places family members in relationships that undermine the authority and closeness in the family. In healthy families, alliances form among members of the same generation. That is, grandparents have an alliance between themselves; parents have a marital and parental alliance, and the kids have special alliances among themselves. In families experiencing chemical dependency, especially when it occurs with the parents, the executive functions of the family are often severely compromised and cross-generational alliances will inevitably form (Lawson, Lawson, & Rivers, 1996).

### **Differentiation**

One of the main functions of the family is promote the differentiation of its members. Differentiation is the process by which family members become fully formed human beings with their own separate identities. The inflexible roles, dysfunctional rules, rigid subsystems, and cross-generational alliances that occur in families dealing with chemical dependency can create emotional and psychological barriers that can significantly inhibit this differentiation process. While all kids will leave home with some level of differentiation, their degree of differentiation will vary greatly. The less differentiated they are, the more likely they too will have problems providing the necessary differentiation for their children. This intergenerational transmission process is also related to the degree to which offspring in a family are at risk for chemical dependency themselves. For example, in the case of alcohol dependence, offspring have three to four times the risk of becoming alcoholics themselves if their parents or other close relatives were also alcoholics (American Psychiatric Association, 2000).

### **References**

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*. Wash., DC: Author.
- Black, C. (1981). *Innocent bystanders at risk: The children of alcoholics. Alcoholism*, 22-25.
- Lawson, G., Lawson, A., Rivers, P. (1996). *Chemical Dependency Counseling*. Gaithersburg, Maryland: Aspen Publications.