

FAMILY RECOVERY

*How Loved Ones
Are Affected By Addiction*

*How To Help Win
The Fight Against Addiction*

BY HELEN L. KESTER, MC
Family Program Director
Lakeside-Milam Recovery Centers

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For more information
or to get help for a suffering addict,
visit www.lakesidemilam.com or call 1-800-231-4303.

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A Note From the Author

Dear fellow family member,

I hope the information in this book helps you understand what happens to us when we love someone who has this disease.

I hope it helps you use your love and courage to stand up to the disease. I urge you to use whatever leverage you have.

You cannot control whether or not an addict or alcoholic uses.

But you can control what you do in response. You can model recovery. You can intervene and support treatment. You can make a difference. Most of all, you can help save a life!

I wish you strength...and courage...and recovery!

Helen Kester

PREFACE

The plight of the victim of addiction has been examined and written about extensively. Treatment centers for addicts abound in every state of the union. The past twenty years have brought huge strides from researchers charting the nature of addiction and the most successful treatment methods available to arrest the disease and return addiction's victim's to happy, productive living.

Much less, however, has been written about those families who daily live with an active alcoholic or addict. While there are resources available they are not widely known and many families feel helpless when a wife, husband, son or daughter seemingly overnight became unrecognizable shadows of their former healthy selves.

Since its inception, Lakeside-Milam Recovery Centers has

been fortunate to have a person in the field of helping families understand addiction and its effect on their lives. Helen Kester instituted a unique week long family program in which families could learn about addiction, share their experiences and gain the tools necessary to combat the disease invading their homes.

In this publication, Helen Kester brings her knowledge and wisdom gained over a quarter of a century to answering the questions all families have when faced with loved ones suffering from chemical addiction: What happens to the family when addiction enters their lives? Are there identifiable patterns of family behavior that a loved one's addiction causes? How can family members contribute to recovery.

This publication is dedicated to all those families who gained the knowledge of how to confront addiction as well as to all those still suffering who may be helped by the information published here.

Tom Armstrong
Director of Research & Education
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Table of Contents	Page
1. Introduction	1
2. What Families Can Do	11
3. Family Effects	17
▪ Perfectionism	
▪ Blaming and Criticism	
▪ Anger	
▪ Denial	
▪ Enabling	
▪ Lack of Trust	
▪ Secrets and Dishonesty	
▪ Isolation	
▪ Touching	
▪ Low self-esteem	
▪ Control and Detachment	
▪ Sexual Discomfort	
▪ Depression: Hopeless, Helpless Apathetic Tone	
4. Al-Anon	51
5. Medications	57
6. Family Effects Letters	63
7. Conclusion	103
8. Appendix	105
▪ Prescription and Over the Counter Drug Use in Recovery	
▪ What is Al-Anon?	
▪ How We Enable	
▪ LET GO.....	
▪ Autobiography in Five Chapters	

1. Introduction

Why would anyone choose to live with a man who steals your prescription pain pills so you have to lock them up at work? Why would parents choose to live with their valuables in a safe, a video camera set up outside their son's windows and the bedroom door removed? Why would a mom or wife clean up misplaced urine repeatedly and choose not to think about it?

Who would tolerate this? Misinformed people. People who don't understand addiction and the hold chemicals develop on the human brain. People who think "you have to wait for them to want help." People who think because they were less than perfect parents or spouses, they caused the using. People who think their addict's behavior is somehow manageable. People who think they can control it, that they are "supposed"

to control it.

The truth is, while you cannot control it, informed, educated people can actually have a powerful effect in the fight against addiction. This book will help people win the fight against addiction. It truly is a fight, but family members will be successful if they fight the disease instead of their addict/alcoholic.

Introduction to Family Disease

Addiction is commonly described as a family disease. Usually the idea behind that is that the disease affects the whole family, which is true. But all too often the phrase “family disease” leads people to imply that family members are sick, they have a disease themselves, or sometimes “they are sicker than their alcoholic/addict.” These are not accurate assumptions or implications.

Addiction is a disease that affects everyone in the alcoholic/addict’s family, but that doesn’t mean they have the disease itself. The disease of addiction is real, is physical, and is genetic. The effects of living with the disease in the house are powerful, painful and destructive, but the disease itself is not contagious because it is genetic, however, there certainly

may be more than one addicted person in the family.

The late and highly respected MSW Virginia Satir developed the concept of looking at a family as a system, a set of interacting parts that continuously seeks balance, much like a mobile. On a mobile, if one part is pulled or moved, all the other parts move too. Some parts move more than others, some parts are only slightly affected. Nonetheless, they all move or are affected if the condition of any one part is changed. The same idea is true in families. If one person or more develops the disease of addiction, everyone in the family is hurt or affected. They do not all become “sick” but they certainly are affected and/or hurt, even if they are grandparents or toddlers.

So it *is* a family disease if you mean that everyone in the family is affected by it. And certainly, because of the genetic factors, more than one person in any given family can have the disease of addiction. But implying family members are sick themselves confuses the issue.

A clearer, less confusing way to describe what happens to families is to use the term family syndrome. Syndrome is a term taken from a medical dictionary. It means “a set of signs and symptoms that accompany an illness.” Certainly family

members exhibit a set of signs and symptoms that accompany the disease of addiction in the household.

The effects of the family syndrome are progressive and predictable. Family members go down a gradual downhill slide that accompanies the addict/alcoholic's decline.

Dr. James Milam has said that a recovering addict/alcoholic who works an AA, CA or NA program can become "weller than well." That means that working the program in addition to supporting abstinence, has helped them become more honest, more responsible and more mature than before the disease set in. (I would add more comfortable with themselves, more likeable, and easier to be around). In a similar fashion family members who work an Al-Anon program and absorb its philosophy find life much more comfortable, their own responsibilities more clear, increased confidence and a sense that their life is much more manageable.

It is important to clarify that family effects are not the same as the disease itself. Understanding the disease of addiction is one of the most helpful things family members can do – for themselves as well as their addicted loved ones.

A life-saving, life-changing part of the recovery process recommended to family members is to take a stand against the disease – not the person with it, but the disease itself. One must come to understand that the alcoholic/addict is not a bad person but a sick person. One must read about and understand what the disease really is, before one can stand up to it, or up against it. Taking that stand is the most effective, powerful thing a family member can do to affect an addict/alcoholic's disease. Loved ones cannot control whether or not somebody uses, they cannot control whether or not the person gets and stays sober, but they *can* control how they react to the disease. It is vital to draw a mental line, or barrier, between the disease and recovery, and to understand that the person you love will only truly be found on the recovery side.

Disease



Recovery (true
person found here) –
Stand here!

That barrier should be as thick and high as possible because the disease will repeatedly try to pull the family member back into its destructive web.

When the addict is in his or her disease (on the disease side), they may occasionally seem like the lovable person one wants to be with, but in reality that person will only be present if abstinent from mind and mind-altering chemicals and working a recovery program (AA, NA or CA – historically solid 12-step programs). Therefore, it is important to read Dr. Milam’s book *Under the Influence, the Lakeside-Milam Guide to Addiction and Treatment*, attend Al-Anon, to attend some open AA meetings and gain an understanding of the difference between the disease and recovery. It is important to develop some “recovery muscles,” to practice an educated tough form of love to impact a loved ones’ disease. While it often feels like a person is fighting their addict, in reality they are fighting *for* their addict. Often an alcoholic/addict will not quit until they suffer some consequences of their disease. Somebody needs to say “enough,” to stand firm and refuse to participate in the disease, to refuse to help the disease kill, mentally disable, or cause incarceration of their loved one. In recovery terms, to “raise the bottom.”

Family members should not wait for the alcoholic/addict to want treatment or recovery. The disease’s destruction may permanently affect them long before they “want to quit.” Family members should intervene and encourage treatment

as soon as possible. Treatment is intended to break through denial and allow the addicted/ alcoholic to see the benefits of recovery, to help them gain the desire to be abstinent.

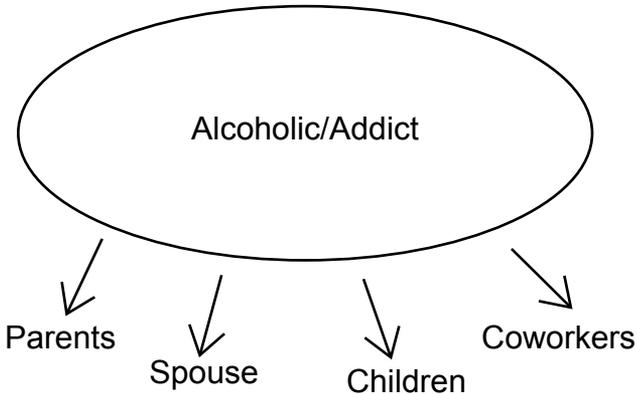
Blamelessness

Neither the addict or the family member is to blame for the presence of this disease. It is a physical, genetically determined condition, not one that is chosen by the addict/ alcoholic. Nor is it caused by something family members did or didn't do. You can be the best parent, spouse, child, etc. or the worst – but you do not cause the disease.

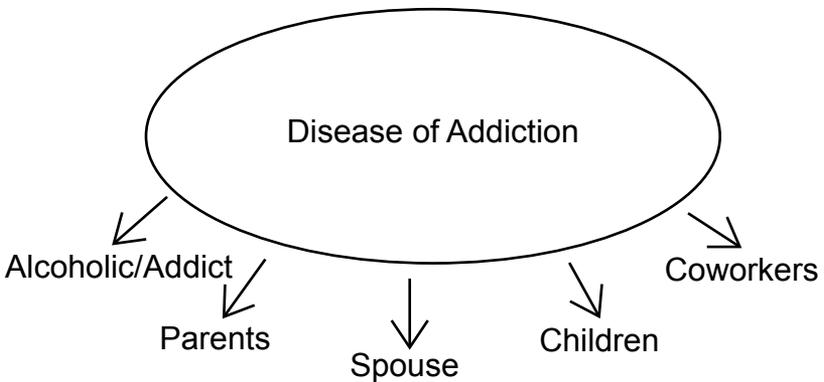
The alcoholic/addict may have chosen to use drugs and alcohol, but they cannot choose to have this disease. Therefore they are not responsible for having it. However, once they have completed treatment, they are no longer toxic, and are educated about the disease, Dr. Milam points out that they are morally and ethically responsible to choose never to drink or drug again. Therefore they certainly are responsible for their recovery, no matter what life hands them. Family members can encourage recovery by becoming educated and working a recovery program themselves. Each person is responsible for his/her own recovery and will hopefully enjoy participating in recovery alongside their addict or family member.

An illustration of the effects of addiction:

What it seems like: The alcoholic/addict causes problems and pain for others.



What it really is: The disease of addiction causes problems and pain for all of them.



2.

What Families Can Do

What families can do:

1. Get educated – first priority: Under the Influence by Dr. James Milam, no matter what is the patient’s drug of choice. Understanding Addiction and Treatment by Tom Armstrong. Attend lectures. Read drug-related information.
2. Take a stand.
3. Attend Al-Anon.
4. Provide an alcohol and drug free home.

They don’t *have* to do these things but they can choose to do them if they really want to help their patient recover.

There is a big difference between Lakeside-Milam's family treatment and some earlier practices. We do *not* teach people to "wait until the alcoholic/addict wants help." We provide intervention training so the family can convince their loved one to come to treatment. Treatment is about breaking denial and getting the person to want recovery. Waiting for the sick person to want help on his or her own is most often futile and sometimes fatal. Loss of health, mental capacities, and life itself are often the products of the disease. The likelihood of these effects can be significantly reduced if the family takes action.

Our information and group support in conjunction with active Al-Anon after treatment provide the tools for family recovery. The two things together cause a happy synergy that reduces the negative effects of the disease. Family members need and deserve our services. They also need and deserve the healing provided by Al-Anon.

When recovery comes into the home, there is a definite period of readjustment. The attitudes and behaviors learned by the addict/alcoholic as well as the family members need to be "unlearned" and replaced with more comfortable, positive forms of interaction. They are no longer "functional." If

nobody works an AA or Al-Anon program then it will be like the disease is still in the home. Al-Anon and AA are programs of healing, where destructive behavior patterns – that may have allowed people to survive while the disease was in the home – are replaced by patterns that are much more conducive to healthy, loving relationships.

3. Family Effects

Learned Behavior and Attitudes in Families with Addiction

Family members are profoundly affected by addiction in a loved one. Surviving life with an active alcoholic or addict requires adjustments by family members. As addiction progresses, as problems multiply and confusion about the causes increases, individuals' behavior and attitudes change. Addicted people and family members learn new ways to interact. Attitudes about life and each other change. This is a gradual process. The abnormal becomes normal, people adjust, and then things gradually get worse. In time, that situation feels normal. When the addicted person has quit using and recovery begins, the attitudes and behaviors taught by the disease need to be changed to help the family heal.

Understanding the effects of addiction on the family is the first step toward better relationships.

The following are some of the most negative attitudes and behaviors taught by the disease. Working a recovery program helps people “unlearn” or replace them with more comfortable, loving, healthy ways to interact.

Communication; Feelings

Communication is one of the parts of family life most negatively affected by addiction. The sharing of feelings becomes difficult, if not painful, when the disease is in the house. For survival, family members learn to repress their emotions. Addicted people don't usually process their emotions, and because this disease is genetic, passed on through generations, addicted people are affected as family members before their own disease kicks in. Therefore, they have also learned to repress feelings.

Human beings were intended to benefit from their emotions, to fully experience them and to facilitate communication and understanding with loved ones by sharing them. To benefit from emotions, people must recognize them, accept them, and express them. The disease teaches people to not do any of these three things. Family members are subtly, and sometimes not so subtly, taught that feelings are silly, useless, immature, a waste of time, etc. In reality, feelings are neither good nor bad. It is what we do with them that is good or bad. Even a powerfully negative feeling like resentment is not "bad" if dealt with properly. It is how we deal with it that is good or bad, e.g. speaking of frustration

or hurt in a non threatening way versus being verbally or physically aggressive.

Feelings or emotions are experienced by all human beings, whether they recognize them or not. They are what we have in common with other people and sharing them gives us a sense of connection. Rather than being silly or useless, they are vital to a rich human relationship.

Early in recovery a person might feel “silly” sharing feelings in the family, as that hasn’t been practiced. It is important to take a risk and start to build an environment of clear open communication – an environment where family members listen and try to empathize without correcting or directing the person who shares. Understanding is the goal, not fixing the feelings or whatever caused them. It takes time and practice to learn healthy feeling communication.

Perfectionism

Perfectionism is one of the most ironic products of the disease of addiction. The progression of the disease leads to numerous life problems. Tasks are not completed, performance is flawed, financial problems arise, sometimes property is damaged. Certainly life is far from perfect. Ironically, a high value on perfection is developed as family life goes downhill.

Perfection means “complete in all respects, flawless, excellent in skill or quality” (Webster’s’ New World Dictionary and Thesaurus, 2nd Edition). It is doubtful a human being could attain such a status under the best of circumstances. Certainly it would be impossible with the disease in the house. Thus, feelings of failure, incompetence, guilt and blame arise. A constant feeling of “I could have/should have done better, or you could have/should have done better” pervades family interactions.

Commonly, perfectionists are never completely satisfied and can’t enjoy the positives in what they do accomplish. Also, perfectionists often resist trying something new as they can’t do it perfectly to begin with. Both these attitudes negatively impact early recovery.

A twelve-step program helps the recovering addict and family member alike, learn to let go of this unrealistic idealism, to accept being human and imperfect, to enjoy their achievements without harsh judgment and to try new activities, even though they can't do them perfectly. The AA/Al Anon slogan, "Progress, not perfection," speaks to this issue. It is also important to remember that making mistakes is a powerful method of learning.

Blaming and Criticism

Blaming and criticism are highly prevalent in families of addiction. Whenever something goes wrong the addict almost instantly points a finger and fixes blame. This is another attempt to reduce his/her stress, at least temporarily. The skillful manipulation of family members taught by the disease, leads the family member to accept that blame and then feel guilty. Also, and significantly, the family member quickly learns to do the same thing in reverse. So the family interactions develop into a never-ending, quite miserable cycle of blaming and criticism that damages relationships and self-esteem, and causes continuous stress.

If a problem arises that makes us feel guilty, human beings, who are overloaded with self-blame, tend to fix blame somewhere else. It is a natural reaction, when carrying too much self-criticism and self-blame, to project it onto the other people in our lives. Because the attitudes developed when living with the disease cause family members to judge themselves harshly, it becomes all too common to project all this pain onto each other. It becomes a depressing, wearing cycle of criticism and blame.

It needs to end in recovery. We need to break the cycle and find some peace in our relationships – to give support and appreciation instead of criticism. In recovery, it is important to change this pattern, to fix problems instead of fixing blame even when it is obvious one person is at fault. It is important to quit criticizing even when it can be rationalized as appropriate. Recovering people, family members or addicts/ alcoholics, need to look for what is right instead of constantly focusing on what is wrong, and to stop pointing out each other's flaws. Working a recovery program helps people support each other in a positive, encouraging way.

Anger

Rage....obscene language....threatening moves....
accusations....yelling....screaming....
dirty looks....rudeness....disrespect

Angry behavior becomes a destructive habit in families of addiction. Feeling anger is one thing; acting it out is another.

Yelling, screaming, disrespect, etc. become common modes of interaction when the disease is in the house. While angry behavior may have started with an alcoholic/addict trying to relieve stress or silence critics, it becomes a bad habit of other family members also.

There is little to be gained by acting out one's anger. There may be some physical relief or release, but relationships can be severely damaged in such an environment.

Angry feelings are not bad in themselves. How they are dealt with determines their effect. Acting out anger damages relationships, self-esteem and family life.

Healthy ways to deal with anger can be found. Journaling,

sharing at meetings, sharing with a sponsor, learning to distract oneself all are possibilities. They require the ability to recognize feelings before acting upon them, and a desire to change the negative interactions.

Denial

Denial is a human defense mechanism, given to a person by whoever you believe created you – to protect, to defend. It is a rejection or disclaiming of reality, when that reality seems to be more than a person can accept. Reality can seem unacceptable when one has misdefined a situation (e.g., thinking an addict is a basically flawed person who had insufficient parenting), when one for situational or health reasons has few effective coping skills, or when one never developed coping skills.

Education regarding the disease and information about the possibilities of recovery help defeat denial in family members. (Treatment is the most effective way to break denial in alcoholics and addicts). It is recommended family members work a recovery program including good health care to keep denial at bay. One must get support, rest, exercise and good nutrition to avoid putting oneself in a vulnerable position where denial can easily return. It takes emotional and physical strength to resist denial. Attending Al-Anon regularly helps a person maintain that strength, particularly when faced with relapse or the continuing disease.

Enabling

Per Webster's New World Dictionary, 1. "to make able; provides with means, power, etc. (to do something). 2. To support the dysfunctional behavior of, as by compensating for it."

Thesaurus: "Make possible, sanction, give power to endow, authorize, allow, list, permit, license or approve."

In normal life, enabling is not a bad thing. It usually is a good thing, as in the first part of Webster's definition.

Teachers enable, coaches enable, parents enable, spouses enable. People with giving hearts, caring, supportive attitudes, generous, sharing people enable. These behaviors are derived from good and virtuous hearts. Unfortunately, when addiction is in the family, things change. The disease of addiction feeds on these kinds of behaviors. The problem becomes *what* we are enabling. In the case of addiction, Webster's second definition fits the situation. Enablers unintentionally allow, support, make possible and permit the disease of addiction to severely damage or even kill the loved one.

Family members who want to see their loved one get well, must reduce enabling the disease as much as humanly possible while supporting recovery. That means they must get educated, invest themselves in a family recovery program (specifically Al-Anon) and take a stand against the disease.

They must support recovery and not the disease. The ultimate way to avoid enabling is to refuse to live with or financially aid the addict/alcoholic until he or she begins recovery. That means, for example, no tuition, no new clothes, no car or rent payments, no rides to job interviews, nothing of the kind until or unless they are going to treatment or are in recovery. The practicing addict will commonly present a well reasoned plausible cause for support while still using. The family member needs to be strong enough in recovery to withstand the manipulation, to require at least early recovery before giving help – so they know they are not enabling the disease. It is nearly impossible to do on one's own. The disease is so powerful people need the support of Al-Anon members, others in recovery, while taking the stand.

Lack of Trust

Unfortunately, trust is destroyed by the disease of addiction. It is impossible to trust a practicing alcoholic/addict. Even when it is apparent the addict plans to do something and has every intention of doing so, his/her body's need for a chemical can kick in at any given moment and take them another direction. Family members commonly feel guilty about not trusting their loved one, but it is a natural product of the disease.

Fortunately, when people recover, when they remain abstinent and work a recovery program, trust will return. It is a gradual process. It can be speeded up somewhat if family members work a recovery program also. It takes time, however and some indications of recovery for trust to return.

It is recommended that family members risk in manageable amounts in early recovery – e.g., don't buy a new car for the patient to drive to meetings if a relapse would devastate you or your pocket book. Giving rides, or a bus pass would be a less risky option in that case.

Al-Anon participation will help family members deal with what has happened in the disease and relearn to trust their

recovering loved one.

Secrets and Dishonesty

It is apparent to family members that practicing addicts/ alcoholics become skillful liars. Until one comes to understand that this is a natural product of the disease, it usually is interpreted as a hurtful lack of respect or lack of love, a failure of parenting, or a character defect. Actually it is a survival tool for people with the disease, an effective tool to relieve pressure if only temporarily and a way to escape the consequences of the disease. It, as do other behaviors learned in the disease, becomes a habit, often a deeply ingrained habit. Because the AA program is built on honesty, working the program helps the recovering person unlearn this habit. It helps that person gradually replace secrets and dishonesty with openness and honesty, which naturally help rebuild relationships. Family members should hold their standards high, but not expect the recovering person to meet them immediately. Recovery is a process that takes time.

Often when family members work their own program, they are surprised to discover they have become less than open and honest themselves. While trying to maintain some kind of control over their lives they learn to avoid discussing certain things with their addicts, to obscure things that might

aggravate the addict – things they think might cause anger or violence or more using, to maintain order by not telling the truth, or the whole truth. Also by repressing their own feelings they often are not honest with themselves. Thus “honesty is the way to recovery” is a guideline for recovering family members as well as for recovering alcoholics/addicts. Family members too need to relearn openness and honesty.

Isolation

Family members learn to isolate under the stress of addiction in the house. They withdraw in several ways: socially, physically, emotionally and sometimes spiritually. Isolation is a gradual process of withdrawing into the family, keeping information about the addict's behavior to oneself, protecting the addict and the family from outsiders' criticisms. It can be a shame-based process, based on the idea that family members have somehow caused and are responsible for the addict's behavior. They are accused of this by their addicts and slowly come to believe it.

Thus, family members learn to withdraw from previously enjoyable group activities. They slowly withdraw emotionally from previously close friends and family members, believing those people could not or do not understand. It can also be self-protective. Spouses or parents avoid committing to social functions to avoid possible confrontation or embarrassment in front of friends. Siblings or children commonly avoid having friends over for similar reasons.

This isolation creates an environment where the disease can continue to wreak havoc and the addict's behavior seems

more normal or less irrational. Family members develop a kind of resignation. The abnormal becomes normal to them; and they share less and less with people outside the family who might reflect a more realistic picture of what is happening.

When the patient gets to treatment, and family members are asked to participate in the educational process, this history of emotional and social isolation contributes to their resistance. It often has become foreign to them to speak openly about their addict or family life. It makes it difficult to participate in groups and Al-Anon – but certainly not impossible. The awkwardness will diminish as they continue to participate. If they know it will feel foreign or awkward at first, they can plan around that and continue participating. Also gaining an understanding of what the disease of addiction actually is will help diminish their sense of shame and misguided guilt. Family recovery brings back a revitalized sense of connection to others.

Touching

We are created with an incredible sense of touch. So much is communicated by touch, with or without the use of words. For people who have fallen out of the practice of putting feelings into words, non-sexual touch is a powerful tool to increase communication, to demonstrate acceptance, appreciation, understanding and love.

For a variety of reasons, families of addiction tend to lose the practice of, or comfort with, touch. Hugs become hard to accept, and consequently get reduced in number. Violent touch and violent words make people afraid to risk accepting touch. Stressed out nervous systems make people far less receptive to touch. Constant criticism and blame cause people to lose their interest in being touched.

Interestingly, touching abounds in recovery. Around AA and Al Anon, hugs are shared regularly – an occurrence sometimes hard to accept at first. Unsolicited hugs sometimes feel quite invasive. It is important to define your own comfort zone and find a way to express it, so you can stay involved in the twelve-step process. It is also important to remember those at home, who may feel hurt seeing you hug someone else and

not them. This part of the communication process needs to be rebuilt at home, too. Gentle touch is quite healing and will help family relationships recover. A pat on the head, a hand on a shoulder, grasping a hand, all communicate affection and understanding and help heal relationships.

Low Self-Esteem

Living with the disease of addiction is destructive to the self-esteem of everyone in the household, no matter what their age. Siblings, young children, grandparents, spouses, parents all are targets for blame and criticism. The addicted person is overloaded with guilt and shame and frustration, and as do all humans who are overloaded with such feelings, will project all that onto family members, onto the people closest to them. Family members also adopt this critical behavior and act toward each other in demeaning ways.

Family members who don't recognize the behavior as a product of a toxic brain, will absorb the guilt and blame. They will see validity in the criticism, which often has an amazing ability to hit weak spots or areas of self-doubt. Family members who don't know that this "is the disease talking" buy into the loved one's comments, and start to think less and less of themselves. Everyone begins to doubt themselves, and to blame themselves for the addicted person's behavior. "If only I had said something else," "if only I had thought ahead," "if only I had done such and such." These become common laments. Even young children will say to themselves things like, "If I had just cleaned my room..."

Perfectionism also contributes to diminishing self-esteem. As described elsewhere, it leads to increased self-criticism. Family members start looking for negatives about themselves and others. In the progression of the disease and the family stress, people become less capable and therefore find more reason for this criticism.

Starting to look for what you like about yourself and family members is a step toward re-building self-esteem. Sharing sincere, specific compliments will contribute to this. Broad, grand compliments such as, "You look fantastic today" are difficult to absorb if you have low self-esteem and sometimes even lead to negative reactions. A more easily accepted compliment would be something like, "That color looks great on you," or, "I love to hear your laugh. It makes me feel good." Learning to accept compliments is part of the process of developing self-esteem. If compliments are specific, or small, and truly sincere, the possibility that the recipient will accept them is greatly increased. It is also important for each person to start looking for what they like about themselves. Addiction makes people focus on what they don't like about themselves and others. Turning this around by looking for what you do like is a positive, healing exercise.

Control and Detachment

Control issues develop in family members. The worst things that can happen to human beings, e.g., accidents, financial problems, crimes, violence, brain damage, etc. happen to addicted people. Family members suffer the consequences of these things just as severely as do their addicts. Therefore it is natural to try to control the addict's behavior, to prevent terrible things from happening. As the disease progresses, the need for control increases. This leads to the confusion of roles and responsibility known as "enmeshment." Everybody becomes parental. Wives of addicted men become motherly, husbands of addicted women become fatherly, children assume responsibilities that belong to their parents. Parents of addicts commonly become overly parental, planning too much, controlling too much, assuming too much of their child's responsibility. (One mother did all her son's school assignments so she could be sure he would pass). In other words family members try to fix things, to prevent problems, to maintain the family and of course to control the addict's use.

Attempts at control go from hiding bottles, locking up wallets and purses, to installing video cameras outside a

teenager's bedroom and "bugging" telephones. When a family member feels responsible for controlling an addicted person's use of drugs or alcohol, they often will go to any lengths to do so, believing it is what they are supposed to do. Family members try to control or influence the addict's thinking and decisions, as well as their behavior, to keep them from using and to protect all of the family from the consequences.

When the addicted person attains sobriety, the family member is commonly left with well-learned, controlling behaviors not appreciated by the recovering person. These behaviors may no longer be functional and may be potentially detrimental to the recovery process.

In response, Al-Anon teaches detachment. People in early recovery often fear this means to stop loving, but it does not. It is a process of learning healthy separateness, of learning to be a supportive spouse or parent, instead of assuming responsibilities that rightfully belong to the recovering person and trying to control their outcomes. One recovering mother noted: "Detachment does not mean giving up control. It means, instead, giving up the idea you ever *had* control."

In recovery children can learn to relax and enjoy their appropriate roles, relying on their parents to be the parents.

Spouses can find a healthier relationship, and parents can enjoy watching their recovering children mature and accept appropriate responsibility for themselves. In recovery, the roles we play in our families can be readjusted to give satisfaction, instead of stress and emotional pain. We can develop a healthy separateness, with the ability to lean on each other and gain support when needed. We can learn to enjoy life side by side, and give up the need to control others. Working to achieve detachment brings a particular freedom and the ability to enjoy loving each other.

Sexual Discomfort

Sexual Identity: Because alcohol and drugs decrease inhibitions, there is often increased, impulsive sexual activity during the disease. Young addicts commonly begin sexual activity much earlier than they might have without the disease. Recovering people can mentally separate their sexual history in the disease from how they hope to behave in recovery, recognizing that recovery gives them a chance to redefine their identities as sexual males or females. Recovery gives them the opportunity to make rational, less impulsive choices and define themselves with clear, not toxic, minds. Recovering family members can do the same as the stress and pressures of the disease are reduced.

Occasionally, people who are raised by one or more addicted parents do not have a clear picture of themselves due to the lack of sober role models. In a few cases, they may be unsure if they are homosexual or heterosexual. When addicted, this confusion is increased by drug and alcohol use. The confusion can be clarified and personal questions answered after the disease is out of their daily lives and they have some time in recovery as addicts or family members.

Sexual Interest and Enjoyment: Alcohol and drugs are also known to cause lack of interest in and decreased enjoyment of sexuality, often for family members as well as addicted people. Even the sexual relationship of parents of an addict can be adversely affected by the stress of the disease in the house.

Problems such as lack of interest, lack of enjoyment, frigidity and even apparent impotence can clear after 6-12 months in recovery as the body heals, and the effects of the disease on relationships are lessened. It is very difficult for a couple to enjoy their sexual relationship if anger, blame, criticism, lack of trust, and secrets and dishonesty are still part of that relationship. If a recovering addict has sexual concerns after a year or so, he or she may choose to seek a medical opinion. In the meantime, the couple working their recovery program side by side in AA and Al-Anon has great healing potential.

Depression: Hopeless, Helpless, Apathetic Tone

As the family progresses down a downhill slide along with their addict, as life becomes more and more unmanageable and seems out of control, family members can become increasingly depressed. Without help, feelings of hopelessness, helplessness and apathy can occur. All too often, family members are prescribed antidepressants by health care providers who are not aware of what is actually occurring. It is natural to be depressed when living with a practicing alcoholic/addict. Until they are educated, it is natural for family members to feel hopeless, helpless and apathetic. Getting educated about the disease, understanding the powerful effects it has on family members, taking a stand, attending Al-Anon and working a recovery program are likely to relieve that depression.

Actually, working the 12 steps induces the development of confidence and competence in life even in the presence of the disease. Working the 12 steps commonly reduces or eliminates the depressive feelings for recovering addicts/alcoholics as well as family members. A twelve step program is highly recommended for both groups. Involvement

provides an ongoing process that reduces stress and induces growth. It provides or allows the development of membership in a supportive group which reduces feelings of isolation. Members gain reference facts which they can compare themselves. They gain intellectual tools as well as an understanding of the stresses acting upon them, and enjoy the availability of a resource person or sponsor in the event of crisis.

4.

Al-Anon

From the Suggested Preamble to the Twelve Steps

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization or institution; does not engage in any controversy; neither endorses nor opposes any cause. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions.

Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic.

Al-Anon Family Groups are “a fellowship of relatives and friends of alcoholics (and addicts) who share their experience, strength and hope in order to solve their common problems.” Al-Anon activity is based on the same twelve steps as are AA, NA and CA, and is commonly located in the same settings as those programs. It is a spiritual (not religious) program that, when combined with knowledge gained in treatment and the family education process, gives family members a huge boost up the ladder of recovery. It provides a method of unlearning the attitudes and behaviors acquired while living with addiction. It offers a return to a comfortable, healthy way of living and interacting in honest relationships.

Participation in Al-Anon, alongside people who have experienced similar effects of addiction, reduces the sense of isolation caused by the disease. It also reduces the common sense of uniqueness and helps people understand that what they have experienced truly was caused by addiction in their lives. It helps them separate the disease from the person who has it, and allows them to see how recovery can change peoples’ lives. Al-Anon provides a plan for recovery in its twelve steps, and guidance is provided by fellow members who act as sponsors.

As the alcoholic/addict grows and changes in recovery, Al-Anon helps family members understand the process. It gives insight into that process as well as how their own behavior and attitudes have been affected by the disease. It provides support and knowledge as they “unlearn” these behaviors and attitudes. It provides support while adjustments in family roles and behavior patterns occur as the addicted person heals. The more time and energy each family member invests in his/her Al-Anon or AA program, the faster recovery will occur. Attending Al-Anon is both a way to support one’s recovering loved one, and a way to support and heal oneself. It is a win/win option. It may be uncomfortable at first because family members have learned to keep the effects of the disease to themselves, and are not used to discussing formerly private, emotional things especially with strangers. But once family members push themselves past the discomfort of unfamiliarity they almost always enjoy a strong sense of fellowship and support. In addition, sharing a common path with their recovering person helps rebuild and strengthen that relationship.

5. Medications

On a daily basis in this country, we are inundated with advertising for medications. All the skills of advertising agencies are used to convince us that pills are necessary for health, looks, moods, even shyness. Pharmaceutical marketing is big business, intended to increase our use of medications.

In this environment those concerned with the health of recovering addicts/alcoholics get confused. To maintain sobriety, addicted people need to remain abstinent from all mind and mood altering drugs, all central nervous system affecting drugs. These include muscle relaxants, cough medicine with alcohol, "laughing gas," and a slew of other medications (see list in appendix). Discussing addiction and the use of medication with your physician is vital. And, enlisting the aid of a pharmacist is recommended to help

screen prescribed medications.

At some time, the recovering person may need to take pain medications – after an accident or because of illness or an operation. Although quite necessary in these situations, use of the medication will reactivate the disease and reactivate the person's desire for other drugs or alcohol. One must remember that having a legitimate reason for taking a drug does not alter its chemical properties. Therefore the use of such medications should be carefully monitored and minimized.

If a recovering person legitimately has to take such medications for long periods, such as when suffering from a painful cancer, family members will soon recognize the unpleasant behavior of the disease, and should be sure to fortify themselves with increased Al-Anon attendance. And of course look for an early end to the medication use.

Recovering people with a co-occurring mental condition, based on an accurate diagnosis done well before the onset of drug or alcohol use, or after lengthy periods of abstinence, need to try alternate methods of care when possible. ADD and ADHD for example have been shown to respond to many non-chemical methods of care. There are many publications that speak to this. A non-chemical remedy to ADD or ADHD is

strongly recommended. Again, discussing addiction with the treating physician is important.

A dual diagnosis such as addiction and schizophrenia can cause a very difficult situation. For example, medications to manage schizophrenia are of course central nervous system affecting. While obviously quite necessary, they make it difficult for the patient to maintain sobriety. There is at this time no known “easy” solution to this problem. It is likely to lead to a long-term struggle.

*Siblings: If siblings or children of alcoholics/addicts are diagnosed with ADD/ADHD it would be wise to avoid treating them with chemicals. Otherwise, their own addiction process could be activated inadvertently.

Refer to “Understanding Addiction and treatment” by Tom Armstrong for more information. Another helpful tool is “Your Drug May Be Your Problem” by Peter R. Breggin, MD and David Cohen, PhD.

6.
Family Effects Letters

At Lakeside-Milam, family members are asked to write letters to their patients expressing how the disease has affected them as well as how they participated in it, e.g. by enabling. The letters are usually read to the patient in group and discussed with the support of their peers and the case manager. Hearing about incidents that occurred when they were drug-affected, and how family members react helps jog the patients' memories and break denial. The letters also provide a healthy, helpful outlet for the family member's feelings.

They are included here to share insights into how family members are affected by the disease of addiction in a loved one.

At the time the letters were written, the authors either still

believed their addict/alcoholic had caused all the problems, or they were just beginning to understand that the disease itself is to blame.

The following are some particularly illustrative examples. The names and identifying facts have been changed. The author and editor do not know who wrote what.

To the Reader

If you read through these carefully you can see what the family members have in common – the fact that the disease has hijacked the brain and then, the behavior of their loved ones. Family members keep trying to make sense of the irrational behavior, taking the blame for things, trying different coping methods, stretching their ability to care as far as it will stretch. And all the time the addicted person's behavior is irrational, caused by the toxicity of his or her brain. Family members don't see this until they have become educated about the disease of addiction. Until then, they keep trying to make sense of it, keep trying to reach an impossible goal.

To Alcoholics/Addicts

If you are an addict/ alcoholic these will be hard to read – even if you are in recovery. Remember it is the disease of addiction that cause the pain and problems. The addicted person and family members all suffer as a result of the disease.

To Addiction Professionals; Non-Family Members

Reading these letters, as well as the entire book, should give you insight into the way family members are affected by addiction. It should help give you an understanding of the “family side” of this illness, and what family members feel like by the time their patient gets to treatment. If you read between the lines, you can see the love behind the anger and exhaustion.

To Family Members

If you love an alcoholic/addict and have lived with one, you will recognize what these people have gone through. Hopefully the letters will help you see that the disease of addiction is the underlying problem. Its effects are quite similar in most families, so much so that you may think you could have written one or more of these letters. Certainly you will recognize much of the pain they discuss.

From a Wife

It was a Monday morning and you were passed out on the couch and I was late for work and so were you. I went to try to wake you and you didn't budge. I tried to shake you but all I got was a moan. You were still drunk and this was a relatively new job and I thought it was really important that you be there. Finally I was able to yell loud enough to get a response from you that included many inappropriate words. This disease reared its ugly head that morning when I decided to tear off the covers. That is when you woke up and yelled at me like you didn't even know or care who I was. It was like you were yelling at a stranger or your worst enemy. I was persistent in letting you know you were going to be late and you should be more responsible. That I couldn't live with someone like this and I think I called you a lush and a loser. Somehow all of a sudden you were shaking me and squeezing really hard. You pushed me on the couch and I was crying and hysterical, but you didn't care. There were more names thrown back and forth. There was anger and rage in your face. Your eyes looked glossed over and you didn't look like you.

I walked around all day that day in a fog feeling unappreciated, unimportant and unloved. You could sleep

in and I had to get up at 7:00am. I left for work and you were snug in your bed because one of us had to be the responsible one.

From a Significant Other

This letter is to let you know how your addiction has affected me. This is a hard letter for me to write, but I am willing to do it to help you. Just know it is written from my heart and meant to help you, not hurt you. I am listing some specific events and how I felt when they happened. I hope this is helpful to you in your recovery.

Your behaviors and how I felt:

When you get into your car to drive after you have been drinking, it really scares me because I think of what could happen to you or others, like an accident or a DUI. I feel a little responsible for “letting” you drive, even though I know I can’t stop you from going. I’m afraid you will kill somebody, or yourself.

Sometimes when you’ve been drinking and we go out in public, you are overly boisterous beyond just being “funny” and I feel embarrassed to be with you.

Sometimes your “flirting” in public goes over the line of “innocent fun” and I feel disrespected by you and I feel like I am invisible.

My behaviors and how I feel:

When I “protect” you from the consequences of drinking (like driving you around or staying home instead of going out with friends) it makes me feel like our relationship is a mother-child relationship (me the caregiver), not two mature adults in a loving, equal relationship. Sometimes I feel like we are “hiding out” from the world because of your drinking. I also feel like I am condoning your drinking by “protecting” you.

When I “help” you manage your affairs, like reminding you of things, repeating things to you, writing things down for you and encouraging you to get things done that you should be doing without my reminders I feel like maybe I am overstepping my bounds and becoming too pushy. I don’t know where the line is of helping you vs. pushing you to do things. I don’t want to be “overbearing” or “pushy,” but I am willing to be “helpful” if you want my help with things.

I love you.

From a Son

Dear Dad,

When you drank I was embarrassed if I had friends over. I didn't like it when you would pour a whiskey in front of them. Even when you tried to be sneaky and hide it we all knew. I didn't like you being that way. I didn't like how you weren't as open as you usually are.

There were many times that you told me you would take me somewhere, but then you would come home and have a drink and wouldn't drive me there.

That would make me feel angry with you.

I'm scared about how different you are going to be when you come home.

I am proud of you for going through with the treatment, and I do love you. I've missed you and I want you to come home.

Love,

Your son

From a Wife

The greatest effect on me is how alone I feel. I don't know what it is like to have a husband anymore. I am completely exhausted. I hate my life. I have hidden from my family and friends. I have quit having people to our home because I never know if you will be sober or not. I am embarrassed when people do come over because you disappear. I feel stupid that I didn't know you were having a drink. I am ashamed of myself for missing your alcoholism. I don't feel that you are present anymore, even when you were physically with me. I feel you are distant and have no interest in who I am or in our day to day lives. I feel used. I feel like all I do is cook, clean and provide you a paycheck. I am so afraid. I am overwhelmed, I feel deserted and I have lost all trust. I have been trying to hide your disease from everyone because of my embarrassment and ignorance. I have wanted to talk to you for so long, but you walk away from me whenever I start to talk. I start to cry and you walk away, even when I ask you to come back. That kills me.

I feel like I can't trust you. I don't think that I have ever had anyone lie to me like you do. I never knew that a husband would lie to his wife. I feel stunned that you lied about

drinking to your children, even when they knew you were. When they were little, they would ask me why you smelled “fruity” and as they got older they wanted to know why you smelled like alcohol. You blamed the kids and their friends for missing alcohol, when you were the one who drank it. I feel disgraced that you lied to my parents over and over. They were so kind to you, trying to help both you and me. I feel humiliated that I married someone who is an alcoholic in complete denial refusing to get well.

I about died the night when I found you downstairs on the couch with food all over your face and totally wasted. I did not want anyone to see you. I forced you to go upstairs. You were barely able to walk.

I have been enabling your behavior out of ignorance. I let you drive away from me drunk so many times that I cannot remember them all. I rode in vehicles with you when you didn't stay between the lines. I didn't get out. I didn't really get it. I didn't know you were drunk because I didn't see you drinking. I found out that you were driving the kids drunk. I am ashamed of myself for not knowing that. I failed myself and the kids and am shocked that no one was hurt. This situation could have been really bad.

I threatened you with divorce. I threw you out. I let you back in every time because one of the kids would be coming home and I wanted them to have their dad. Who knew in reality that you weren't really there? I didn't know that I was basically telling you that I would never follow through on my threats because I never did. I was afraid to break up my family. I was filled with terror and confusion.

I felt that I wanted you to die. I didn't know how else to get away from you. I knew that I couldn't die because I had to be the sober one to take care of the kids. I felt like I would be okay if I knew you were okay. I didn't think you would ever go to rehab and that it would ever work because you wouldn't see you're drinking for its destruction. I thought that I was helping you by protecting you.

I didn't stand up to you when outpatient rehab wasn't working. I knew that you were drinking, but I couldn't catch you. Again, I threatened. I allowed you to get sicker and sicker. I let you talk me out of rehab time and time again because I didn't want you to lose your job. I wanted you to be happy and successful, but I was allowing you to continue in your sickness. You put us in financial trouble that has strapped me to a full time job and has not allowed me to be the mom I

always dreamt of being.

Finally, I want my husband back. I want you to take care of me and share a life with me. I want someone to look out for me and my kids. I want to be loved. I want you to be sober.

I will support you if you go to your meetings, participate in your outpatient rehab, stay clean and sober and if you continue to hold a job. If you even take one drink, I will start legal proceedings, even though it is the last thing I want to do. There will be no more separations and no more tries. I won't be part of you killing yourself. I will keep a clean and sober home. I will continue to go to Al-Anon and learn.

From a Wife

I do love you, but I hate this disease. I hate this disease, but I love you! I am afraid to trust you in fear of being disappointed. But I want to do the family work and support your recovery. I will do my part as long as you are actively working the program. But if you drink, I will not be able to help you or support you any longer. I will not “rescue” you. I will have to move on with my life without you, and you will not be able to see your son if you are drinking.

From a Child

Dear Dad,

When you drank it scared me mostly. I was always worried about you. I didn't like that you lied to get money from me. I didn't want to give you money but I felt like I didn't have a choice. I didn't want you to be mad at me and I didn't want you to drink. I didn't like that you were hiding things and being secretive.

It scared me very much when you would drive. Especially when I was in the car with you. I believe you didn't drink then drive, but that you were still drunk from before.

I felt that you weren't the same as you used to be. I wanted my dad back. I am happy that I will have that.

I feel a lot better knowing that you went to treatment to get help. There isn't as much stress for me or in the house now.

I am proud of you and glad you made the choice you did. I believe it was the best choice.

I love you! And miss you!

From a Husband

For so many days, over so many years, I have watched you wake up sorry and sweet, then become quiet and distant all day, become overwhelmed with anxiety, and then start drinking. At that point, I am always faced with the same bad choices. I can play along and humor you and try to get you to stop drinking without getting into a fight. Or I can get into a fight and nag you all night trying to get you to stop, sometimes with shouting, pushing, slamming doors, etc. Sometimes I just leave to avoid the fight. And often I just hope that you drink so much that you will pass out early.

During the times when you have decided to try to keep it under control, on the surface, it seems to you like the evening went okay. Except that at the end of those evenings, I am exhausted from worrying about whether you are going to stay in control and whether I am doing the right things to prevent you from drinking. I have always felt that if I just did the right things, that I would prevent you from drinking.

I spend a lot of time feeling guilty. I think that if I were a better husband, if I did the dishes more, if I didn't watch TV so much, if I didn't have a business career, if I found more

things to do with you, if I encouraged you more, loved you more, or somehow did something more, that you would stop drinking and start growing again. So worry, anger, resentment, loneliness, and guilt are the feelings I feel every time I play along with your “going shopping” and going out to dinner for just one or two glasses of wine.

I am ready for life to be better. I have never stopped loving you. I have never given up the hope. But I can't take on all of the responsibility by myself anymore. I am exhausted and lonely. The kids and I are filled with hope that you will come home and not leave us alone again. We love you now and forever.

From a Parent

Dear child of mine,

These are some of the ways I enabled your disease. Now I understand what I did and am sorry.

When the school called about absenteeism, I told your side of the story (that you were a few minutes late, and the teacher had already completed roll call). The school accepted it as probably true. I should have trusted that the school basically got it right. When I saw you looking or acting strangely late at night, I should have investigated or questioned more. I let you go to one house where I never, ever saw a grown up. I should have insisted on talking to the mom or dad and getting to know them a bit. I took your side, always wanting to give you the benefit of the doubt, even when things were getting crazy.

I let you bring loads of people into the house even when things were getting crazy. I let you and your friends shut yourselves into your room. When your friends snuck out with you at night I didn't tell their parents until very late in the game. I caught one of your friends with a can of beer. I sent him home, but never told his parents.

When you told me in 7th and 8th grade that you thought you had a drug or alcohol problem, I didn't take it seriously. I was happy that you were concerned about drugs and alcohol, but I didn't think you were doing more than experimenting. I should have talked to you more about how much and how often you were using.

I drank myself in front of you, even after I started recognizing that you were drinking, and I kept wine and sometimes beer in the house. I worried about you getting caught by the police when you took my car. That should have been the least of my worries.

From a Parent

I thought my love for you could “fix” your problems. Every time you feel pain, I feel it too. I’ve made hundreds of excuses to cover for you because I didn’t want people to think badly of you. I’ve saved your butt several times from jail because I couldn’t stand the thought of you being locked up and treated like a “bad” kid.

I’m afraid to let you out of my sight, I’m afraid you might get hurt, I’m afraid you might feel pain, and I’m afraid of what I don’t understand...your addiction.

My fear and insecurities have enabled you and I know I need to fix myself before I can help you fix yourself.

From a Sibling

We are not as close as we once were and that is one of the things that makes me saddest of all. You were usually gone and avoiding being home so I saw less and less of you. I am also sorry that we fought so much. Some of the smallest, simplest things could set you off and sometimes it was kind of scary. We tear each other down and all of it seems as though there is no reason for any of it. Don't think that I am blaming all of this on you because I know that some of it was my fault. It just made me sad and frustrated when I would try to tease you or joke around and it would turn into a big fight. I just don't want to fight anymore.

There were many times that I knew perfectly well what you were really doing when you would lie to mom and dad about where you would be or who you were with and I didn't do anything. I didn't necessarily know about the heavier stuff, but if I would have opened my eyes I probably could have figured it out. I wanted so much to protect you. I always have. I knew what you were doing was dangerous because you would tell me about some of it. I dismissed some of it and kept the rest to myself. I would tell myself that a lot of it was just the experimental stage all teenagers go through and leave it at

that.

I was so glad that you were letting me in on your secrets that I kept them so you would keep talking to me. I kept telling myself that you were safer if someone knew what was going on. If I told mom or dad anything that you were up to, you would stop trusting me and then no one would know where you were or what you were doing.

I didn't want to lose your trust because then if you were going to do something really dangerous, you would tell me and I could keep you safe. In the end it was your friend that had the courage to make something happen and get you help.

From a Wife

I'm learning how I've enabled you by keeping your secret, remaining isolated, and making excuses. By keeping your secret, we have isolated ourselves from family and friends more and more as time has passed. I told myself I wasn't telling anyone because I was trying to respect the fact that you are a very private person, but there is more to it than that. Even though I wanted, needed, to reach out to someone, I didn't want to deal with your reaction. You're pretty good at turning the table and making me question myself; making me feel guilty. I was also embarrassed and thought it was something we could handle on our own. I thought if I loved you enough and loved you the "right" way, you would be happy and at peace and by extension, so would we. I was so worried about what people would say or think of you. I didn't want them to think poorly of you because I know you and know you are a good man.

So, I am hopeful. I am fearful. I am at peace...I am trying to support you and will continue to do so as best as I know how, as long as you are working towards sobriety in the best way you know how. But never again at the expense of myself. I know I cannot be there to pick up the pieces ever again. I

want and deserve a partner, a friend, someone to lean on and take care of me sometimes – not a sick person sucking the life and energy out of me.

After treatment, you'll walk away informed, with the tools you need and a clear head. You will be fully responsible for your own actions and commitment to sobriety. I love you and hope you put everything you have into this. Again, I believe in you. I believe in the man I fell in love with. Bring him, or a better version of him, back to us.

From Parents of an Adolescent

When we look back at the time you were using drugs, we realize how we acted and responded to the drug use, which prevented earlier intervention.

At the time, we didn't involve the police after you were caught shoplifting. We thought you were remorseful and it was a one time event. Now we feel we were wrong and made a mistake. Maybe a police officer could have had more impact on you. We were so hopeful then.

We didn't file the At Risk Youth Petition earlier. We instead trusted you to follow our rules, and the harmful behavior continued. We feel regretfully manipulated and so sorry for the lost opportunity to help you avoid more harm to yourself.

We rationalized your drug use as experimental. We believed you when you said you weren't stealing to use and we didn't follow through demanding a drug screen. We feel regretful, frustrated and sad for the harm that might have been avoided.

We allowed ourselves to believe that all your behavior was caused by something else like a mental issue or relationship

problem between us. Now we feel stupid that we couldn't have discerned the issue.

We didn't fully understand the picture of addiction that is so parallel with the behaviors that you had. Instead we waited for hard evidence before we acted. We are so regretful now that we didn't help you. Many times we believed you when you said you didn't use drugs, we were sure that our child wouldn't be using. We thought you knew the dangers and had confidence that you wouldn't risk trying. We were so shocked to learn what you had used and about the lifestyle that you had developed. You are so precious to us and we didn't understand how addiction could control you. We are regretful that we didn't get a drug assessment sooner.

From a Sister

To my sister:

I'm writing you this letter to tell you how your addiction has affected me. A lot of things have happened in this past year. As I remember, everything changed so quickly. You were a normal student, everything going just fine, getting good grades, but then all of a sudden it all went down hill. At first it seemed like a minor problem, all that was happening was that you were especially tired and even grumpier than normal. But then you fought a lot with mom and there was a lot going on all at once. You started sneaking out after mom and dad had grounded you for skipping so much school.

This caused a lot of fighting and crying. But during all of that it seemed as though me and you became closer, you started telling me things that you had done and were doing. Then things went down hill even more and I thought it was better to tell mom and dad what I knew, that I had seen you snuffing white pills. Then you got very angry with me for snitching on you. I felt so bad; all I had ever wanted was for us to be so close that we could tell each other anything.

Then when I thought you'd never trust me again, you

told me to pee in a cup. Dad thought that since you were skipping school, that you should go get tested for drugs. And you told me, "I haven't done it in a while but it might still be in my system, so pee in this for me." You handed me a little pill container. I did not want to disappoint you again like I had done before. You strapped that pill container around your leg and left to the doctor. I felt guilty; I had purposefully disobeyed my parents. They had specifically told me that even though you want to do those things for your sister in this time, this isn't what you should do. It is important that you tell us if stuff like that comes up. I didn't know what to do, so I didn't do anything, in fact I never thought about it again.

In the past I had enabled you in other ways. I had seen you smoking out your window, but I never told. I had known when you had been drinking and I kept quiet until it was too late. You got alcohol poisoning and had to go to the hospital. All these things I did so that I could either be best friends with you or help you. All this has put a strain on every aspect of my life.

The house feels so empty without you and sometimes I feel guilty for telling on you, like if I hadn't told you would still be here with me, being the sister that I need. And that is partly

FAMILY EFFECTS LETTERS

my fault, like if I had been a better sister to you maybe you wouldn't have turned to drugs. I know that that's probably not true, but I can't help but think those thoughts.

From a Parent

I'm such a great pretender; I always painted such a rosy picture of you. I defended you or left out critical information when people asked about you. I even began to believe my own lies and half-truths, so when you did or said something about your drug use I was actually shocked. But not for long if I was actually honest with myself.

I look back and am so angry with myself for not doing anything. I actually drove you to the house that supplied you with drugs. I became so tired of fighting with you, you were the angry person and I was the tired one.

I knew your drug use was getting out of control. I could see your descent, your self-destruction and I felt too tired to fight with you about your behavior anymore. I had always told you that you had a big chance of becoming an addict. When you made the choice to use drugs and alcohol, I prayed that it would be just a normal phase. And when it was apparent that it was a problem, I just felt lost. I think about your grandparents who had to go through this with my sister and it breaks my heart.

I never realized how I had gone down the addiction path

with you. I feel like I'm just now coming out of a fog. I see things I participated in that were survival mode for me. I blamed you for things and now I know it was your disease. You left clues for me and I didn't know what to do with them. You told me things you were doing and I didn't know what to do. You told me things your friends were doing and I didn't know if I should tell.

From a Spouse

The lies you have told will stick with me for a long time. You have manipulated me for years and I can't begin to imagine how long it will take me to trust you again. I have chosen to trust you and believe you too many times and this time as much as I want to trust that you will stay sober for good, this time I am cautious. I have changed. I am no longer the trusting, fun-loving, happy person that I have been for 30 years. I am sad. I am guarded. I am scared. I am unhappy. I don't know how to find the old me. I told you that I would eventually break if you continued and I am afraid that I am broken. I have tried to forgive you. I have tried to be happy that you are working to get better, but I can't. The only things I can feel are anger and sadness.

I know that I have enabled you by believing your lies. I knew every time. It was easier for me to pretend that nothing was wrong and I am sorry that I allowed you to go on so long like you did. I am sorry to you, I am sorry to myself.

What I want now is what I have always wanted. I want for us to live together forever and be happy. To make memories with our kids, to enjoy the house we have worked so hard

for, to enjoy each other. I want us to laugh together and cry together. I want us to grow old together and most importantly I want you to be sober. I cannot continue to let you risk your own life and the lives of others, including your family. I love you. Your kids love you. We need you to be your best self so that you can take care of us. I am glad that you have taken the steps to get better and if you are able to stay sober, I will be here for you.

Conclusion

In closing it is important to remember the four things family members can do to have a profound effect on whether or not their loved one gets into recovery.

Understand the disease.

Read Dr. James Milam's book, Under the Influence

Read Tom Armstrong's book, The Essential Guide to Addiction and Treatment

Attend lectures

Attend a few open AA meetings

Take a stand.

Have a voice. An educated voice makes a difference.

Act with love and courage.

Care enough to do something.

Attend regular Al-Anon meetings.

Gain a personal understanding of the 12 steps

and how they work.

Provide an alcohol and drug free home.

Bravely examine your own use.

Take a stand against other cases of chemical addiction in the home.

Appendix

Prescription and Over the Counter Drug Use in Recovery

Scientific Fact – Alcoholism / drug addiction changes the functioning of the brain and central nervous system. The dysregulation of the neurotransmission system is the central physiological marker of the disease.

Scientific Fact – All mood changing prescription drugs and many over the counter drugs affect the same neural pathways and reward centers that are affected by alcohol and illicit drugs.

Rational Conclusion – Recovering people must be extremely careful about the use of prescription and over the counter drugs if they wish to avoid relapse.

Americans are raised to believe there is a quick fix for everything including most illnesses. A survey of TV ads reveals a host of promotions for medicines and over the counter drugs that are guaranteed to cure or ease every discomfort known to man. The recovering person must become an informed consumer about medications that may trigger a relapse.

The two most important resources for determining whether any medication may be contraindicated for you are your doctor and your pharmacist. Your doctor needs to know that you are in recovery in order to prescribe safely, while the pharmacist can help analyze any over the counter drug and prescription medication for its addictive potential. It is vital especially in the first year of recovery when your brain is healing that you avoid all drugs that counteract the healing process. All drugs that either act as stimulants (i.e., causing edginess, anxiety) or depressants (i.e., causing sleepiness, coming with warning labels) are to be avoided unless you have an acute condition for which for a short time there is no other substitute drug.

Analgesics

Many painkillers contain opiates. Avoid any drug that includes morphine, methadone, meperidine, opium, propoxyphene, oxycodone, and buprenorphine. Many non-steroidal, anti-inflammatory agents (e.g. ibuprofen) often provide an alternative.

Examples of Analgesics Containing Opiates and Opioids

- | | | |
|---------------------|-------------------------|-------------------|
| ▪ Alfenta Injection | ▪ Levo-Dromoran | ▪ Roxanol |
| ▪ Anexsi | ▪ Lortab | ▪ Roxicodone |
| ▪ Astramorph | ▪ Luline | ▪ Sedapap |
| ▪ Asdone | ▪ MSIR | ▪ Stadol |
| ▪ Codeine | ▪ Mepergan | ▪ Sublimaze |
| ▪ Dalgan | ▪ Methadone | ▪ Synalgos–DC |
| ▪ Damason | ▪ Morphine | ▪ Talacen |
| ▪ Darvocet | ▪ Nubain | ▪ Talwin |
| ▪ Darvon | ▪ Numorphan | ▪ Tylenol/codeine |
| ▪ Demerol | ▪ Oramorph | ▪ Tylox |
| ▪ Dilaudid | ▪ Oxycodone | ▪ Ultram |
| ▪ Duragesic | ▪ Pantopon | ▪ Vicodin |
| ▪ Durmorph | ▪ Pentazocine | ▪ Wygesic |
| ▪ Esgic | ▪ Percocet | ▪ Zydone |
| ▪ Fioricet | ▪ Percodan | |
| ▪ Fiorinal | ▪ Phrenilin | |
| ▪ Hydrocet | ▪ Phenaphen/
Codeine | |
| ▪ Hydrocodone | ▪ Propoxyphene | |
| ▪ Hydromorphone | | |

Sedatives

Sedatives produce actions in the nervous system similar to those of ethyl alcohol. Tolerance develops rapidly and withdrawal can be life threatening.

Examples of Drugs Containing Barbiturate and Other Sedatives

Barbiturate

- Amytal
- Alurate elixir
- Butisol
- Fiorinal
- Fioricet
- Mebaral
- Nembutal
- Phenobarbital

Non-Barbiturates

- Ambien
- Benadrul
- Chloral hydrate
- Dalmane
- Doral
- Halcion
- ProSom
- Restoril
- Lunesta

Sleep Medications

People in recovery should avoid all sleep medications because they have depressant-like properties. For most people it is best to treat insomnia by using alternative ways to relax such as meditation, listening to music, or taking a hot bath before bed. Find something that works for you. If you still have difficulty falling or staying asleep, discuss this with your physician and Lakeside counselor or sponsor.

Avoid these sleep medications:

- Diphenhydramine (Unisom, Sominex) [OTC]
- Zolpidem (Ambien) [Rx]
- Zaleplon (Sonata) [Rx]

Tranquilizers

Like sedative compounds, these drugs share features in common with ethyl alcohol and should be avoided. They are usually prescribed to reduce anxiety and/or initiate sleep. Your symptoms may be temporary signs of PAWS and you should talk to your sponsor about what may be causing anxiety.

Anxiolytics (Tranquilizers)

Benzodiazepines

- Ativan
- Centrax
- Librium
- Limbitrol
- Klonopin
- Serax
- Tranxene
- Valium
- Xanax
- Versed
- Oxazepam

Non-Benzodiazepine

- Atarax
- Deprol
- Equanil
- Hydroxyzine
- Meprobamate
- Milpath
- Miltown
- Vistaril

Selective Serotonin Reuptake Inhibitors **(SSRI's)**

These drugs are psychoactive and can create an imbalance in your already imbalanced neurotransmission system. They are often prescribed by general practitioners. In the first year of recovery they should not be taken without consultation with an addictionologist.

- Prozac
- Paxil
- Lexapro
- Zoloft
- Celexa
- Effexor

Stimulants

Stimulant medications are often prescribed for ADD and ADHD, for head injuries, or included in weight control products. Many of the drugs share similarities to amphetamine or cocaine. Ask your physician about safe alternatives.

Stimulants

- Benzphetamine
- Biphphetamine
- Desoxyn
- Dexadrine
- Didex
- Diphetamine
- Methylphenidate
- Obertrol
- Pemoline
- Ritalin
- Tenuate Dospan
- Tepanil
- Ephedrine

Stimulant Broncodilators

- Broncholate
- Marax
- Medihaler
- Primatene (Tabs and Mists)
- Quadrinal
- Quelidrene
- Tedral

Other prescription medications to avoid include:

Stomach Medications

- Librax
- Donnatal
- Donnagel PG
- Lomotil
- Paregoric
- Phenergan
- Compazine
- Bentyl

Muscle Relaxants

- Dantrium
- Flexeril
- Norflex
- Norgesic
- Robaxin
- Soma
- Valium

Finally there are over the counter drugs which should be avoided since they contain stimulant or sedative properties. Safe alternatives are noted when available:

Cold and Allergy Medications

Avoid these and other cold and allergy (OTC) medications that contain pseudoephedrine:

- Sudafed
- Tylenol Cold and Sinus
- DayQuil
- Alavert-D
- Advil Cold and Sinus
- Claritin-D
- Theraflu
- NyQuil

Avoid these other cold and allergy (OTC) medications:

- Diphenhydramine (Benadryl)
- Chlorpheniramine (Chlor-Trimeton)
- Clemastine (Travist)
- Brompheniramine (Dimetap Elixir)
- Ephedrine (Bronkaid, Primatene)
- Dextromethorphan (Robitussin DM or any cough syrup with "DM" on the label)
- Nighttime preparations that contain alcohol (such as NyQuil)

Safe treatments for cold and allergy symptoms:

- Saline nasal spray (Ocean) [OTC]
- Vicks VapoRub, Vicks VapoSteam [OTC]
- Guaifenesin (Mucinex, Vicks 44E) [OTC]
- Salt water (for gargling)
- Benzonatate (Tessalon Perles) [Rx]
- Nasal strips (Breathe Right) [OTC]
- Acetaminophen (Tylenol) [OTC]
- Nasal spray (NasalCrom) [OTC]
- Cough drops (Halls) [OTC]
- Sore throat lozenges [OTC]

Motion Sickness Medications

Avoid these motion sickness medications:

- Meclizine (Bonine) [OTC], (Antivert) [Rx]
- Dimenhydrinate (Dramamine) [OTC]
- Scopolamine patch (Transderm Scop) [Rx]

Mouthwash

**Avoid these and other (OTC) mouthwash brands that
contain alcohol:**

- Listerine
- Plax
- Cepacol
- Scope

Safe (OTC) mouthwash brands include:

- Colgate Flourigard
- Act
- Act Kids
- Crest Pro Health

What is Al-Anon?

**As stated on the website at
www.al-anon.com and www.alateen.org:**

“For over 55 years, Al-Anon (which includes Alateen for younger members) has been offering strength and hope for friends and families of problem drinkers [and drug users]. It is estimated that each alcoholic [and addict] affects the lives of at least four other people. All who have been affected can find solutions and serenity in the Al-Anon fellowship.”

The Suggested Preamble to the 12 Steps:

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization, or institution; does not engage in any controversy, neither endorses or opposes any cause. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contribution.

Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the 12 Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic.

Local meeting places and times can be found on the website.

How We Enable

- Denying
- Justifying
- Ignoring
- Minimizing
- Protecting
- Avoiding
- Controlling
- Waiting
- Using with/Supplying

Enabling

1. I have discovered supplies or alcohol or other drugs, but have been afraid to say anything to my child (or spouse).
2. I have avoided talking to people in school or in alcohol/drug agencies out of fear of the stigma.
3. I can no longer trust my child/spouse.
4. I doubt my own perceptions – I think maybe I am making something out of nothing.
5. I think that if I had been a better parent or spouse, I could have prevented this; it is my fault.
6. I feel inadequate.
7. I increasingly feel angry.
8. I am fearful when my alcoholic/addict leaves the house.

9. I don't think my child knows or cares how I/we feel.
10. I excuse my child's behavior by attributing it to adolescence – he/she will “grow out of it.”
11. I exert more control (“As long as you are living in this house you'll do what I say”).
12. I have tried to become more understanding of the pressures he/she is under.
13. I believe my loved one could not have a drug problem because he/she does not fit my image of such people.
14. I maintain a “no talk rule” by not discussing painful events, feelings, or the possibility of a drug problem with other family members.
15. I blame my loved ones' drug use on his/her friends.
16. I attempt to control his/her behavior by becoming more strict.

17. I focus blame for my family members' drug on others.
18. I endure: I think he/she will eventually grow out of it if I am patient.
19. My spouse and I (or I and other family members) have become closer in attempting to cope with this problem.
20. My spouse and I (or I and other family members) disagree concerning how to handle this problem.
21. I excuse my child from participating in the usual family gatherings (holidays, dinners, picnics, vacations, etc.) or make excuses for him/her to others.
22. I and other family members do chores that were formerly his/her responsibility.
23. I/we prevent our child from experiencing the consequences of their behavior by "bailing them out" when they get in trouble

with police, school, etc.

24. I keep other family members from knowing of my concerns or of facts I have.
25. I protect other family members from knowing about problem situations or incidents.
26. I and/or my spouse tolerate some use of illicit drugs by our children.
27. I and/or my spouse use illicit drugs ourselves.
28. I and/or my spouse serve alcoholic beverages to our children or their friends.
29. Our children have seen me or my spouse drunk.
30. I don't think of alcohol as a drug.

Nevertheless – an incredibly helpful word. When you plan to stick to your guns, to hold firmly to your opinion and are challenged by questions, accusations about what an ineffective, unfair person you are, told that no one else would react that way or that everybody else is doing it, a response of “nevertheless” can end the discussion. There is no need to defend your stance or yourself. It effectively ends the discussion and allows you to stand firm with your opinion or statement.

One mother of a teenage recovering girl, when laying out the behavioral ground rules for her daughter’s return home from treatment stated clearly, “If I am not given 24 hours notice (time to think) when asked if you can go somewhere or do something, the answer will automatically be ‘no’.”

Predictably she was given a request for immediate approval one afternoon, a week or so after coming home. When her daughter entered the kitchen, a car honked in the driveway and her daughter asked for money and permission to go camping with friends. “They’re all good kids and level-headed, and ready to leave right now.” Mom responded by quoting the aforementioned rule and saying no. This followed by stomping of feet, deep sighs, dirty looks and an attempted

manipulation which included, “I hate you. You’re the worst mother in the whole world. Everybody else’s’ mother said yes.” Mom then said, “Nevertheless, you can’t go” and left the room. What a relief to not have to argue, to defend her mothering skills, etc.

The word can obviously be used with spouses, parents, etc when one doesn’t want to argue or spend energy defending one’s self or one’s opinions or intentions. It’s a great tool!

LET GO.....

- To “let go” does not mean to stop caring, it means I can’t do it for someone else.
- To “let go” is not to cut myself off, it’s the realization I can’t control another.
- To “let go” is not to enable, but to allow learning from natural consequences.
- To “let go” is to admit powerlessness, which means the outcome is not in my hands
- To “let go” is not to try to change or blame another, it’s to make the most of myself.
- To “let go” is not to care for, but to care about.
- To “let go” is not to fix, but to be supportive.
- To “let go” is not to judge, but to allow another to be a human being.
- To “let go” is not to be in the middle arranging all the outcomes, but to allow others to affect their destinies.
- To “let go” is not to be protective, it’s to permit another to face reality.
- To “let go” is not to deny, but to accept.
- To “let go” is not to nag, scold or argue, but instead to search out my own shortcomings and correct them.
- To “let go” is not to adjust everything to my desires, but to take each day as it comes and cherish myself in it.
- To “let go” is not to criticize or regulate anybody, but to try to become what I dream I can be.
- To “let go” is not to regret the past, but to grow and live for the future.
- To “let go” is to fear less and love more.

Autobiography in Five Chapters

1. I walk down the street.

There is a deep hole in the sidewalk.

I fall in.

I am lost...I am hopeless.

It isn't my fault.

It takes forever to find a way out.

2. I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don't see it.

I fall in again.

I can't believe I'm in the same place.

But it isn't my fault.

It still takes a long time to get out.

3. I walk down the same street.

There is a deep hole in the sidewalk.

I see it is there.

I still fall in...it's a habit.

My eyes are open.

I know where I am.

It is my fault.

I get out immediately.

4. I walk down the same street.

There is a deep hole in the sidewalk.

I walk around it.

5. I walk down another street.

Portia Nelson

From: Sogyal Rinpoche, *The Tibetan Book of
Living and Dying*

About the Author

Helen Kester, MC, holds degrees from University of Washington (BA) and Seattle University (Master of Counseling). She pioneered efforts to address the needs of family members of alcoholics and addicts. This publication contains some of the knowledge and wisdom she gained in twenty seven years at Lakeside-Milam Recovery Centers providing education and support that comforts and empowers the often neglected family members who live with addiction.