

Chemical Dependency and Family Relationships

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This NebGuide discusses chemical dependency and some family dysfunctions and traits related to this issue.

If you have grown up or lived in a family where one or both parents drinks too much, or takes drugs, your family may have learned some negative coping behaviors. Other addictive patterns such as workaholism, pornography/sexual addiction, compulsive overspending, eating disorders, and others have a similar effect on family functioning. For example, where there are alcoholics, there are spouses, relatives and friends who affect and are affected by alcohol-related behaviors. If, however, the spouse, or some other family member, does not confront the alcoholism, he or she is referred to as a “co-dependent” — someone who allows or enables the alcoholic to remain dependent on alcohol. Chemical dependency is not just one person’s problem and, for the family to recover, all family members must confront the addiction and their own co-dependent behavior.

The nonalcoholic partner, and sometimes the children, often assume overly responsible and dominant roles, becoming “overfunctioners.” In this view, the alcoholic’s drinking is seen as a way to neutralize the overfunctioner’s control. Thus, alcoholic marriages often become struggles for control.

Some common dysfunctions related to alcohol can keep families from addressing important issues. Chemical dependency:

- *Signals stress and strain.* Drinking is an attempt to minimize the stress from internal or external events. Of course, using alcohol to cope with problems only adds more stress to family life.
- *Hides a chaotic system.* Drinking functions as a smoke-screen for other marital and family problems. Families try to hide or avoid problems through alcohol. If the drinking slows or even stops, these underlying problems may surface and the family will have to face them. Drinking creates an illusion of predictable family interaction.
- *Reduces emotional intimacy.* During the drinking phase, alcohol serves to create emotional distance between family

members (especially between partners). During the sober phase, they typically re-establish emotional closeness.

Additionally, partners in alcohol-troubled relationships often have difficulty expressing either anger or intimacy (and frequently both). Alcoholics, unable to express anger directly, resort to drinking to express frustration and rage. They drown their anger, as well as their sorrows, in a bottle. The mounting anger and resentments also can lead to sexual dysfunction as a further defense against intimacy.

Despite all this, the drinking continues, because alcoholics maintain two core beliefs:

1. I am not an alcoholic, and
2. I can control my drinking.

Similarly, their families have two beliefs:

1. There is no alcoholic in the family, and
2. We shouldn’t talk about the drinking.

A shared fear of separation keeps these beliefs alive. This fear prevents alcoholic couples from talking about the drinking and any underlying problems. Couples often fear that risking a confrontation will lead to the end of the relationship. However, for a lasting change to occur, both individuals must be willing to confront separation as a possible solution to relationship difficulties. This may free them to talk more honestly with each other instead of skirting around their problems.

Children Living With The Chemically Dependent Parent

If you grew up in a chemically dependent family, you may have learned how to be the “perfect” child to avoid conflict. If you think one of your parents has or had a problem with drugs or alcohol, ask yourself the following questions:

1. Do you work extra hard in school and other activities, leaving little time for yourself?
2. Do you find yourself trying to second-guess your parent’s reactions so that you will not upset them and “make” them drink or use drugs?

3. Are you willing to accept blame in an argument to keep others from, getting upset or angry?
4. Do you drink or use illegal drugs?

If you answered **yes** to any of these questions, you probably learned in your family to put other people's needs before your own. Adolescents with drinking or drugging parents often learn to recognize the feelings of others instead of recognizing their own feelings. Family members develop what is called a *chemically dependent family system* because if a parent has a problem with alcohol or drugs, then the rest of the family will adjust to that person's moods and behaviors. An adolescent may work hard to try to control the family environment, even instructing siblings on how to behave to keep from upsetting Mom or Dad.

Chemically dependent families have four common, destructive traits. They are:

1. **Denial.** Denial is the common denominator in every chemically dependent family. Chemically dependent parents deny their addictions and their children are encouraged to cover it up to deny it, too. They grew up learning that the family did not talk about its problems. If the family did not deal with feelings, individuals may not learn how to deal with them either.
2. **Guilt.** Children get the message that they are responsible for the behavior of their chemically dependent parent. They feel the blame for their family's pain, and that it is in their power to control what happens in their family. The guilt over their inability to control the family will stop only when they drop the notion they are responsible for it. Children need to experience their own feelings, and not feel guilty about having feelings, whether it be anger, sorrow, shame or happiness.
3. **Fear of anger.** As children in chemically dependent families grow up, they often have difficulty in expressing what they want in relationships. They never learned they can express anger without losing a relationship or making people uncontrollably upset. Children need to understand that their frustration

or anger did not cause Mom or Dad to drink or use drugs — it was a parent's own problems and insecurities. Likewise, children need to understand that expressing their own needs and anger in other relationships will not turn their friends to drugs or alcohol. In a healthy relationship, people can talk about their wants and needs and can work together to find workable solutions to their problems.

4. **Unhealthy relationships.** Young adults often become involved with people who are cold and unfeeling because their chemically dependent parent was unable to respond to their emotional needs. Adolescents growing up with an addicted parent tend to form over-involved, enmeshed relationships, often with chemically dependent peers. Very often they too have problems related to alcohol and other drugs.

To establish healthy relationships, people must learn to reject the overriding family myth that taking care of others is more important than taking care of themselves. *Self-protection and appropriate self-interest is not "selfish."* Adolescents need to accept their own vulnerability to drugs. Family involvement with those substances puts them at greater risk for becoming chemically dependent themselves. Many adolescents with chemically dependent parents will test their ability to drink or experiment with drugs again and again if they do not come to terms with the increased danger involved.

When people learn they cannot control other people, when they no longer feel guilt from expressing anger, and when they learn that taking care of themselves is a healthy approach to life, they have begun to "own" their feelings, to be their own person, and to take charge of their life. If they have difficulty with relationships, with being "co-dependent," with challenging their chemically dependent family, perhaps they should consider family therapy.

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