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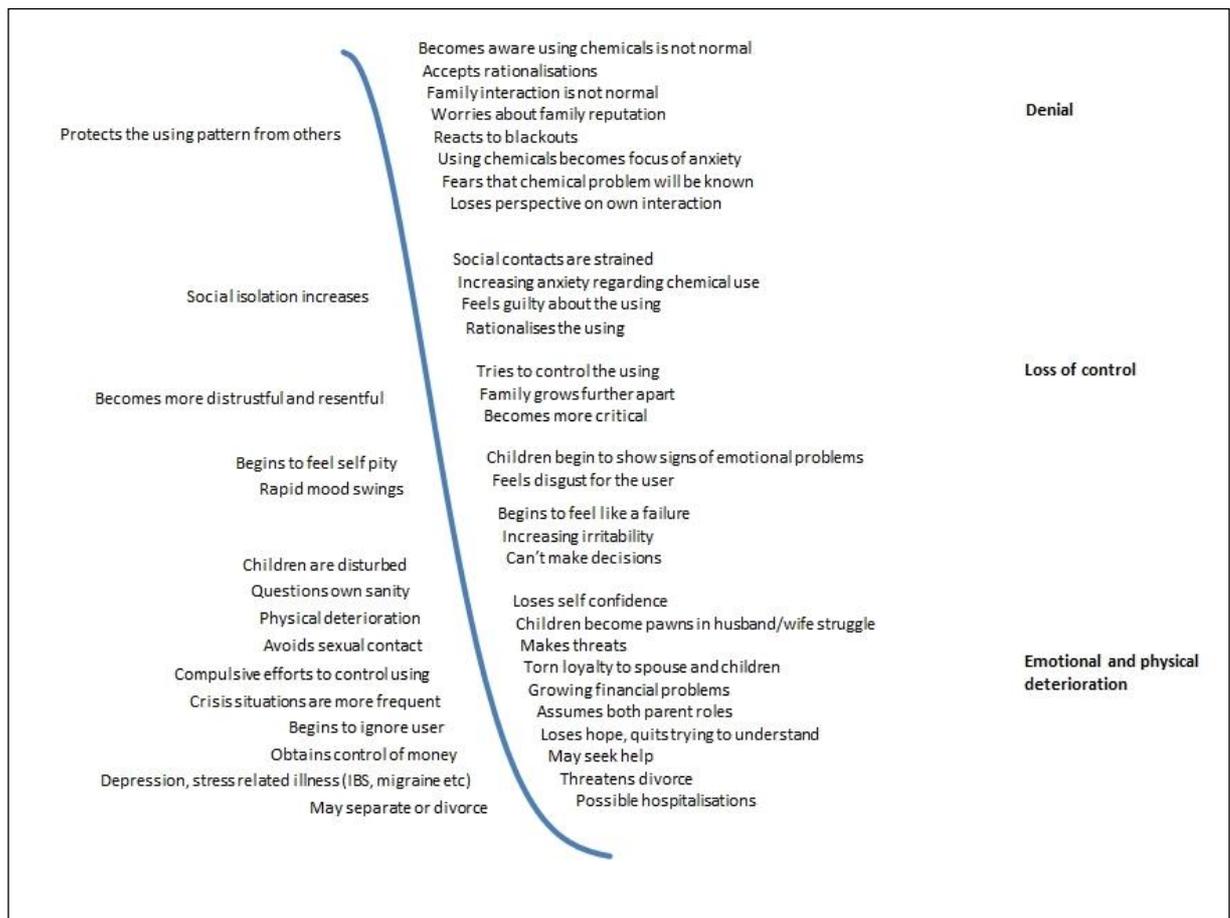
Alcohol - the Family Illness

Problems with alcohol and other drugs is a family illness. People with drink problems organise their lives around alcohol and family life becomes organised around the alcohol-dependent family member, in an attempt to keep problems hidden from the outside world, resulting in family adaptation, creating an environment constructed around the unspoken family rules:

Don't talk
Don't trust
Don't feel

These rules exist to protect the illusion of a 'normal' family. As the family progressively adapts, they follow a similar path to the alcohol-dependent.

Family symptoms are shown below:



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Family Characteristics:

Although all families are different and are made up of individuals who contribute their own thoughts, behaviours and feelings, the following has been created to provide a framework to illustrate the issues which differentiate a healthy functioning family and a family struggling with alcohol or other drug problems.

Family with parental alcoholism/addiction	Healthy family
1. Rigid thinking - black and white	1. Open to change and new ideas
2. Low self-worth / shame	2. High self-worth
3. Compulsive behaviour covers pain	3. Individuals choose their behaviour
4. Rules are arbitrary - rigid or non-existent and chaotic	4. Rules are designed to guide and protect, are age appropriate and consistent
5. Feelings are avoided and repressed - no risks taken because there is no safe place within the family	5. Feelings are expressed openly and validated. Touch is appropriate and nurturing
6. Denial of stress, challenging issues and problems. Although crisis can be used as a welcome distraction from emotional pain	6. Expect stress and work together for mutual support
7. Disturbed hierarchy - one person or no one in charge, children provide parenting for siblings. Hidden coalitions, inconsistency and chaos	7. Parents are in charge - strong coalition, they protect and assume responsibility for the children
8. Terminal seriousness – anger (often suppressed), depression, hostility or phony happiness	8. Fun, humor, joy and laughter exist in adults and children

Families do not choose to become dysfunctional but adapt in order to cope with alcohol and other problems. These constructed patterns of behaviour allow the family unit to balance the effects of the drinking parent's behaviour. This often leads to the adoption of roles for family members.

These roles become essential to the survival of the individual family members and the family itself. The roles are often played out with the same compulsion, delusion and denial as that of the dependent.

Role-playing and the adoption of particular roles are not calculated behaviour, but happen subconsciously; family members are unlikely to be aware that the masquerade exists. Role-playing can be destructive as it creates a false reality where there is no place for honesty – self-honesty within or outside of the family unit. Communication becomes distorted by double messages, an overt message from the role self and a covert one from the real self.

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Family roles can occur in all troubled families and occasionally in healthy families in times of stress. However, in families dealing with addiction, the roles are more likely to be rigidly fixed and are played with greater intensity, compulsion and delusion.

Role	Motivating Feeling	Identifying Symptoms	Pay Off For Individual	Pay Off For Family	Possible Price
<i>Dependent</i>	Shame	Chemical Use	Relief of Pain	None	Addiction
<i>Enabler</i>	Anger	Powerlessness or Martyr	Importance Righteousness	Responsibility	Illness Exhaustion
<i>Hero</i>	Inadequacy Guilt	Over-achievement	Attention (Positive)	Self-worth	Compulsive Drive
<i>Scapegoat</i>	Hurt	Delinquency	Attention (Negative)	Focus away from Dependent	Self-destruction Addiction
<i>Lost Child</i>	Loneliness	Solitary Shyness	Escape	Relief	Social Isolation
<i>Mascot</i>	Fear	Clowning Hyperactivity	Attention (Amused)	Fun	Immaturity Emotional Illness Addiction

The above table has been adapted, with permission, from the work of Sharon Wegscheider Cruse, who worked with Virginia Satyr on family dysfunction, and illustrates an extremely complex adaptation process, presented for guidance only. Individuals bring their own personalities and genetic traits into the equation. Birth order and sex also play their part. In a family where there are only two children, the roles often overlap, with one child playing two or more roles. Only children often try to play all roles, sometimes concurrently or changing to meet the current needs of the family.

Roles also change when there is a change in the family group, for instance when the eldest child, often the Hero, leaves home. The family adapts in order to find homeostasis or stability. Role-playing is a way for the family to keep its secrets hidden and to continue to survive without perceived threat from the outside world.

Changes will also take place when the alcohol-dependent person finds help for their drinking. It is often difficult for children to give up their roles of responsibility when a parent stops drinking and wishes to resume parenting.



Providing information, advice and support
for everyone affected by a parent's drinking

FREE Helpline **0800 358 3456**
helpline@nacoa.org.uk

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Treatment for the alcohol-dependent person should also include help for the family as they adapt to a new situation. Working together as a family will help to rebuild family conversation, trust and autonomy.

There are many resources available from the Nacoa helpline 0800 358 3456 and helpline@nacoa.org.uk.

For further reading and more information, please see the Nacoa website www.nacoa.org.uk.

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