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Addiction in Our Midst: Understanding the Anxious Family System

By Dr. Kenneth Perlmutter

ADDICTION IN OUR MIDST: UNDERSTANDING THE ANXIOUS FAMILY SYSTEM

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Addictions, compulsions, and mental illness generally show up in families wounded by legacies of loss and illness frequently going back several generations. A family system with addiction in its DNA manifests a cluster of environmental characteristics which can be thought of as expressions of the system's distress. Central among these is anxiety and this systemic anxiety both impairs individual members while simultaneously coloring and corroding the household and developmental atmosphere. One of its most toxic effects underlies family members' inability to manage the emotional experience of life in the family in a balanced way. As a result, life in the system becomes more about coping with the experience of the environment than about growing, thriving or developing. In turn, pathological, or impaired coping strategies are adopted such as numbing, blaming, leaving, fixing, and sacrificing. These frequently take on compulsive aspects which promote the cycles of illness and relapse that occur across the generations.

In her germinal book *The Alcoholic Family in Recovery*, Dr. Stephanie Brown identifies three domains to consider in order to obtain a robust picture of the alcoholic (or wounded) family system: the family environment, its rituals and rules, and the prospects for individual development. This article will explore some of the features of the anxious family system, the most common ways members have learned to cope, and suggest some strategies for shifting the system toward health and balance.

When asked, people who grew up in such settings describe the household as: "tense, unpredictable, chaotic, dangerous, disconnected, toxic, violent, and empty." Human beings carry the ability to cope with high levels of adversity and stress. In the secret and shame filled environment of the wounded family system, members are rarely helped to manage their adverse emotional experiences nor is there much conversation or exploration of the impact of each other's actions on one another or on the system itself. The condition that develops can best be described as "Stress-Induced Impaired Coping." And, as said earlier, these strategies perpetuate the cycles of relapse and illness while simultaneously being passed on to the next generation.

Here's a list of some of the most common ways members cope with life in such an atmosphere:

Escape. Fix. Blame. Distract.

Let's think of these as behaviorally defined roles and look at each in turn.

The Escapee relies on separating himself from the environment. This is achieved either through numbing behaviors (drinking, using, processes) or leaving (isolating, moving away, staying away). Emotionally, escapees report they often feel anxious, blamed, forgotten, ashamed, numb and targeted. They say others respond to them by "shaming, chasing, blaming or ignoring" them.

The Fixer comes in several versions. **Directors** tell everyone how to conduct themselves and hold high expectations for conformity. When others don't cooperate, punishment, verbal violence or other retaliation follows. **Martyrs** rely on infinite giving (cooking, cleaning, shopping, helping) to soothe others and themselves; and **Brokers** -make deals with themselves and others trying to keep everyone "happy" by figuring out what each needs and trying to provide that or talk them into accepting a substitute. Emotionally, fixers report they often feel anxious, used, drained, rejected and depressed. They say others respond to them by "wanting more, rejecting, relying, complaining or leaving."

Blamers can either be finger pointers who make sense of things by identifying one member as coming up short or causing the problems. Blamed ones, or scapegoats, take the blame and by doing so resolve their anxiety by pre-determining how others will respond to them (blaming, correcting, shaming). Emotionally, blamers report feeling anxious, invisible or totally focused upon, powerless or in control, and ignored or like a broken record. They say others respond to them



by "arguing, expecting the worst, and using them to insist there is only one problem, usually located in one member."

Lastly, the **Distracter** uses high activity and achievement to make life tolerable and cope with the systemic anxiety and distress. These are some of the most highly anxious members of the wounded system. **Super-stars** get everything right and are proof the system is "fine." Super-providers are too busy to be involved in the emotional life of the family as they are "making all the money" and "keeping the system afloat." And the entertainers are the Robin Williamses of the family who keep everyone laughing and amused in a desperate attempt to provide some soothing distraction. Emotionally, distracters report high anxiety they manage through their distracting behavior (work, achievement, money obsession), burnout risk, used, trapped and invisible. They say others respond by "wanting more, expecting the impossible, and leaving them out of the family's emotional center."

Note that anxiety is a core emotional experience associated with each of the roles. As members deepen their commitment to their behaviorally-based solutions, they experience some relief or protection. At the same time the system becomes more rigid and opportunities for complex emotional expression, connection and acceptance and individual development become increasingly limited. As a result, the overall experience of anxiety worsens. Members use words like "tense, scary, eggshells and rollercoaster" to describe the effect of anxiety on the system and how it saturates the emotional atmosphere.

Further, as members increasingly rely on escaping, fixing, blaming and distracting, the unconscious aspects of systemic and individual shame press to the fore. In most wounded systems there is an underlying sense the system and/or its members are defective in some way – a defect that if revealed would result in a psychic catastrophe or collapse. Brené Brown calls this a sense of "being undeserving of love," or belonging. A toxic cycle develops in which the shame denying results of impaired coping are reinforced by the pain avoidance (denial) the impaired coping originally developed to provide. In turn, everyone gets sicker; the culture becomes one of pain avoidance and denial (of shame) and is repeated generation after generation.

It should be noted that the system's specific losses, tragic incidents from past generations (if any) and traumas are often unknown. In general, they are always believed to be too terrible to face. A distressful undercurrent flows beneath the family's daily life and adds layers to what Dr. Joe Cruse calls the "emotional abscess" or untreated wound that exerts an insidious and corrosive reinforcing effect. Secrets, shame, and chaos saturate the family atmosphere.

As an introduction to this work in the family system we begin by

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guiding members to:

- 1) Describe their experience of life in the family including how they've learned to cope
- 2) Define their roles and find a metaphor that captures what they've become (e.g., doorman, chauffeur, life jacket, buoy, bullhorn, suicide counselor)
- 3) Put into words the covert messages members have received about how they're expected to conduct themselves (e.g., we need you to be strong; or, don't rock the boat)
- 4) Identify small shifts members can make to interrupt their usual way of participating in the family deal. These shifts promote healthy connection and emotional detachment with love.

The next article will describe specific strategies for helping wounded family members promote system shift and health.

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