

DISSOLVING FEAR

by Kenneth Perlmutter, PhD

How changing beliefs and embracing connection transform the way we engage and treat wounded family systems

Article reprinted from Counselor Magazine, Jan-Feb 2016

<http://www.counselormagazine.com/detailpageoverride.aspx?pageid=1729&id=6442456201>

“The world we see that seems so insane is the result of a belief system that is not working. To perceive the world differently, we must be willing to change our belief system, let the past slip away, expand our sense of now, and dissolve the fear in our minds.”

- William James

This quote, from William James (1842-1910), though written more than 100 years ago, rings with truth about life in family systems plagued with legacies of addiction, mental illness, suicide and relational or interpersonal trauma. What James calls *expanding our sense of now* I equate with *embracing connection*, a driving concept in my work with wounded families. As a Family Systems Psychologist, I’ve had the chance to work therapeutically with more than 3000 struggling family members and their loved ones who have required residential or hospital-based treatment for substance related, disordered eating, trauma, and major mental illnesses. In my clinical experience I have seen the insanity (defined as repeating ways of relating that perpetuate illness and loss) and its associated belief systems that keep things stuck. Changing these belief systems interrupts the cycles of loss, relapse and pain that are repeated across the generations.

To embrace connection we must dissolve the fear in our minds. In advanced family systems treatment, family members are guided to:

- Dispel the myth that the system’s problems reside in one member or a subset of members.
- Describe the family system “deal” and how members tend to participate/respond

- Examine the forces from families of origin that inform how members participate in the deal
- Express the emotions around feeling defective, needy, powerless or too powerful
- Expose the stories and narratives that keep family members stuck in ways of responding that perpetuate individual and system pathology
- Pay attention to the nature of connection and set wholehearted intentions toward it
- Define new measures of personal and system health and serenity

When family members shift their attention and set their intentions in these ways, they create the conditions under which it is most likely all members of the system will make a project out of their recovery and their lives.

This article will explore take each of these concepts in turn.

DISPELLING THE IDENTIFIED PATIENT (“IP”) MYTH

Let’s start by taking a look at how we engage families in the treatment process, especially in 24-hour settings. It’s common for family members to accompany and bring the client to treatment. In many admissions processes the client and family members are separated soon after arrival. This makes sense in order for families to handle financial matters and to complete the admissions assessment and intake for the client. Usually in a few hours there’s a goodbye moment, family members are given printed material about the treatment center and possibly about their loved one’s condition, may be invited to an upcoming family program or support

group, and sent on their way. The client, in contrast, is carefully taken into the center, given food, medication, a comfortable bed and immediate membership into the client community. It's quite common for a peer to have been assigned as greeter or buddy to welcome and help socialize new clients. These admissions processes for the client are important and necessary; however, later that day the family members are picking up their dry cleaning and standing in line at Safeway—going home to cook dinner and resume their daily routines. Predictably, as the days and weeks pass, family members' distress (over their loved one) is reduced and the likelihood of family members participating in the work decreases steadily.

While none of this is wrong or driven by bad intentions, it reinforces the IP myth: fix our loved one and we'll be fine. Or, we're fine and capable—fix her. Let's challenge ourselves as clinicians, admissions experts, and outreach specialists to think using a systems framework. How might we modify these processes in a way that supports an examination of the system and its dynamics? Could we start to show family members on day 1 how to shift the system toward wellness? Could we dare use language that invites family members to begin their own recovery at the same time as the IP? Imagine the power of identifying the client's courageous move into treatment as creating an invitation for the system to heal.

In a future article we'll explore the societal, institutional and historical forces that impede such an effort. At the same time, many of you reading this are nodding or even cheering. Let's take a look at some of the other system approaches listed at the beginning of this article.

DESCRIBING THE DEAL

We have work to do if we're going to engage family members to think about their systems as opposed to focusing on their disturbed loved ones. Brene Brown in her germinal book *Daring Greatly* (2012, New York: Penguin Random House) describes ours as a "culture of scarcity" in which "You can't swing a cat without hitting a narcissist." This evokes a notion of our culture of self, in which the focus on the individual is paramount. Little wonder family members find it quite difficult, initially, to describe their family deal. So many parents are dependent on the details of their dependent's disorder: they track the client's medications and attendance. They speculate and worry about the client members' thoughts, feelings

and needs. They make plans, seek solutions, research opportunities, investigate alternatives and do it all over again with seemingly little ability to consider the effects on themselves of such frenetic activity.

Family systems psychology opens an exploration of the system's myths, metaphors, covert messages and their effects. Such exploration, even in its earliest stages, produces system shifts toward openness and acceptance that immediately improve treatment outcomes. To illustrate: Help family members distinguish internal forces from system dynamics. They could be helped to see that saying "I have to rush in and check on her when I'm worried she's going to drink." This is an internal experience driven by a fear fantasy converted to action directed toward the IP. Restated in systemic terms: "I feel an urgent need to check on her when no one else seems to be paying attention. The more alone I am with that, the more it takes me over." This latter statement represents a system-oriented observation and promotes taking action toward dealing with oneself by recognizing the internal states that impel IP-reinforcing behavior.

FOO FORCES

We learned how to respond, relate, manage and express emotion, figure out what people mean, and cope in our families of origin (FOO) and related early caregiving environments. Helping family members recognize they only know what they've been shown and can psychologically allow makes it possible to explore the forces that inform how members respond to one another and especially to the IP. This essential work helps family members more deeply engage in the process. This inquiry can be done relatively simply. We ask questions about the FOO such as:

- What was the nature of authority and key decision making?
- How were emotions expressed?
- How was love and affection demonstrated?
- How were crises managed?
- What were you valued for? Praised for?
- What image was the family expected to portray?
- How did life inside compare to the expected image and its messages/assumptions?
- How did you cope with that difference and the feelings the dissonance may have aroused?

- What do you know today about that family that you couldn't know then?
- What do you wish there had been more of? Less of?
- How would like to have been treated or seen?

As family members enter into such a conversation, especially if they can do so with members of other families who have loved ones with similar conditions requiring treatment, they begin to open themselves to more of the truth about their system, their upbringing and their internal experience. The difference between a mother saying: "Oh crap, she's gonna drink today I've got to do something" and saying something like: "Wow, that's a really strong worry I'm having right now, what are my options to deal with it?" Or "What allies can I call on to help me manage this intense feeling about my daughter?" Or "Is it true I'm as alone with this worry as I feel?" All these latter thoughts address her fear rather than repeat the classic mode in which she focuses upon her daughter's alcoholism rather than her own feelings. The latter perpetuates fear fantasies while reinforcing powerlessness. The former, in James' terms seeks to expand our sense of the now and will "dissolve the fear in our minds."

WHAT IT FEELS LIKE: HULA HOOPS, LAWN MOWERS AND SIRI

Early exploration of family members' experience necessarily involves exploring the emotions felt along the family member's ride, or journey, over the years. I've had the privilege to gather many times with 10 to 20 family members for a two or three-day workshop. As they recognize they are in a room with others who share the experience of powerlessness and pain associated with parenting or partnering with addiction or severe mental illness, they quickly begin to open up and share their emotional experiences. It is especially helpful to the family member group for the client members not to be present for this emotional exploration. Among the most common reports of family members' emotions on the ride, they say:

"I have felt:

Held hostage, out of control, exhausted,
 Sad, depressed, hopeless, powerless, frustrated
 Angry, enraged, betrayed, manipulated, ripped off, used
 Cut off, alone, rejected, forgotten, abandoned,
 invisible, dropped

On a rollercoaster, in chaos, jumbled up, off kilter
 Confused, obsessed, taken over, stupid, trapped, controlled,
 Scared, anxious, afraid, traumatized, threatened, worried
 Wounded, hurt, slapped, attacked, assaulted, accused, split
 Ashamed, to blame, at fault, responsible, guilty
 Desperate, devastated, disappointed, dying, dependent,
 Sleepless, sick, nauseated, suicidal
 Shocked, blind-sided, in the dark,
 Numb"

We invite family members to name a thing — an object — that metaphorically captures what they have become at their worst or most painful. These metaphors include:

"I have become:

A hula hoop. I'm colorful and spin round and round when someone picks me up and decides to spin me. Otherwise I'm empty inside and soon drop the ground and am tossed into a corner.

A buoy. An aid to navigation. There I am, chained to the bottom of the sea. No arms, no legs, unable to move except as tossed in the current or blown by the wind. No matter the conditions -- rainy, foggy, sunny, windy, freezing; sharks, whales, birds, seals – I have no control. I just flash my light or emit my foghorn tone. Maybe I help a boat or maybe not.

A life jacket. I'm big, I'm bulky, and I'm bright orange. When people wear me they wish they could take me off. When people need me they're upset and sometimes screaming. And worst of all, when people are done with me they can't wait to tear me off and throw me under a seat on the boat, or into the lazarette.

Siri. Yeah, that's me. I'm Siri. Stuck in an iPhone. If someone wants me, they press my button and say something. Maybe I understand it, maybe I don't. Then I provide something, the best I have. Maybe it's useful, maybe not. When they're done I'm back in the iPhone. Just there."

Notice the common themes among these metaphors: Passivity and powerlessness. Being on hold and being used. We use these metaphors to breathe life into and validate family members' emotional experience. And when family members express and play with them in each other's presence the system work comes alive. In

James' words as we "let the past slip away" by playing with its effects and details, we begin to "dissolve the fear in our minds."

KEEPING THINGS STUCK: THE "LIES THAT BIND"

In family systems psychology we often speak about the "goo" that holds families stuck in the repetitive patterns that fuel Stress-Induced Impaired Coping,TM my term for the condition that affects all members in wounded family systems. Most family members are quick to acknowledge the goo yet are startled to discover how infrequently they let themselves think about it. Among the most powerful forces making up the goo are the stories -- the narratives -- that hold family members in fixed response patterns and pathogenic ways of behaving in the deal. I call them the lies that bind and here are some of the most common with brief descriptions. At the end of the list there are some questions that will help client families explore the power of the lies and ways to reduce their power and gooeyness.

"I'm keeping him/her alive." This is a painful and potentially all-consuming belief that powerfully grips parents and spouses and keeps them stuck. Given that the problematic loved one puts his/her life, freedom, safety, and health at risk, a common unconscious belief holds that if the family member changes how they respond, says "no," raises the expectations, insists on clarity or health or takes care of themselves, the loved one will die. They'll leave or disappear. They'll go to prison. "I'll never see her again." These thoughts are terrifying, especially as with all the lies that bind there are powerful elements of truth. Yet it's also true in all of these cases there are distortions and falsehoods; thus, they are termed lies. With this story the truth is that people with addiction and severe behavioral healthcare conditions do put their lives at risk and can suffer extreme losses including death.

When asked, most clients will agree they have put their lives, freedom, and futures at risk. But it's their answer to the next question that reveals the lie: "When it comes to possibly losing your life/freedom because of your condition, can your mother/father/spouse prevent that?" In every case, the client says "no." This is difficult for family members to accept especially if there have been times where action by the family has saved the client (which certainly can happen). At the same

time when the question is whether family members can RELIABLY keep their loved ones alive, meaning 24x7, the answer has to be "no." Once that is admitted, energy can shift away from chasing the lie and toward what it feels like to face losing a child or spouse -- a tragedy from which there is never full recovery. In that position intense feelings of powerlessness, loss, and even rage may emerge. Shifting the focus to managing those feelings loosens the lie's grip.

Another common lie can be termed:

"If only I..." The "if only" lie is powerful and compelling. It comes in two forms: the regret form ("I should have...") and the aspirational form ("If only I find..."). In regret mode, a family member believes that "if only I hadn't" gotten divorced, married that person, moved, changed jobs, worked nights, listened to that doctor, etc., then things wouldn't be as they are. This is a blame-filled shame-driven set of beliefs that can keep one very stuck. The aspirational form sounds like: "If only I find" for my loved one the right psychiatrist, medication, treatment center, food program/diet, tattoo removal parlor, living situation, course of study, volunteer job, boyfriend, girlfriend, etc., then things would be OK.

The distortion in the two "if only" forms can be understood as follows: First, it isn't possible to change the past; regret breeds rumination and repetition. Second, the evidence likely supports admitting there isn't one thing that is going to solve client members' conditions. In addition, trying to figure out what they may need or should do has the following adverse effects and distortions:

- It sends a message to clients that family members don't believe clients know what's best for themselves or that they can figure it out
- It assumes clients would accept and receive their life plan from a family member; they probably don't believe we could actually figure things out for them
- It overlooks the way our approaches and strategies have failed thus far

As in all the lies that bind, "if only" provides family members with a sense of purpose and illusion of control. While this offers temporary comfort and may soften feelings of powerlessness, it reinforces and deepens the goo and holds the system in an IP focus. This is our work to interrupt.

The next story is labeled:

“I owe.” A form of regret that has tremendous power to keep family members stuck in the goo and repeating the patterns in the exaggerated or hostile dependencies found in wounded families is captured in the two words “I owe.” In this belief system the family member holds the memory of an event, episode, or moment from the past which is believed or known to have harmed the client member. The family member feels responsible and carries blame and shame for what happened. The person is caught in a belief they can make up for or repair the damage from the past. He limits the degree to which he can set clear boundaries and hold to necessary limits. She cannot expect to be treated fairly or kindly and tolerates assaults on her character, finances, and reputation. As a result, the client gets a message that their pain or loss takes priority and that the system will arrange itself to soothe them. In addition, clients learn that family members will overlook the destructive ways that pain is expressed and put resources into covering up, repairing, and denying the effects of those behaviors on the client and other members of the system.

The lie implies that one can undo damage from the past or give a loved one new DNA or a new poker hand in the master game of life. The distortion also locates responsibility for the loved one’s wounds to the family member and exempts the loved one from facing their hurts in much the same way as their substance abuse or isolation may do. In turn, this deprives the client of necessary developmental struggles and internal work the failure to do so perpetuates distress and relapse for them and in the system.

Lastly, for this section, let’s take a look at:

“I can’t stand his/her discomfort.” Many family members relate to feeling taken over or panicky upon learning of their loved one’s distress, discomfort, or threats. When activated in this way, family members swoop in to rescue, prevent, soothe, and distract the loved one. One can readily see how this can perpetuate the IP focus and interrupt the client’s necessary work: learning to tolerate uncertainty, discomfort, and manage internal need states.

The lie here, simply, is that family members not only can but must learn to stand the client’s discomfort. Recovery only happens in the presence of discomfort. It’s also true that putting energy into soothing our distressed loved ones can feel good and distract family members

from their own discomfort—this makes it difficult to question the belief and shift. This also distracts from a painful truth few want to consider: When the client’s distress and condition are the primary focus of certain family members to the exclusion of their own needs the client may conclude that the family member needs to be needed by the client. This reinforces perpetual cycles of exaggerated dependency and can last for decades.

INTERRUPTING THE LIES AND THEIR POWER

In family systems psychology a primary task involves changing belief systems. The lies that bind form the substrate or basis upon which the goo develops and deepens. Here are some questions that probe the lies for their accuracy and falseness as part of an effort to shift beliefs away from IP reinforcing and toward system health:

- What evidence supports my belief?
- What feelings or emotions activate the belief and make me act upon it?
- What are the advantages (benefits) of holding this belief and acting on it?
- What’s the cost or toll on me or the system of holding/acting on this belief?
- In what ways does the belief hold me hostage or keep me trapped?
- What would my loved one say about my belief? Would s/he agree?
- What would I have to face if I admitted the parts of the belief that are distorted or untrue? How would that feel?

PAYING ATTENTION TO THE CONNECTION: FROM THE IMPOSSIBLE TO THE UNCOMFORTABLE.

“I’m getting off the roller coaster and I hope you’ll join me soon,” the Dad said to his 24 year old daughter at the conclusion of a three-day multi-family relationships workshop. I remember thinking, “Wow. That sums up the entire project a family member needs to take up.” Packed into this simple statement is the Dad’s intention to shift from trapped parent trying to fix the unfixable to the more sustainable posture of embracing connection. He is setting an intention to pay attention to the nature of his connection with his daughter. Many partners and

parents believe this is impossible -- that there are truths "about us" that are too terrible to face. Changing this belief system requires facing fear. It requires making oneself vulnerable which Brown and others insist is the antidote for shame, for these are shame-based systems saturated with anxiety and fear. And as the fear is faced its power to hold us in the impossible dissolves.

With his simple declaration, the Dad is reminding us he has seen the insanity of life on the rollercoaster. He is embracing the core idea in James' quote which translate to "expanding our sense of now." He reveals his beliefs and their power. He is demonstrating how his beliefs are changing in simple yet systemically powerful ways.

First, "I'm getting off the roller coaster" acknowledges that there is a roller coaster, it exists separate from both him and his daughter. It debunks the long-held idea that her addiction is the roller coaster or that because of her addiction, depression, suicidal or self-harming behavior that he must get and stay on. Staying on the crazy ride was how he behaved in the grip of "I'm keeping her alive." Next he's revealing that he has his own will and can make a choice about roller coaster: to ride or not to ride. His statement that he's getting off recognizes that he chose to get on. In his work on himself, he came to recognize the insanity of life on a roller coaster. He shows that he now sees that he has the power to get on, stay on, or get off. This is in stark contrast to his previously held belief that he could shut down the roller coaster or eliminate it entirely. Such a belief underlies wounded family members' historical efforts to change or correct our problematic loved one's choices and lifestyles; or, more commonly, our futile efforts to cure their mental illnesses or addictions.

Next, he says "I hope you'll join me..." This simple phrase captures the essence of the work to be described in this article: That we must address the system and how it functions, including its history, its beliefs,

myths and fears. This requires a kind of fearlessness and willingness to be vulnerable that's captured in the Dad's hope statement. He reveals his ability to tolerate that he and his daughter are separate: she's on a journey and he's on his own journey, too. It's as though he's saying "I see you over there. I'm over here and I've been trapped (on the rollercoaster). I want you in my life and I'm available for you but I'm not going to keep riding." His statement is future oriented. It reveals an aspiration, his "hope." His statement admits that he can't make this happen through force of his will. His tone communicated that he will no longer organize his life around his daughter's condition. In other words, he declares: "My serenity or quality of life will no longer be conditional on anyone's behavior or mental health, including my daughter's."

Saying "I'm getting off" also spells out the Dad's refusal to be held in the "I owe" lie. This family had multiple losses and this daughter was adopted. The Dad had been held in a powerful fear of causing more pain or loss for his daughter (and himself) if he were to insist that things be safe and sustainable for all members of the family. When the day came that he could "let the past slip away" by recognizing he cannot remake it nor repair it, his fear dissolved a bit. When he "expanded the sense of now" by inviting his daughter to "join me soon" he embraced connection, declaring his wholehearted intention to be in her life while having his own mind, his own needs, his own limits and his own truth. Under these conditions more fear dissolves and the system redefines itself toward health.

Please look for a future article that will provide more specific strategies to guide members toward system shift. This will also spell out a set of measures for individual and system health comprised in Family Systems Psychology intended to repel IP focus, build trust and deepen connection, interrupt Stress-Induced Impaired Coping™ and dissolve fear.



Dr. Kenneth Perlmutter is a California-licensed Family Systems psychologist with nearly 30 years' experience treating complex psychological, behavioral and addictive disorders. He is Founder of the Family Recovery Institute which provides clinical training, consultation and supervision, family therapy, and family workshops. He lectures and trains around the country at major Behavioral Healthcare conferences and workshops. He is credential chair for the International Assn of Family Addiction Professionals (IAFAP). Former Graduate Faculty, San Francisco State University Counseling Dept. and Assoc. Professor Chemical Dependency Studies, CSU East Bay. Please visit www.FamilyRecoveryInstitute.com to learn more about Dr. P and his model of family system woundedness and recovery.