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Substance Abuse Recovery and Codependency

By Roger P. Watts, Ph.D., Master Addictions Counselor

Chemical dependency is a disease that “runs in families.” Children of people with alcoholism or other drug addictions are biologically and socially pre-disposed to having the disease, but more importantly, every member of the family is affected by addiction. Because of this, there is wide-spread knowledge about the inability of some families with, or even friends of, an addicted member to not take care of themselves. These people often try to “fix” the addicted member . . . this is a psychological condition called codependency (Beattie, 1992).

Regardless of whether a person develops addictive behaviors themselves, when there is a member who is addicted, that member can affect the entire family system in many ways that are all potentially harmful. The family often adapts itself to the addicted person who has become the focal point of family life. It makes no difference whether the addicted person is actually using or not. Moreover, sometimes the family affects the addicted person in potentially harmful ways that contribute to the addictive behaviors. This is often hard for members to accept.

Codependency is, in its own right, a psychological condition that needs attention. The non-addicted person in these family systems can become as dependent on the alcohol or other drug as much as if he or she were using the drug themselves. Codependents tend to try to control and cure the addicted person and sometimes think they have caused the addicted person to use alcohol and other drugs.

This is how it works: The interaction between the addictive person and family members builds within the family system to produce a combined effect greater than just the nature of the addiction itself. In every sense, the entire family system becomes addicted to the drug and the behaviors that flow from it. The addiction influences the family’s thoughts, feelings, behaviors, and relationships of not only the family to the addicted person, but also to one another. These effects often remain with a family member even after they move away from the family system.

The specific effects will depend on how close the person was to the addicted person, how they were treated by the addicted person, and relationships the family member has with people outside of the family system. Children frequently have the worst experience in any family with chemical dependency present. Their experience depends on whether it is the mother or the father with the addiction or how the non-addicted parent relates to the child.

Codependents need to know that they are not the root of the problem, that it will not automatically fix itself, and that they can’t control the addicted person to make them stop addicted behaviors. This knowledge is called constructive detachment, and the non-addicted

person starts to pull away from the addicted person with love and care to end their pathological dependency on the effects of the addiction.

To make progress in fixing the codependency, it is important to be completely honest about how the family members have been affected by the disease of addiction as expressed by the addicted member. This honesty is difficult to achieve, but it usually comes when the non-addicted person sees clearly how devastating the alcoholic's or drug addict's behavior has been to the family system. Although painful at first, codependent people who take the step toward freeing themselves from the grip of addiction know this action will help them all in the long run. It is also helpful to review some symptoms to see if the problem is becoming more acute in the family.

The process of fixing this family system starts with members asking themselves critical questions (Cermak, 1986):

- Is the mood or atmosphere in your family often intense and anxiety provoking, depressing, hopeless, or filled with anger?
- Is the family life often disappointing, especially during holidays and family celebrations, because of the family reaction to an alcoholic's or addict's behavior?
- Do family members prefer being away from the home and home life?
- Does communication suffer in your family?
- Do people freely share emotions and problems?
- Is the addicted person's condition openly discussed?
- Is there a lot of yelling or arguing?
- Do people seldom eat dinner together at home?
- Is there violence in the family?
- Do relatives avoid the family because of the addiction problem?
- Are family members embarrassed to bring others into the family home?
- Has the family covered up the addiction for a long time?
- Do family members bail out the addicted person time after time?
- Do some family members adopt the responsibilities of the addicted person?

If a person is experiencing negative answers to any of these or similar questions, then there is a good chance one or more of the family members is codependent.

There are four things a family member can do to help the family get out of the addiction trap (Chang, 2012):

- Accept that no one in the family other than the addicted person is responsible for the disease. Codependent members did not cause the disease, cannot control it, and cannot cure it.
- Encourage the family to learn about chemical dependency and codependency.

- Encourage the family to learn about family recovery. Members can learn through reading, counseling, attending educational programs, and self-help groups like Alanon, Nar-Anon, Alateen, or POTADA (for parents).
- Openly discuss feelings and concerns within the family and honestly face the issues raised by the addiction. Encourage others in the family to express themselves.
- Accept responsibility for making things better by not sitting back and allowing someone else in the family to act.

Once the decision has been made to act, the family begins to recover. Seeking out others who have suffered before and receiving their help is also important and can help family members feel as if progress is being made. Codependency may be a disease in and of itself, but the family can stop it in its tracks by taking action.

Author Biography:

Roger P. Watts, Ph.D., is a non-clinically licensed academic and research psychologist, a licensed social worker, a licensed master of addictions counselor, a licensed alcohol and drug counselor, and a certified criminal justice specialist. He has been counseling at all levels of care for more than 31 years and is currently an adjunct assistant professor of psychology at both Augsburg University and Concordia University, St. Paul. Prior to his current work, Watts was an assistant professor at the Hazelden Betty Ford Graduate School of Addiction Studies and a counselor in the male adolescent primary and extended care units at Hazelden Betty Ford's treatment programs in Plymouth and St. Paul, Minnesota, where he conducted individual and group therapy for more than seven years.

Before entering the counseling field in 1987, Watts worked in a variety of public relations and journalism jobs ranging from being a photojournalist with a Parisian photo agency to working in the White House press office for President Jimmy Carter. He is an accomplished art photographer and enjoys discussing the Boston Red Sox with anyone who will put up with him.

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