

ADDICTION! A FAMILY AFFAIR

Where has my childhood gone?

By Susan van Niekerk – Clinical Manager at Elim Clinic

"It is alright. Daddy won't hurt Mommy again, they'll make up. Everything will be fine, just you wait and see" says 9 year old Jessie whilst stroking her 4 year old sister's hair. Somewhere else, the 16 year old Steven has to lie to his friends about his address, so they won't surprise him and show up at his house when his dad is drunk. What happens behind closed doors, stay behind closed doors.

Children are completely dependent on their parents. They need them to be physically and emotionally available and to be responsive to their needs. Your mother and father are the people you should rely on to stay alive and to give you a sense of self-worth. When the people they love, hurt them the most, children often conclude that there must be something seriously wrong with them. Whilst parents should be looking out for their children's needs first, in the addict's family the roles are often reversed. Children has to be available and responsive to the parents' needs and the child is left to take care of himself. The child decodes this as **"I must be unlovable. My needs are not worthy of being met"**.

Life in the addict's home is confusing. Children are taught not to believe what they see and hear. A boy may see his alcoholic mother fall off her chair and lay on the floor. He reaches out to help her but his father insists that there is nothing wrong. "Mother is fine," he snaps. "Leave her alone". The child feels anxious and tearful. He wants to help his mother but for the sake of keeping the peace, he pretends that nothing unusual is happening and proceeds to do his homework. **He learns that his judgment is poor and incorrect** because whilst everything seems wrong, he is told that everything is fine. "Then I must be wrong," he thinks, "because how could my father deny my mother help when she clearly needs it?"

The child learns to tolerate many intolerable situations. The child concludes, "I am not seeing it right. I don't understand what is happening. Maybe I should just accept the situation." The child learns that his natural responses are somehow unacceptable, wrong and not to be trusted. He also learns that at least one of the adults are lying to him or telling him something that goes against everything his experience tells him is real. Ultimately, the child is taught not to trust himself or others" according to ¹Gravitz and Bowden. When children learn at an early age not to trust experiences, or their body's signals, they begin to ignore feelings. Twenty years later as a result, they have major difficulties coping with life because they never learned to fully integrate their feelings, thoughts and observations.

A child who is not allowed to talk openly about what he sees and hears in the family, doubts himself and as a result feels insecure, ashamed, confused, scared, bad or sometimes crazy. How else? The child's feelings are never valued or acknowledged. Their needs are minimized or simply ignored. The child eventually **internalizes these negative feelings** and develops a belief system that becomes part of the child's identity. I feel bad becomes "I am bad", I feel insecure becomes "there is something wrong with me", I feel scared becomes "I am not safe". The child's true self is abandoned and a false self is created.

²Claudia Black describes the three primary rules that governs the addict's home. **"Don't talk, don't trust, and don't feel."** Another set of rules is developed by the child in response to the parents' rules. "If I don't talk, nobody will know how I feel and I won't get hurt. If I don't ask, I can't get rejected. If I am invisible, I will be okay. If I am careful, no one will get upset. If I stop feeling, I won't have any pain." The prime directive becomes to make life as safe as possible.



An addicts' behaviour is inconsistent.

This creates an unpredictable living environment whereby the child is always guessing what is going to happen next. With emotional safety being a primary need of human beings, children try to make sense out of what is happening and eventually conclude that they are unstable and that the instability in the family is their fault. It is in our nature to try and adapt to our circumstances. **Family members adopt certain role behaviours** when they are under stress. These roles are later internalized to protect both the family and the child. **The roles we often find in the addict's family are:**

- The responsible child who takes the parent's responsibilities on themselves.
- The adjuster who seems to not be affected by the environment because they simply detach.
- The family hero is the child who will show everyone that the family is alright and will try to make up for the family weaknesses.
- The placater tries to fix the family problems.
- The scapegoat creates chaos in order to divert the focus away from the family problem onto themselves by running away, failing at school, stealing, or abusing substances.
- The "mascot" de-escalates the tension and makes a joke.

Each family member in the addict's family finds their own unique way to survive the dysfunction of the family dynamics. These roles however can be progressive and continue to be part of the child as they grow into an adult. The responsible child becomes the responsible adult, the adjuster child becomes the adjuster adult etc. So in the end, children growing up in the addict's home, are shaped by their experience of their world, just like all of us. It's just that their world is scary, unpredictable, confusing and lonely. Very lonely. ³Bradshaw states "There are no bad children. Children are born precious, unique and incomparable. We must fight to protect our children so that each child has the right to a good childhood. There will be far less evil in this world if more children had a healthy emotional environment to grow up in".



Susan van Niekerk

1 Gravitz H.L., Bowden J.D. (1985). *Recovery: A guide for Adult Children of Alcoholics*. Published by Simon and Schuster, New York.
 2 Black C. (1994). *Changing course*. MAC publishing, Denver Colorado.
 3 Bradshaw. J. (1996 revised edition). *Bradshaw on: The family. A new way of creating solid self-esteem*. Health communication, Inc. Deerfield Beach, Florida.

BREAKING THE SILENCE

By Sorika de Swardt – Addiction Consultant at Elim Clinic

We seem to live in an age of unparalleled self-disclosure. On reality television, people talk about the most intimate parts of their lives in front of millions of viewers. But when it comes to your own family and their painful secrets, many of us are silent. The reasons for keeping secrets are as varied as the secrets themselves but one emotion often weighs heavy on everyone. "Shame - is at the core of most secrets. "Most families have some kind of problem - abuse, physical

disability, health concerns. But in our society we have perfectionistic standards. We think that if you are a good family, none of these things will happen. So when they do - and they do because that's life - we feel ashamed and keep secrets."

Sometimes we keep secrets because we want to protect someone against the consequences of the revelation. Whatever the family secret or circumstances, secrecy casts a toxic shadow over family relationships. "Terry Hargrave says "secrets erode communication the way weeds destroy a garden: "Let's say a person sections off half the garden and say, 'I'll never tend to this again. I'll act like it's not here. Pretty soon, one weed leads to another weed and the whole garden starts to die." The secrets we keep because of shame, are the ones that choke communication and isolate family members. The silence prevents people from getting the help they need and causes untold pain and misery for everyone.

I am not suggesting that we tell everyone everything, but I know that when we keep a secret because we feel ashamed, we will also feel alone, helpless and hopeless. If you feel burdened by the secret of addiction in your life or in your family, then breaking the silence and sharing the secret with a trustworthy person is often the best thing you can do. Breaking the silence does not in itself resolve problems but it prepares the ground so that family members can be more understanding, discuss their concerns and, if necessary, get professional help. Telling the truth comes with certain risks, but so does keeping secrets. What will you choose?

1 Marilyn J. Mason. (1986). *Facing Shame: Families in Recovery*. Norton pub
2 Hargrave, T. D., & Pfister, F. (2011). *Restoration Therapy: Understanding and guiding healing in marriage and family therapy*. Routledge.

WHEN YOUR TEENAGER DRINKS!

By Cheryl Easterbrook – Counselling Psychologist and Sorika de Swardt – Addiction Consultant at Elim Clinic

¹Adolescence is a developmental stage in life that has been described as stormy and stressful, having alternating emotions, seeking approval from one's peer group and as a period of experimentation. It is also the time where the teen develops their individuality. All of these factors help us to develop our identity, however they can also make one **more vulnerable to drug and alcohol use** which may lead to addiction.

The South African law prohibits the sale of alcohol to persons under the age of 18 years for a good reason. Drinking whilst you are still underage **can alter the structure and function of the developing brain**, which continues to mature into the mid- to late twenties, and may have consequences reaching far beyond the teenage years. Researchers found that underage alcohol use increases the risk of academic failure, illicit drug use and tobacco use in later life. It can also cause physical consequences ranging from hangovers and risky sexual behaviour, to death from alcohol poisoning, suicide, homicide and vehicle accidents.

It's important for parents to be mindful of factors that can cause greater risk for alcohol use and abuse such as when your teenager goes through a significant social transitions such as graduating to middle or high school or getting a driver's license. Some other factors that increases the risk are a history of conduct problems, depression and other serious emotional problems, a family history of alcoholism and contact with friends who drink.

If your **teenager exhibits any of the behaviour outlined below**, something is going on. It might not be alcohol or drug use because mental illness, trauma and severe stress can also produce the same types of symptoms. But it might indicate use of substances or addiction. Ignoring it in the hope that it will go away is the worst thing you can do as this only allows the problem to grow. These symptoms are often overlooked as being a normal teenage phase.

- Acting differently from before for no obvious reason
- Isolating themselves or changing friends
- When they don't care about their appearance and hygiene
- Problems at school, lowering grades or failing subjects, absenteeism or other problematic behaviour
- Problems with the law (stealing, etc.)
- Lying or giving vague and evasive answers
- Aggression and hostility
- Low mood, loss of interest in hobbies and activities they normally enjoyed
- Eating and sleeping habits change

If you as parent are concerned that your teenager may be using alcohol or drugs, it is important to reach out to others (your GP, a social worker or psychologist) for advice and support. Teenagers who are concerned about their friends, a family member or themselves can also talk to a teacher, a pastor or an adult they trust.

If you are concerned that your child may be using a substance you can:

- Talk to your child about your concerns and the symptoms you have seen.
- Listen to your child without judgement.
- If needed, go for help together. You can visit your General Practitioner, or

phone Elim Clinic for a referral to a therapist in your area.

- Make contact with the South African Depression and Anxiety Groups' Substance Abuse Line 0800121314 for help in your area (www.sadag.org).
- Join support groups, not only for your child, but for yourself as well. These groups can help raise an understanding about addiction and also how you can help your child. Find them at www.alanon.org.za.
- Teenagers who are concerned about their parents' use of alcohol can seek help at http://www.alanon.org.za/alanon_groups_alateen.php
- Make sure your child knows from the outset that the use of alcohol, drugs and cigarettes are out of bounds for them. Set healthy limits and boundaries together.
- Be a positive adult role model. Children and teenagers say that their parents are the people who mostly help them decide about important life decisions, so if you want your teenager to be alcohol-free bear the following in mind:
 - ✦ If you drink yourself, follow guidelines for responsible use of alcohol (www.elimclin.co.za - November 2014 newsletter).
 - ✦ Stay away from alcohol in high-risk situations. For example, don't ever drive when you've been drinking.
 - ✦ Get help if you think you have an alcohol-related problem.
 - ✦ Do not give alcohol to your teens. Tell them that any alcohol in your home is off limits to them and to their friends.
 - ✦ Be an example of how you enjoy life without the need for substances.

There is always hope. Prevention is the best cure but if help is needed, please don't stop asking until you find it. Recovery from addiction is a process that will take time and likely also professional help. "Extended care is often required due to the adolescent's age, and lack of substance free coping skills. Treatment that addresses specific adolescent issues using a comprehensive multimodal approach has revealed better outcomes. There is hope, recovery is possible.

1 Louw, DA., Van Ede, DM., & Louw, AE. (1999). *Human Development*. Kagiso Tertiary, South Africa
2 National Institute on Alcohol Abuse and Alcoholism. Underage drinking: A growing health care concern.
3 Centers for Disease Control and Prevention. Alcohol-Related Disease Impact (ARDI). Atlanta, GA: Author.
4 <http://www.drugabuse.gov/related-topics/treatment/what-to-do-if-you-have-problem-drugs-teens-young-adults>
5 <http://www.toosmartostart.samhsa.gov/families/prevention/Default.aspx>
6 Morrison, MA (1990). Addiction in adolescents, In *Addiction Medicine [Special Issue]*. West J Med 152:543-546.



Cheryl Easterbrook



Sorika de Swart

HOW ADDICTION AFFECTS THE LIFE PARTNER

By Suzanne Klaasen – Therapist at Elim Clinic

When two people decide to be a couple, their agreements are based on their hopes, dreams and desires for a better life together. It defines their shared principles and values. It becomes a standard to judge the success or failure of their relationship. Every couple must eventually decide that being together serves them better than being apart. **Addiction opposes the very notion of togetherness and intimacy.** This lack of intimacy will take its toll sooner or later and in an attempt to adjust to the addict's behaviour and functioning, the spouse / partner can become a co-dependant.

Co-dependency can be defined as "an addiction to people, behaviours or things". Co-dependents has the fallacy that by controlling people, things and events on the outside, they could control their inner feelings. Control or the lack thereof, is central to every aspect of life for the co-dependent. The co-dependent becomes so enmeshed in the other person that the sense of self is severely restricted by the other person's identity and problems.

The co-dependant can generate a further role for themselves. They can become enablers. The enabler is the person who reacts to the dysfunctional behaviour of the addict in such a way as to shield and protect them from the natural consequences of their behaviour. **Enabling is a poor quality glue** that doesn't succeed in keeping the marriage together. Instead it allows the disease to progress to a more serious stage because the addict loses the opportunity to gain insight regarding the severity of their behaviour. The enabler keeps the addiction a secret and would even enlists the children's co-operation in deceiving the world. Some ways in which partner can enable are:

- They lie to the boss about why the addict calls in sick.
- They bail the addict out of prison.
- They clean up the mess, both physical and situational that the addict is constantly making.

The typical behaviour traits of the co-dependent, none of which works towards a solution, can be:

- Denial as a way of avoiding the reality of the problem in the early stages.
- The partner may feel that when they speak out, no one hears them and then they may start to act out through using the substance with the addict. Shouting matches may escalate to physical assaults, geographical moves and extra marital affairs.
- Family members will try to change the addict and in response the addict becomes enraged by the "preaching" or "nagging".
- The co-dependant usually suffers from more loneliness than the addict because, in keeping this secret a process of estrangement from friends, family and community sets in.
- A previously loving and caring partner becomes angry, resentful, depressed and scared.
- Eventually, the partner can exhibit a wide variety of severe psychological and physical ills. They experience a roller coaster of emotions that significantly impacts the physical and mental wellbeing. Life is unpredictable and complaints, fears and negative attitudes starts to dominate their minds. Some

physical health problems like ulcers, backaches, migraine headaches, stomach problems, radical weight gain or loss, severe anxiety attacks, chronic fatigue and insomnia are fairly common. Suicide or confinements to psychiatric wards are also common fates.

The addiction of one partner does not only affect the two as individuals, it also has **far reaching effects on the partnership.** Common negative impacts on the relationship are:

- Addiction increases the feelings of marital distress and dissatisfaction.
- It impairs the addict's ability to participate in everyday household tasks and responsibilities which as a result doubles the partner's responsibilities and resentment.
- It increases the family's social, emotional, and behavioural problems.
- The potential rise in rates of marital violence, poor communication and feelings of marital distress leads to a greater risk of separation and divorce.
- More negative and damaging communication (e.g. criticizing, blaming) and frequent expressions of anger becomes part of the dynamics of the relationship whilst there are lower levels of warmth and unity displayed.
- Family issues such as finances, sexual intimacy and childrearing decisions go unresolved because the focus remains on the chaos caused by the addict.
- The communication changes from a dialogue to a monologue. Each person listens not for content but for ways to attack what the other is saying.
- Relationship issues get settled through manipulation instead of negotiation.
- In most cases addiction is related to lower sexual satisfaction because of the addict's sexual dysfunction.

Addiction truly is a family disease. Not a single family member, young or old will escape the knock-on effects of this disease. Families often play a significant role in the onset and maintenance of addiction. As stress and responsibility are shifted away from the addict to other family members, it results in a further imbalance in the family system. That imbalance in family dynamics doesn't disappear the moment sobriety begins for the addict. Everyone in the family is affected by the disease and therefore family members also play an important role in recovery. Research shows that therapy that involves the spouse and other family members is more helpful to overcome addiction than those who only treat the individual who has the addiction.

Resources consulted:

- Forest D. R., Gary, G. (1986) *How to live with a problem drinker and survive.* Atheneum.
- Nakken, C. (2013). *Reclaim Your Family From Addiction: How Couples and Families Recover Love and Meaning.* Hazelden Publishing.
- Hemfelt, R. (2003). *Love Is a Choice: The Definitive Book on Letting Go of Unhealthy Relationships.* Thomas Nelson Inc.
- <http://www.learn-about-alcoholism.com/alcoholism-and-marriage.htm>



Suzanne Klaasen

Good bye Irma

By Adri Dreyer – Clinical Manager at Elim Clinic



Twenty six years is a long time working for the same organisation. In fact, it feels like a lifetime. Irma Benson retired after a 'lifetime' at Elim Clinic. She started as a credit controller in 1989. Her way of working smarter benefitted the system to such an extent that she was appointed as manager of the admin department in 2009. Under Irma's guidance the admin team started functioning as a unit who could face any challenge and resolve it speedily. Irma's agility in the workplace could be compared to that of a flying trapeze artist. She could easily catch the bar, do the necessary swings and land securely on the

designated platform. A 'raakvatter van formaat', a person who was actively involved in solutions of whatever challenges came her way.

Irma's eyes never missed anything! She had a hands-on approach which made her an all-rounder which benefitted Elim Clinic on various levels. Being skilled on so many levels she was the ideal person to be the right hand of Elize Smith, our managing director. In November 2012 Irma was appointed as deputy managing director. Amongst many other things, Irma will be remembered for her professionalism, her special way of creating 'smooth sailing' by implementing practical and meaningful processes as well as

equipping her staff with skills needed to perform better continuously. Irma was a leader and a manager all rolled into one person. Looking years younger than her age, Irma was paid a compliment by one of our board members on giving new meaning to retirement at the age of 50. What a well-deserved compliment!

Irma, we wish you well on this new chapter of your life. May the legacy of 'smooth sailing' that you left behind, return to you in abundance. May you catch the bar of retirement, enjoy the swings and land securely on your new platform!

Elim Clinic staff



Margaret Augustyn

ADULT CHILDREN OF ALCOHOLICS

- Breaking the Cycle *By Margaret Augustyn – Addiction Therapist*

If we do not acknowledge our past, we are likely to repeat it. Your alcoholic parents are often also adult children of alcoholics. You can break this generational cycle firstly by trying to understand it. Children of alcoholics grow up with large parts of themselves walled off in darkness, making themselves unavailable for enjoyment and learning. Until those walls are broken down life cannot be fully experienced. Until those parts of yourself and your life are acknowledged, you will not know who you truly are. The truth about growing up with alcoholism will set you free.

Recognition of familial alcoholism is the first step in the process. As long as adult children deny their exposure to alcoholism, they tend to deny other aspects of themselves and the reality around them. It is as if there is a small, scared and abandoned child inside who has been left unattended for years. Acknowledging the alcoholism is to acknowledge the existence and suffering of this child. You can begin by looking at the effects your childhood experiences have had on your adult life and identify the issues that you have continually encountered without satisfactory resolution. There are common problem areas that result from being raised in an alcoholic family.

Common core issues and breaking the cycle

1 The fear of being "out of control" is almost universal, and strong feelings are experienced as being out of control. Adult children of alcoholics automatically scan the environment for cues, wanting to know what is in front, behind, to the left and to the right of them at all times. While there are many things we can control, there are many more things we cannot.

A familiar situation might be visiting your parents' home. If your parent begins drinking, you cannot control his/her behaviour. What you can control, is how you respond. Rather than attempting to get him/her to stop, you can excuse yourself and leave. Cultivating the wisdom to know the difference between situations you can change and those you cannot, as well as exercising the choices you do have in dealing with events you cannot change, are crucial in coming to terms with the issue of control.

2 The second issue is **distrust of others and yourself.** Repeatedly told to ignore the obvious, children of alcoholics learn to distrust the wisdom of their own organism, to distrust what their own senses tell them. This leaves them misinformed, puzzled and bewildered. Realising that trust is difficult for you does not eliminate the problem, but it does provide a frame of reference to help you minimise the adverse effects of mistrusting when you should trust, or trusting when you should mistrust.

Learning a strategy for development of trust starts with a small step. Say something that is important to you, to a friend, like you are the adult child of an alcoholic. Watch what the other person does, listen to what he or she says, and become aware of how you are feeling. If you feel good about the person's response you can draw the conclusion that this person is to some degree trustworthy. Then, if you choose, you can go a bit further and share a little bit more. Take baby steps. Guard against thinking in an "all or nothing" way because your feelings are only one important source of information available

to help you decide who is trustworthy.

3 Adult children of alcoholics are often over-responsible. They believe they are responsible for what is happening in the family. After all it is not uncommon for parents to say: "If you did not get into trouble at school today, I wouldn't need a drink tonight." Adult children of alcoholics grow up believing they are responsible for emotions and actions of others. In recovery, you need to become more self-indulgent. Think about things that make you feel good. You cannot be all things to all people all of the time. You also have to learn to say "no". This is very hard to do. It involves practice and taking a risk. This may be something you need professional help with.

4 The tendency to ignore their own needs is another core issue. Adult children may find that acknowledging their personal needs makes them feel guilty because they have learned to regard their needs as an imposition on others. They also learn that to have needs, is to be vulnerable, and in the past it certainly did not serve to be vulnerable. Adult children of alcoholics have to learn that they have rights too. These rights include, amongst others, the right to personal needs, the right to your own feelings and the right to your own opinion. You have the right to express yourself in ways that doesn't damage other people.

5 They repeatedly align themselves with people who are unavailable or un-supportive. Often to people who are addicted to alcohol or drugs or people who are very dependent and needy. The adult child swings between the extremes of being overly involved and trusting or detached and not trusting at all. Only by recognising your "all or nothing" functioning you will have a chance to break the reflex. As a child you did not have many options, but as an adult you can choose to reach out and ask for support. Reaching out is a sign of courage and recovery, not of weakness.

Can you break the cycle? Only if you stay in the recovery process and monitor your childhood issues. One of the most important pitfalls adult children of alcoholics face is the way they view the past. The past is regarded as something regrettable, something to get rid of. There is a big difference between letting go of the past and disowning it. Letting go of the past allows the adult child to move forward without the burden of all those external yesterdays. Trying to disown the past is to deny reality and to miss out on the opportunity to grow from where you were to where you want to be.

The greatest pitfall, however, is to make recovery something it is not – namely the end of the effort. Recovery is an ongoing process, not a finished product. Adult children of alcoholics, like other human beings, always have more to learn. As one poet puts it:

*The journey is never over,
To travel hopefully
Is a better thing
Than to arrive*

1. PROUST, M. (1978) in GRAVITZ HERBERT L. & BOWDEN JULIE D. (1985) Recovery: A guide for adult children of alcoholics. Simon & Schuster, Inc., New York.
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3. WOITITZ J.G. (1985) Struggle for intimacy. Health Communications, Inc. Florida.
4. Kristin Neff, PhD: Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind. William Morrow; 1 edition (April 19, 2011).

Forthcoming events: Please find attached a list of Elim Clinic's CPD/CEU accredited training events.

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