

**Help and Support for the Spouse of the Alcoholic -
Is Your Spouse's Alcoholism Killing You?
By Peggy L. Ferguson,Ph.D.**

"My spouse is killing me with his alcoholism. He does not help with anything. He doesn't even pick up after himself. He won't work. He is spending all the money. He's never at home. When he does come home, he's drunk and agitated, and bossing everyone around. I feel so angry that I just want to hurt him".

These are words that I hear all the time from family members of an active addict, whether it is alcohol addiction or other drug (AOD) addiction. Certainly alcoholics/addicts can be male or female. For simplicity in pronoun usage, the AOD addict will be treated as male and the spouse as female. The dynamics and experiences of both the addict and the spouse are "essentially" the same for both genders. Individual and family dynamics of addiction and recovery are very predictable.

Of course the spouse is angry. She is picking up all the slack caused by the abdication of responsibility from the addict. She is running around like a chicken with her head cut off, working, taking the kids to soccer practice, going to teacher parent meetings, doing all the cooking, cleaning, bills paying, and taking the vehicles for maintenance. The addict, of course, does not see it that way. He believes that he is making a major contribution, and that he is not appreciated.

Both are operating under a distorted view of reality. The alcoholic is at the same time self-centered and narcissistic, and ashamed and self-loathing. They sometimes demand "respect" in one breath and then bemoan that the family would be better off without them. The AOD addict feels hurt and angry about the spouse's attempts to control, parent, manipulate, and above all, try to get in the way of his using. The spouse feels hurt and angry about the addict's continuing to use despite all the problems caused by it, the addict's failure to cooperate with the game plan, and with the addict's emotional absence from the family.

They are working at cross-purposes. The addict "just" wants to use in peace without the natural negative consequences of their using. The family member "just" wants to the addict to wise up, see what they are doing to themselves and to the family, and to quit using.

The addict is engaging in an obsessive compulsive relationship with the chemical. The spouse, the co-dependent or co-addict, is engaging in an obsessive compulsive relationship with the addict. Spouses can see that "the chemical is the problem" and the addict views the problem as the "controlling spouse". Just as the addict feels compelled by every fiber of their being to use chemicals, the spouse feels equally compelled to try to fix the problem. The problem, having been identified as the addict's chemical use, is not amenable to being fixed by the non-addicted spouse.

Addiction is fraught with secrecy, lying, manipulation, social isolation and withdrawal, distorted feelings, and inappropriate ways of dealing with those feelings. Relationship issues, other than the drinking/using, become a battlefield where the struggle over the chemical is also played out. Two people who were once close become combatants. They seem to be forever locked into cross purposes with each other.

The things that were once minor differences become major chasms that divide and conquer. An example would be in parenting. If there is a difference in "strictness" vs. "leniency", it will become polarized. If you are in conflict over a child's lack of responsibility, that conflict will become exacerbated as the more lenient spouse thinks about the addict's lack of responsibility, compares it to the child's, the child's developmental stage, and finds the strict, alcoholic parent to be hypocritical and unreasonable. They may or may not verbalize any of this, yet they will typically become more lenient so as to balance out the unreasonable demands of the alcoholic parent. The AOD addict views the spouse's behavior as undermining his authority and just another example of her attempts to control everything. These spouses can be so locked into battle over issues like these that they don't even deal with the addiction as an issue. Yet it permeates every argument, every conflict, and every event where feelings are hurt. Or they may engage in an overt struggle over the addiction, and the other conflicts are viewed as just another example of how the other spouse is wrong.

Each is engaged in coercive efforts to control. The spouse, especially a wife, will stay engaged in that struggle over decades of addiction. A husband typically, stays a shorter length of time in a marriage with an AOD addicted wife.

Although the spouse threatens for years, or decades, to leave, they do not (for a long time) really consider it as a possibility or a feasible course of action. The non-addicted spouse does, however, finally get to a point where they acknowledge their own powerlessness over the addict and can truly see how unmanageable their own lives have become, and are indeed able to leave. By the time they really do mean it, and can leave, the addict won't believe them. They have cried "wolf" too many times before. If the spouse can really set this bottom line and mean it, it will typically create a crisis for the addict. In this example, only a genuine decision to leave will create the crisis. A threat won't do it.

Crises involve pain. Crises are most likely to motivate an addict to change or to get the help that they need to change. Spouses who seek help and begin to refocus their efforts to taking care of self and kids, can also assist a crisis to occur for the addict. When the spouse stops believing the unbelievable, stops demanding the "truth", stops expecting the addict to act like a responsible adult, and stops rescuing him from the consequences of his addiction, the addict can come face to face with his addiction. That can create a crisis. Remember that crises are short lived and that the motivation, unless acted upon won't last.

As the addict experiences the crisis, they may start the "lets make a deal" maneuvers. Getting sober is a process that takes some time. Family members need to

know that the solutions for help that the addict initially puts forth, to trying to win the spouse back, is often insufficient to accomplish the goal of recovery. Many people when trying to get sober try to do it their own way-which usually does not work.

They may even convince the spouse that they can control their drinking /using if they just try. The addict will often say that they have learned their lesson, that they will cut down, drink at home, quit using, or that they will go to AA or NA. While, ultimately they may have to learn from their own experience that their way does not work, the spouse does not have to stand by and watch the disaster unfold or continue to be on the front lines of the battle.

The addict having discovered that "learning your lesson" is not working, may become willing to go to marriage counseling. Unless seeking marriage counseling with a qualified alcoholism/drug abuse counselor and licensed marriage counseling, this is probably not going to be an effective route. They may volunteer for outpatient counseling when they need inpatient counseling. They may offer to change jobs, communities, friends, as a tool for quitting drinking/using. Be careful. The arguments for doing it their way are seductive.

It is important to really understand that the alcoholic/addict does not know how to get and stay sober. If they did, they would have already done that. The appropriate course of action is to seek professional help. When an addict is at the beginning of recovery or is motivated to do something, it is time to seek professional assessment and follow their recommendations.

It is possible for some alcoholic/addicts to get clean and sober from outpatient counseling and 12 step meetings. In doing so, it is crucial that they and their spouses be absolutely honest with the counselor about what is going on in their efforts-whether or not they are attending meetings, whether they are remaining abstinent. The counselor needs to know whether they have gone to the doctor and gotten prescriptions for other mood altering drugs. Abstinence is usually about staying off all mood altering drugs, not switching "drugs of choice". All these factors are important in updating and revising recommendations for treatment. There are standardized criteria that a professional alcoholism/drug counselor will use in determining the appropriate level of care. One criterion is the failure at the outpatient level of care to remain sober. If the alcoholic/addict starts out in outpatient and finds that they cannot remain sober, they should be referred to an appropriate inpatient treatment unit. For many alcoholics/addicts it is appropriate to go to inpatient without trying outpatient treatment first.

Many non addicted spouses report that after these events, when the addict gets some level of help that things change initially for a brief period, then to return to the same old thing, same old behavior, and same old drinking/using. Spouses should seek help for themselves, and stay engaged in that help, regardless of whether the addict seeks treatment or not. Spouses will sometimes go to counseling, learn enough to make behavioral changes and feel better, and then quit their recovery efforts when the alcoholic/addict seeks treatment. Spouses need treatment for themselves because of their

own symptoms and illness. Spouses, with help, can and do recover with, or without the recovery of the alcoholic addict.

Spouses who get to the place where they are unwilling to live with an active addict and who decide to leave, will often marry another alcoholic/addict unless they get the help they need to stop the cycle.

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