

## **Relapse and The Family**

**By Peggy L. Ferguson, Ph.D.**

We speak of the families as systems in which each part affects and is affected by every other part. However, the behavior of one member does not cause the behavior of another. Simple notions of cause and effect are not appropriate when dealing with families, especially families in recovery. Families typically engage in circular behavior exchange patterns.

The recovery of non-addicted family members, (often called co-dependent, or co-addict) is not contingent upon the recovery of the addict. Likewise, the recovery of the addict is not contingent on the recovery of the non-addicted members of the family. Does the recovery or non-recovery behavior of one member affect the other family members? Absolutely; while relapse in one member is not caused by other members, the dysfunctional, self-defeating and self-reinforcing interaction patterns are often involved in relapse.

In the progression of the disease, spouses, children, siblings, parents (and others) are negatively affected by the addiction and develop their own symptoms as they attempt to adjust to and deal with the effects of addiction. These symptoms could be manifested in physical, psychological, behavioral, and social ways. They become ingrained, self-reinforcing, and can persist long after the absence of addiction in the family. An example would be the learned dysfunctional behavior persisting across generations when the previous generation did not drink or use other drugs.

Alcoholic/addicts and their non-addicted loved ones sometimes assume that if the addict is in recovery and the using stops, that the family members will automatically recover. This is not the case. Recovery of the alcoholic/addict does not create recovery in other family members. The symptoms of family members occur not only as a partial result of their own behaviors and decisions, but often pre-exist their relationship with the addict. Spouses of addicts quite often come from addicted (or similarly dysfunctional) families of origin.

For them to recover, they must take responsibility for that recovery. "Co-addict" recovery occurs from a shifting of focus from the addict to their own growth and self-care. This shift involves accepting responsibility for one's own decisions, feelings, behavior, and happiness.

The process of relapse is very similar for alcoholic and non-alcoholic family members. Relapse for both the addicted and non-addicted involves a return to old, pre-recovery thinking. There is a return to defense mechanisms that allow you to deny or distort reality to yourself. Examples might include blaming, rationalization, intellectualizing, minimizing, generalizing, and denial.

A return to old thinking is followed by a return to old feeling states and old ways of dealing with those feelings (such as acting out resentments and withdrawing in self-

pity). A return to old behavior follows the old distorted thoughts and emotions. These old behaviors could involve a return to previous addictions or compulsions. They might involve replacing old addictions with new ones like religion, work, sexual, relationship, or shopping addiction. Typically, the relapse of family members involves a return of the compulsion to take control of the addict.

The relapse of one member does not necessarily precede relapse in others. Everyone has choices and is responsible for their own recovery. It is each person's duty to be familiar with triggers, and early warning signs of relapse. It is each person's (addicted and non-addicted) to take pro-active steps for prevention of relapse.

Some early warning signs of non-addicted members' relapse usually involves poor stress management and erosion of recovery behavior. These might include abandonment of positive routines and structure (i.e, rules, boundaries, meetings), loss of focus and momentum toward goals, and return of inability to maintain focus on personal recovery. The co-addict in relapse generally returns to focusing on the recovery or non-recovery of the addict. In the process they typically experience a return of old, pre-recovery emotional, physical, psychological, and/or behavioral symptoms. These include a wide range of symptoms from insomnia to a return of their own dysfunctional, compulsive behavior.

For families in recovery, it is vital to recognize the relapse potential of all its members. It is necessary for each person (addicted and non-addicted) to be responsible for his/her own recovery independently of what the others are doing. Each person should develop their own relapse prevention plan. Each should encourage and support the relapse prevention plans of other members. Each person in that system can and should give all their significant others permission to tell them when they see impending relapse symptoms.

Most people have a great deal of difficulty recognizing their own relapse symptoms while they are experiencing them. The people closest to them, can see those symptoms. While no one likes hearing that they are exhibiting relapse symptoms, a pre-existing agreement between members to give each other that feedback may make it easier to hear.

The best relapse prevention is working a twelve step program of recovery and all that that entails, including reading the literature, attending meetings, doing service work, utilization of a wide support system and sponsorship. Recovery activities are not just for the addict. Everyone in an addicted family needs a recovery program of their own. Each person is responsible for monitoring their own recovery activities, attitudes, and behavior, paying attention to the effects of their behavior on other members. It's vital to ask for and be open to the feedback from significant others. You would want your loved ones to tell you about a melanoma on your back if they saw it and you didn't. Telling you about your return to old thinking, feelings, and behavior, is no different. This return to old ways of being is about denial of reality that make it ok to return to drinking/using. For non-

addicted significant others, relapse is a return to old dysfunctional maladjusted problem solving behavior that causes physical, spiritual, emotional/psychological damage.

Remember that in systems, each part affects every other part. During active addiction, you were all in it together. Now, in recovery, you are still in it together. However, now that you are each responsible for your own recovery, you are empowered to make changes in your own behavior that can profoundly change your own life, regardless of what your loved ones do.

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