

Guessing at Normal: The Therapeutic Journey of Adult Children of Alcoholics/Addicts

Presented to

The Faculty of the Adler Graduate School

---

In Partial Fulfillment of the Requirements for

the Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

---

By:

Tamarah Lynn Gehlen

August 2010

## ABSTRACT

This paper explores the therapeutic framework that is created for the treatment of Adult Children of Alcoholics/Addicts (ACoAs) by combining Kübler-Ross's stages of grief, Weigscheider-Cruz's five family roles, and Woititz's 12 common traits of ACoAs. These concepts are discussed in depth and are paired with the use of Adlerian therapeutic techniques to demonstrate how to lead ACoA clients through the therapeutic journey to improved emotional health and acceptance.

### Guessing at Normal: The Therapeutic Journey of Adult Children of Alcoholics/Addicts

With the growing popularity of television shows such as A&E's "*Intervention*" and MTV's "*Celebrity Rehab*", Americans are beginning to gain insight into the once secretive world of addiction. With this new knowledge alcoholism and addiction are losing the taboo that they once held. Now there are a variety of addiction recovery resources available for those suffering from addiction; however, there is still a great lack of services for family members and others close to the addict who were also affected by the addiction process.

Regardless of the drugs of choice, addiction is a disease that impacts more than the user. Addiction has been gaining attention and acceptance as a family disease. Those who have suffered in silence are beginning to emerge as are patterns of issues surrounding those who grew-up in homes affected by addiction. As a result of this, addiction recovery resources, 12-step groups and a plethora of other self-help groups are also emerging to help meet the needs of this population.

In recent years there has been an increase in the attention given to the plight of the ACoA by many in the helping fields; which has resulted in an increase in literature available on this topic from self-help books to clinical issues presented in clients who come from families where addiction was present. With all of the literature available to learn more about this population, there is a lack of resources that seek to inform the reader of a way to use the information in informed practice when working with these individuals. It is the purpose of this paper to integrate popular literature into useful therapeutic practice through the review of literature and the use of this writer's personal experience in the field of addiction since 2008. By combining Adlerian techniques into the stages of grief with what is known of ACoA clients from the frameworks of Weigscheider-Cruz's five family roles and Woititz's 12 common characteristics, one can develop a framework for the healing journey for the ACoA client.

As stated above, authors in the helping fields are giving more attention to ACoAs who are struggling with a variety of life areas as an adult. Among the most popular of writers on this topic are: Timothy Cermak, Claudia Black, Herbert Gravits and Julie Bowden, Melody Beattie, Matt Karayan, Robert Ackermann and Stephanie Brown. Each of these writers has a unique approach to examining the issues surrounding ACoAs and are appropriate reading suggestions for both practitioners and clients alike. This is not meant to be an exhaustive listing of references, and it would be outside the scope of this paper to examine the works of these authors in depth. It is important to highlight these sources and also state that it is the professional practice and personal preference of this writer to use Woititz's 12 common traits of ACoAs to deepen the understanding of Weigscheider-Cruz's five family roles; paired with the 5 stages of grief as explained by Kübler-Ross (1969), to provide a framework through which a practitioner can lead the ACoA through the therapeutic journey.

Through this work, it is important to use the metaphor of 'journey' with clients so that clients can better understand that therapy is a process. This metaphor aids them in goal-setting where they would like to go next, while also seeing the progress that has taken place. Much like a vacation, this helps keep therapy at a comfortable pace without rushing ahead and missing important stops along the way. By weaving in Adlerian therapeutic techniques with the stages of grief into the framework that is created by combining the work of Woititz's 12 common traits and integrating them into the five family roles as established by Weigscheider-Cruz's; this provides a coherent treatment practice that this writer has found to be particularly useful when working with ACoA clients. These integrated frameworks are more easily understood and provide a way for the ACoA to understand themselves at a deeper level, while providing a roadmap for the practitioner – something that is missing in many works published on this topic.

### **Beginning the Journey: Understanding Roles and Traits**

To more deeply understand each of the Weigscheider-Cruz's five roles, this writer has used some of Woititz's 12 common traits to further describe each of the roles. The writer is not suggesting that all of the traits will be manifested in each role for every client; the traits seem to deepen a general understanding of the roles. For the purpose of this paper and to gain perspective in clinical practice, the roles and traits have been integrated. In order to more systemically understand each ACoA family role, each role will be discussed in relation to: 1. Duties of the role when addiction was present, 2. Woititz's traits that deepen our understanding of the particular role, 3. Particular struggles of the experience in each role, 4. Therapeutic techniques that may be used with each particular role.

In the spirit of discussing the start of the journey, it is vital to first examine the importance of empathy in the therapeutic relationship. Adult Children of Alcoholics/Addicts have grown up with the silent, yet ever-present, rules of don't ask, don't trust, and don't tell (Woititz, 1983). Taking time to build trust, demonstrate empathy and creating a safe place is the most vital aspect of having a successful therapeutic relationship with an ACoA client. Minimal self-esteem and issues of low self-worth are common threads that run through individuals impacted by addiction. Courage for coming forward and seeking help must be validated, and encouragement needs to be provided in each session, particularly at the start of therapeutic relationship, to provide the encouragement for the client to continue moving forward. Confrontation is an important part of the therapeutic journey, and if there is not a strong supportive base established with the ACoA client, this may be detrimental rather than a growth opportunity.

“In a home where one or both parents are actively alcoholic [or addicted to other substances], family life has a distinctive character. Family life is inconsistent, unpredictable, and

chaotic” (Gravitz & Bowden, 1985, p.9). If the Adult Child can implement areas of consistency and routines in their lives they can begin to feel some sense of normalcy. Through the adoption of roles, this is one way that ACoAs began to have some semblance of predictability and consistency in their interactions with family and others. Through the therapeutic journey, helping the ACoA remove titles of good/bad and normal/ abnormal as it pertains to their developed traits removes some of the judgment and shame of their past. Then we as therapists can aid them in examining patterns of useful versus not-useful behaviors (Gravitz & Bowden, 1985).

Further examining concepts of guessing at normal, their burdens of shame, and feeling a need to control situations and prevent issues before they arise; ACoAs have not learned to lovingly guide themselves through a growth process that allows for variances in navigating their paths. Families impacted by the addiction process rarely had simple conditions of what was or was not allowed. When the adult child can apply black and white concepts to themselves, this provides a stability in guiding principles that are reliable and more easily followed than what was presented in his or her youth. A therapeutic goal vital to the ongoing success for the ACoA is to use perspective training; to be able to look at mistakes, not as failures, but as lessons in helping an individual better examine what does and does not work in his or her life with less rigidity. To instill this is to allow the ACoA permission to have options and emotional growth – concepts that have perhaps been foreign to him or her until adulthood. This is one of many areas of development that may have been stunted in the ACoA, and needs to be considered regardless of the role or traits that are presented in the ACoA client.

For families impacted by addiction, the Enabler role takes over duties and is most active when the addicted person is active in their use. This role is most commonly filled by the eldest child or the spouse/significant other of the addict. For the individual in this role, they tend to

lose their sense of self in caring for the needs of others, and often cannot strongly bond with others due to the perpetual “busyness” that caring for others creates. The purpose of this role within the addicted family is to ensure that the daily needs and tasks are completed in order to keep appearances up for the outside world.

Woititz’s common traits that are often seen in the enabling role are: lying when it would be just as easy to tell the truth, taking themselves too seriously, having difficulties having fun, hyper-responsibility, and being loyal even when loyalty is undeserved (Woititz, 1983). These traits present themselves in a variety of ways throughout the therapeutic process. Many enablers make excuses not to come to therapy when other obligations are presented, and may feel guilt for focusing on themselves. Most importantly, struggles occur with making changes because appearances may be compromised when the client begins to focus on self-needs versus maintaining the family system of secrecy. When working with a client who is still closely connected to a family system where active addiction is present, it is vital to help the client understand that by maintaining this role, this individual is making it easier for their loved one to remain active in their addiction.

For the client who adopted the role of the Enabler, educating on boundaries to help them learn that it is “okay” to say “no” is an important confrontation that will take place often throughout the therapeutic journey. Through the development of these skills they can begin to emotionally separate from situations where their enabling actions would typically take over, and begin to respond in supportive ways where their actions do not defend or cover for the addict (Karayan, 2006).

Once rapport and trust have been established, the use of the Adlerian Lifestyle Assessment can be revealing. This tool enables the therapist to get an in-depth look at private logic and client symptoms through family information, birth order, early recollections (ERs) and

questions examining the satisfaction of the client in each of the life-tasks areas. The style of life and private logic go hand-in-hand. “Consider the man whose only tool is a hammer; he tends to perceive everything as if it were a nail. If the situation fails to respond to his hammering, his only idea is to hammer all the harder” (Powers & Griffith, p.104). Through the use of the Lifestyle assessment, Adlerian therapists help the client to see what tools are in their proverbial tool-box, and assisting them to understand and take hold of more effective tools is when change occurs.

While the Lifestyle Assessment is commonly used initially in treatment and is often revisited, ERs are a tool that can be used in conjunction with, and separately from, the Lifestyle Assessment.

Individual psychology is a theory of expression. It assumes that we retain particular memories in order to maintain an orientation through time, to rehearse our understanding of the fundamental issues of life, and to provide ourselves with reminders of the reliability of our convictions. To know your early recollections ...is to have access to your basic schema of apperception, and to be able to see how you see yourself, others, and the world (Powers & Griffith, pp. 185-186)

In working with ACoA clients, the Lifestyle Assessment and ERs are highly helpful when determining the extent to which the client’s family experience has impacted their private logic and how this is either beneficial or defeating to the client at the present time. From work with ERs and Lifestyle, the informed practitioner could glean patterns that emerge to highlight Woititz’s 12 common traits. ERs can also help in assisting a client with determining what role they played in the family, and how this impacts them in the present by way of their private logic.

A client’s private logic is vital to understand as it may hinder or undermine the therapeutic process if not confronted and adapted. Understanding of the client’s private logic is also helpful in order to tailor the recommendations for change that are made and in anticipating



road-blocks in the journey. Understanding these concepts also aids the practitioner in knowing how to formulate appropriate confrontations without the client feeling alienated or overwhelmed.

The next role, according to Weigscheider-Cruz, is that of the Hero. Persons in the Hero role use their success as a way to take the focus off the addicted person. This role is typically filled by the eldest child who may feel the need or responsibility to “fix” the family’s pain. The Hero is a person who struggles for perfection, but often feels inadequate. As they age, the Hero will often become the Enabler in the family, or may marry and addict and will act out the Enabler role in this relationship. The purpose of this role is to raise the esteem of the family and to mask the chaos that addiction brings to the family.

Woititz’s common traits that are often seen in persons who fill the Hero role are: difficulties having fun, taking themselves too seriously, overly responsible for every task they take on, demonstrate difficulties with intimate relationships as they cannot show vulnerability, and often overreact to changes they cannot control. This role constantly seeks approval and affirmation from outside sources as they base self-worth on achievement and receiving praise from others. As worth is tied to external achievement, these individuals also tend to judge themselves without mercy. Workaholism is a common issue for adult Hero/ACoA (Woititz, 1983).

Struggles that occur for those in the Hero role are unique, as these individuals may seem to excel in therapy, and may even ask for additional work in order to earn the praise of the therapist. Heroes are driven individuals who may not admit to the depth of their own emotional pain and can burn out easily. Clients in this position may miss appointments if therapy interferes with work or another activity to which their worth is currently tied. When working with these individuals, it is important throughout therapy to support and instill a sense of being worthwhile as a person, separate from any task or responsibility. Significant self-esteem building based on

the person (inherent work) rather than external achievement can be done through information gained with the use of the Lifestyle Assessment paired with the Adlerian five life task wheel exercise, to work on balancing life-tasks, can help foster a sense of fun, and can open the door to examining ways that the Hero can begin to do things simply for enjoyment and rejuvenation.

Play is a learned behavior with a multitude of benefits for children and adults alike. As there are countless articles on the importance of play for healthy childhood development, play is also a vital aspect to the adult life of an ACoA. As ACoAs are often judgmental and critical of themselves, these men and women are at an increased risk to use chemicals in unhealthy ways to deal with stress and shame (Gravitz & Bowden, 1985). Working with the Hero ACoA to learn how to play aids them in dealing with stress in more productive ways and can further develop into a playful attitude. Thus removing some of the rigidity and merciless judging that ACoAs place upon themselves that further contributes to their feeling 'different' from others and self-defeating private logic.

What seems like playfulness comes at a price for the Mascot of the family. The Mascot uses humor to reduce pressure and fear for family members when tensions are running high. This individual often demonstrates poor comedic timing and can be likened to a 'class clown,' regardless of age.

Often lonely, persons in this role use humor as a mask to not allow others in or see the true emotions lingering beneath what is shown on the surface. If in this role long enough, Mascots have demonstrated difficulties with developing deep compassion or empathy for others. The purpose of this role is to reduce tensions in the family when conflicts occur. Often 'the life of the party' and highly popular, after utilizing this role for a length of time, what is most difficult for those in the Mascot role is being taken seriously. Thus, if these individuals are not

met with empathy and openness, it may reinforce their mistaken belief that they cannot be serious and still have others relate to them.

Common traits according to Woititz that can accompany the Mascot role are: having difficulties following a project through from beginning to end, guessing at what is 'normal', lying when it would be just as easy to tell the truth, and difficulties with intimate relationships. Much like the Hero role, Mascots get their affirmation of self through the approval of others, and tend to act out and be most engaging when they are hurting the most (Woititz, 1983).

As a practitioner, it is important to confront the Mascot client when they appear to be attempting to entertain more than usual. Joining can also take more time with these clients as they will test the waters to see if they have found a safe place and if they can be taken seriously without putting on a show. Reaffirmation of the Mascot when they are being serious and 'real' will be an important part of their therapeutic journey. These individuals may take more time than other family roles while in therapy as, for many, it will take additional time for them to be able to identify the feelings beneath the humor.

Therapeutic techniques that can be helpful when working with this role as stated above, would first to do significant joining and affirmation work with the Mascot client in order to establish that they are being taken seriously and that this is a safe environment where they will be more rewarded for being 'real' versus 'on stage'. Once again, the use of the Lifestyle assessment will be a helpful tool in determining where the client finds significance, but particular attention should be paid to private logic in the Mascot client. The reason for this is that should the Mascot be in a place where they are unable to identify emotions and where they are struggling, private logic and use of ERs will give insight into areas that the Mascot is having difficulties with. By also using the Adlerian concept of *anything can also be different*, re-

working ERs and taking notice of the things that the Mascot would opt to change when re-working ERs can also be informational on areas that they see a need for change in.

One particular struggle that is present in working with the Mascot during the treatment process is external support. Once changes start taking place and the Mascot begins to remove the use of humor as a primary way of interacting with the world around them, Mascots may receive negative attention for the healthy changes that are taking place. People around them may comment that they are not 'fun' anymore, or may not know how to interact with the Mascot once the more serious side emerges, and may withdraw from the relationship that they previously held with the client. During the therapeutic journey, it is vital to inform the client of things that may occur and continue to support and affirm the client for the changes that are taking place should they not be receiving outside support in order to prevent a relapse into old behaviors once again.

Lastly, another goal of therapy should be to redefine the concept of fun for the client, based solely on things they enjoy for themselves. This serves to help them connect to something that is self-fulfilling and also has the potential for them to make new connections to others who share similar interest.

The Lost Child is the opposite of the Mascot. Persons who adopted this role did not interact with the family, and found that blending into the background and not bringing attention to the family or themselves was a way to safeguard the issue of addiction within their home environment. Lost Children tend to feel empty and may have private logic lending to the notion that the self is not an important entity. These individuals often lack effective communication and relationship skills, retreating rather than confronting, and can demonstrate passive aggressive traits.

Lost Children also tend to hide hurt and pain in temporary solitary worlds that they create for self-soothing. Self-soothing can come in the form of excessive television watching, sexual,

food-based or drug compulsion, or getting lost in music or reading. Most often the selected activity will be done alone and away from the view of others. “Children of alcoholics had to survive essentially alone, because that is the nature of the disease of alcoholism. It is an isolating, separating and lonely disease” (Gravitz & Bowden, p.17). ACoAs observed inconsistent and unhealthy behaviors in the early home environment, often confusing or not understanding what healthy intimacy or interaction with others means. Pair this with the neglect, physical, emotional and/or sexual abuse that is not uncommon in these homes, and there is a recipe for dysfunctional patterns and beliefs that detract from the possibility of building healthy relationships.

As they age, Lost Children also display many of the common traits as outlined by Woititz such as: feeling different from others, having difficulties having fun, taking themselves seriously, having difficulties with intimate relationships, guessing at normal behaviors and lying when it would be just as easy to tell the truth. For these individuals, the purpose of their role was not to place additional strain on the family and not to divert attention (Woititz, 1983).

There are a variety of issues for practitioners to watch for with Lost Child clients. The first issue that these clients may present is that they may resist, or not seek therapy. If they seek therapy, being disconnected from the family, they may not see how current issues relate to family of origin issues. Additionally, the therapist may need to take additional time prior to delving into the issues that are present and work solely on relationship and communication skill building to help the client do interpersonal work and to engage more effectively in the therapeutic process. The extent to which these issues will present will depend upon the severity of the role adopted by the client.

One of the many goals of therapy is to aid the client in helping remove the focus from the self and striving for significance in ways that can be self or goal defeating. Once this is established, the client is able to look beyond the self and contribute to others, providing a sense

of capability and connectedness. Through this process we are able to see social interest in action, rather than striving for significance or in compensation (Ansbacher & Ansbacher, 1956). In order to achieve this state, extensive joining and affirmation must take place. Once trust and rapport have become commonplace with the therapist and movement begins to occur, connecting the Lost Child client to a group situation can help them foster positive connections to others. This will aid the Lost Child into meeting their belonging needs, in addition to practicing communication and relationship skills in a safe environment. ACoA group therapy or self-help groups such as Al-Anon or Ala-teen help promote “Gemeinschaftsgefühl” - a term translated literally to “community feeling”, but more commonly known as social interest (Ansbacher & Ansbacher, 1956).

Lifestyle Assessment and ER work is applicable to clients in any of the role situations outlined, thus, would also be beneficial in working with Lost Child clients. Closely examining the Adlerian life tasks with these clients is important as this will provide insight into areas where the client may excel or may have talents that have not been utilized to date. Highlighting these and promoting the use of these traits can assist in the building of the client’s esteem and can point to areas for additional resources where the client could positively connect with others.

Narrative therapy is another possibility for working with the Lost Child. Through this process clients are able to write their story - teaching perspective taking and assisting the Lost Child in defining another role for themselves, thereby strengthening the resolve to continue making changes. Much like the other roles, boundaries may also be an issue. However, unlike other roles, overcoming rigidity and needing to loosen boundaries may be a need for these clients as they have been exclusively focused on disengagement and self-soothing. Often times clients in this role will go through a process where they are overly rigid, flexing to a lack of boundaries, and then coming back to a more healthy, balanced middle-ground.

The last of the Weigscheider-Cruz Roles is that of the Scapegoat, who routinely acts out in order to take the focus off of the family. These individuals typically carry hurt and guilt over what they have done and are often aware that their actions are ‘wrong’. They take on the blame for the family chaos by both family members and potentially others outside the family system, and often present with difficulties in dealing with persons in roles of authority: police, teachers, employers, persons of higher status, and potentially counselors. In their life experience they have allowed others control in order to take the focus away from the addiction and the dysfunction that have occurred in their family.

Clients in this role can be somewhat of a ‘wildcard’, but Woititz’s traits that are commonly seen in this client population are: having difficulty with intimate relationships, overreacting to changes over which they have no control, feeling ‘different’ from others, super irresponsibility, guessing at normal, lying when it would be just as easy to tell the truth, and lastly, having difficulty following a project through from start to finish (Woititz, 1983).

There are a variety of potential road-blocks to working with Scapegoat clients. Depending on the length of time spent in the Scapegoat role, in addition to the severity of the role, these clients may be hostile and resentful of any questioning – or – they may be immediately accommodating when shown compassion. As therapist we are trained to be highly aware of our demeanor and how we portray ourselves with our clients. For the therapist who has a strong personality or presence, it is important to tread lightly during the joining stages of therapy as not to come off as authoritarian. Doing so may trigger the client to respond in non-productive ways, or sever the relationship promptly.

Scapegoat ACoAs may also display significant self-pity, defiance, hostility or suicidal gestures, typically stemming from feelings of worthlessness and feeling that they are not capable of making change. Rather than deal with the guilt as it pertains to them, at times these clients

appear to be stuck in a cycle of blaming others for their life-paths. Confrontation needs to be gently and gradually increased as the counselor tempers this with instilling the fact that the Scapegoat is not 'bad', highlighting the individuals choice behind the behaviors to instill a sense of personal responsibility on the part of the client.

In order to accomplish these goals, there are a variety of therapeutic tools that could be used. Once again, the joining stage is going to be a vital part of setting the stage for a productive therapeutic encounter. Successful joining with the Scapegoat client provides them with the knowledge that they can have people in their life that are there to support them in positive ways. Much like the other family roles that have been discussed, an important part of the therapeutic journey will be to establish self-esteem based on the client as a person (inherent worth) rather than on the actions that they produce.

While the Lifestyle Assessment and the re-working of ERs would also be beneficial with this client population, using the Adlerian concepts of teleological movement and goal directedness, the therapist can help the Scapegoat begin to take responsibility for their previous choices, and accountability for the way they interact in relationships. When working with the Lifestyle, it is important for the practitioner to listen to clues to see if the client displays signs of feeling that they are not worthwhile or that their existence holds less meaning than others. If this pattern persists throughout the Lifestyle and the client makes suicidal gestures, safety plans may need to be examined more closely, as these clients can display high impulsivity. Further iterating the concept of choice into the therapeutic journey, it can be helpful to integrate aspects of Glaser's Choice Theory into the work done with Scapegoats as a way to help the client feel empowered and perhaps more active in their therapy.



Having a more in-depth understanding of this population and how their family involvement and selected traits have led them to their current position in life help therapists to then use the stages of grief model developed by Kübler-Ross.

### **Using the Stages of Grief with the ACoA Client**

This model was first introduced by Kübler-Ross in the 1969 book, “On Death and Dying”, and the stages of denial, anger, bargaining depression and acceptance were initially used to help those who have lost loved ones survive more meaningfully, while also coming to terms with their own mortality. This writer finds the use of the grief stages beneficial when working with an ACoA client in the therapeutic journey as these clients need to mourn their lost childhoods in order to come to acceptance and move forward in the present. Using the stages of grief also provides distinctive markers for the therapeutic journey. Each stage allows the ACoA to express emotions that may not have been permitted in their childhood homes, particularly when it comes to anger and depression. The use of these stages also helps the client and the therapist to organize the therapeutic journey to encompass and treat the enormity of the experience of what it means to be an Adult Child of an Alcoholic/Addict and to have survived living in a family where addiction was present.

In order to paint a portrait of how the stages of grief can be used in the therapeutic journey with ACoA clients, each stage will be covered in the following terms: 1. How the stage is relevant to the plight of the ACoA, 2. References to provide the ACoA client with, 3. A brief look at how each role responds at the beginning and then end of each stage connected with some of Woititz’s traits, and 4. road blocks to watch for in each stage connected with a therapeutic solution to overcome the obstacle.

Looking at the stages of grief: denial, anger, bargaining, depression and acceptance; the first stage of denial is a concept that many ACoAs are familiar with.

As children of alcoholics/addicts, the first lessons that are given in these homes are that of denial. Hearing other family members lie about the addict's use and how the home life situation is being impacted by the use to other family members or outsiders, affirms that *something is different in our home*. These events also serve to reinforce the idea that one cannot trust what one sees or feels, thereby twisting reality into uncertainty. As children, these individuals also may have seen the addict's own denial in action, leading to further confusion in attempting to process and make sense of their situation.

Later in life, denial can take on many forms. For the ACoA, this may mean looking back at their dysfunctional home environment and downplaying, or dismissing, the events that happened there, or denial can take a more symbolic meaning. People are typically aware of their situations on some level. ACoAs typically do not need assistance in understanding the difficulties that were present in their home lives and often times report that they see some impact as a result on personal relationships that they have had as an adult; however, understanding the full effect of their childhood experiences can be difficult.

Denial in therapy can also be "paralyzed with shock or blanketed with disbelief" (Kübler-Ross & Kessler, 2005, p.8). As a result of this, it is important that the client be supplied with information from respected resources to gain more information in order to overcome their denial and ready themselves to move forward towards acceptance. Regardless of their adopted roles or traits, to begin dealing effectively with the viewpoint of denial, adult children need to realize that they are not alone. Adlerian therapy promotes "Gemeinschaftsgefühl" - a term translated literally to "community feeling", but more commonly known as social interest (Ansbacher & Ansbacher, 1956). While therapy is an excellent choice to deal with personal issues and learn new effective coping tools to gain perspective on their pasts, ACoAs can also find solace in self-help groups such as Al-Anon and Ala-teen.

In groups like Al-Anon and Ala-teen, children of alcoholics (CoAs) and ACoAs impacted by an addicted loved one can find support, information, and education on how to deal with codependency, enabling, forgiveness, and ways to interact with the addicted person in a respectful way while providing boundaries. This is done in order to support and maintain the health of the loved one of the chemically dependent person.

Like Adlerian therapy, Al-anon and Ala-teen promote Gemeinschaftsgefühl by their strong sense of community, extensive out-reach, and the reliability of their programming. As an international organization, these self-help groups provide consistent support and a safe-place for CoAs and ACoAs where they can connect safely with a group knowing that there is a sense of belonging, and that they will be accepted and understood without question or judgment, regardless of where they attend meetings. Through these groups CoAs and ACoAs are able to listen to the stories and concerns of others, gaining insight into the options available to them in terms of therapy and education. Attendees also learn of local community resources to benefit their addicted loved one and/or the family unit as a whole.

Beyond the resources and education that are a part of these groups, the underlying principles of connectedness, acceptance and understanding are what make them therapeutic. The newcomer who may be in denial, or who has been isolated due to the shame, guilt and confusion over the abuse of substances in the family system is welcomed warmly in the group, encouraged to return to further meetings, and asked to participate only to the extent that they feel comfortable. This allows for feelings of trust and safety to develop on a timeline comfortable for the individual. By continuing to take part in therapy or self-help groups such as those listed above, it is difficult to maintain denial of the events that occur within the addicted family system.

Using self-help groups as well as recommending ACoA clients in denial to read “*Adult Children of Alcoholics*” by Janet Geringer Woititz (1983) are two common resources provided

by this writer to ACoA clients early in the therapeutic process. Both of these resources gently guide the ACoA through the process of identifying what it means to be ACoA, while offering support and hope to encourage further movement on the therapeutic journey to acceptance and improved emotional health.

Through examining the unique aspects that define each role, it is understandable that there will be variances in how individuals in each of the roles will experience the different stages of grief. For the Enabler, making excuses for why the addiction occurred, or being able to admit that addiction was present, but denying that the impact of addiction stretched beyond the addict will be a common response. Heroes may not mention the family at all initially and will focus on internal frustrations or lack of satisfaction in life, the Lost Child client might attempt to say that due to their separateness from the family that the addiction did not impact them the same as it did others. Scapegoats and Mascots may have a front of anger or humor regarding their situation, and breaking through these to expose what is hidden behind these masks is the first step in facing that denial.

As therapy progresses, and if client does the recommended reading, or takes the steps to go to an Al-Anon or Ala-teen meeting, regardless of role, one will often hear the response that they were able to relate and what the client experienced helped them make sense of their own story. Denial is not a refusal to participate in healing, when used appropriately it helps us manage emotions that would be overwhelming without an internal system to slow the onslaught of dealing with large life tasks, thus serving as a protective mechanism (Kübler-Ross & Kessler, 2005). For ACoAs in each of the roles, the therapist can see movement when the client is able to focus inwardly to begin to come to some understandings versus maintaining a narrative approach focusing on the addict or other family members. At the conclusion of this stage, a common goal

can be to aid the client in understanding why they have felt different from others and why they have behaved in certain ways – causing difficulties in their intimate relationships.

Once the pretenses of denial have been removed, anger commonly follows. Much like denial, anger is presented in a variety of ways. ACoAs may begin to see how they were affected by a Cunning, Baffling, Powerful preoccupation of a loved one that caused destruction and feelings of defeat in their lives (Karayan, 2006).

Anger can be a complicated stage to live in if the Adult Child is not receiving support from a self-help group like Al-Anon or a therapeutic relationship. In her book, “The Dance of Anger” (Lerner, 2001) talks about how, “anger is a signal, and one worth listening to. Our anger may be a message that we are being hurt that our rights are being violated, that our needs or wants are not being adequately met ... that something is not right” (p.1). Navigating anger in a healing manner can be difficult for those who have seen anger displayed only as a destructive emotion by the addict and/or other family members in their childhood home. Furthermore, as a child, ACoAs may not have been allowed to express the emotion of anger at all. Anger can also be a point where the ACoA may be ‘stuck’. Anger provides a justified excuse for where they are at in their lives, as anger is a common defense mechanism used to cover pain and shame with bravado and a false sense of power. Many clients will revert to anger as it is an easily understood emotion that feels more productive than the other feelings that may be lurking beneath it. It is important for the therapist to take time with the ACoA client to explore the emotions beneath anger in order to not just effectively manage anger, rather, as a method to heal the source of the wounds. It can also be comforting to let clients know that when they are able to face anger, this typically means that they have reached a point where they feel safe enough to engage in confronting internal and external issues (Kübler-Ross & Kessler, 2005).

Therapeutic work for clients typically involves some level of confrontation either internally addressing issues that have been repressed, or externally by clients having to confront persons or situations in order to move forward. Allowing the ACoA to understand that, “we can clearly define our own selves on emotionally important issues, but it does not mean emotional distance” (Lerner, p.81); further lessens the fear around anger, can help clients move from a highly-dependent or highly-independent stance to being comfortable with the middle ground of interdependence, having better tools with which to deal with navigating a healthy relationship.

Adler stated that clients “select symptoms and develop them until they impress him as real obstacles. Behind his barricade of symptoms the patient feels hidden and secure” (Ansbacher & Ansbacher, p.265). In the end, helping ACoAs listen to the feelings that anger stirs within them is a way to navigate away from situations that do not feed their inner needs (Lerner, 2001). It is vital that the ACoA learn to express, and derive the meanings that anger represents for them in healthy ways in order for this not to become another obstacle in their quest for mental and emotional health. In order for ACoA clients to better understand the process of anger, this writer often recommends Lerner’s *The Dance of Anger* (2001) as well as chapters from Kübler-Ross’s *On Grief and Grieving* (2005).

To examining how the individuals in each of the roles will experience the stage of anger, this writer will highlight a few possibilities. This is not meant to be considered an exhaustive portrait of what to expect. While there is a universal pattern to grief, the individual process is just that – individual. Clients will interpret their experiences in a plethora of ways and the roles that they adopted in their family of origin are just one facet that colors their view.

For Enablers, the lacking of energy spent on their life, isolation and exhaustion are common points where anger will stem from. For the Hero, the ability to have great success in their professional lives, but difficulties in their personal lives while lacking satisfaction in both

areas is a source of contention. When working with Lost Child, Mascot and Scapegoat clients their anger may be highly visible, so the goal is to give them the opportunity to go through anger in a meaningful way that leads to resolve rather than continuing to feed shame, guilt and maintaining feelings of inferiority.

There are many potential road-blocks that accompany this stage. For the ACoA, this is a critical point as up until now, the therapeutic journey overall has been reaffirming and supportive to this point. ACoAs have lived in a world where they have feared anger, and if anger was present it was often said to be underserved or inappropriate. Facing anger at this time can stir anxiety and is a time when additional affirmation is vital. Anger can become a bridge to gap the wide distance from denial to the path of acceptance. Overcoming the wounds of the past can seem like an insurmountable task for the ACoA, and “anger ...can be an anchor, giving temporary structure to the nothingness of loss” (Kübler-Ross, 2005, p.15) providing incentive to move forward towards acceptance. Looking once again at Woititz’s common traits, the ACoA is able to examine the price attached to remaining loyal, even when that loyalty is undeserved (Woititz, 1983).

Movement can be seen when the ACoA is able to discuss their pain without anger as the primary response, and can remove themselves from the narrative mode of blaming the past. When the ACoA client can begin to make new connections in their lives that appropriately feed their needs of belonging and acceptance, true change has occurred.

Bargaining is the third marker of the grief cycle, and is a potent and often misunderstood stage. Bargaining is a place where ACoAs have spent much time. The theme of bargaining is the common thread that runs throughout each of Weigscheider-Cruz’s family roles, demonstrated through the individual bargaining with themselves and the family that if I can just: help them

more, be more successful, cause commotion that draws the focus away, bring comedic relief or stay out of the way, et cetera, things won't be so bad.

Through the progress made on the therapeutic journey, the ACoA is able to see that bargaining their behaviors in the attempt to change the addict was futile. However, this is not the only purpose that bargaining serves. "Bargaining ... [is] an escape from the pain, a distraction ... an important reprieve from the pain that occupies one's grief... and can help one's mind from one state of loss to another (Kübler-Ross & Kessler, 2005, p.19). To help clients increase their awareness, this writer uses Mathias Karayan's book *Healing the Wound* (2006), in addition to continued Al-Anon meetings for supplementary support and furthered knowledge.

This complex stage can be likened to Prochaska's (2001) *Pre-contemplation* or *Pre-contemplation* stages of change; meaning that motivation is present and actions are being contemplated or beginning to be put in place to make the needed change. In the bargaining phase, the COA or ACoA looks back upon their life and thinks "maybe it wasn't that bad, I'm sure I'm remembering it worse than what it was" or "if I just don't think about it I can leave the past in the past." Both fortunately and unfortunately, our past is part of who we are in the present, and if not dealt with, can have dire consequences upon our futures. Even after they have left their childhood homes, ACoAs can adapt and change roles just as actively as if they were still in their family of origin when addiction was active. This is a way that ACoAs can also bargain with themselves. If one role no longer provides the desired outcome, the Adult Child client may take on another role that they deem more desirable. Woititz clearly states that impulsivity is a common trait found in ACoAs, and role-switching provides a some-what easy fix that temporarily feels better than continuing on the therapeutic journey. There is even a chance a therapist will hear their client say, "I've been through all of this and now I've made



these changes, I feel so much better!” Working with the client to slow down and explore why the changes are taking place and what the benefits are is important in this moment.

For clients who do stay in therapy, regardless of their roles, there is a chance that the ACoA will bargain that with the benefits they are seeing as a result of therapy, if they keep going, perhaps the addict will want to seek assistance, also. The therapist will be able to see movement when the client can progress from this way of thinking to knowing that regardless of what the addict does (or doesn't do) that continued work on the therapeutic journey will result in an increase of peace, love and acceptance. Through the bargaining stage, ACoA clients are able to further examine Woititz's common trait of misplaced loyalty as well as examining more closely to how they react to changes or situations over which they have no control. By completing this stage of their grief, ACoAs further their ability to understand the importance of honesty with others, but most importantly themselves.

While the ability of releasing and accepting anger as a natural part of life can be freeing, the stages of anger and bargaining commonly open the door to depression. Anger is the turning point that concretely identifies the impact of growing up in an addicted household and length to which this experience infects every life area as an adult. The bargaining stage solidifies that we cannot change what occurred in the past, just as one cannot manipulate the addict into sobriety in the present. The depression stage of the grieving process further highlights the depth of the ACoAs loss. During the anger stage, ACoAs can begin to have feelings of guilt (anger turned inward), which affirms they can feel (Kübler-Ross & Kessler, 2005). This opens the flood-gates for a host of emotions to surface, and moves the client directly into the here and now.

During this stage, this writer commonly refers clients to the book, *What You Feel, You Can Heal* (Gray, 1984), and additional chapters from *on Grief and Grieving* (Kübler-Ross & Kessler, 2005). This is a difficult stage for many clients to navigate as our society in general is

depression-phobic. Rather than being rushed through this most important stage, this aids the client in understanding why they feel the way they do, and what is waiting for them on the other side if they continue on their personal journey. Both of these works normalize the depression process while offering hope and encouragement. Kübler-Ross and Kessler (2005) state, “In grief, depression is a way for nature to keep us protected by shutting down the nervous system so that we can adapt to something we feel that we cannot handle “ (p.21)

Applicable to any of the roles, ACoA clients who make it to this stage of the therapeutic journey need validation and increased support, as well as reassurance that when they allow themselves to fully experience their own depression, it will leave as soon as it has served its purpose (Kübler-Ross & Kessler, 2005). ACoA clients need to understand that “Every time you express the complete truth about your feelings ... you are increasing your ability to love. Every time you suppress the complete truth and automatically repress your feelings, your ability to love decreases” (Gray, 1984, p.90). Looking back upon the covert rules of *don't ask, don't trust, don't feel*, this can be new and frightening territory for the ACoA to pass through. The depression stage does not always allow the person grieving to fully navigate. If they have been working through the previous stages, they may arrive at a point in their therapeutic journey where they feel they are being ruled, or driven, by their emotions. For each of the roles, when they fully experience their grief through depression, they receive the added benefit of being in a place in their lives where they might be able to accept help and be nurtured for the first time. This is one of the ways that depression can open up new doors for ACoAs to love themselves and those close to them in ways they may not have realized possible.

Woititz's traits that are associated with the depression stage are judging themselves without mercy, taking themselves very seriously, and having difficulties having fun. For the ACoA client who is not ready to fully deal with these issues, they may use the depression stage

as an excuse to say, “I cannot get better, no matter what I do.” For the Hero and Mascot clients, not being able to succeed immediately in redirecting their emotions and overcoming their grief may be disheartening, and if not taking steps to connect to others, the depression stage can feel overwhelming for Lost Child clients. For Enablers and Scapegoats, to be able to share the emotions that were often times close to the surface can be a relief. However, feeling so vulnerable can bring out another of Woititz’s traits: lying when it would be just as easy to tell the truth, in order to protect themselves against further pain.

Movement towards the completion of the depression stage is when the ACoA can breathe deeply, return to (or begins to take part in) enjoyable activities, and moves past blaming and guilt while remaining in the present. A heightened awareness of spirituality or an increase in spiritual practice also is common as depression passes into the final stage of acceptance. Forgiveness is one of the many gifts that the lifting of depression imparts upon the sufferer. In forgiveness the ACoA realizes that they can forgive the addict for their actions as they could not predict the end-result of their preoccupation, and the ACoA became as trapped as the addict did and were just as baffled by this. Just as chemically dependent persons cannot stop their use once they start, ACoAs begin to see that they were not able to stop their addicted loved one from using. It is not due to failure, it is because the addiction was more powerful (Karayan, 2006). Grasping this reality is the beginning of letting go, as the therapeutic journey moves into acceptance.

There are three C’s in Al-Anon: 1. You didn’t Cause it, 2. You can’t Control it, and 3. You cannot Cure it. Acceptance for the ACoA can be understood by the following quote from *Healing the Wound* (Karayan, 2006):

In order to change, you must understand that whatever you perceived your chemically dependent loved ones did to you, was not about you. It was about them, about how they were dealing with their addictions. What they perceived as threat (through their

impaired distortions), they took personally and acted out on you. Why you? Because you were the one who was there. This was their way of trying to resolve conflict in their lives. This isn't justification for their behavior; it's clarification...In short, your insanity is not their fault, just like their insanity is not your fault...you are merely being asked to detach from what is not yours and to let go of what you already do not have (p. 81).

The perception of control and power over their loved ones and addiction is what fuels the insanity that surrounds addiction in families. "Acceptance can sometimes be confused with the notion of being all right or okay with what has happened, this is not the case (Kübler-Ross & Kessler, 2005, p.24). Acceptance comes when the ACoA can hate the disease while still caring for the addict in their life as they have learned to detach with love. Through the stages of grief, ACoAs learn to reorganize roles and traits within themselves and others. The more of their identities that were wrapped in the protection of the addict, the longer and more difficult this process will be.

Both Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) use the slogans of "keep it simple" and "one day at a time". Through the use of the stages of grief, paired with ongoing support from programs such as Al-Anon, Ala-teen and therapeutic "tune-ups", the ACoAs self awareness and understanding of addiction can bring them closer to their families than what they may have ever thought possible. "Acceptance is not about liking a situation. It is about acknowledging all that has been lost and learning to live with that loss" (Kübler-Ross & Kessler, 2005, p.26). The ultimate goal of the therapeutic journey is acceptance. The pairing Kübler-Ross's stages of grief with Weigscheider-Cruz's five family roles and deepening the understanding of these by use of Woititz's 12 common traits, creates a framework that gives

structure to the treatment of ACoA clients, and has proven itself useful to the therapeutic practices of this writer.

When therapy has been successful, ACoAs can find that they are not living a life of scarcity, but rather a life more abundant in love, honesty and acceptance than they ever imagined possible.

## References

- Ackerman, R. J. (2002). *Perfect daughters: Adult daughters of alcoholics*. Deerfield Beach, FL.: Health Communications.
- Amatea, E. S., & Brown N. M. (2000). *Love and intimate relationships*. New York, New York: Routledge.
- Ansbacher, H. L., & Ansbacher, R. R. (Eds). (1956). *The Individual psychology of Alfred Adler*. New York: Basic Books, Inc.
- Beattie, M. (1992). *Codependent no more*. Center City, MN: Hazelden.
- Booth, L. (1997). *Spirituality and recovery* (3<sup>rd</sup> ed.) Signal Hill, CA: SPC Limited.
- Conyers, B. (2009). *Everything changes: Help for families of newly recovering addicts*. Center City, MN: Hazelden.
- Dattilio, F.M, & Jongsma, A.E. (2002). *The family therapy treatment planner*. New York: Wiley and Sons.
- DiClemente, C. C., Norcross, J. C., & Prochaska, J. O. (2006). *Changing for good*. New York: Collins.
- Dreikurs, R. & Soltz, V. (1964). *Children: The challenge*. New York: Hawthorn Books.
- Gravitz, H. L., & Bowden J. D. (1985). *Recovery: A guide for adult children of alcoholics*. New York: Simon and Schuster.
- Gray, J. (1984). *What you feel, You can heal*. Mill Valley, CA: Heart Publishing Company
- Hanh, T. N. (2005). *Taming the tiger within*. New York: Penguin.
- Johnson, V. E. (1998). *Intervention: A step-by-step guide for families and friends of chemically dependent persons*. Center City, MN: Hazelden.
- Karayan, M. (2006). *Healing the wound: The family's journey through chemical dependency*. Buffalo, MN: Karayan Publishing.

- Kritsberg, W. (1985). *The adult children of alcoholics syndrome*. New York: Bantam.
- Kübler-Ross, E. & Kessler, D. (2005) *On grief and grieving*. New York: Scribner.
- Lerner, H. (2005). *The dance of anger*. New York: Harper-Collins.
- Meyer, J. (2006). *The confident woman*. New York: Warner Faith.
- Nakken, C. (2000). *Reclaiming your family from addiction*. Center City, MN: Hazelden.
- Potter-Efron, R., & Potter-Efron, P. (1989). *Letting go of shame*. Center City, MN: Hazelden.
- Vuchinich, S. (1999). *Problem solving in families*. Thousand Oaks, CA: SAGE Publications.
- Wegscheider-Cruse, S., & Cruse, J.R. (1990). *Understanding co-dependency*. Deerfield Beach, FL: Health Communications.
- Weintraub, P. (2007, Feb. 9). A Toxic Brew. *Psychology Today*. Retrieved From:  
[www.psychologytoday.com/articles/200702/toxic-brew](http://www.psychologytoday.com/articles/200702/toxic-brew)
- Woititz, J.G. (1983). *Adult children of alcoholics*. Deerfield Beach, FL: Health Communications.
- Woititz, J.G. (1990). *Struggle for intimacy*. Deerfield Beach, FL: Health Communications.
- Yancy, P. (1997). *What's so amazing about Grace?* Grand Rapids, MI: Zondervan.