

Roles Played in Chemically Dependent Families

As written by Gunter Reiss¹ and slightly adapted by Marc Richter.

Chemical dependency has been widely documented in literature as a disease process resulting in death unless successful intervention occurs. It has been called a family disease² because when chemical dependency is present in a family, no family member escapes its deadly results.

The members of a family operate as a system. The family system has been likened to a mobile, a piece of art made up of rods and strings suspending five or six differently sized figures. The beauty of the mobile is found in its balance and movement. When stress is imposed upon the mobile, such as by the push of a hand, the entire system moves interdependently to maintain equilibrium.

The family, likewise, has a strong sense of balance and stability, sometimes called homeostasis. When the family experiences severe stress, as in the case of chemical dependency, all family members move interdependently, initiating and maintaining new roles within the family so that it can survive. These survival roles lead to a predictable pattern of psychopathology in each family member, resulting in codependency.³ Individuals who live or work closely with a chemically dependent person eventually become set in their roles. They regard their roles as absolutely essential for survival. They play them subconsciously with the same denial, delusion, and compulsiveness as the addict plays his/her role of chemical abuser, regarding the chemical as absolutely essential for his/her survival. Thus, dependency in the addict and codependency in family members result in similar if not the same dynamics. Changing this situation often requires intervention with the whole family.

Those who work with chemically dependent families observe the following survival roles in virtually every family: the addict; the protector, or chief enabler; the hero, or high achiever; the scapegoat, or problem child; the lost, or forgotten, child; and the mascot, or family pet.⁴ These roles help the family members cope. Unless someone intervenes, these survival roles enable the process of chemical dependency and codependency to continue its fatal course. (In describing these roles, I have jumped back and forth using the pronouns *he and she*, although any of these roles may be filled by either a male or a female.)

The Addict

This is the chemically dependent person who has developed a primary love relationship with the chemical, making all other relationships secondary. The addict is processing two main feelings: anger and fear. He is angry because he believes that significant others in his life do not understand him. The chemicals he uses are not his problem—they are his solution. Why, he wonders, can't people understand that his problems are his spouse, children, or boss? At the same time, the addict is under constant fear of losing some things he values: his job (which provides the money for his supply of chemicals), his family members (whom he labels as one of his main problems), and his sanity. It is difficult if not impossible to hold on to something that is both a major problem and a highly valued behavior. Strong delusion, no matter how sincere, results in creating chronic, painful emotions of shame,

loneliness, and guilt. The addict cannot deal with this overwhelming personal pain, but continues to apply his solution: the chemicals. Without professional help he will likely continue to travel the maze of addiction unto death.

The Protector/Chief Enabler (Enabler/Codependent)

The protector is usually the person closest to the addict, perhaps a spouse, boyfriend, girlfriend, parent, sibling, employee, or boss. The protector develops the same dynamics as the addict. Just as the addict denies that he has a problem with the chemical, the protector (as well as all other family members) will fiercely deny that chemical dependency is the problem facing the family and will strive to protect not only the chemically dependent person but other family members from the harmful consequences of the addiction. This denial is practiced with sincere delusion until it can be practiced no longer.

Also, as the addict becomes more and more addicted to the chemical, the protector becomes increasingly addicted to the unpredictable behavior and mood swings of the addict, which in time dominate the life of the protector entirely. Eventually the protector cannot live with or without the chemically dependent individual any more than the addict can live with or without his chemical. These are the true markings of addiction.

By desperately attempting to protect the family from the tidal waves of the chemical dependency, the protector will be the main one responsible for enabling the illness to run its full course, and even hastening it along. By making excuses to the boss—for example, telling him that the addict has the flu (i.e., hang over)—the protector shields the addict from being fired; by taking over the finances, looking after the yard, car, house repairs, and children, the protector shields the addict from the sharing of responsibilities, from the harmful consequences of his addiction and from feelings of guilt. These protecting acts make up the protector's survival role, which, completely unknown to him, becomes an addiction in itself, making it possible for the chemically dependent addict to go on using his chemicals. Although the protector is motivated by love, his predominant feeling is anger at self and others for not being able to control the ongoing crises caused by the chemical dependency.

The Family Hero, often known as the High Achiever

The hero is usually the firstborn child. They typically assume responsibility for providing the family with self-worth. Often the hero and the protector work in close alliance to maintain family equilibrium in the face of crisis. Quite soon the hero assesses what the rules of the family are and adheres to them. This rewards her with positive strokes, and she is entrusted by the family system with the task of finding solutions to the ongoing crises - often taking on the role of family counselor. Early on she is greatly praised and told how proud her family is of her achievement at home, school, and work. She determines to become a successful achiever, such as the A-student, the successful athlete, giving pride and relief to the family system and effectively distracting them from the real problem: chemical dependency. This enables chemical dependency to continue its downward spiral.

In spite of appearing well adjusted and extremely independent on the outside, the hero experiences chronic feelings of guilt, low self-worth, fear, mistrust, inadequacy, loneliness and fear of not being in control. Coming up with answers to the ongoing problems created by the family illness is a lonely and impossible job. Ironically, in adult life, Family Heroes often continue their pattern of being workaholics by marrying alcoholics.

The Family Scapegoat or Problem Child

The scapegoat is usually the second-born child. Like the hero, the scapegoat attempts to follow the rules of the family system. She learns very quickly, however, that she is unable to compete with the hero, who has a strong alliance with the protector and is regarded by the family as an all-around good guy, highly successful in what he does. Thus, the first thing the scapegoat learns is to resent the hero for "getting there first." This produces feelings of guilt, for she is taught that she should love her siblings.

Because of her inability to compete for needed positive strokes and attention from family members, the scapegoat eventually learns to get attention by breaking family rules, becoming the troublemaker. She hides under the bed or in the attic, runs away, or gets into drugs and/or early sexual activity. She becomes the problem child.

This survival role gives a kind of relief to the family. A scapegoat has been identified. They direct their hostilities at her and divert their attention from the real problem. She can be blamed instead of the true source of the problem—the chemical dependency that no one in the family is able to solve.

Emotionally, like the rest of the family members, the scapegoat experiences a lot of anger and hurt. She is hurt and angry because her efforts to gain attention do not result in acceptance within her own family. Scapegoats ultimately withdraw often becoming estranged from their families, feeling like misfits. The family members feel angry and hurt because they interpret the scapegoat's behavior as disloyalty. They blame the scapegoat for much if not most of the family problems. The scapegoat may develop strong peer attachments in adolescence, may leave home early and often become chemically dependent themselves. Suicide risk can be high during adult adjustment. At times, the scapegoat is often the means by which the family gets help.

The Lost or Forgotten Child

As did the scapegoat, the lost child (usually the third-born) learns quickly that he is not as important as the addict and the hero, who use up most of the available attention. While the scapegoat becomes the focus of the family through destructive behavior, and the hero manages to find his place in the family through compliant behavior, the lost child finds it easier to become a loner. He withdraws from the family usually through excessive reading, internet surfing, watching TV, listening to music, and living in a fantasy world.

Increasingly, the lost child opts to live in a world of his own creation. The family finds this behavior not only acceptable but a relief as the lost child does not cause any trouble. This survival role frees the family from having to worry about him. As a matter of fact, the family system seems to operate more efficiently without interacting much with the lost child, and the feelings of unimportance and low self-worth hit hard. Although outwardly the lost child appears self-reliant, feelings of loneliness and confusion are deeply rooted. Confusion exists because of the lost child's inability to distinguish clearly between the reality of chemical dependency and codependency and his private world of fantasy. Lost children often become emotionally attached to a material possession that they can trust will always be there. They may latch onto fads or cult-like groups. Lost Child daughters often marry alcoholics.

The Family Mascot (Family Pet or Clown)

By the time the mascot (usually the youngest child) arrives on the family scene, the psychopathology displayed covertly and overtly within the family system requires fast and drastic actions, and the mascot will do almost anything to secure attention. He becomes a family clown. He learns to perform well. Using humor, telling jokes, playing the con artist, he learns to survive by gaining attention and producing much laughter in the family, once again distracting the rest from the real family problem, and producing welcome temporary relief. Thus, like other survival roles, the role of the mascot enables chemical dependency to continue its work of destruction. Viewed superficially, the mascot is a witty, charming, lighthearted entertainer. His predominant emotion, however, is the chronic fear of not having a meaningful place in the family unless he continues to be the center of attention. When this attention is not forthcoming, the family mascot usually feels extreme loss of self-worth. He often becomes out of touch with his own feelings. If later mid-life depression sets in the mascot may also turn to using chemicals.

In this brief sketch of the dynamics of chemical dependency, it becomes clear that these survival roles, psychopathological as they may be, are unconsciously learned and maintained so well that they will be played throughout the lives of the family members, so long as they facilitate survival. People who grew up with a chemically dependent family member may end up interacting with their peers and their own children in patterns similar to those in their former home life. There is no healthful way to adapt to chemical dependency, regardless of the quality or quantity of roles played within the chemically dependent family system. Total family intervention on the spiritual, emotional, social, and physical level is the only realistic hope for dealing with chemical dependency.

¹ G. Reiss, "Chemically Dependent Families," *Ministry: International Journal For Clergy*, (May 1987).

² P. Steinglass, "Assessing Families in Their Own Homes," *American Journal of Psychiatry* 137, No. 12 (1980): 1523-4529; P. Steinglass, "A LifeHistory Model of the Alcoholic Family," *Family Process* 19, No. 3 (1980): 211-226; N. J. Estes, "Counseling the Wife of an Alcoholic Spouse," in N. J. Estes and M. E. Heinemann, eds., *Alcoholism: Development, Consequences, and Interventions* (St. Louis: C. V. MosbyCo., 1977).

³ S. Wegscheider, *Another Chance: Hope and Health for Alcoholic Families* (Palo Alto, Calif.: Science and Behavior Books, 1980).

⁴ *Ibid.*; and V. Satir, *Peoplemaking* (Palo Alto, Calif.: Science and Behavior Books, 1972).