# Treating Family Issues Surrounding Addiction: The Webb-Fabean Family Systems Approach


## Abstract:

Addiction has been recognized as a family disease since the 1970s when the birth of the term *Codependent* originated. Defining Codependence in terms of family dynamics and behavior around the addicted person has taken many forms but not identified with specific measuring criteria until the 1990s, when Drs. Webb and Fabean developed their Codependence in Family Systems Assessment Guide. Defining Codependence as *Intergenerational patterns of living and problem solving that are formed within a family system where there is or has been various dysfunctional patterns that include chemical abuse or dependence. The system then supports dependence and counter-dependence in interpersonal relationships with a loss of individual autonomy and a distortion of reality* they provided a validated instrument for measuring the extent of the disease through identifying eight constructs: Structure of the Family, Chemical Substances, Communication, Family Emotional Affect, Roles, Family Rules, Playfulness, and Belief Systems. These eight constructs are then further sub-divided for the addiction professional and affected individual's evaluation into subtopics that give questioning strategies and rationale for each. A measuring scale is included.


## Background

Drs Webb and Fabean designed this **Codependence Assessment Guide** to guide clinicians in identifying eight constructs to treat affected persons holistically with subjective but quantifiable Likert Scales for therapists in treatment planning. This model bridges the gap between the chemical dependence model that is based on the biological, psychological, and spiritual disease model of Addiction and the Family Systems model or theory. In the practice of therapy and in international training sessions the model has been refined and enlarged. Drs Webb and Fabean have asked counselees and trainees to prepare individual family genograms, diagrams of intergenerational physical and mental illnesses, relationships and patterns in order to heal from codependence family patterns.

This tool was first presented to the staff at the Staunton Clinic of Sewickley Valley Hospital, in 1989. Since then the authors have taught it around the world and have used it to help those in therapy heal. Drs Webb and Fabean are indebted to the Beavers-Timberline Evaluation Scale (BT) for providing a methodology from which to work. (Friedman and Sherman, 1987, pp.33-35). The **Guide** was tested on a sample of 20 individuals to demonstrate its reliability and validity.

Over thirty years ago, the chemical dependence/addiction field and the family systems field were beginning to explore how alcoholism and other chemical dependencies affect families. While those working in the addiction field noted certain behaviors of addicts and family members that were characteristic of the disease and started treating the whole family in week long sessions,

marriage and family counselors lacked assessment tools to determine the extent to which alcoholism and other addictions led to dysfunctional family patterns. Addiction professionals were the first to recognize that the dysfunctional patterns they observed in addicts' families contributed to the perpetuation of their denial systems and enabled addictions to continue. They labeled the co-addict spouse, or parent of the addict *codependent.*

Dr. Timen Cermak, a psychiatrist, attempted to define a codependent personality disorder with appropriate diagnostic criteria (Cermak, 1986) so that treatment could be reimbursed by insurance in the United States. He identified codependence as a personality disorder most resembling narcissism and echoism with intergenerational enmeshment of personal boundaries. He further classified two levels f codependence, primary and secondary. Although his theory had not been accepted as a mental health disorder when their studies began, other diagnoses, such as mixed personality disorder or dependent personality disorder, come closest. Yet neither Cermak nor other mental health professionals have put the term in a broader family systems model.

However, Karen Horney was the first to identify some of the characteristics that lead to codependence in her book, *The Neurotic Personality of Our Time* (Horney, 1937). She examined childhood histories of a number of neurotic persons and concluded that "the common denominator in all of them is an environment showing the following characteristics in various combinations: a lack of warmth and affection, actions or attitudes on the part of parents that arouse hostility" Horney, 1937, p.68). She discussed what professionals today call *double bind*. The term means that children conditioned by the parents to feel guilty for expressing hostile feelings, particularly anger or for being oppositional when caught, who also felt inadequate when they did rebel and broke a rule no matter how unfair or incongruous the family rule might be.

Carter and McGoldrick (1989) in their book, *The Changing Family Life Cycle*, identified stressors that create disruptions of the family life cycle and produce dysfunctional symptoms. These stressors include family patterns, myths, secrets, and legacies handed down multi-generationally as well as the unpredictable stressors of untimely death and chronic illness.

Meanwhile, respected family therapists, such as Salvadore Minuchin, recognized the impact a family has on an individual. 51). In other words, he expressed how family members use their learned behavior in relating to and interacting with others outside the family environment, starting with conditioning in childhood.

Murray Bowen (1978), another renowned family systems therapist, focused his theories on determining a healthy family ego mass. In order to function in a healthy state a family has to protect the whole system, while, at the same time, respecting the autonomy of the individual within the system. This does not usually happen in a system affected by chemical dependence. (Zerwich & Michaels 1989). Zerwich and Michaels concluded that low self esteem is at the core of an addicted family's ego mass.

In the 1970s and 1980s some addition professionals began to recognize traits in the family system that provided insights into the concept of family codpendence... Virginia Satir (1967), Don Wegsheider (1979), with Sharon Wegscheider-Cruise classified and named the chemically dependent family roles and functions. They explored the intergenerational aspects of alcoholic families. Since then others such as, John Bradshaw (1988), and Melody Beattie (1989) have expanded on their work. Pia Mellody with Andrea and Keith Miller, in their book, Facing

Codependence (Mellody, Miller and Miller, 1989), traced the roots of codependence in family processes.

Froma Walsh (1982), in compiling her research on well-functioning family systems, reaffirmed Bowen's theories of a family needing a healthy ego mass. In an addicted family, the ego mass is skewed of unbalanced. The family roles identified by Satir (1967) and Wegscheider (1979) become necessary in order to rebalance the system.

Today, addiction professionals and family therapists note that blaming, scapegoating, rigidity, emotional repression, shaming, poor self esteem, excessive control, problems of intimacy, and blurring of generational boundaries form some of the pathology surrounding an addicted family. In attempt to define the pathology in a systematic ethology, Drs Webb and Fabean identified eight constructs with rationale and questioning strategies, choosing to define codependence as follows:



"Intergenerational patterns of living and problem solving that are formed within a family system where there is or has been various dysfunctional patterns that include chemical abuse or dependence. The system then supports dependence and counter dependence in interpersonal relationships with a loss of individual autonomy and a distortion of reality."

## Use of the Guide

The following are the eight main categories of the **Guide:** Structure of the Family, Chemical Substances, Communication, Family Emotional Affect, Roles, Family Rules, Playfulness, and Belief Systems. Each page presents a rationale, questioning strategies and a three identical Lickert Scales to be used at different times to measure progress.

## Scoring

Circle the number of points on the scale under each item that defines the family's state of health. The point scale is defined as follows

| | |
|---|---|
| 5 | very strong dysfunction |
| 4 to 4.5 | mildly strong dysfunction |
| 3 to 3.5 | usually (most individuals or families score here) |
| 2 to 2.5 | sometimes healthy |
| 1 to 1.5 | always healthy |

Only one scale continuum is included in this paper. The authors recommend adding more and then averaging the scores to determine total score. Then add the scores from each section of the guide to determine the total score. The higher the score the more dysfunctional the family system; the lower the score, the more healthy the family system. The highest score is 130 and the lowest, 26.

| Dysfunction | | Medium | | Healthy |
|---|---|---|---|---|
| 130 | 105 | 78 | 50 | 26 |

{_____}

# Codependence Constructs

## I. STRUCTURE OF THE FAMILY

## Between Generations

### Rationale

Interference and control by one of more senior family members who have set unhealthy patterns and traditions that must be followed leads to enmeshment or disengagement.

These recurring patterns, myths, and traditions are expected to be handed down from one generation to generation. An example might be introducing alcohol as a rite of passage to those entering adolescence, upon graduating from high school, or getting drunk at a wedding. In pathological systems, particularly alcoholic families, family members develop an identity that is not separate from the family and have malfunctioning hierarchical boundaries (Minuchin, 1974). In healthy systems individuals learn about boundaries and these boundaries are flexible. Boundaries are defined and explained in Pia Mellody's book, *Facing Codependency*.

### Questioning Strategies

1. Can you explore or write about the traditions, pattern, or myths and how they got started in your family?
2. What is/was your relationship with your grandparents?
3. To whom do/did you go in your family for guidance?
4. How do/did you see your grandparents or parents interacting or interfering in the life of your family?

### Scale

| Session (Date) | Enmeshment or disengagement | | | | | | | | Boundary delineation |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Intimacy

## Rationale

If one is not able to share private thoughts, feelings, and wants because of the fear of being hurt or being abused this person lacks intimacy.

Erickson defined six progressive stages of growth from infancy to adulthood (Harder, 2002) These developmental stages are important to an individual's well being and can make a difference where health or dysfunction are concerned. Erickson's study of these stages shows the importance of each stage leading to the next. In the sixth stage, that he describes as intimacy vs. isolation, a child grows into mature adulthood with a sense of well being about him/herself both inside and outside around others. Intimacy in close relationships means that individuals can safely share private thoughts, feelings, and wants without the danger of being hurt. They can accept each other's weaknesses as well as appreciate and encourage another's strengths. Because emotional, physical, and sexual abuse occur in families where there is substance abuse, children who grow up in these families find themselves either dependent and intertwined or isolated.

## Questioning Strategies

1. Are/were you relaxed with your family when you are/were together?
2. Can you share your feelings as well as thoughts with someone in your family or someone close to you?
3. Do/did you feel comfortable in close relationships?
4. Do/did all members of your family have a chance to express freely their thoughts, feelings, and wishes and have them accepted by others?
3. Did you have special times by yourself when you were growing up? Can you describe any of those times? Do you like being alone today?
5. Do/did good feelings about yourself depend on how others in your family system respond(ed) toward you?
6...Do you have any sexual problems? Can you explain what they are?

## Scale

| Session (date) | Dependent & Intertwined, or isolated | | | | Independent | | | Interdependent | |
|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Power and Control

## Rationale

Next comes the issue of power and control in families and couple relationships and the issue of who exerts that power or control and how. Power can exhibit itself through an authoritarian parent or grandparent or through the seeming helplessness or dependency created by one family member's manipulation or abuse of one or more other family members. Sometimes power and control re manifested in destructive ways. In a codependent family the chemically dependent person exerts the power, while the codependent spouse exerts the control. Controlling or being controlled is at the very core of codependency. In healthy families the parents share power. Consensus and self-autonomy are fostered and encouraged.

## Questioning Strategies

1. Does/did one person in the family attempt to make all decisions for other family members, to answer for anyone else, to tell anyone else what to do, or to accept the blame for someone else's behavior?
2. When something goes/went wrong is/was someone else always to blame?
3. Are/were you responsible for another's behavior?
4.. What is/was the worst thing that can/could happen if you don't/didn't fix the problems in your family?

## Scale

| Session (date) | Harsh and/or manipulative control | | | | | | | | Shared power/control & decision making |
|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Parental Coalition

## Rationale

In codependent families parents cannot make shared decisions. One parent in the marriage is dependent and passive and the other dominates and acts as caretaker for the chemically dependent spouse. Cermak (1986) refers to this as the Narcissus/Echo pattern. Battles for power and control often ensue between parents. One child or another, at various times, gets caught in that power struggle or all children are equally ignored in the ongoing conflict. In healthy families parents share decision making.

## Questioning Strategies

1. Can you describe how decisions are/were made in your family?
2. Who do/did you see as the dominant person or persons in your family?
3. Do/did your mother and father argue very much? Do/did you ever feel that you have/had to side with one parent or another?
3. Do/did your parents ever talk about going on a date together?
4. Do/did you think your mother and father treat/treated you and each other fairly?

## Scale

| Session (date) | Parent/Child coalition | | | Strong Dyad children excluded | | | Concern for children |
|---|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Triangulation

## Rationale

Triangles are characteristics in families where there is unresolved conflict.
Murray Bowen (1978) examined the phenomenon of triangulation in some depth. Triangles are prevalent in codependent families.

Either a child get drawn up in a conflicted parental relationship or an abused chemical or another form of addiction becomes the third party in the triangle.

## Questioning Strategies

1. Who do/did you think absorbs/absorbed the pain in your family?
2. Who in your family speaks/spoke for an issue between your parents?
3. Do/did you feel trapped in your family? If you do/did, explain how and when this happens/happened and what this is/was like?
4. Do/did you feel that you have/had to fix it or protect one of your parents from the other?

## Scale

| Session (date) | Parent/child/ parent | | | Child/parent/ child | | | Not evidenced |
|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

## II. CHEMICAL SUBSTANCES

# Use of Chemical Substances

## Rationale

Chemical abuse is indicated when someone is using a mind altering chemical - alcohol, nicotine, marijuana, cocaine or a prescribed drug - and that chemical is causing physical, emotional or relational problems. Chemical dependency is indicated when the chemical being abused is causing that person to experience blackouts (with alcoholics), withdrawal symptoms, or inability to stop using the chemical. Appropriate use is defined as using prescription medications under a physician's guidelines for appropriate use, or, in the case of alcohol, for special religious or family celebration functions. One or two ounces of alcohol a day may not cause problems for adult social use, but that depends on an individual's metabolism, weight, sex and age, as well as other factors. For example, women can become alcoholic sooner than men because of a lack of a stomach enzyme called alcohol dehydrogenase, used by the body to digest alcohol. (Frezza, Padova, Pozzato Terpin, Bardona, and Lieber, 1990).

## Questioning Strategies

1. Do/did you discuss chemical dependence or addiction in your family? Does/did anyone try to avoid talking about this issue? Or is/was there discomfort when the subject is/was brought up? 2. What is your favorite drink?
3. Did any of your grandparents have problems with alcohol or any other drug? When that person was abusing, who got more involved?
4. In what ways is your drinking or drug use different or like that of your grandparents?
5. Have you ever felt you needed to, or has anyone ever told you, to cut down on your drinking and /or drugging? Have you ever felt bad or guilty about your drinking and/or drugging?
6. Do you need the drink or drug to steady your nerves or to relax?
7. Can you stop drinking/drugging after just one?

## Scale

| Session (date) | Dependency | | | Abuse | | | Appropriate use or non-use | | |
|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Enabling

## Rationale

There is an interesting phenomenon that occurs in families where chemical abuse and dependence exists. The drinking or drug use is never talked about with the abuser directly. It is the family secret! Often a spouse or a child is expected to make sure there is an adequate supply in the house. An enabling spouse, parent, or siblings will deny there is any problem, or will use with the addicted person to keep him/her company. When chemical usage begins to be a problem, family members may talk among themselves. An enabler thinks that the right thing to do is protect and take care of another. Centuries of religious training and cultural conditioning reinforce doing to and for others comes before taking care of oneself. To be able to endure the suffering caused by someone else's behavior while under the influence of mind-altering chemicals is equated with "Christian martyrdom" (Cermak, 1989). Yet taking care of one's own self increases one's ability to be concerned for others (Hoffman, 1976).

Family members of addicts need to stop enabling and care enough to come together with a professional to plan an intervention to express how they fell about the drugging or drinking behavior with love when he or she is under the influence.

## Questioning Strategies

1. Are/were you concerned about anyone in your family drinking or drugging too much?
2. Does/did anyone in your family act crazy, silly or mean when drinking or drugging?
3. What rules do/did you have in your family around the use of alcoholic beverages or other mind altering drugs?
4. Do/did you ever have any fights about one another's drinking or drug use?
5. Who drives/drove home after a party where there has/had been alcohol consumed?

## Scale

| Session (date) | Abuse accepted | | | | | | | | Confronting abuse |
|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

## III. COMMUNICATION

# Directness in Communication

## Rationale

In healthy families, each person has a sense of autonomy and importance in the family system. Communication is clear, direct, honest, and specific, and each person has a chance to express his or her opinions. Differences of opinion on issues are discussed and respected. In a codependent family communication is indirect, often going through a third party. There are many "you" statements with judgmental overtones (I'm right and you're wrong). Differing opinions are not accepted. Cognitive distortions and irrational ideas abound. Clear messages are not received or are misinterpreted. Communication contains judgmental or global statements. For example; family members use these words: *ought*, *never*, or *always* or personalization, mind reading, or overgeneralizations.

## Questioning Strategies

1. Does/did someone communicate aggressively both verbally and nonverbally (e.g. finger pointing or attaching or labeling another as "bad")?
2. Can/could you talk about things that matter to you in your family?
3. When there are/were discussions with family members do/did you feel comfortable in expressing your feelings openly and directly?
4. How do/did you go about planning for a family outing?
5. If something bothers/bothered you, whom do/did you tell?
6...How do/did you solve problems when they arise/arose in daily life, or are/were they ignored?

## Scale

| Session (date) | Indirect | | | | | | Direct & Open |
|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Validation

## Rationale

In healthy systems, nurturing and bonding give each member a positive sense of self-worth. Alcoholic family systems are constantly invalidating each family member's perception of behaviors (Lederer & Brown) resulting in Sense of inadequacy and wrongness about oneself. Adults raised in families where there is no validation look for validation by being people pleasers or controllers. They often become depressed or exhibit psychosomatic illnesses to get attention.

Note evidences of either antagonism, denial in the behavior of clients, attempts to please, or to align with the therapist. Note if any member of the family or relationship appears despondent or hopeless, i.e. eyes downcast, face sags, or body slouched and hands limp, or note comments that the situation is hopeless or that life is not worth living. Check for any suicidal plans or self destructive behavior. These clients need to be referred for possible inpatient or outpatient psychiatric evaluation and treatment for depression. Codependent clients who lack validation as children in relationships need both validation and confrontation in a delicate balance and in an appropriate manner.

**Questions**

1. Do/did your family members support one another? How?
2. Do/did your family show more approval or disapproval?
3. Can you name some ways your parents affirmed you as a person?

**Continuum**

| Session (date) | Critical | | | | | | | | Affirming |
|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Counter dependence

## Rationale

Reacting to each other rather than listening to one another stifles effective communication. Such is often the case in codependent families. Communication about even the most routine matters often ends in shouting matches. One unhealthy way to relieve the tension between parents in these families is for one person in the marriage to use chemical substances, food, or sex to relieve the

tension. With constant interruptions, threats, and intimidations, messages are often cut off before they have a chance to be heard. This leads to internalized feelings of frustration and resentment. Children from these families may grow up into adulthood with posttraumatic stress syndrome.

### Questioning Strategies

1. Does/did the level of intensity in your family escalate?
2. Do/did sentences get cut off by interruptions?
3. Does/did one person try to counter or explain what another person says/said or does/did?
4. Are/were you comfortable talking with other family members?
5. Does/did someone always win and someone else lose in your family discussions?
6. Do/did your discussions often end with your feeling frustrated or angry?
7. When you communicate/communicated with other persons in your family do/did you feel that you have/had been heard? Describe how you know that you've been heard.
8. Do/did you have to explain or defend your thoughts or your feelings to others?

### Scale

| Session (date) | Reactionary | | | | | | | | Listening, receiving & sending messages |
|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

## IV. FAMILY EMOTIONAL AFFECT

## Range of feelings expressed

### Rationale

In family systems where there is chemical dependence certain feelings are repressed, especially negative feelings, as well as feelings that might make an individual vulnerable, such as feeling hurt, sad, or scared. Emotional affect is flat or frozen. Elaborate defense mechanisms are used to survive, such as projective identification, denial and avoidance, somatic or exaggerated illness, fantasizing, intellectualizing, rationalizing, and minimizing.

### Questioning Strategies

1. Do/did you believe you or other family members use various defense mechanisms in place of emotions?
2. Do/did you or family members have difficulty understanding what is meant when asked questions about feelings or when the answer is/was "I'm fine" or "we're fine"?
3. Can you discuss what feelings you are in touch with - now and in the past?
4. Is/was it safe to discuss feelings in your family?
5. Which feelings are/were okay to express and which feelings are/were not okay to express?

### Scale

| Session (date) | Frozen feelings | | | | | | | Direct expression of feelings |
|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

## Mood and Tone

### Rationale

In healthy family systems, there is a fair exchange of mood and tone from affectionate and warm to anger and hurt. In codependent systems the playfulness often has an overtone of hostility, anger, and rage. There is a need to shame and demean. This toxic shame permeates the family system and is carried over from one generation to another. It is dehumanizing.

### Questioning Strategies

1. Can/could you or your family members smile and laugh comfortable or does/did the laughter camouflage uneasiness?
2. Does/did one family member ridicule another or put the other person down either by her/his tone or via style of communicating?
3. Is/was there affection displayed by family members?

4. Is/was anger and hurt expressed in your family, and, if so, how, and by whom? How are/were these emotions displayed?

### Scale

| Session date) | Hostile/ angry | | | Polite/ hostile | | | Affectionate/ warm/playful |
|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 1.5 1 |

## Manipulation and Control

### Rationale

As with power and control, the need to manipulate comes out of a sense of inadequacy and weak ego strength (Cermak, 1989). Since there is little trust in dysfunctional systems, empowering others is usually not an option. Manipulation is done either subtly or covertly with either blurred boundaries or disengagement. Underneath the layers of manipulation and control there is suppressed anger, hurt, and fear from living in a toxic shame-based family system.

### Questioning Strategies

1. Do/did you usually do what is expected of you by family members whether you want/wanted to or not? How did you feel about it? Give an example.
2. Do/did you ever feel conned?

### Scale

| Session (date) | Convert control/ passive resistance | | | Overt control | | | Empowering one another |
|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 1.5 1 |

## Climate

### Rationale

In normal families times of anxiety and stress are unavoidable. At other times family members are relaxed and at ease with one another. In codependent families stress and anxiety are constantly present. There is one crisis after another and family members are under a state of constant tension and stress. Chemical and food abuse, compulsive exercising, smoking, and other compulsive, obsessive behaviors relieve the stress. Physical health problems, such as cardiovascular diseases, back problems, intestinal disorders, ulcers, and other stress related illnesses result.

### Questioning Strategies

1. Do/did your family members seem relaxed with one another or do/did them seem uptight (e.g. do/did they sit on the edge of their chairs?)?
2. Does/did anyone have any nervous habits? Is/was there a certain rigidity of appearance?
3. Does/did anyone in your family have stress-related illnesses?
4. What happens/happened when there is/was a crisis in your family or in your relationships?
5. What ways do/did you find to relieve your stress when a crisis occurs/occurred?

### Scale

| Session (date) | Intense | | | | | | | | Relaxed |
|---|---|---|---|---|---|---|---|---|---|
| 1_____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Conflict Resolution

## Rationale

Having conflict and resolving it is normal in interpersonal relations. Real forgiveness can only occur when the conflictual parties thrash out their differences and find some resolution. Conflict occurs whenever self-autonomy clashes with group expectations and goals or whenever one person's interests, wishes, and/or expectations clash with another's and there is an underlying "I win; you lose" competitive atmosphere. Anger, anxiety, resentment, blaming, and guilt continue until there has been some attempt to listen to each other, clarify the issues, and participate in a decision making process.

In chemically abusive or codependent family systems there is much unresolved intergenerational conflict. Conflict management styles range from blaming to intellectualizing, generalizing, or avoiding and pretending that everything is fine and there is no conflict. The intensity of these problems gets worse with each succeeding generation until all the family members find healing.

## Questioning Strategies

1. When you have/had disagreements with others how do/did you feel and how do/did you manage your feelings?
2. Do/did you avoid conflict in your relationships when they occur/occurred or do/did you discuss the issues around the conflict with the person whose views conflict/conflicted with yours?

## Scale

| Session (date) | Unresolvable/severe conflict | Negotiation & resolution |
|---|---|---|

1____ 5 4.5 4 3.5 3 2.5 2 1.5 1

## Trust

### Rationale

As a result of unresolved conflict, power struggles, inconsistent discipline and nurturing, dysfunctional and codependent family members learn either not to trust or to trust blindly. Mistrust is rooted deeply in these families and is difficult to change. It is difficult even in the context of a counseling relationship for the counselees to trust the therapist.

### Questioning Strategies

1. Who did/do you trust in your family?
2. Whom do you trust now?

### Scale

| Session (date) | Distrust | | Trust/ distrust | | | Trust/empathy |
|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 4 | 3.5 3 | 2.5 | 2 | 1.5____1 |

# V. ROLES

## Family roles

### Rationale

Although Sharon Wegscheider-Cruse first defined and identified the roles of family members in the chemically dependent family as *dependen*t, *enable*r, *hero*, scapegoat, *lost child* and *mascot*. Don Wegscheider modified these and relabeled them *victim*, *protecto*r, *caretaker, problem child*, and *family pet*. Each role has its own set behaviors, feelings, and perceptions.

These roles were created to identify some of the typical behaviors family members may exhibit in codependent families as well as how the roles keep the family system in balance. Sometimes adults from codependent families rigidly define themselves by the role with which they identify, the role becoming a pathological label. In recent years family and marriage specialists have cautioned against assuming these roles are rigid and unchangeable since they can also be found in normal families. In normal families members move from one of these identified roles to another role more easily than in codependent families.

### Questioning Strategies

1. Can you identify yourself and family members in one of these roles either through the use of mobiles or role plays?
2. What does being yourself mean to you? Is/was it okay to be yourself in your family?
3. Do/did you have a set role in your family?
4. Are you okay with who you believe you are now?

### Scale

| Session date) | Rigid roles | | | | | | | Flexible roles |
|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 1 |

## Blaming

Blaming and attacking are common defense mechanisms for both chemically dependent and other dysfunctional families. These defense mechanisms go along with the denial that surrounds the codependent family system. The blaming occurs because of repressed feelings of pain, hurt and rejection that cannot be safely verbalized. When problems occur for the addicted person, others are blamed. The blamed person experiences emotional abuse. Those so accused may stay victimized throughout their adult lives. They survive by placating, protecting or distracting. The one who placates is the family reconciler who tries to keep anger in check. The protector is the caretaker. The distracter uses diversionary tactics, such as humor, to relieve tension. Blaming and attacking by one family member of another can be observed through verbal use of "you" statements and aggressive body language such as finger pointing.

## Questioning Strategies

1. What function do/did you have in your family?
2. Do/did you ever think you cause/caused it when something goes/went wrong in your family?

| Session (date) | Blame placed on one member of the family | | | | | | | | Shared problem solving |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

## VI. FAMILY RULES

### Function

### Rationale

In healthy families rules are flexible and set according to need. Children's concerns are expressed and heard and both parents cooperate in leadership in the family. The rules parents set have a purpose of meeting the shared goals of their leadership. Rules in a codependent family are inconsistent and frequently reflect parents' unfulfilled ego needs. In chemically affected families not only are rules inconsistent, they are usually rigid and closed, implicit but not explained ("My way is the only way"). There is no opportunity for other family members to express individual concerns. For the addict "my way" varies according to "my" mood or the affect of "my" use of chemicals on "my" moods.

### Questioning Strategies

1. What were some of the rules in your family when you were growing up?
2. Did you have any say in formulating these rules?
3. Were these rules clear?
4. How are rules made in your family now and what purpose do they serve?

### Scale

| Session (date) | Rigid & closed | | | Inconsistent | | | Each individual has a say |
|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Honesty

## Rationale

The rules formulated in a healthy family are clear and concise and they have a function, even though children in these families - particularly adolescents - may sometimes think the rules are not fair- whereas in codependent families rules are manipulative. These manipulative rules serve the addict's or the enabler's neurotic needs at the moment.

## Questioning Strategies

1. Do/did you know why your parents tell/told you to do certain things?
2. Do/did you think the rules in your family are/were fair?

## Scale

| Session (date) | Manipulative | | | | | | | Clear/concise |
|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Discipline

## Rationale

Every child needs clear boundaries for what is acceptable and unacceptable behavior. When the rules are clear and have a set function, children know an infraction of those rules means there will be consequences. In healthy families those consequences are known to the child and are appropriate to that child's age level. The child might even have a say in setting those consequences. In codependent families discipline is meted inconsistently and frequently applied with anger. When one or both of the parents is abusing chemicals and, depending on the extent of the abuse, discipline is more likely to be physically or sexually abusive. It is chaotic and often violent.

## Questioning Strategies

1. How are/were you disciplined?
2. Who is/was the disciplinarian?
3. Do/did you always know why you are/were being disciplined?

## Scale

| Session (date) | Chaotic | | Inconsistent | | | Firm but fair |
|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Shame

## Rationale

When children do something wrong they feel a sense of shame. We experience shame when we violate our own or someone else's boundaries. Human beings learn by experience that they are not perfect and that they often fall short of their own and other's expectations. This is called healthy shame. This kind of shame leads to a healthy conscience and a quality of humility.

Shame in non-nurturing, codependent family system is unhealthy or toxic. Such families are emotionally abusive and often sexually and physically abusive. Once a person's boundaries have been violated sexually, emotionally, physically, or spiritually the child grows up feeling bad and rotten about him or herself.

### Questioning Strategies

1. Can you describe what you like/liked or dislike/disliked about yourself or another member of your family?
2. Do/did family members put down one another? In what way?
3. Did you feel that you are/were abused or violated in any way? How?
4. Did anyone in your family have rage attacks?

### Scale

| Session (date) | Toxic shame | | | | | | | Healthy shame |
|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 1 |

## VII. PLAYFULNESS

## Use of Humor

### Rationale

The ability to laugh with each other and oneself is important to personal and family health. The attitude of playfulness generated in family dynamics makes it fun to be together and with one another. Joking and teasing in healthy families is at no one else's expense. There are families where dry humor and sarcasm are frequently used to relieve tension. These are only attempts at humor and are not true humor. The more intense the climate of the family, the less humor there is. In family gatherings, there is frequent intense, serious talk. It is only with the use of alcohol or other mind altering drug that any lightening of intensity can take place, and then it may have tragic consequences and embarrassing repercussions to the family. The intensity is relieved at the expense of everyone's health.

## Questioning Strategies

1. Has anyone in your family ever teased you?
2. How does/did this make you feel?
3. When someone in your family tells/told jokes, do/did they make you laugh?
4. Can you tell me a funny story about yourself right now?

## Scale

| Session (date) | Humorless | | Dry Humor | | | | Playfulness |
|---|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Family Interaction

## Rationale

When healthy families play together they collaborate to see that everyone has a good time and no one feels hurt or left out. Parents who encourage their children to play games competitively need to be careful that the competitive spirit is not carried over into family sibling rivalry and jealousy. This also applies with couples and how they spend their recreational time.

## Questioning Strategies

1. Does/did your family's free time activities foster collaboration or one-upmanship?
2. How do you feel about family holidays and why?
3. What kind of games do you play when you get together?
4. Describe what happens/happened where and when your family get/got together with relatives?
5. What do/did you do to have fun in your family?

## Scale

| Session (date) | Competitiveness | | | | | | | | | Collaboration |
|---|---|---|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 | |

# VIII. BELIEF SYSTEMS

## Family Beliefs

### Rationale

In the developmental process of an individual in a family system internalization and externalization work together to formulate a belief system. If the external stimuli are negative and shame-bound, then the internalized process is one of negativity and shame. This permeates an individual's values and belief of self. Therefore, it is important for individuals and families to explore messages handed down through the generations that have affected values and beliefs.

### Questioning Strategies

1. Are/were all of the members in your family loyal to a set of rules that are/were controlling and demanding of perfection?
2. Can/could anyone in your family ever do anything "good enough"?
3. Can/could you ever do anything 'good enough' in the eyes of your family?
4. Do/did individuals in your family have boundaries?
5. Is/was it okay to discuss differences in beliefs and values?
6. Is/was it okay to have differences in beliefs and values accepted by the family?

### Scale

| Session (date) | Negative/shamed beliefs & values | | | Exploration of beliefs & values | | | Individual beliefs & values |
|---|---|---|---|---|---|---|---|
| 1 | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

# Moral Standards

## Rationale

For many the adage that the family that prays together stays together is very significant. For such families religion can be a stabilizing factor and can provide a positive moral code by which to live. In functional healthy families certain morals and standards require accountability while, at the same time, permit dialogue and individual questioning. In codependent families religion can be used to negate self-autonomy and insist on perpetuation of rigid, negative, and judgmental morality.

## Questioning Strategies

1. What are/were your family's moral standards and do you agree with them?
2. Are/were those interrelated with the family's denominational religious beliefs?
3. How are/were these moral values and standards enforced?
4. Does/did your family attend a church, synagogue or other place of worship? Do/did they attend together or separately?
5. Is/was dialogue, questioning, or challenging of these beliefs or moral standards permitted?
6. How does/did your family respond to anyone who challenged, questioned or disagreed?

## Scale

| Session (date) | Shame-bound standards | | | Moral standards negatively enforced | | | Moral standards recognized & respected |
|---|---|---|---|---|---|---|---|
| 1____ | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 |

## CONCLUSION

Codependent family members frequently exhibit symptoms of the family disease for a longer period of time than the addict. The addict can become abstinent/sober, receive individual treatment and group support and be *in recovery*. Family members who do not understand that their reactive patterns or maladaptive behaviors need to be healed are *not in recovery*. They need as much support and treatment- if not more, in many cases- than the addict does. Attending 12-step support groups as well as counseling can help codependent family members release their destructive family patterns, traditions, and behaviors so that they can function in healthier ways.

When an addict goes into a treatment facility, that facility will be wise to include an extra week for family members to begin their *recovery.* Family members who live or have lived with active addicts and who may still suffer from depression or posttraumatic stress deserve the same attention and care as the addict.

Places of work, organizations, and even government systems can exhibit the same codependent constructs as families. Then individuals in those systems need to find healthy ways to cope or leave.

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