



Chapter 5: Understanding Enabling Behavior and How to Address it

3 CE Hours

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Learning objectives

- ♦ Understand the elements of enabling behavior.
- ♦ Explore the definition and research on codependency.
- ♦ Review and understand the various family dynamics related to enabling behavior.
- ♦ Understand the different techniques to address and stop enabling behavior (from the perspective of a counselor dealing with addiction and enabling and the perspective of the person who is enabling a loved one).
- ♦ Consider the existing myths about enabling behavior and myths about therapy.
- ♦ Discover the various elements of confrontation and how to use them.

Overview

In the world of psychology, the term “enable” is used in both a positive and a negative sense. It is used by psychologists in a positive light to describe the empowerment of others as well as the implementation of positive resources to address a problem. However, enabling is also used as a term to describe approaches by individuals that are intended to help but in fact may perpetuate a problem.

A common theme of enabling in the latter sense is that third parties take responsibility, blame, or make accommodations for a person’s harmful conduct. They often have the best of intentions, but become an element that needs to be addressed when counseling individuals and families on addiction.

Enabling is a term that is frequently used in 12-step recovery programs to describe the behavior of family members or other loved ones who rescue an alcoholic or drug addict from the consequences of his or her own self-destructive behavior. It also includes rescuing anyone who is caught up in any of the compulsive or addictive self-destructive behaviors that are symptoms of codependency, such as:

- Gambling.
- Spending.
- Eating disorders.
- Sexual or relationship addictions.
- Inability to hold a job.

Enabling comes in many forms, such as giving addicts whatever they want. This deprives them of learning how to build self-esteem, which you build by doing esteemable acts, such as going to work every day, going to school, being productive, and building a life and healthy relationships. Another example of enabling is setting boundaries but failing to uphold them when the time comes. An addict/alcoholic must understand the consequences of his or her actions or will most likely continue with the same behavior; this responsibility lies with the family.

Another common example of enabling can be seen in the relationship between alcoholics/addicts and their codependent spouses. The spouses often believe incorrectly that they are helping alcoholics by calling into work for them, making excuses that prevent others from holding them accountable, and generally cleaning up the mess that occurs in the wake of the alcoholic’s impaired judgment. In reality, what those spouses are doing is hurting, not helping. Enabling prevents psychological growth in the person being enabled and can contribute to negative symptoms in the enabler.

Many people who are drug abusers and addicts recognize that they can’t stop using on their own. Likewise, a large number of these same people literally wouldn’t be able to continue to use on their own if they weren’t being helped by an enabler. From covering up lies and criminal activity to making excuses to other family members, enablers often make a person’s substance abuse and addiction possible. However, the reality of the matter is that enablers are doing the addict great harm, and in some ways are just as responsible for their behavior as the addicts themselves. Understanding the enabler’s role and how it can be reversed is critical for anyone who wants to permanently break the cycle of drug abuse, alcoholism and addiction.

To enable the individual with the addiction, the mutually dependent person makes excuses and lies for the addict, which enables the addiction to continue. Codependency is reinforced by a person’s need to be needed. The enabler thinks unreasonably by believing he can maintain healthy relationships through manipulation and control. He believes he can do this by avoiding conflict and nurturing dependency.

Is it normal for people to think that they can maintain a healthy relationship when they do not address problems and lie to protect others from their responsibilities? The way a codependent person can continue to foster this dependency from others is by controlling situations and the people around them. The ongoing manner of a codependent home is to avoid conflicts and problems and to make excuses for destructive or hurtful behavior. (Albury, 2011)

Why does enabling cause so much hurt in a relationship? The power afforded to the mutually dependent person in a relationship supports his need for control, even if he uses inappropriate means to fulfill that need. A second and overlooked reason, centers on the contradictory messages and unclear expectations presented by someone who is codependent. These characteristics lead to a relationship filled with irrational thoughts and behavior. This kind of relationship has no clear rules to right and wrong behavior. The unhealthy patterns a person enables may be one or more of these behaviors:

- Drinking too much.
- Spending too much.
- Overdrawing bank accounts and bouncing checks.
- Gambling too much.
- Getting into trouble with loan sharks and check cashing agencies.
- Working too much or not enough.
- Maxing out credit cards.
- Abusing drugs (prescription or street drugs).

- Getting arrested (the enabler must bail him or her out).
- Any of a number of other unhealthy behaviors and patterns of addiction.

Any time people help or allow another person to continue their unproductive, unhealthy, addictive behavior, whether actively or passively, they are enabling. Even when they say nothing, they are enabling the behavior to continue. Sometimes people say nothing out of fear – fear of reprisal; fear of the other person hurting, hating or not liking them; or fear of butting in where they don't think they belong. Perhaps they even fear being hit or worse.

Enablers often participate in such behavior because of their own low self-esteem. They haven't gained the ability to say no without fear of losing the love or caring of that other person. People who learn tough love have to learn that their former behaviors have been enabling and that to continue in them would represent allowing the other person's pattern of behavior to continue and to worsen.

Because enabling behavior is most often discussed in substance abuse issues, it is interesting to note the prevalence of this issue and its impact on society.

A major source of information on substance use, abuse, and dependence among Americans age 12 and older is the annual National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration. Following are facts and statistics on substance use in America from 2010, the most recent year for which NSDUH survey data have been analyzed.

- Illicit drug use in America has been increasing. In 2010, an estimated 22.6 million Americans age 12 or older – or 8.9 percent of the population – had used an illicit drug or abused a psychotherapeutic medication (such as a pain reliever, stimulant

or tranquilizer) in the past month. This is up from 8.3 percent in 2002. The increase mostly reflects a recent rise in the use of marijuana, the most commonly used illicit drug.

- In 2010, 7.0 million Americans age 12 or older (or 2.7 percent) had used psychotherapeutic prescription drugs non-medically (without a prescription or in a manner or for a purpose not prescribed) in the past month – similar to previous years. And 1.2 million Americans (0.5 percent) had used hallucinogens (a category that includes ecstasy and LSD) in the past month – unchanged from previous years.
- Cocaine use has gone down in the last few years; from 2006 to 2010, the number of current users age 12 or older dropped from 2.4 million to 1.5 million. Methamphetamine use has also dropped, from 731,000 current users in 2006 to 353,000 in 2010.
- Most people use drugs for the first time when they are teenagers. There were 3.0 million new users (initiates) of illicit drugs in 2010, or about 8,100 new users per day. Over one-half (57 percent) were under 18.
- Binge and heavy drinking are more prevalent among men than among women. In 2010, 30.9 percent of men 12 and older and 15.7 percent of women reported binge drinking (five or more drinks on the same occasion) in the past month; and 10.1 percent of men and 3.4 percent of women reported heavy alcohol use (binge drinking on at least five separate days in the past month).
- In 2010, 17.9 million Americans (7.0 percent of the population) were dependent on alcohol or had problems related to their use of alcohol (abuse). This number is basically unchanged since 2002.
- There continues to be a large treatment gap in this country. In 2010, an estimated 23.1 million Americans (9.1 percent) needed treatment for a problem related to drugs or alcohol, but only about 2.6 million people (1 percent) received treatment.

UNDERSTANDING ENABLING BEHAVIOR

Many people think they are helping a loved one with an addiction, when in reality they are giving an addict permission to sink further into it. As the addiction has more room to grow, the addict gets sicker, and loved ones become more discouraged that the addict will ever recover.

In most cases, an addict needs to hit rock bottom to make a paradigm shift and get into recovery. Consistent rescuing of the addict will only extend the time it takes for someone to hit rock bottom.

Some common examples of enabling

- **Giving or lending money:** Giving addicts money might open more doors for addicts to invest in their addiction. Having easy access to money can keep them from realizing how much their addiction is actually costing because they don't experience the pain of struggling to get money.
- **Providing a place to live:** A roof over our heads is a necessity. If an addict has pushed the boundaries so far that keeping him or her in your home will feed the person's addiction more, then you might need to consider kicking the individual out. This can be a painful and scary situation for both individuals involved, but might be what creates a rock-bottom moment for the addict.
- **Cleaning up after messes:** When an addict doesn't have the chance to see what messes he or she has created, the person will not know how bad it has gotten. As hard as it might be, you need to let things sit until the person is able to clean things up on his or her own.
- **Supplying a car:** Having a car gives addicts an easier ability to participate in an addiction. The freedom a car provides can enable people to be blinded to their addiction. This could also be a safety issue in that they may use a car after engaging in an addiction and could hurt themselves and someone else. (Claassen, 2011)

What is the difference between helping and enabling?

- Helping includes doing things that will positively benefit another.
- Enabling allows the addict to continue destructive behavior, often by supplying money, shelter, legal, or any other form of help.
- Enabling is done with good intentions but is not truly healthy.
- Enabling prevents addicts from experiencing the consequences of their actions; it may keep them from seeing they have a problem.

Here are some additional examples of behavior that enable those struggling with addiction:

- Repeatedly bailing them out of jail, financial problems or other "tight spots" they get themselves into.
- Giving them "one more chance," ... then another ... and another.
- Ignoring the problem because they get defensive when you bring it up or because you hope that it will magically go away.
- Joining them in the behavior when you know they have a problem with it, such as drinking, gambling and so on.
- Joining them in blaming others for their own feelings, problems and misfortunes.
- Accepting their justifications, excuses and rationalizations, such as, "I'm destroying myself with alcohol because I'm depressed."
- Avoiding problems to keep the peace, or because of a belief that a lack of conflict will help.
- Doing for them what they should be able to do for themselves.
- Softening or removing the natural consequences of the problem behavior.
- Trying to "fix" them or their problems.
- Repeatedly coming to the rescue.
- Trying to control them or their problems.

Effects of enabling

Over time, enabling becomes routine, but the frustration grows in the enabler. The combination of continued drug use of the addict and the cycle of frustrated enabling affects the entire family. Mental health issues can develop in the enabler or other members of the family, such as:

- Depression.
- Bursts of verbal and physical anger.
- Anxiety.
- Uncontrollable emotions.

Stages of enabling

Much like addiction itself, it is believed that enablers actually experience their own stages in their behavior and see how it impacts them as a result.

Early stage

- Relief through enabling, such as eating for comfort, spending, working or helping someone with his or her problem to avoid an internal focus and experience the payoff.
- Increase in tolerance for the behaviors of the problem person.
- Preoccupation with the problem person or persons.
- Loss of control over emotions or behavior, such as excessive eating, yelling at the kids.
- Continued use of enabling behavior despite serious negative consequences to the enabler as well as the person with the problem.

Middle or “crucial” stage

- **Family problems** – The drama triangle or the variation below (punishment/forgiveness cycle).
- **Social problems** – Embarrassment, avoiding parties where there may be “too much temptation“ for a partner.
- **Emotional problems** – Depression, anxiety, chronic stress.
- **Financial problems.**

Enabling and eating disorders

While the majority of research on enabling behavior focuses on addiction and substance abuse, the problem of enabling exists in another prevalent issue: eating disorders.

- It is estimated that 8 million Americans have an eating disorder – 7 million women and 1 million men.
- One in 200 American women suffers from anorexia.
- Two to three in 100 American women suffers from bulimia.
- Nearly half of all Americans personally know someone with an eating disorder. (Note: One in five Americans suffers from mental illnesses.)
- An estimated 10-15 percent of people with anorexia or bulimia are males.
- Mortality rates:
 - Eating disorders have the highest mortality rate of any mental illness.
 - A study by the National Association of Anorexia Nervosa and Associated Disorders reported that 5-10 percent of anorexics die within 10 years after contracting the disease; 18-20 percent of anorexics will be dead after 20 years; and only 30-40 percent ever fully recover.
 - The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of ALL causes of death for females 15-24 years old.
 - 20 percent of people suffering from anorexia will prematurely die from complications related to their eating disorder, including suicide and heart problems.
- Access to treatment:
 - Only 1 in 10 people with eating disorders receives treatment.
 - About 80 percent of girls and women who have accessed care for their eating disorders do not get the intensity of treatment they need to stay in recovery; they are often sent home weeks earlier than the recommended stay.
 - Treatment of an eating disorder in the U.S. ranges from \$500 per day to \$2,000 per day. The average cost for a month of inpatient

- **Legal problems** – Domestic disturbances.
- **Occupational or academic problems** – Loss of concentration due to preoccupation with the problem person or persons.

Late or chronic stage

- **Physical deterioration** – Headaches, stomach problems, stress disorders and so forth.
- **Serious physical withdrawal syndrome** – Cannot stay away after a break-up or separation.
- **Obsession** – Preoccupation increases until it takes the majority of the person’s thoughts.
- **Loss of social supports** – Stops seeing friends and begins to isolate; other people give up trying to get the person to see what he or she is doing.
- **Collapse of the alibi system** – Can no longer make excuses for themselves OR the problem person.
- **Drinking, using prescription meds, eating, working, etc. to keep functioning or “feel normal.”**
- **Hopelessness and despair.**
- **Untimely death** – Accident, suicide, illnesses secondary to the codependency.

treatment is \$30,000. It is estimated that individuals with eating disorders need anywhere from three to six months of inpatient care. Health insurance companies for several reasons do not typically cover the cost of treating eating disorders.

- The cost of outpatient treatment, including therapy and medical monitoring, can extend to \$100,000 or more.
- Adolescents:
 - Anorexia is the third most common chronic illness among adolescents.
 - 95 percent of those who have eating disorders are between the ages of 12 and 25.
 - 50 percent of girls between the ages of 11 and 13 see themselves as overweight.
 - 80 percent of 13-year-olds have attempted to lose weight.
- Racial and ethnic minorities:
 - Rates of minorities with eating disorders are similar to those of white women.
 - 74 percent of American Indian girls reported dieting and purging with diet pills.
 - Essence magazine in 1994 reported that 53.5 percent of their respondents, African-American females, were at risk of an eating disorder.
 - Eating disorders are one of the most common psychological problems facing young women in Japan.

The National Institute for Clinical Excellence (NICE) guidelines for eating disorders recommend that most people with anorexia nervosa (AN) and bulimia nervosa (BN) should be managed on an outpatient basis (NICE, 2004). This places family members in the forefront of care. Family members report that they have insufficient information and skills for this role, which involves managing very challenging behaviors.

Living with someone with an eating disorder is associated with mental and physical ill health and a poor quality of life (de la Rie, van Furth, De Koning, Noordenbos, & Donker, 2005; Santonastaso, Saccon,

and Favaro, 1997; Treasure, Murphy, Szmulker, Tood, Gavan, & Joyce, 2001). Emotional reactions to the symptoms may inadvertently play a role in maintaining the problem. Families then become stuck in unhelpful interactions and lose sight of their own strengths and resources. The resulting transformation of family life can be perceived as a direct demonstration of dysfunctional relationships within the family, and one that is considered to be a causal factor rather than a consequence of the illness.

The purpose of an assessment of family function is to allow family members to stand back and reflect on whether and in what way the eating disorder has become the central organizing principle of home life.

The organization of the family around the eating disorder can be conceptualized using an AMC framework.

- “A” represents the antecedents, which include the shared vulnerabilities of anxiety and compulsivity. The three types of traits that run within families of people with eating disorders include anxiety, compulsivity and eating disorders.
- “M” is for the meaning that is made of the symptoms and the repercussions that this has on the role of other family members. The lack of a clear, coherent, conceptualization of eating disorders produces a lack of understanding with idiosyncratic meanings ascribed to the illness.
- The response to the illness behavior varies according to the meaning constructed by individual family members. For example, the belief that an eating disorder is attributable to the sufferers’ personality is associated with less warmth (Whitney et al., 2007; Whitney, Murray, Gavan, Todd, Whitaker, & Treasure, 2005).
- If the illness is seen as life-threatening, a form of self-destruction or suicide, parents become anxious, and then an overprotective parenting style that accommodates and even accepts some of the behaviors develops (Kyriacou et al., 2008). If the illness is thought to be a “hunger strike,” families may feel guilt and bend over backwards to make reparation. Others may see it as a form of revenge that results in criticism and hostility in retaliation.
- The shame of having a family member with an overt form of mental illness leads to family isolation, and so family reactions to the illness are not buffered by normative forces.
- “C” is for the consequences, which include the emotional reaction to the illness and how families accommodate and allow eating symptoms to dominate their lives that may, in turn, enable some of the behaviors to continue. The reactions and behaviors of family members can inadvertently reinforce eating disorder symptoms.
- Family members may give attention or acceptance to the eating disorder “voice,” or they may remove negative consequences that arise from the eating disorder behavior. They may accept that eating disorders symptoms dominate the household:
 - a. By becoming subservient to eating disorder food rules (where, why, how, when and with whom, and so on).
 - b. By accepting safety behaviors (exercise, vomiting, body checking, fasting or cutting back) and
 - c. By adhering to obsessive-compulsive behaviors (reassurance seeking, counting, checking and control).
- Individuals with an eating disorder control those around them by explicit or implicit emotional blackmail and by the unbending rigidity and narrow focus of their opinions. For example, if eating disorder rules are disobeyed, then the person threatens to not eat at all or to harm her- or himself or act destructively in other ways. Those with eating disorders may control, compete, compare or calibrate themselves with other family members (often siblings) on what and how much to eat or exercise.
- This behavior is tolerated in an effort to keep the peace and because there is fear over the consequences of resistance. Family members may be drawn into removing negative consequences, covering up or removing or buffering the natural negative consequences that would accrue from the behavior, for example, replacing missing food, cleaning kitchens and bathrooms, making excuses to others and so on.

CODEPENDENCY

Codependency (or codependence, interdependency) is defined as a psychological condition or a relationship in which a person is controlled or manipulated by another who is affected with a pathological condition (as in an addiction to alcohol or heroin).

In broader terms, it refers to the dependence on the needs of or control of another. It also often involves placing a lower priority on one’s own needs, while being excessively preoccupied with the needs of others.

Codependency can occur in any type of relationship, including family, work, friendship, and also romantic, peer or community relationships. Codependency may also be characterized by denial, low self-esteem, excessive compliance, or control patterns.

The benefits of enabling are two-fold. Let’s look at substance abuse specifically:

- Individuals who use substances can continue the behavior they want, and enablers do not have to acknowledge that anything is wrong. This action, however, is a short-term solution to a long-term problem. Over the long term, enabling drug abuse behavior leads to unhappiness for the enabler and the further deterioration of the individual using drugs.
- Another reason enabling occurs is because of codependency, which occurs when people are overly involved in another person’s life. Codependents have a constant preoccupation with another person’s behavior and feel unnecessarily guilty when not taking care of that person’s needs. This often stems from not having adequate self-esteem.

Some common themes in the codependency cycle for the dependent person are:

- My feelings are not important.
- I am not good enough.
- I am responsible for my friend or significant other’s behavior.
- I am not lovable.
- Having my own problems is not acceptable.
- It’s not OK for me to have fun.
- I don’t deserve love.

Historically, the concept of codependence comes directly out of Alcoholics Anonymous as part of the realization that the problem was not solely the addict, but also the family and friends who constitute a network for the alcoholic. It was later broadened to cover the way that the codependent person is fixated on another person for approval, sustenance, and other things.

Codependency describes behaviors, thoughts and feelings that go beyond normal kinds of self-sacrifice or caretaking. For example, parenting is a role that requires a certain amount of self-sacrifice and giving a child’s needs a high priority. However, parents can nevertheless still be codependent towards their own children if the caretaking or parental sacrifice reach unhealthy or destructive levels.

Typically, parent who take care of their own needs (emotional and physical) in a healthy way will be better caretakers, but codependent parents may be less effective or may even do harm to a child. Another way to look at it is that the needs of an infant are necessary but temporary, but the needs of the codependent are constant.

People who are codependent often take on the role as a martyr. They consistently put others’ needs before their own, and in doing so, forget to take care of themselves. This creates a sense that they are needed. They simply cannot stand the thought of being alone and no

one needing them. Codependent people are constantly in search of acceptance. When it comes to arguments, codependent people also tend to set themselves up as the victim. Further, when they do stand up for themselves, they feel guilty.

In marriage, codependency occurs when one partner puts the needs of the addict spouse before his or her own. It fosters the tendency to behave in overly passive and caretaking ways that harm the relationship. When a codependent partner has had enough, it can nudge the addict toward change.

Codependency is a vicious cycle in which both the person being enabled and the enabler need to disentangle themselves. It is recommended by experts in the field that codependent family members or loved ones

remind themselves on a regular basis that they did not cause the problem and cannot control or fix the problem. They need to understand that the only thing they can do is offer assistance, which may or may not be heeded. The codependent person needs to understand that the only person who can help a substance abuser is the substance abuser him- or herself, and that the person needs to obtain the help that is available.

In a codependent situation, both the abuser and dependent person need assistance. The substance abuser needs to fix both the chemical and psychological bonds he or she has to alcohol or substances, and the codependent individual has to understand why he or she feels the need for this dependency. Experts in the field recommend that help in the form of substance abuse counseling be obtained for the substance abuser as well as therapy for the dependent person.

ADDRESSING FAMILY AS PART OF TREATMENT

As a counselor or therapist, it is important to understand the elements of enabling behavior and how to address it with the client as well as those involved in the client's life.

The important thing is to educate the family about what is really going on. Their issues have never been looked at because everything was hiding behind the addiction. As a counselor, if you only provide services to an alcoholic/addict and send the person back to a dysfunctional family, he or she will relapse into the self-destructive behavior within months.

Families need education about drugs and alcohol and help with healthy parenting. Quite often, by the time an individual comes in for treatment, the whole family is dysfunctional. Some people don't even realize a loved one is on drugs. They don't keep the connection with

those close to them on a daily basis, so they can't gauge what is right or what is wrong.

One of the roles of a counselor is to help families reevaluate what they're doing and to be humble enough to change. Drug addiction and alcoholism provide an opportunity to help families change for the better. Families get very frustrated, which is why they need as much help as the addict/alcoholic. The family also needs to change and learn not to enable or shame the person.

Addictions are a painful reality for all involved. Whether it is alcohol, drugs, food, sex, gambling or the list of many others, it is imperative for counselors and family members to not enable addicts to continue down their self-destructive path. (Jay & Jay, 2011)

Some things to consider

One is that family members may be so angry that they don't want to be a part of treatment. They simply avoid the situation, treating it as if it's not their problem. They may believe that it's the wife's problem or the child's problem or the husband's problem. The other is that the family is afraid of being blamed. In reality, they already have been blamed. Addicts and alcoholics are always pointing their finger at the people closest to them. In their minds, they are the victims; everyone else has caused their problems.

Enabling is linked to denial, which is when family and friends refuse to recognize or refuse to admit to a problem. This happens not only

with substance abuse, but also is a defense mechanism that is used when people find the truth of a situation too difficult to deal with. In this case, denial of substance abuse behavior can mean that family and friends do not recognize how the behavior is affecting work, school, relationships, or causing financial problems.

Most striking in the denial phenomenon is the enabler's refusal to acknowledge the deterioration of the relationship he or she has with the substance abuser. In fact, quite often, the denial mechanism will continue until it no longer can – meaning, until something horrific occurs.

Helping others recognize early signs

There are times in relationships when we cross that sometimes invisible line between truly being helpful and supportive and acting as enablers, or becoming codependent with another person. Sharon Wegscheider-Cruse in her work with families suggests that 96 percent of the general population, and persons in helping professions especially, exhibit some forms of codependent behavior at one time or in fairly consistent patterns. (Burruss, 2008)

Counselors should equip themselves with a list of relevant questions to engage family members in the issue at hand. Here are some examples of questions counselors may use to help family members identify what it is that they are dealing with and recognize their own responses to early warning signs of enabling:

- Do you find yourself worrying about a person in ways that consume your time, or do you find yourself trying to come up with solutions to his or her problems instead of letting that person do the solving?
- Do you find yourself afraid for this person, or convinced that he or she cannot handle a situation or relationship without falling apart?
- Do you ever do something for a person that he or she could and even should be doing for him- or herself?

- Do you ever excuse this person's behavior as being a result of stress, misunderstanding, or difficulty coping, even when the behavior hurts or inconveniences you?
- Have you ever considered giving or given this person money, your car, or talked to someone for this person as a way of reducing this person's pain?
- Do you feel angry if this person does not follow through with something you have suggested – or do you worry that you may not be doing enough for this person?
- Do you ever feel you have a unique and special relationship with this person, unlike anyone else they may know?
- Do you feel protective of this person – even though he or she is an adult and is capable of taking care of his or her life?
- Do you ever wish others in this person's life would change their behavior or attitudes to make things easier for this person?
- Do you feel responsible for getting this person help?
- Do you feel reluctant to refer an individual to a source of help or assistance, uncertain that another person can understand or appreciate this person's situation the way you do?
- Do you ever feel manipulated by this person but ignore your feelings?
- Do you ever feel that no one understands this person as you do?

- Do you ever feel that you know best what another person needs to do or that you recognize his or her needs better than he or she does?
- Do you sometimes feel alone in your attempts to help a person, or do you feel you may be the only person to help this individual?
- Do you ever want to make yourself more available to another person at the expense of your own energy, time or commitments?
- Do you find yourself realizing that an individual may have more problems than you initially sensed and that you will need to give him or her your support or help for a long time?
- Do you ever feel that as a result of getting to know this person, you feel energized and can see yourself helping people like him or her to solve their problems?
- Have you ever begun to see yourself in this person and his or her problems?
- Has anyone ever suggested to you that you are too close to this person or this situation?

If family members answer “yes” to two or more of these questions, it is likely that they have crossed the line from being supportive to being an enabler or codependent. Having heard themselves answer such

questions often helps them understand how they may have contributed to the issue, and further discussion with that family member on changes they may need to make can ensue.

When working with families, you don’t know what issues will crop up. Eventually, everyone falls back into the old pattern, which is why you can’t just change the addict/alcoholic. You have to change the family system. It’s about the family as a whole.

Each case is different, but it is often recommended that addicts/alcoholics distance themselves from the family unit for their own well-being. When working with young adults with addiction, it is suggested that they become more independent. They hate the dependency, but they’re too scared of being on their own. Once sober, they can enter the homes of family members who live sober lives. Programs such as AA or NA help them to stand on their own two feet and build self-esteem.

With married couples, if there is a spouse who is highly dysfunctional or unwilling to give positive support, it may be suggested through therapeutic means that the spouse move out. Treatment is an attempt to get the family unit to be open to change, just as the addict/alcoholic must be.

What do families most misunderstand about the role of the family?

In many circumstances, family members are too controlling. However, there’s no intimacy in control. Counselors must focus on helping family to let go a little and develop some trust. Family members have to allow addicts to grow and build self-esteem on their own or to fall on their face and hit rock bottom and learn from their mistakes.

Conversely, addicts often misunderstand their family members and their role within the family. Addicts can be very self-centered; most mistakenly think that everything is all about them. They feel like victims to the world and take no responsibility for how their behavior has hurt so many people.

How do counselors begin to change such ways of thinking?

Case study on family dynamics (as presented by Burress, 2008)

“A mother of a 16-year-old teenage boy wrote to me saying that her son has become increasingly disrespectful towards her over the last couple of years, going so far as to cuss and swear at his parents over what she refers to as ‘trivial matters.’ This mother, I’ll call her ‘Jane,’ says that she has always prided herself on doing everything she possibly could to make things as easy on her son as possible, including preparing her son’s school lunches, doing his laundry, cleaning his room, making his bed, giving him spending money, etc., but says, ‘Nothing I do for my son is appreciated, and he’s always asking for more money and telling his father and I to leave him alone,’ followed by the slamming of his bedroom door. (Burress, 2008)

“Jane has discussed the problems with other family members and close friends, and they have all told her that she needs to ‘learn to let go’ of her son and stop controlling his life. Her husband also told her that she’s enabling their son, and that she needs to allow their son to deal with the responsibilities that go with growing up and becoming a responsible adult. Those responses, along with being told that she is too close to her son, caused her to begin looking for information about what it means to be an enabler, in order to improve her relationship with her son.

“I was very surprised that Jane continues to do these various chores for her teenage son, including making his lunches, cleaning his room and doing his laundry, even though her son is fully capable of doing these things for himself. Jane was shocked to learn that my now-grown children were taught from a young age how to do their own laundry, and that they began doing it themselves since they were about 10 years old, because I taught them how. I also allowed them the freedom to do these things on their own, so they could feel proud of themselves and their own accomplishments. (Burress, 2008)

“I explained to Jane that from the time my children learned how to walk, I began teaching my children everything they needed to know in order to become responsible, independent adults. Each of my children learned how to prepare basic meals, including cooking on the stove, from a very young age. I still remember the excitement in their young

voices when they each learned how to make macaroni and cheese, or grilled cheese sandwiches, and the sheer glee of knowing they did it all by themselves (while I carefully observed, of course). My sons were not going to grow up with the idea that cooking and cleaning was ‘women’s work,’ and my daughters were not going to grow up thinking they ‘need a man to take care of them.’ (Burress, 2008)

“I am a firm believer in the old saying, ‘Give a man a fish and you’ll feed him for a day. Teach a man to fish, and you’ve fed him for a lifetime.’ Does that put me in line for the next ‘mother of the year award’? No. It only means I take parenting very seriously. It is the responsibility of each and every parent, mothers and fathers alike, to teach and train their children how to become responsible, independent, self-sufficient adults.” (Burress, 2008)

“Very young children can and need to be taught how to pick up after themselves and put their clothes and toys in their proper place; how to make their bed; how to wash dishes; how to dust and vacuum; how to properly clean a bathroom; how to cook or prepare basic meals, and so on. But most important, parents must allow their children the needed age-appropriate independence, to have pride in their own achievements. When children have learned how to do these basics of living, parents must learn to let go of any controlling tendencies, such as not criticizing their children when chores aren’t completed perfectly.

“Final advice: The advice given to Jane was that she immediately stop the enabling behaviors and allow her teenage son to do for himself what he is capable of doing, as well as lovingly teach her son the life-skills that he may be lacking. Looking at the situation from a teenager’s point of view, one can see how Jane’s son might feel oppressed and angry by his mother’s efforts to make things as easy on him as possible, and I believe his angry outbursts and door slamming is his way of acting out his frustrations of being controlled. He’s growing up to become a man, and he needs to know that his mother and father have faith and trust in his ability to handle the many responsibilities of being an adult.”

HOW TO STOP ENABLING

The following information can be useful in your approach as a counselor or provided to family members to address enabling behaviors by using rational emotive behavioral therapy (REBT):

Building high frustration tolerance

In the world of addictions, the path of least resistance is often the path to inevitable defeat. Let's look at how to get on the path of high frustration tolerance. When you feel blocked from reaching an important goal, your perception activates brain centers that are associated with pain. When you feel frustrated and uncomfortable, those feelings can stimulate you to solve a problem and get past the barrier. It can also signal taking the easier, more comfortable path. (Knaus, 2012).

Some individuals tend to tolerate frustration well. They work through it and continue to press on to achieve their shorter or longer-term goals. However, let's consider the idea of what if you don't tolerate frustration well, and you have an addicted friend or relative who takes advantage of your tendency to take the easy way out?

Seven steps to end enabling using rational emotive behavioral therapy (REBT)

Family members and friends of those who abuse substances can often benefit from building their frustration tolerance. Rational emotive behavior therapy (REBT), previously called rational therapy and rational emotive therapy, is a comprehensive, active-directive, philosophically and empirically based psychotherapy that focuses on resolving emotional and behavioral problems and disturbances and enabling people to lead happier and more fulfilling lives (Ellis, 1994).

For example, your family member, Bob, tells you that he needs to get past a tense time and then he will quit using. Could you spare some money for these tough times? If you cave in, you are enabling him by rewarding his dependency on you. You are probably rewarding yourself by caving in to avoid a conflict. Whatever the dynamic may be, by giving Bob money to fund his substance abuse habit, you are signaling that you may also have low frustration tolerance in this situation.

You can use REBT principles and practices to boost your tolerance for frustration. By modeling high frustration tolerance for conflict and for resisting Bob's demands, you avoid procrastinating on building high frustration tolerance. You help him see that you are no longer a pushover. Bob may still have an addictive problem, but you are no longer helping him sustain it. You may also be in a stronger position to influence a change. (Knaus, 2012).

This is obviously easy to say and harder to do. However, if you see the merit in building high frustration tolerance, here are seven steps to help yourself build high frustration tolerance by combating low frustration tolerance:

1. Remind yourself that frustration tolerance is like a muscle. The more you build it, the stronger you get. Recognize that you won't build it overnight. Then remind yourself that in the process of learning to avoid knee-jerk, low frustration tolerance reactions,

What if I'm the enabler?

- Do you sometimes feel as if you were put on earth to serve others?
- Are you overly accommodating and find it difficult to say no?
- Are you drained from overdoing for others?
- When you complain, are you told that you sound like a martyr?

If your answers are yes, you might wish to consider the possibility that you are an enabler.

Enablers are motivated by love and the need to be valued, qualities especially encouraged in females. An enabler is a person who through his or her action allows someone else to attain something. Most often,

To practice high frustration tolerance, you put reason between an impulse to escape discomfort and discomfort-dodging actions. (Knaus, 2012) That step can make a big difference. Once you delay reacting, you are in a position to start choosing. Part of this imposing reasoning process involves accepting that it is important to live through the discomfort if you expect to overcome barriers. This acceptance is like building emotional muscle. The more you work at it, the stronger you get.

By working at building high frustration tolerance, you are likely to solve more of your immediate problems and reach more of your longer-term goals.

you are building high frustration tolerance. So, seriously consider frequently practicing high frustration tolerance.

2. Focus on the longer-term goal that you want to achieve. Consider whether you would like to see your family member get healthier. Would you prefer a relationship based upon a healthy bond (rather than one of dependency)? If so, then make decisions that will support your family member's independence and health. Remind yourself that the real rewards normally come from high frustration tolerance actions. Low frustration tolerance gives you a specious reward of quick relief from enabling.
3. Make two lists: (1) the short- and long-term advantages and disadvantages of you engaging in enabling behavior and (2) the short- and long-term advantages and disadvantages of enabling your loved one. The enabling trap is a joint venture. Your loved one also has responsibility to think and do better. That includes stopping baiting this trap.
4. Reward yourself when you practice high frustration tolerance. Allow yourself to do something you enjoy, such as watching a movie, taking a bubble bath, listening to favorite music, calling a friend, or reading a favorite book.
5. When you practice low frustration tolerance, enabling behavior with your loved one, give yourself a response-cost. For example, force yourself to do something you dislike, like cleaning for an extra hour. Deny yourself the reward you identified in No. 4.
6. Accept yourself regardless of whether you practice low or high frustration tolerance, but know that it is to the advantage of all concerned if you practice high frustration tolerance.
7. Get help and support when you find it necessary to strengthen your resolve. Connect with resources that could support you in your journey.

the term enabling has been associated with alcoholism, but it is not always the case. Enabling can have broader implications and include other forms of codependent behavior. Enabling is considered codependent because the act will often satisfy the need to help someone, but simultaneously foster dependency. Are you an enabler? Are you in any codependent relationships? Have you ever wondered why? (Ceccarelli-Egan, 2009)

If you are like most enablers, you were born with a generous heart and enjoy helping others. You might have been an older sibling or had non-available parents. It was necessary for you to step into the void

and help out in your family. Your behavior became identified, and you received positive reinforcement for your actions. The recognition helped you feel good about yourself and internalize the belief that your role in life was to help others. Eventually, your role became cemented into the system, and people stopped appreciating your kind acts and came to expect them.

This response would have caused you to develop a low self-esteem because you experienced love as conditional, and feel selfish when you were not doing enough for others. I once had a client who was such an enabler that when someone bought her a thank-you gift for helping them out, she actually bought them a “small thank-you gift” to thank them for their thank-you gift!

Enablers unconsciously believe that relationships can only be maintained by doing nice deeds and placating others. If you are an enabler, as a child you probably became motivated by a desire to be loved, learned to avoid conflict and give in to unrealistic demands. You learned that to challenge a loved one might result in anger and possible rejection. To survive in this type of system, you began to ignore and overlook problems, because to address them or your feelings would be too risky. (Ceccarelli-Egan, 2009)

Unfortunately, this behavior exacerbates the loss of self because with each capitulation, you further disconnect from your true feelings and minimize your sense of entitlement. Your behavior not only makes you appear more accommodating, it also allows you to become prey to more selfish people. Suddenly you find your life filled with takers, and there is no reciprocity in your relationships. You become increasingly upset because others do not tune into your needs, but then criticize yourself for being selfish or not acting in a loving manner.

If this sounds familiar, what can you do about it?

The first step is to recognize that you are an enabler or have tendencies toward enabling. If so, admit it and make the decision to practice some new ways of relating to people. Begin to engage in solitary activities that bring you pleasure and satisfaction. This will help you keep the focus on your needs and get in touch with exactly how, when and where you want to do something. Give yourself some of the pampering that you usually give to others; spend time and money on yourself instead of a loved one or friend. State the affirmation that “I am as important as everyone else” and “I do not have to give in order to be loved.” (Ceccarelli-Egan, 2009)

Commit to looking for new, healthier relationships as you pledge to change your old relationship patterns. Decide to become your own person, not the person others want you to be. Begin associating with people who have the ability to have a mutual relationship and are responsible for their own behavior. Go slowly in a new relationship, and practice new behavior: abstain from rescuing people, stop overfunctioning and graciously accept assistance when offered to you.

Are you tired of being the person who seems to have been put on Earth to help others? Do you sometimes feel unappreciated, exploited and used? If so, I invite you to explore the following dynamics and solutions:

Ask yourself if the person is asking for your support and if your help is appropriate. Sometimes an individual is merely looking for a listening ear. If you are an enabler, when a problem is presented, you tend to feel duty-bound to fix the situation. When someone comes to you with a problem, take a deep breath, listen, then ask, “What do you need?” and “How would you like me to help you?” For years, I jumped in and offered my daughter lots of solutions when she came to me with a problem. This resulted in both of us

feeling frustrated! I thought that she was not listening to my sage advice. It turns out, she just wanted to vent, knew she could solve her own problem and took my advice as a vote of no confidence.

Sometimes a person does approach you with a specific request for assistance. In this case, you want to ask yourself whether this is a reasonable request and consider whether you have the time, energy or desire to assist them. While helping others can be seductive and feed your enabler’s “need to be needed,” you do not want to prevent another from learning life’s lessons. An example would be the parent who always brings her forgetful children’s homework to school or drives them to school when they miss the bus.

- Does this merely perpetuate irresponsibility?
- Would it better for the child to have the consequences in school rather than as an adult?
- Is this well-meaning parent preventing the child from learning to take responsibility?

It might be more helpful for the parent to support the child by compassionately asking, “What do you need to do about it?” or “What can you do to avoid it happening next time?” This offers support and compassion, but puts the onus on the person and encourages personal responsibility.

Do you feel good about your participation? Enablers tend to feel used because they go too far with their help. While it stems from a generous heart, they will often overfunction and end up feeling exhausted, unappreciated and resentful. This is a case where you want to measure the “return on your investment” and estimate what benefit the person might receive from your assistance versus what it is costing you. If you are unsure about whether you want to be of assistance, tell the supplicant that you will need to get back to them, then step away and get some distance.

You will also want to consider your current level of emotional energy. When your energy is low and you assist another, you may end up giving out of your reserve and become further depleted. In this case, everyone would be better served if it is possible for you to postpone your assistance until a time when your energy is higher and the service does not drain you. When you give from a place of greater emotional energy, you are able to be more attentive and generous with your assistance and feel good about the service.

- Is the individual doing 50 percent or more of the work?
- Do you feel as if you are dragging the person up the hill?
- Are you doing the majority of the person’s work?

If you are working harder than the person that you are trying to help, you are overfunctioning.

If you have a “need to be needed,” allow yourself to recognize this fact and explore the reasons that motivate you as well as the price that you pay. Is it habit? Is it the way you define yourself? Do you wish to continue overfunctioning? As you begin to look at the benefit you get out of helping another, notice your reaction, the cost to you and whether you feel used and resentful.

The next time you are tempted to help another, examine your intentions for doing so as you refrain from automatically offering help and giving advice. When you feel you are being treated unfairly or being taken advantage, speak up right away. Set limits, and say, “No, this is not a good time to talk,” or “No, I will not be able to help you at this time,” when you feel that another’s request or appeal would be too demanding for you. Trust yourself to know what you want and need and make your feelings known because they are important. If someone has to be unhappy or do all the giving, it doesn’t always have to be you!

What if it’s my child? How to stop being an enabler to your adult child

Once you become a parent, your life changes forever. You always will be concerned with your children’s well-being, no matter their age. When your concern become enabling, you need to take control back. No one ever said being a parent was without conflict.

When your children were just toddlers and learning how to walk, you held their hand to keep them safe. As they became steadier on their feet, you didn’t need to hold their hand as much. As they grew and entered school, you did your best to teach them values and help them

find their way in the world. As any parent knows, no parent is perfect and no child is perfect. No child is the same. Parents who have more than one child know this. You can raise two children the same way, and the effect might not always be the same. (Albury, 2011)

We have all heard the term “late bloomer.” Some children grow up having a strong desire to “be” something when they grow up. Nothing keeps them from their goal. Then there are the kids who march to a beat of a different drummer – not that is a bad thing; it can be good. Then there is the child who, for whatever reason, seems to struggle. Sometimes, as a parent, we unwillingly find ourselves caught in an unhealthy pattern of enabling.

Here are a few tips on how to break the pattern:

Step one: **Resist the urge to fix your adult children’s problems.** It is not up to you to fix everything. Sometimes you have to fall in order to learn how to get back up. If you keep fixing things, how are they ever going to make it on their own?

Step two: **Allow the situation to get worse.** As hard as it might seem to do, you must. You can push someone out of the way of a speeding train, but you can’t stop the train.

Step three: **Your adult child might regress to acting like a spoiled 2-year-old.** Demanding and abusive behavior should not be tolerated. It is all right to hang the phone up if your child is being abusive. You gave her a time-out when she was 2 because she didn’t obey the rules. You don’t have to be subjected to her behavior now.

Step four: **Try not to feel guilty about being firm.** Whatever you do, don’t apologize. Don’t scream back, just calmly inform your child you deserve to be spoken to respectfully, and you will not accept any other kind of behavior. Fighting the guilt that you feel is why some people have a lot of trouble with tough love. It is called “tough” for a reason.

Step five: **Keep a journal.** Writing how you feel is so good to do. It helps get out some of the pain and frustration that you can be feeling. It is also a great way of tracking your progress with the situation.

Step six: **Call on your friends for support.** Once you get to talking about it, you might find they went through a similar situation. That’s what friends are for!

Step seven: **Don’t give up, and don’t give in.** Your child might act angry at you, but trust me, they will get over it. Remember why you are doing this. It is to better them as a person, and in return, it will better your relationship with them.

This might take time. Remember to praise yourself for standing firm. Take it one day at a time, and try not to get overwhelmed by the situation. You love your child, remember that sometimes love is tough love.

MYTHS ABOUT THERAPY AND ENABLING BEHAVIOR

Because many family members of addicts have gone to clergy, counselors, and general mental-health practitioners, and have become even more confused and despairing after doing so, this is meant to clarify why the sessions may have been ineffective and why an individual’s problems may have gotten worse instead of better during the course of the therapy. (Drews, 2011)

Myths can prevent the healing process for both clients and their families when counseling addiction. Understanding myths about therapy and enabling behavior can be very helpful to the ever-growing number of therapists who are recognizing how pervasive all forms of addiction are in their caseloads, and are looking for addiction education and understanding to add to their expertise and enhance their effectiveness.

Myth No. 1: Patients always tell therapists the truth about their drinking.

Many parents take their children to see a therapist in an effort to bring some sanity back into their households. After the therapist poses a question or two to the child about his or her drinking, the matter is often dropped. Why? Let’s look at a typical encounter:

Therapist: Do you drink?

Child: Yeah, some.

Therapist: How much?

Child: A couple of beers at parties, with other kids. That’s all. All the kids do it. My mother’s paranoid.

Therapist: Why do you say that?

Child: I don’t know. Ever since we moved, after my father got transferred on his job, my mom is really unhappy. She takes it out on all of us. My dad’s always telling her she nags.

Therapist: Does she?

Child: Yeah! Ask my sister if you don’t believe me. She’s going to leave home as soon as she’s 18 next year. She told me she can’t stand it there anymore.

Therapist: Do you feel the same way?

Child: Yeah.

Therapist: Let’s talk about that next session. Maybe we can find some ways for you to talk more directly to your mother about how you feel about the way she treats you.

This therapist has made her first mistake by believing the alcoholic’s minimizing of the drinking problem. The child’s disease helped him divert the issue completely.

Those struggling with addiction (even child alcoholics) will lie to protect their habit. In counseling, alcoholics are incapable of telling the truth because of a disease process that is extremely cunning in its efforts to protect its supply of alcohol. This is not a moral judgment. It is merely a fact of the disease.

Myth No. 2: These “underlying mental-health issues” can be resolved by teaching good communications skills to members of that alcoholic family.

This concept is impossible. Those dealing with addiction can be very sincere and really want to cooperate by trying to communicate better. But even after a terrific family therapy session, all their insight can go flying out the window with the next intake of alcohol.

Furthermore, every day a person continues to drink, the disease is progressing. That means that in addition to experiencing secondary physical problems, his or her ability to cope with life at all is progressively diminished. If someone is going through withdrawal, the severe agitation will cause anger, anxiety, and overall, an inability to have any “good communications.” (Drews, 2011)

Myth No. 3: Alcoholism is a result of unresolved conflicts, anxieties, and anger. As soon as a therapist can get at the root of the problem, the need to drink will wither away by itself.

Putting it simply, problems do not cause alcoholism. Almost all of the time, after alcoholics stop drinking and attend AA regularly, their serious emotional problems disappear or at least diminish greatly with help. On the other hand, it is impossible for the still-drinking alcoholic to get well emotionally.

Myth No. 4: Even if the addiction is not dealt with as the primary issue, good therapy is being practiced if families are straight about feelings.

Even during therapy sessions where the addict is acknowledged to be an addict, many therapists have been trained to focus on asking family members how they feel about all this. On the surface, this may seem sensitive and caring. Unfortunately, such an approach often leads to 15, 30, or even 50 sessions on how each family member feels about everybody else, and not much else is accomplished.

In this erroneous process, the next step for the therapist is to help everybody improve their communications skills about how they feel! By that time, the drinking is no longer brought up on any regular basis. The drinking is merely discussed in terms of how everyone else feels about it. More damaging, perhaps, is the probability that a therapist can get sucked into believing the addiction might be overexaggerated and lose focus on the intent of therapy.

Myth No. 5: The addict does not know how the family feels.

Counselors often wish that if parents stated their feelings and needs in a straightforward manner (that is, learned good communications skills to “express feelings appropriately”), then the child would be given the incentive needed to want to stop the drinking or drug use. Not only is this magical thinking, resulting from lack of knowledge about the dynamics of the disease process of alcoholism, but it also again subtly places the responsibility for the cause of the drinking on the parents instead of on the alcoholism. (Parents often quit the counseling at this point, feeling even more depressed and despairing than when they entered counseling.)

There may be at least a partial explanation for this lack of understanding and knowledge about the disease concept of alcoholism. We all once believed alcoholism’s lie that “the alcoholic wouldn’t drink if all was right with his or her world.” Unfortunately, no one’s world can be just right.

Another partial explanation for this professional lack of knowledge about the disease concept of alcoholism is more hidden: Many helping professionals are themselves adult children of alcoholics, spouses or former spouses of alcoholics, and parents of addicts. Because denial is the main symptom of alcoholism and addiction – and because professionals are no more immune to the symptom than anyone else – when counselors are themselves untreated for their family disease symptoms, they bring this denial symptom to their work. Thus, we have a client whose main problem is a disease that may remain undiagnosed because the therapist’s own family disease remains undiagnosed, and the therapist’s main symptom, too, is denial about even seeing the disease. (Drews, 2011)

Detachment

How does detachment work? How does it help you to lose your fears of your alcoholic child or spouse? The general process goes something like this:

1. When you begin to learn ways to stop watching the alcoholic and to begin the healing process of seeing to your own needs, the alcoholic has radar and senses this switch in focus.
2. Much of the games stop then, because the alcoholic child knows that less attention will be paid to him or her.
3. By continuing to focus on yourself instead of the alcoholic, you get an even greater distance (detachment) from the threats, and begin to lose your fears of them. You begin to see how you gave the alcoholic so much of his or her power. You can take it back!
4. Again, the alcoholic senses this. He or she begins to threaten even less.
5. You see that detachment works! You gain more confidence. Many of the illusions in your household are beginning to end.
6. You lose much of your preoccupation with the alcoholic. Your preoccupation was based on your need to stop him or her from hurting you. You now see they are much less capable of hurting

Myth No. 6: When parents are told they are “enablers,” it leads them to stop the rescuing.

Enabling is meant to describe the rescue operations that the spouse or parent of an alcoholic carries out when he can’t stand watching the alcoholic suffer the consequences of the disease. When that happens, he cleans up the alcoholic’s messes (such as, lies to the school that his son has the flu when the child was actually picked up for drunken driving). That way, the alcoholic doesn’t suffer the real consequences of his behavior.

Parent must learn eventually to get some detachment watching these crises happen so they can stop cleaning up after the child. They need to accept that they must allow the disease to hurt the child so much that he or she wants to get sober. Of course, it takes parents a lot of time in a healing group such as Al-Anon to be able to do this. And this detachment can’t be forced or rushed by counselors. It is a slow process, and very frightening. (Albury, 2011)

When a mother rescues her alcoholic child and I label her an enabler, she obviously is still doing the rescuing behaviors and is not yet unafraid enough to give them up. She knows I am being judgmental when I use this term. Even when I say it lovingly, I seem to be admonishing her to go faster than she is capable of doing at that time. And she feels despairing, because she is doing her best. She may get so discouraged and frustrated and overwhelmed that she stops treatment.

More specifically, the term enabler implies that while the parents did not cause the drinking, their rescue operations contributed to the perpetuation of the drinking. Such thinking is dangerous; it leads alcoholics, who are already looking for a way to blame others for the drinking, into again placing responsibility for the drinking on the family.

Alcoholics do not need any encouragement to blame others. Alcoholism counselors spend most of their time trying to crack through the blame systems of alcoholics. It is considered to be a major breakthrough in the wellness process of alcoholics when they begin to acknowledge that nothing got them drunk. In contrast, alcoholics who have had relapses and are re-entering treatment are now often heard saying, “I wouldn’t have gone out that time if I hadn’t been enabled!” (Drews, 2011)

The alternative to being labeled enablers is to teach you to end the rescue operations through the simple but effective process of detachment. It is your fears that originally caused you to rescue, and detachment will help end those fears. And even though in this book, we are primarily talking about parents and kids, the detachment process is especially important if you also are married to an alcoholic. It is important for you to lose your fears of that adult alcoholic so you can get on with your life and become more able to deal with your children-alcoholics.

- you than you thought. They’ve already done most of the damage they can do. But the game has been to keep up more of the same junk, to keep up the illusion that the alcoholic is powerful. This no longer works. You have learned not to look at him or her, to walk out of the room and out of the house and to not beg.
7. The alcoholic now stands alone with his or her disease. The person has lost his or her audience, and therefore drops much of the bullying. You are not watching it.
 8. The alcoholic can no longer get you to believe you are responsible for his or her drinking and for the craziness in that house.
 9. The alcoholic has a chance to grow up and make a decision to get help.
 10. You are free.

When parents start to understand the dynamic of what was just described, they begin to naturally let go of the disease, to detach, and therefore stop enabling because they are losing their fears of addiction. All of us stop manipulating and controlling people when we lose our fears of them.

As a counselor

- Try to let parents know that you will gently help them along the not-straight road toward freedom from their fears.
- Let them know that they do not have to meet a timetable. In fact, let them know that you are aware that you do not walk in their shoes, that they must be comfortable to make even a small step; that what you will do is love and accept them, even when they vacillate in their ability to detach from the disease.
- Let the parents know that you know they will be ready some day. Try to give them the same hope that Al-Anon holds out – that your acceptance of them will be part of the healing process and will help move them along toward health and the choices that they now can only dream of.
- And then, gently, naturally, interventions do happen, because with one hand you can provide the healing embrace and comfort of total acceptance and without pressure; while with the other hand, hold up the mirror of reality and nudge them along ever so gently toward reality.

Many counselors do not call people “enablers,” but instead refer to them as “rescuers.” This is a much more kind word; the connotation allows them to gently look into their behavior and begin to make some changes. It draws them into healing and does not shame them or drive them away from getting help. (Albury, 2011)

ELEMENTS OF CONFRONTATION

Confronting addicted persons and their families

In this context, confronting means your compassionate perception that the person is addicted, and urging him or her and relevant family members (enablers) to commit to a meaningful recovery program. Such confrontations are becoming known as “interventions.”

An intervention is an orchestrated attempt by one or many people (usually family and friends) to get someone to seek professional help with an addiction or some kind of traumatic event or crisis or other serious problem. The term intervention is most often used when the traumatic event involves addiction to drugs or other items. Intervention can also refer to the act of using a similar technique within a therapy session.

Three areas that counselors need to consider for the confrontation of addicts are why, who, and how.

Why confront?

A quick response might be “To help the addict.” A more thoughtful reason is “To honor my integrity and earn my self-respect by doing what I can to help the addict’s family break their denials.” Another reason is “To reduce the stress I and others feel because of the addict’s behavior.” This is especially true if the addict is parenting young children.

Confront who?

Your most likely choices are: the addict, one or more family members (enablers), or both (separately or together). The most powerful as well as difficult confrontation is with an addict’s whole family.

If you focus only on “fixing” an addict’s way of thinking and toxic actions without confronting the underlying personal and family causes of their addiction, you greatly reduce your odds for long-term success. Notice the difference between saying...

“I want to help Pat break her denials, hit bottom, and want to manage her gambling addiction,” and ...

“I want to do what I can to respectfully help Pat’s family adults recognize how their beliefs, wounds, and habits are enabling Pat’s compulsive gambling and its harmful effects.”

An initial confrontation goal is getting all affected people (including helpers) to see changing the addict’s family as the target. Doing this will often evoke family adults’ denial of their enabling, psychological wounds, and ignorance.

Like any addiction, enabling is a symptom of the core problems: psychological wounds and unawareness.

Typical enablers...

- Have many false self-behaviors, and will deny, rationalize, or discount them (“I know I should confront Frieda about her compulsive shopping, but ...”), and then deny or justify it.
- May choose a helpless rationale, saying “I can’t help (enabling).”
- Have codependent (relationship-addiction) traits and deny, minimize or defend them.
- Refuse to learn about or discuss addictions, enabling, and recovery, or to attend an addiction support group like Al-Anon or equivalent.
- Get significantly angry, hostile, defensive, or combative if someone brings up the addiction and the enabler’s behaviors and choices.

Reality check!

Think of the person you feel is addicted and his or her key family members, friends, and co-workers. Then one at a time, decide whether any of them has any of the enabling symptoms above. Not identifying or confronting enablers raises the odds of an addict’s relapsing.

Confront how?

There are many approaches and variations of approach in choosing how to confront individuals. You may choose to confront:

- The addict and some or all of the family adults.
- Over time or one-time.
- Alone.
- With informed help.

Many factors affect which of these options you and any supporters choose, such as ages; responsibilities; priorities; family composition and member locations, family roles and history; family-relationship quality; grieving progress; communication styles; and family ethnicity, customs, and nurturance level. Regardless of the factors involved, there are some general confrontation guidelines to consider.

General confrontation guidelines

- Keep a long-term perspective (i.e., the rest of the addicted person’s life or the life span of the family’s youngest child).
- Remember that you and any partner are not responsible for the addicted family adults’ decisions; they are.
- Keep your priorities clear and firm. **Suggestion:** put your integrity (self-respect) first, any primary relationship second, and everything else third, except in emergencies.

- Stay clear on the specific results you want to achieve by confronting. The alternative is “riding off in all directions” or major disappointments, anxieties and family conflicts.
- Work steadily to improve your communication over time. Awareness, digging down, empathic listening, and assertion are especially powerful in any addiction confrontation (intervention). Experiment with these examples.

If you choose lay or professional people to help make the confrontation, ask them to prepare with steps like these:

- Be clear that in this context, confrontation and addiction/wound recovery are lengthy processes, not events. It is also important to remember that addictions can be managed, not cured.
- Help each other to stay aware of the difference between true and pseudo (trial) recovery and the relationship between preliminary (addiction) recovery and full (false self-wound) recovery.
- Aim to help the addicted person hit true bottom versus stopping or controlling their addiction.

Types of confrontation

Once you’re well prepared, you’ve decided whom to confront, and your self is usually guiding you, you have a few options with each client or each person you care about:

- An indirect confrontation over time (“plant seeds”).
- A direct confrontation alone or with one or more helpers.
- Plan and make a group intervention.

Let’s look at each of these choices:

Indirect confrontation – “Seeding”

Trying to confront some people directly about their addiction will only evoke conflict, hurt, anger, anxiety, guilt, hostility, and frustration. This will increase family dysfunction and the addict’s inner pain.

The practical alternative is to make indirect comments about addiction and recovery over time, i.e., to plant seeds that may help break denials later. An effective way to plant seeds is a series of sincere statements spoken calmly, with good eye contact and an attitude of mutual respect.

Another way is to ask relevant questions. Some examples include:

- “Maria, did you know that when you don’t keep your promise to stop losing our money at the casino, I get really frustrated, and I’m learning to distrust you?”
- “What do you think about the idea that addictions are a family problem, not an individual one, Phil?”
- “I think Harry has a food addiction, but he can’t admit that. Some people say that addictions are attempts to self-medicate major inner pain. What do you think?”
- “Our son just asked me if you were a rageaholic. Did you know he was wondering about that?”
- “I found another collection of pornography hidden in the basement, and I worry that you’re addicted to it, Larry. Your denying that increases my fear.”
- “Janice just told me about a book she read which said that parental drug addiction causes major psychological problems for all kids in the family.”
- “Do you agree that Joan hasn’t helped with her obsessive workouts and dieting?”
- “I just read that mental health pros define ‘workaholism’ as a true addiction. Some say it’s being unable to work less than 65 hours a week, despite major health and family problems. Alex, I’m really concerned that that’s true of you and us recently.”
- “Would you say that your grandfather is addicted to poker and gambling? Has he ever tried to cut back because of his losses and marital strife?”
- “I hear that chronic overeating is linked to addiction to compulsive craving for sugar and fats, just like addiction to heroine and marijuana. Our doctor told me yesterday that he feels you’re at

- Correct the misperceptions that addiction is a shameful conscious choice and a disease rather than a compulsive, unconscious self-medication reflex and a sign of family dysfunction.
- Stay aware that a vital part of family confrontation is to inform minor kids in the family of key concepts, such as inner pain, compulsions, personality subelves, addiction, enabling, and recovery, and how to and express their feelings without anxiety, guilt or shame.
- Consider that trying to help someone who isn’t asking for help is inherently disrespectful no matter how well-intentioned. It implies “I know what you need better than you do.” This may be true, but it still feels insulting and promotes resentment and resistance.
- View personal and family resistance to breaking addiction and enabling denials as a frantic attempt to avoid pain and loss of security, not stubbornness, rigidity, ignorance, stupidity, defiance, arrogance, weakness, and self-centeredness.

Of course, you should always consider adding any personal confrontation guidelines that you feel are important in your unique situation.

least 70 pounds overweight, despite his warnings about related health risks. That really scared me, Roberto.”

- “Helping other people avoid taking self-responsibility is called ‘enabling.’ I think Janice is enabling her mother by chauffeuring her all over the place, and not insisting that she learn to drive herself. Janice may be codependent, too – what do you think?”
- “Norma just told me her sister just got caught shoplifting again, despite her arrest last February. That really shows the power of true addictions, doesn’t it?”
- “Sal, you say you can quit marijuana anytime, but you smoke it every day. I’m scared that’s going to result in major health problem for you, and that it teaches the kids that using toxic drugs is OK.”
- “I just finished reading ‘Bradshaw on: The Family’ – a book about children of alcoholics. It made me think of you and your mother, and I felt sad.”

Please note that these statements and questions are not judgmental, sarcastic, scornful or critical, and they don’t request or demand any change in the listener. Imagine the accumulated emotional impact of an addict or enabler hearing a focused series of statements (the “seeds”) like these over weeks or months.

Recall that the primary goals of confronting an addict are:

- To preserve your self-respect (integrity).
- To increase the odds the individual will hit true bottom and break protective denials.

Can you imagine saying things like these to the person you’re concerned about? If so, how would he or she react over time? If not, what is it that you are scared of? Does it make sense that patiently planting seeds like this would prepare all affected people for a direct confrontation about an addiction?

If you can tolerate the effects of the addicted person’s behaviors and you estimate the person is not ready to hit true bottom, you can patiently plant seeds without expecting change – i.e., make respectful, informational statements and observations about wounds, unawareness, inner pain, self-medication, addiction, denials, enabling, and recovery.

Confront directly with qualified assistance

The emotional impact of any confrontation rises significantly if you ask one or two other concerned adults or older children to join you in asserting your needs and any boundaries. If you choose this option, you need to carefully pick and prepare qualified helpers.

Ideally, each adult you ask to help you confront will:

- Be clearly guided by his or her true self.
- Have studied and discussed this article or equivalent.
- Be willing to discuss and follow the foundation preparations fully.

Additionally, qualified helpers should:

- Be able to clearly describe their own reasons (primary needs) for confronting.
- Want to join you in preparing specifically for each confrontation you want to make, whether indirect or direct.

There are a couple of downsides to this type of confrontation:

- First, each additional person you involve raises the odds you'll have to resolve conflicts over whether, who, how and when to confront.
- Second, your target person is more apt to resist (feel embarrassed, guilty, anxious, resentful, hurt, angry and defensive) if several people confront him or her. The local confrontation preparations can help you handle this calmly.

It's important to reflect on how you want to interview prospective helpers to decide if you want to ask their help. There are many choices.

Four criteria to consider are:

1. Who would have the most impact on the addicted person?
2. Who is most likely to agree to help you?

Typical intervention steps

A typical intervention starts with a concerned person who decides there is enough of a problem to act. *That person then* locates and consults with a trained addictions counselor. Some people attempt interventions without professional help, which lowers the odds of successful outcomes. If the counselor agrees that an intervention is warranted after hearing the situation, he or she will outline a version of the steps below. (Howard, 2012)

If you are the concerned person requesting help from the counselor, the counselor would then ask if you'll commit to these steps. If you commit, then the counselor asks you to identify every relative, friend, co-worker, neighbor, professional (like clergy or doctor), and church mate who is concerned about the addict, and has been significantly affected by the addict's (or enablers') behaviors. This list includes older children and people who live far away.

The counselor is responsible for identifying and providing basic educational material about addictions, recovery, and the intervention process.

Those materials can be used to guide the process of contacting each adult and child on the list in person or by phone without telling the addict. You explain the intervention goals and process, and ask them if they would be willing to help. If they are, ask the helpers to review the educational materials and thoughtfully write down several instances where the addict's actions inconvenienced, hurt, frustrated or concerned them.

The general format of each instance is:

"(Name), I really care about you. On (date) at (place), you (did something) which affected me (in these specific ways), and I felt _____."

An instance might sound like:

"Jeff, last August 15th, you told Marcy and me that you and your partner would meet us at Granville's at 7 p.m. for dinner the following Saturday. We waited at the restaurant for 50 minutes, and the maitre d' said we had a phone call. It was your partner, who apologized and said you hadn't come home from work yet. Marcy and I were hurt, puzzled, frustrated and concerned, and were out the price of an expensive baby sitter. You never offered us an explanation."

Conclusion

An enabler is someone who (usually unintentionally) helps to make a person's drug use problems and addictions possible by engaging in behaviors they mistakenly think will help the person. In reality, the enabler only hurts the user. When defining family roles in addiction, Colorado State University describes the enabler:

3. Who is least likely to cause major polarization and uproar in the target person's family if she or he confronts with you?
4. Who best meets the criteria above?

Plan and make a group intervention

Probably the most effective choice you can make toward helping an adult hit bottom and want to recover is to do a well-planned group intervention. To intervene means "to come between." In this context, an intervention is a planned group meeting to come between a person dealing with addiction and their denials and compulsive toxic behaviors (i.e., to respectfully force them to confront the effects of their behavior).

The two goals of an effective intervention are to:

- Motivate the addict to participate in a qualified in-patient recovery program.
- Satisfy the deep need of people who care about the addict and her or his family to do their best to offer meaningful help without feeling responsible.

If the first goal isn't met, the second one may be.

The intent is not to shame, guilt-trip, attack, blame, or preach to the addict, but to inform him or her factually of the impacts of their behavior. Other goals are for helpers to affirm their deep concern for the addict and to respectfully describe new boundaries if the target person chooses to make no change. The general format is:

"(Name), if you choose not to get help now, the next time you (do specific addictive behavior), I'm going to (take some specific nonpunitive action)."

The addict may complain that this is a threat, power play or a controlling ultimatum. His or her defensive selves may choose to see it that way, rather than seeing each helper's statement as a respectful assertion with clear consequences. Each helper's statement says: "Because I care for you and myself, I will no longer enable you. You have free choice on how to respond."

With the counselor's help, concerned individuals can research local addiction-recovery treatment facilities and pick one that provides the best mix of reputation, service, accessibility and cost. Then they should negotiate a planning date that helpers and the counselor can attend, and make reservations for the addict at the treatment facility without her or his knowledge (Albury, 2011).

The next step is for all of the helpers (including the older children) to meet with the counselor. You introduce each other and the counselor facilitates planning the intervention and answers any questions. Everyone then reaffirms their common goals (to help the addict hit bottom and protect their integrities); review key realities about addiction and recovery; rehearse and edit each helper's anecdotes for objectivity, clarity and impact; and discuss effective ways of responding to the addict's likely reactions to hearing these anecdotes and new consequences.

The role of the counselor is to educate and coach everyone, offering questions, examples, suggestions, confrontations and encouragement.

When everyone feels ready enough, you then pick a date, time and location for the planned intervention. Someone approaches the addict with a fictitious request on that date, and gets his or her agreement to come. The addict walks into a room where you all are gathered, and someone explains that you're all there to help.

"The enabler is the person who allows substance abuse to continue by 'saving' the abuser from the consequences of his or her actions. For example, if an alcohol-dependent teen doesn't come home on time, an enabler would likely make excuses to other family members for that absence."

While this description is accurate, the example is somewhat benign. Enablers have been known to directly procure drugs for the user because they assume they'll simply acquire them elsewhere if they don't. They'll lie about the user's criminal activity because they fear losing them to incarceration. And perhaps worst of all, some enablers simply pretend like there isn't a problem at all and allow chronic addiction to continue unabated for years or even decades.

DrugAddictionTreatment.Com makes some other important observations about damaging enabler behavior:

- Enablers aren't always family members. They can be neighbors, friends, co-workers, or even teachers.
- Enablers generally believe that they are actually helping those they care about by preventing worst-case scenarios.
- Enablers may also fear rejection from their loved ones if they do not yield support. It could be something as simple as providing the addict with housing or transportation because he is spending all his money on drugs.

The definition of enabling in Random House dictionary is as follows: "To make able; give power, means, competence or ability to authorize. To make possible or easy." Now, what does that have to do with drug abuse? After all, no one wants a loved one to do something that would hurt themselves or others. So how could an individual possibly enable someone else's behavior? Furthermore, why would one want to enable someone to use drugs?

The reality is, this behavior does occur and contributes to substance abuse. There are three factors related to perpetuating substance abuse: denial, enabling and codependency.

As enabling makes a behavior possible or easy, behaviors by family members allow individuals with addiction problems to avoid the negative consequences that may accompany their actions. There are many ways in which this behavior can manifest. In addition, enabling behavior can be instigated by various individuals, including:

- Parents.
- Siblings.
- Co-workers.
- Supervisors.
- Neighbors.
- Friends.
- Teachers.
- Doctors.
- Even therapists.

Though initially, enabling occurs as a way to protect individuals from their behavior, it can go on to perpetuate actions that cause repetitively bad behavior. Some ways in which enabling takes place are:

- Doing something for people that they should do themselves.
- Making excuses for the individual's behavior.
- A spouse calling his or her significant other's employer to say that the person is sick and can't work, when in reality, the person is just hung over.
- Bailing out a child who has been arrested for possession, use or abuse of drugs, or breaking other societal rules.
- Defending the substance abuser, thereby allowing the behavior to continue, instead of recognizing a problem.
- Generally covering the tracks of the individual in question, whether it be by giving or loaning money, finishing up work, or just generally ignoring behaviors that should have repercussions. Usually, the enabler stays silent when faced with repeated inappropriate or destructive behavior.

As a counselor, it is important to understand the impact of enabling behavior and what can be done about it. While we've discussed several methods of approach, each client is different and each family has a different dynamic. Over time, counselors may be able to determine what type of intervention and level of support that needs to occur to diminish enabling behavior and help addicts overcome their addiction.

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UNDERSTANDING ENABLING BEHAVIOR AND HOW TO ADDRESS IT

Final examination Questions

Select the best answer for each question and proceed to *SocialWork.EliteCME.com* to complete your final examination.

1. Enablers often participate in such behavior because of their own:
 - a. Needs.
 - b. Low self-esteem.
 - c. Fear.
 - d. Motives.
2. Which of the following is a common example of enabling?
 - a. Providing a place to live.
 - b. Cleaning up after messes.
 - c. Supplying a car.
 - d. All of the above.
3. Codependency describes _____ that go beyond normal kinds of self-sacrifice or caretaking.
 - a. Therapeutic services.
 - b. Support.
 - c. Diagnoses.
 - d. Behaviors, thoughts and feelings.
4. To practice _____, a person must put reason between an impulse to escape discomfort and discomfort-dodging actions.
 - a. Therapeutic design.
 - b. Rational emotive behavior therapy.
 - c. Quality improvement.
 - d. High frustration tolerance.
5. Negative consequences of which action listed below are that each additional person you involve raises the odds you'll have to resolve conflicts over if, who, how and when to confront, and your target person is more apt to resist if several people confront him or her.
 - a. Indirect confrontation.
 - b. Direct confrontation with qualified assistance.
 - c. Direct confrontation without assistance.
 - d. Family therapy.