

## Inside It Will Never Happen to Me by Claudia Black

### Preface

*“I spent my whole life making sure I didn’t end up like my dad. And now, the only difference between my dad and me is that my dad died from his alcoholism and I don’t have to die from mine.”*

It has been 20 years since I first heard those words. In that time I have listened to similar stories repeated by men and women, young and old, across the world. Be it the alcoholic, the drug addict, the sex addict or the gambler, they were raised with chemical dependency, substance abuse, or other addictive disorders. Every one of them had said to themselves, *it will never happen to me*. They were going to make sure they did not do what their parents had done. As I sit in family groups, I hear the same story from husbands, wives, and partners. They, too, have been raised in addictive families and have repeated those same words. In their wildest dreams, they didn’t imagine it could ever happen to them. But they married alcoholics — some for a second or third time — even though the words *it will never happen to me* were thought and spoken with all sincerity. Today they are all as surprised to see the cycle of addiction repeating itself, as addicts and family members were many years ago, when I originally wrote *It Will Never Happen To Me*. It does not take long before their children are also echoing those same words. And while adult-age children today are more able to identify that they were raised with addiction, they are still just as impacted by it. Another generation of young children continues to have to fight for esteem amidst chaos and fear.

My work and personal life is guided by the belief that no one deserves to live with fear and shame. I was raised in a family setting where addiction was a way of life. Aside from my father being alcoholic, we lived in a small town where my parents owned a tavern, which was central to our logging community. Chronic drinking among adults was common to most and exposure to this was the norm. Unbeknownst to my mother, my father’s drinking was well established prior to their marriage. He was just 22 years of age, she was 17. Having been raised with alcoholism and compulsive gambling, the earlier stages of my father’s addictive behavior were not concerns for my mother.

It would be in growing up with an established legacy and an entrenched addictive family that I would find my way into what was then referred to as the alcoholism field. I loved my parents dearly as I knew they loved me.

Notwithstanding, I experienced a family wrecked with havoc by the emotional, physical, and spiritual ravages of addiction.

Over 20 years ago when I was asked to create a family program in a small chemical dependency unit of a hospital, I didn't know to ask questions. I assumed when I was asked to develop family programming that *family* meant children. So I began to invite children into the program to talk about their experiences. My clients in the 1970s were of the age that many had adult-age children that were no longer living in the home. I believed, however, that if they had grown up with 10, 15 or 20 years of alcoholism they deserved to have a chance to talk about that experience. Growing up in my family I had learned to be hyper-vigilant to the expressed and the unexpressed, and so I was a good listener. I expected these adult-age children would talk freely and I would be of some service by listening. They came, but they didn't seem to know what to say. They struggled with their thoughts and feelings. Most would tell me how well they were doing, how they hoped their parent(s) would get better, but that they didn't really have any needs of their own. And certainly, *it would never happen to them*. Most were still caught up in the delusion that they had not been seriously impacted by the addiction.

It was in this context I first began to use the phrase *adult child*. From a practical standpoint it defined who I was working with, the pre-teen, the adolescent, or the adult child in the family. It also acknowledged and validated that this adult was carrying the pain of his or her childhood vulnerabilities, having spent their life masking and defending against the effects of a troubled family.

Then there were the teen-agers. They were very concerned for others in their family, but in their mind they certainly didn't need to talk about themselves. Or they were angry, and had an attitude that said they were doing just fine without me or anybody else.

Lastly, were the younger children, and here is where I found honesty and truth.

Before me I witnessed a continuum so blatant and yet so unseen it would ignite in me a need to look deeper within and into those with whom I was working. It is from those early experiences the first edition of *It Will Never Happen To Me* was written.

This was a time when saying out loud, “I was raised in an alcoholic home” brought gasps from people. It was before the days of media exposure. To discuss family problems, let alone to name addiction, was perceived by families as a major act of shame and betrayal.

Since those years, several changes have occurred to make it possible for families affected by addiction to break the cycle of their family history. There are many books on recovery available in bookstores compared to the days when not one book could be located. *It Will Never Happen To Me* has two million copies in print. It has been translated into five different languages ranging from Japanese to Swedish. Twelve Step groups permeate rural and urban America and are found throughout the world. Mental health, family service agencies and educational professionals are much more aware and prepared to address the implications of addiction. Family secrets are much more openly talked about.

Yet, for most children growing up with addiction today, the experiences are very similar to the days of the past. They live with fear, loneliness, and confusion. Many continue to witness or experience direct physical or sexual abuse. They fear talking about what is happening and are learning to deny, rationalize, and tolerate the hurtful. Their lives are just as isolated as they were 20 years ago, and as a consequence, the long-range impact for the child has not changed, unless there has been some type of direct intervention. Adult children continue to become addicted, marry addicts, and become depressed and rageful. They often do this as they push to excel and over achieve educationally and materially.

As you read, do so to understand, not to feel guilt or blame. This book is meant to offer a foundation for understanding what occurred growing up in an addictive family and to offer hope for recovery. With this in mind, know that a person does not make a conscious decision about becoming an addict or a co-addict. Without the intrusion of addiction, he or she would have made other choices.

Many readers will find *It Will Never Happen To Me* a catalyst, which provokes a multitude of feelings. These feelings may be painful. I urge you to share your feelings. For too long, family members have suffered in silence.

Let me close by acknowledging the resiliency in all of us who grew up with addiction. Irrespective of how we have been negatively impacted, each and every one of us has incredible strengths. It is my hope you will draw

on the strengths and be open to the fact that one's pride in survivorship needs to extend beyond the ability to survive and embrace the right to thrive.

I also want to acknowledge each and every one of you, who have ever thought, spoken, believed and hoped *it will never happen to me*. Because of that conviction, and because of your impact on me, together we have the possibility of creating a different journey for ourselves and others.

In spirit,  
Claudia Black

## **Introduction**

While hundreds of thousands of people are in recovery from chemical dependency, co-dependency, and adult child issues, our communities continue to be impacted by addiction. Heroin, cocaine, crystal methamphetamine, and marijuana use is rampant throughout our communities. But historically, the number one abused drug is alcohol.

Today, compared to the time of the writing of the first edition of *It Will Never Happen To Me*, we seldom refer to someone as alcoholic, and recognize that if people are addicted they are often addicted to more than one substance. We use phrases like “chemically dependent” or “addict” to recognize that irrespective of one's predominant substance addiction, they need to refrain from the use of alcohol and other drugs. This has occurred for two reasons. The first being it was recognized that many alcoholics were actively addicted to at least one other substance. Secondly, that even if they did not show signs of a second addiction, they needed to refrain from the use of other substances because those other substances would often lead them to relapse in their alcoholism or to engage in a second addiction. For these reasons, the words alcoholic, addict and chemically dependent will be used interchangeably throughout this book.

When these terms are used within this book, they are referring to people who do not have the ability to consistently control their drinking or using, nor can predict their behavior once they start to drink or use. Their drinking/using causes problems in major areas of their lives and yet they continue to do so. This is a person who has developed a psychological dependency on a substance coupled with a physiological addiction. It is someone who has experienced a change in tolerance to alcohol/drugs and needs to drink/use more to acquire the desired effect. Their need to drink or use becomes a greater and greater preoccupation in their lives. At one time in their lives, they had the ability to choose to drink or use. In time, it became not a matter of choice, but a compulsion. Many people are confused about chemical dependency because there is no one specific pattern of behavior. Addicts differ in their styles of drinking/using and the consequences of the addiction widely vary. Some drink

daily; others in episodic patterns; some stay dry for long intervals between binges; some drink enormous quantities of alcohol, use other drugs, while others do not. Some drink only beer; some drink only wine; while for others the choice is hard liquor. Still others will drink a wide variety of alcoholic beverages. Although addiction appears very early in the lives of some people, for others it takes years to develop. Some claim to have started drinking addictively from their first drink; many others report they drank for years before crossing over the “invisible line” which separates social drinking from addictive drinking.

While the focus of this book will remain on homes where alcohol is the primary drug, it is my hope the reader will see similarities in other substance abusing families. The commonalities will be in living with extremes, living with the unknown, or the fears. It is the living in a system where the addiction has become central to the family and the needs of the individual family members become secondary to the needs of the addict and his or her addiction.

### **Commonalities**

Since the original writings we have not only been more adept at recognizing multi-drug abuse, we are recognizing what is referred to as process addictions and the fact that both substance and process addictions often co-exist and may be interrelated. Such addictions would include gambling, spending, eating disorders, sex, love and relationship addictions. The commonalities across addictive disorders are:

1. A pattern of out-of-control behavior, meaning that one is not able to predict their use once they engage in the substance or behavior, nor willingly stop their use
2. Negative consequences due to the behavior
3. Inability to stop, despite the consequences
4. An increase in tolerance and amounts of indulgence — the need to use or engage more to get the desired effect
5. Preoccupation — the anticipation of, involvement in, or reflection about their addictive behavior is the focus of their thoughts and feelings
6. Denial — minimization, rationalization, denial of their behavior as a problem permeates their thinking to the point of delusional thinking

To apply this to other behaviors, know that addictive obsession can exist in whatever generates significant mood alteration, whether it is the self-nurturing of food, the excitement of gambling, or the intoxication of alcohol or other drugs.

## **Co-Addiction**

Irrespective of the substance or object of the addiction, the behavior of the co-addicted parent follows very common routes as well. In the earlier writing, spouses and partners of the alcoholic were referred to as co-alcoholics. Today they are more commonly thought of as co-dependents, or co-addicts. Originally the prefix “co” was used to describe a marriage partner who had become increasingly preoccupied with the behavior of the addict and functioned in the role of a primary enabler. It now encompasses the dynamics of giving up a sense of self, or experiencing a diminished sense of self in reaction to an addictive system.

Typically the co-dependent (or co-addict) experience involves:

1. Loss of sense of self, how they feel, and what they need
2. Being obsessed with another person that facilitates not dealing with own life
3. Reacting to someone else’s behavior instead of from personal motives
4. Being all-consumed with another and putting own priorities on hold
5. Taking responsibility for other people, tasks, and situations
6. Engaging in a denial system

For children in the family, the combination of addiction and co-addiction results in neither parent being responsive and available on a consistent, predictable basis. Children are affected not only by the addicted parent, but also by the non-addicted parent (if there is one) and by the unhealthy family dynamics created as a consequence of living in an addictive system.

## **Children**

As of 2001, The National Association of Children of Alcoholics has reported 76 million Americans, about 43% of the U.S. adult population, have been exposed to alcoholism in the family. Almost one in five adult Americans (18%) lived with an alcoholic while growing up. There are an estimated 26.8 million children of alcoholics in the United States. Preliminary research suggests that over 11 million of these children are under the age of 18. Compared to children of non-alcoholics:

They are more at risk for alcoholism and other drug abuse

They are more likely to marry into families in which alcoholism is prevalent

We also recognize clinically, that as adults, they experience a subset of behaviors related to shame-based beliefs that create depression, victimization, rage, and a lack of meaning in their lives. While children from difficult environments often show much resiliency, for many, it is at a very high price.

One of the gifts of what we have come to learn about people raised in chemically dependent families is that it has offered extremely useful information for people raised in other types of troubled families as well. Whether or not you were raised in an addictive family system, *It Will Never Happen To Me* may very well offer a framework to understand your situation. We have long recognized that people raised with physical and sexual abuse strongly identify as if they were raised with addiction. People raised with mental illness, ranging from schizophrenia to depression, to raging parents, frequently identify with adult child issues. People raised with parents affected by chronic health issues, physical challenges, as well as those raised by an adult child (an adult child who may not manifest an addiction, but the thinking and behavior is often characteristic of an addict) may also identify. The connecting thread between these different types of families is experiencing chronic loss that fuels emotional isolation, rigidity, or shame.

Whatever the circumstances, when you come from a history of loss, it is like being a first cousin to the person raised with addiction. Therefore, if this information can benefit others raised in troubled families, this is an added gift.

## **Contents**

Preface

Introduction

1 Vignettes

2 Roles

3 Family Rules: Don't Talk, Don't Trust, Don't Feel

4 Progression of the Roles

5 Shame Circle

6 Family Violence

7 The Adult Child

8 The Child Within the Home

9 Using Resources

## **Excerpts from the book**

**Family Roles: Don't Talk, Don't Trust, Don't Feel**

**The Best Little Boy in the World (He Won't Tell) by Peter M. Nardi**

*Michael was doing very well in school. In fact, he was the brightest kid in class, the teacher's favorite, one of the best behaved. He never created any disciplinary problems and always hung out with the good crowd. The best little boy in the world. "Why can't we all be like Michael and sit quietly?" Sister Gertrude would say in her most melodious voice. Conform, be docile, do well, and be quiet. Hold it in. Don't tell a soul.*

*And now he was waiting at the school corner for his mother to pick him up. This was always the hardest moment. What will she look like, how will she sound? Michael could tell right away if she had been drinking. The muffled voice, the pale, unmade-up face. He really didn't know what it was all about. He just knew that when Dad came home he would fight with her. Argue, yell, scream, and run. Michael could hear them through the closed doors and over the humming of the air conditioner. He wondered if the neighbors could hear, too. Hold it in. Don't tell anyone.*

*He was still waiting at the corner. She was 15 minutes late. It was so good to go to school and get out of the house. But when three o'clock came he would feel the tension begin to gather inside him. He never knew what to expect. When she was not drinking, she would be smiling, even pretty. When drunk, she'd be cold, withdrawn, tired, unloving, and not caring. Michael would cook dinner and straighten up the house. He would search for the alcohol, like egg hunting on Easter morning, under the stuffed chair in the bedroom in the laundry bag concealed among the towels, behind her hats in the closet. When he found it, he'd pour it down the sink drain. Maybe then no one would know that she'd been drinking. Maybe no one would fight. Don't tell a soul.*

*She still hadn't come to pick him up yet. And still he was waiting alone on the corner. Forty-five minutes late. Michael decided to walk the ten blocks home. He felt that he was old enough now. After all, he took care of his little sister a lot. He took care of his mother a lot. He was responsible. He always did what people told him to do. Everyone could count on him for help. Everyone did. And he never complained. Never fought, never argued, never yelled. The best little boy in the world. Hold it in.*

*She'd never been 30 minutes late. Sometimes she'd sleep late in the morning after Dad had already left for work, and Michael would make breakfast for his little sister and himself. Then a friend's mother would take them to school. The biggest problem was during vacation time, especially around the holidays. He wanted to play with his friends. But he was afraid to bring them home. He was afraid to go out and play, too, because then she would drink. Michael didn't want to be blamed for that. So he stayed in and did his homework and read. He didn't tell his friends. Hold it in.*

*When he got nearer to home Michael's heart felt as if it were going to explode. Her car was there. The house was locked tight. He rang the bell. He rang and rang as he felt his stomach turn inside out. He climbed through a window. No one seemed to be home. He looked around the house, in all the right hiding places. Finally, in the closet in his own bedroom, he saw his mom in her slip, with a belt around her neck, and attached to the wooden rod. She was just sitting there, sobbing. She had been drinking. But maybe no one would find out. Michael wouldn't tell anyone, ever. Hold it in.*

## **Family Rules**

Thousands of children like Michael are being, or have been, raised in homes where at least one parent is chemically dependent. And like Michael, these children appear to suffer no apparent ill effects. These young people usually do not leave home prematurely. They are typical in that, like most children, they leave home at the ages of 17, 18, or 19. When they do venture out on their own, they face the task of making decisions about work, careers, lifestyles, friends, where and with whom they are going to live, and possibly, whether or not to enter a branch of the military. They also make decisions about marriage and whether or not to have children.

These children, along with thousands of other young people, are beginning to make some of the most important decisions of their lives and then spend years implementing those choices.

Typically, it will take the next six to eight years to implement and follow through with these career and family decisions. During this time, young adults focus on external events. It is not normally a time when they sit back and contemplate how good or poor the past years were for them. If they recognize they grew up with addiction, they breathe a sigh of relief and pat themselves on the back for having survived. They then begin going about their own lives, yet frequently stay socially and emotionally entangled with their family.

It is about this time, when a young person reaches the mid-20's that the effects of growing up in an addictive home become apparent. These now adult children begin to experience a sense of loneliness, which doesn't make sense to them. They become aware of feelings, which separate them from others, and often may find themselves depressed. And while this depression occurs more frequently and lasts longer, the source of the depression seems unidentifiable. Feelings of fear and anxiousness occur more frequently but they don't know why they are having these feelings. They often feel empty and have difficulty maintaining close relationships. Many report that something seems to be missing in their relationships. A lack of meaningfulness begins to permeate every aspect of their lives. For many the repetition of the addiction has begun. Their drinking and using has become an important part of their life, or they are engaging in other behaviors in an addictive compulsive style, such as work, spending and gambling, disordered relationships with food, etc. Or they find themselves in relationships with others who are

engaging in addictive behaviors. Should any of this be occurring, their rationalizing and defending is blocking the ability to see this as a problem.

To break this cycle it is necessary to recognize the many processes, which have occurred.

### ***DON'T TALK***

The Family Law: DON'T TALK ABOUT THE REAL ISSUES. The real issues are: Mom is drinking again. Dad didn't come home last night. I had to walk home from school because Mom had passed out at home and forgot to come and get me. Dad was drunk at the ballgame.

Some say it is a rule; I believe, for most addictive families, it has become law. As one nine-year-old daughter said, "When you have a rule in your house for so long, to not talk about dad's drinking, it's r-e-a-l-l-y hard to talk now — even when he is sober."

In the earlier stages of chemical dependency, when someone's drinking or using seems to become a more noticeable problem, family members usually attempt to rationalize the behavior. They begin to invent excuses: "Well, your dad has been working hard these past few months," or, "Your mom has been lonely since her best friend moved away." As the drinking or using increases, the rationalizations become their "normal" way of life. Family members focus on the problems but do not connect them to the addiction. An excuse, offered to a child I had been working with for her dad's irrational (alcoholic) behavior, was that he had a brain tumor and was going to die. The mother told the children their father wanted them to hate him before he died, so it would be easier for them to accept his death when it happened. This now adult person explains, "It didn't feel right, but who was I to question my mom? She had enough problems as it was." As a child, this woman believed her father was going crazy. She felt his going crazy seemed more likely than his going to die from a tumor. She now understands while her father acted crazy, his erratic behavior was due to his drinking. His increasingly controlling and tyrannical moods, his inconsistent behavior related to his blackouts, as well as his hallucinations, added to his appearance of craziness.

It is often easier to invent reasons, other than naming chemical dependency, for crazy behavior. Should the drinking or using take place outside of the home and dad doesn't act falling-down drunk or in a stupor when he comes home, or if they don't see him when he comes home, the children may more readily accept what the other parent tells them — drinking is not the problem.

Children are like adults in that, they too, will believe addicts are homeless men or street junkies without jobs or families. If children do not understand addiction, it is difficult for them to identify their parent as chemically dependent.

Sandy said she knew her father wasn't alcoholic because, "My dad loved me and I knew that." No one ever explained to her that alcoholic people are also capable of loving others. She believed, because her father loved her, he could not be alcoholic. Sandy had heard about alcoholism only once at church where a recovering alcoholic told his story. But what she heard was that particular person's story of his drinking. She could not relate this story to her father. Her father certainly didn't sound, look, or behave like this man. Such fragmented information is typical of children's lack of knowledge concerning chemical dependency.

Another way family members rationalize the erratic behavior is to not discuss or in any manner talk about what's really happening at home. Thirteen-year-old Steve said, "I thought I was going crazy. I thought I was the only one in my house who knew dad was an alcoholic. I didn't know anyone else knew." I asked him why he believed this to be true. He answered, "Because no one else ever said anything." Steve described an incident, which occurred when he and his father were at home alone. His father, in a semi-conscious state from drunkenness, was on the floor, had thrown-up, hit his head on the coffee table and was bleeding. Steve's mother and sisters had returned home within moments after his dad had hit his head. They just picked dad up and carried him off to the bedroom. No one spoke to anyone else. Steve said again he thought, "Maybe this is all in my head." I asked the two older sisters and Steve's mother why they had not talked about this incident with Steve. They responded, "Because he hadn't said anything, and we hoped he hadn't noticed." Helplessness, despair and hopelessness cause family members to believe if you just ignore it, it may not hurt; if you just ignore it, it may just go away.

Fear and control often fuel the Don't Talk rule. Skip described his father as abstinent, but without recovery. He controlled himself by not drinking and controlled his family with silence. "My dad didn't talk to me at all and my mother wouldn't acknowledge that there was anything wrong. My life was filled with this engulfing terribleness and I thought it was me. I wanted my father to tell me there was something wrong. I wanted him to tell me it was his fault. I wanted to hear it was not my fault. Later as I got older, I needed him to tell me he was proud of me. I didn't get any of those things. I only got his silent rage." Skip's answer to this was to "keep a lid on" his feelings and his emotional self. Keeping the lid on fueled a major eating disorder. By fifth grade Skip weighed 250 pounds, and would ultimately weigh 400 pounds. It was only when his father died that Skip would begin to shed his weight. With the need for emotional control over, the behavioral manifestation of his powerlessness no longer gripped Skip and his recovery would begin.

Many adult children have told me that they were instructed not to talk about things which would upset mom or dad; or they simply learned by themselves that things went much easier when they did nothing to "rock the boat." Andrew said, "Dinner was pretty quiet. Anything we said rocked the boat. And then, if we were too quiet, that rocked the boat!" These children not only don't talk about boat rocking issues, but they don't talk about, or share, their fears, worries or hurts with anyone.

In many families, the rule of silence is a quiet collusion. Children will share the same bedroom with a sibling for years, both hearing the arguing taking place between mom and dad. Or, they hear mom crying night after night. But they only hear. They never speak to one another about it, although they may each cry — silently and alone. In one family, the six children were between the ages of 12 and 21 when dad sought treatment for his addiction. Three to four months prior to seeking help, the father would return home late at night after having been drinking for several hours. Not having seen his children all day, he'd make his nightly rounds, passing from one room to another, until he'd seen each of his children. He would scream, shout and harass each child before moving on to the next room. All of the children were awake as he went from room to room but they never spoke to each other about these nightly episodes. The family simply acted as though nothing out of the ordinary was happening.

Well-adjusted children who experience daily childhood problems would, most likely, talk about these things with other family members. In another family, young Billy told me how he was taking the air out of the car tires so dad wouldn't drive when he was drinking. His youngest sister, Ann, was putting water in dad's vodka bottle; his oldest sister, Lisa, was putting apple cider in dad's whiskey. Each was unaware of the other's actions concerning dad's drinking because they were unable to talk about the real issue — their father's substance abuse.

Because of the denial, seldom are any of these children's problems recognized. Moreover, the family problem — addiction — is never discussed. These children (accurately or inaccurately) do not perceive others, inside or outside of the family, to be available to them for help. Many adult children have questioned where their aunts and uncles were when they needed them. Many wondered why grandparents weren't more concerned for them.

Nora, another adult child, told me no one would have believed what her home life was like. "They wouldn't believe me, because if it was so bad, I couldn't be looking so good. They never saw my mother getting drunk every day; they never saw her raving like a maniac, passed out upstairs. They never saw her bottles all over the house. They just never saw."

While many children fear not being believed, they may also feel guilty. They believe they are betraying their parents and their family if they talk honestly. Children feel very loyal to their parents, and invariably, end up defending them, rationalizing that it isn't really all that bad and continuing in what has now become a denial process. Finding the family situation so confusing, they feel inadequate in attempting to verbalize the problems — they just don't know how to tell others. This makes it very easy to succumb to a sense of hopelessness or helplessness.

“As the alcoholism in my family progressed the family got more and more silent and the house got more and more silent. We withdrew from each other. It got to the point we didn't talk to each other about much of anything. We couldn't even talk about 'safe' things, such as a television program. How could we ever talk about the things we knew weren't safe?”

It is as if they are wearing a set of eyeglasses with clouded lenses from which to view the world. Perceptions are altered, their reality distorted. They continue to discount and minimize; they learn to tolerate inappropriate behavior. They learn to live in denial. It is most despairing to be a child in an addictive family, to feel totally alone, and to believe talking to someone will not help.

“Sometimes I pretend my mom is not drinking when she really is. I never even talk about it.”

*Melody — Age 9*

### ***Don't Trust***

“I am always on my guard with people. I want to trust them, but it is so much easier to just rely on myself. I'm never sure what other people want.”

Children raised in addictive families learn that it is not safe to trust others with the real issues in their lives. To trust another means investing confidence, reliance, and faith in that person. Confidence, reliance and faithfulness are virtues often missing in the addictive home. Children need to be able to depend on parents to meet their physical and emotional needs in order to develop trust. Parents are not consistently available to their children because they are under the influence of alcohol or drugs, physically absent, mentally and emotionally consumed with their addiction or preoccupied with the addicted person.

Joan can't count on her mom to be attentive about what she has to say after coming home from school. Joan's mom doesn't smile after hearing about something funny, nor is she very sensitive to her sadnesses. Usually, Joan's mom is preoccupied with what happened or didn't happen last night, as the result of dad's drinking.

Carl doesn't trust people to see his feelings as important. He may be angry about something that happened on the way home from school, but he usually doesn't say anything about it because, "There's enough to be angry about at home. Who needs more? Besides, they wouldn't understand."

Dan cannot trust the decisions his parents make. He can't rely on his dad to remember a promise to a ball game on the weekend, or the permission he gave to spend a night at a friend's house. Nor can Dan count on his mom to support him if dad goes back on his word.

Karen cannot rely on her mom to be sober for her birthday, Thanksgiving, or Christmas. While Karen cannot rely on her mom for sobriety during special occasions, Jason knows his mother will drink on those holidays. He said the uncertainty, the never knowing for sure how his stepfather was going to handle mom's drunkenness, was most confusing for him.

Allen, age 32, described an incident when he was 11-years old. He had returned home from school and found his mother intoxicated. As he came through the door, she started an argument with him. She began to scream and shout at him and he began to scream and shout back. This was a typical after-school scene, but this time mom picked up a broom and began hitting him about the head and shoulders. While mom was screaming and hitting, Allen was ducking and hollering back at her. He ran to the telephone and called his father. (Allen's parents were divorced.) Allen was surprised when his father answered, but he did at least answer! Imagine the scene of an 11-year-old Allen yelling into the phone explaining what was happening, ducking the broom, while his mom screamed at him and continued hitting him. His father shouted back into the receiver, "Don't worry, she won't remember it tomorrow."

Twenty-one years later, when Allen related this incident to me, he spoke with no affect or expression in his voice. I responded saying, "Allen, does that sound like a normal response to you?" Allen looked at me quizzically and said slowly, "Normal? I don't know. I guess I have never really thought about it." Of course Allen had not thought about it. Allen could not rely on his mother to be there, to respond emotionally, psychologically, physically, or to meet his needs in any way when he was an 11-year old boy. Allen could not rely on his father to understand his needs either, let alone offer protection while he was being physically abused. Allen wouldn't find it emotionally safe to allow himself to respond with hurt, anger, or disgust to his mother's beating or his father's lack of concern. But Allen did find it safe to detach himself and to not think about the incident. Allen, like so many others, learned through similar experiences, not to trust.

In order for children to trust, they must feel safe. They need to be able to depend on their parents for friendly help, concern and guidance in response to their physical and emotional needs. In addictive homes, however, children often cannot rely on parents to provide safety.

Debra tells how she never feels safe bringing friends home because, "it is always possible mom will be drunk and do something to embarrass me." Scott said, "it is never safe to play in our yard, because dad always seems to be sure to belittle me when my friends are around." These children live in a fearful environment. For some, their safety is more psychological; for others, it is psychological and physical. Children often tell of frightening times with a parent when he is driving recklessly, or when fires are caused due to drunken neglect. Children's physical safety is directly threatened when verbal harassment turns violent, when furniture is being broken, or certainly when persons in the home are physically and/or sexually assaulted.

It is difficult to trust a person who constantly embarrasses, humiliates, disappoints, or puts you in physical jeopardy. It is even more difficult to trust when family members minimize, rationalize, and/or blatantly deny certain events are taking place.

Part of feeling safe is feeling security. This security is seldom present for any length of time in addictive homes. Tim comes home from school one day to discover his dad has lost his job for the fourth time in three years. It means the family will be moving again. For Tim, it means giving up some newfound friends at school, which was just beginning to become familiar to him. And it means giving up the opportunity to make more friends through the Little League, which he just joined — another disappointment. Tammy finds out her dad gave away her purebred pet rabbits to a drinking buddy. She had been raising them from bunnies with the intention of entering them in the county fair — another hope shattered. David learns the family's long planned summer vacation has to be cancelled because dad loaned the vacation money to a stranger he met at a local bar — another promise broken. Children are continually confronted with reasons to be insecure in their surroundings, to not trust.

Joe described his inability to trust this way. "Trust? My dad couldn't ever seem to take care of himself wherever he was. There was always a problem — at home, at work, with the car, with

grandparents, with friends. If he couldn't take care of himself, how was he going to take care of me? No, I couldn't trust him for anything. And my mom, she was there, but that's all I can say. She was physically there, but I don't remember her ever trying to help us cope or understand. She was simply there.”

Children constantly hear mixed messages, which teach distrust. A parent, often intentionally, gives a child false information in a feeble effort to protect the child from reality. A mother may tell the children she is happy when she is actually miserable. A father may reassure a child that nothing is wrong when the child can see mother is acting strangely. The child is confused because one message is coming from his parent's words, and a contradictory message from the body movement and tone of voice. Such confusing messages propel the child into a life of second-guessing what is really happening.

The single-most important ingredient in a nurturing relationship is honesty. No child can trust, or be expected to trust, unless those around him are also open and honest about their own feelings. Addicted people lose their ability to be honest as the disease progresses. As the addict continues to drink or use, he has to rationalize his negative action and do it extremely well in order to continue his behavior. An addict's life is consumed with feelings of guilt, shame, anxiety, and remorse causing him to drink or use all the more in an attempt to escape. It becomes a never-ending cycle because of the psychological and physical addiction. Enabling parents are fearful of being honest with their children. They don't want them to experience the same pain they are feeling. Moreover, they don't want to acknowledge that the problem exists in the first place. While children don't require verbalization of all the feelings their parents' experience, they do need validation and/or clarification of certain specific situations and feelings. This validation or clarification doesn't happen in a home where **talking** and **trusting** do not exist.

A person takes a risk when he reaches out to trust another. Those persons who have learned to take the risk have experienced trusting to be a good process. They have also experienced a sense of security and a feeling of self-worth, both derived from feeling loved. All young people need to feel valued, to feel they are precious and special. While parents may tell them they are special and loved, it is the parents' behavior which allows a child to believe it.

Children need focused attention. Focused attention represents not only physically being with a child, but also interacting with the child in a way, which says, "You have all of my attention — mentally and emotionally." Focused attention says to a child, "I care. It's important for me to be with you." Children are highly sensitive to the degree of focused attention they receive. A child receives no sense of value from parents who are forever absorbed in their own affairs. While children don't need exclusive attention, it is a lack of focused attention —when others never have time to truly be with them — which causes them to feel unimportant. As a parent's addiction progresses, it fuels isolation that makes him less available to his children. As well, the co-addict becomes increasingly preoccupied with both the addict and their own helplessness and hopelessness, decreasing their availability as a resource for the child.

Although these children are not totally ignored, as the addiction progresses the availability of focused time decreases. When these families do spend time together, that time is often centered on the addictive behavior. Tim, age 15, told how he was spending "special time" with his father. Both liked to fish and did so quite often during the summer. Although Tim always looked forward to the two of them spending time alone together, he was almost always disappointed because his father normally brought along a drinking buddy. Dad and his buddy got so involved in their drinking and carrying on that Tim might as well have been totally alone. Tim spent time with his dad, but the time spent did not allow Tim that "special time" meant just for him and his father. The father's attention was always focused elsewhere — with or without Tim around.

Children need focused attention most when they are under stress. Unfortunately, in an addictive family this is when they are least apt to receive it. Stress often becomes the norm in this environment and the attention centers around the addict. Thus, instead of turning attention to the child who may be having a problem, attention is turned away from the child, and the child's problem is never addressed.

Children often find they do not trust caring acts and are confused or suspicious of focused attention when it occurs. Because of broken promises and not being able to rely on the

consistency of positive interaction, children are often confused. Such actions make the children not trust the motivation behind true focused attention.

A child may enjoy a day at the zoo, but will question the motivation behind the trip. Although both parents may have agreed on the excursion, the child perceives only the addict's sense of guilt, or the co-addict's dominance over the situation. Or, the child thinks maybe the parents do care in this one instance, but that feeling is overshadowed by the knowledge that neither parent may be relied on to be available at another important time in his or her life. They may always wonder, "Did dad bring me this present because he didn't come to my piano recital last night, or because he saw it and wanted me to have it out of his love for me?"

While children can and do survive, problems arise in their lives because their environmental circumstances have made it impossible for them to feel safe and secure, or to rely on or trust others. Trust is one of those vital character-building blocks children need in order to develop into healthy adults. Being raised in an addictive family structure often denies or distorts this portion of a child's development.

*"I have a hard time trusting my mom."*

*Chuck — Age 6*

### ***Don't Feel***

"No, I wasn't embarrassed. I was scared for my father, but I wasn't scared for myself. It didn't dawn on me to be scared for me. I wasn't disappointed. I didn't really think about it. I never got angry with him. There was nothing to get angry about. I didn't cry much. What was there to cry about?"

It has been my experience that by the time a child being raised in an addictive family reaches the age of nine, he has a well-developed denial system about his feelings and his perceptions of what is happening in the home. The above statements say, "No, I don't feel. And if I do, it is a feeling for someone else. I can feel scared for my father or my sister, but not for myself." As nine-year-old Chris said to me, "One time my dad got upset when he was drinking and he slapped me. I

looked at my mom and she started crying. So I cried. I wasn't crying for me, I was crying for my mom."

Children do whatever they possibly can to bring stability and consistency into their lives. They will behave in any manner if it makes it easier for them to cope and survive. The role adoption described in the earlier chapter assists children in coping with the inconsistencies in their lives. Learning to focus on the environment, or on other people, or learning to detach oneself from the family, assists children in not feeling.

The family law Don't Talk, and the premise Don't Trust teach children that it isn't safe to share feelings. Children learn not to share and, inevitably, deny their feelings. They don't think family members, other relatives, or friends will validate their feelings. They don't believe their feelings will receive the necessary nurturing. Children don't perceive others as resources; therefore, they live their lives emotionally isolated. Being alone with feelings of fear, worry, embarrassment, guilt, anger, loneliness, etc., leads to a state of desperation or being overwhelmed. Such a state of being does not lend itself to survival, so the children learn other ways to cope. They learn how to discount and repress feelings while others learn simply not to feel. These children do have access to their feelings, but only with the help of a trusted person. For the majority of children growing up with addiction, however, trust and trusted persons are not a consistent part of their lives.

Denise is a cheerleader for her high school's basketball team. One evening, at an out-of-town game, her father arrives noticeably drunk. After having spent a great part of the evening yelling out to Denise during her routines, her father who at this time is unable to walk himself out of the gym drapes himself over the top of Denise, relying on her to get him out of the gymnasium and to the car. As she is slowly moving the two of them out of the gymnasium he begins to yell and jeer at several students closely behind them. His remarks are crude and vulgar and then he begins to scream racial slurs. With determination, Denise pushes her way through the crowd, holding her father tight to her. Behind her she hears the escalating remarks of the crowd. Suddenly they are outside. She races him to a car driven by one of his friends, leaves him, and then quietly makes her way to the pep bus.

Embarrassment, humiliation, fear, and anger are the common emotions a child in this situation would experience. But for Denise none of these emotions are conducive to her perception of how to handle the problem. Instead, the reaction of this most responsible eldest child is to take care of the situation, and to get her father out of the gymnasium before he gets hurt.

Denise has learned if she lets feelings take over when an incident like the one just mentioned occurs, it will only result in pain for herself. It doesn't occur to her to talk to anyone (a chaperone on the trip, a school friend) about the incident because she believes no one would really understand or worse yet, that they would make unkind judgments about her and her father.

Only a few tears fell that night as Denise headed home. None of her schoolmates mentioned the incident and she most certainly didn't tell her mother about it. She knew that to discuss the incident would only bring more pain to the family. Denise has found it's a lot "safer" to ignore her feelings. For her, the feelings are too confusing, too complicated, and very scary. She hasn't found anyone she can trust to share those scared feelings with.

Any young person would feel disappointed if his parent didn't show up for at least one school event in the entire school year. A child from a healthy family would not only be disappointed, but angry as well. But for the child of a chemically dependent parent, this is just another one of those events to try not to feel bad about. It is easier not to feel anything than to dwell on the pain or the unfairness of it. And if the child does feel, it is easier to be angry with the non-addicted parent when he or she misses an activity, or to take the anger out on a classmate.

Again, it would be normal for Jerry to be disappointed, afraid and angry when, as a child, he has been sent to stay with a relative because mom's drinking became worse. When he returns in a couple of weeks, he's told mom won't be drinking. But Jerry finds his mother exactly the way she was when he left home — drunk. The six-year-old in this situation might tell dad he is angry (he hasn't yet learned to deny) but Jerry at age nine would just ignore it. He simply no longer allows himself to respond emotionally.

In these incidents of denial, the children are building up walls of self-protection. They are learning unhealthy coping mechanisms to protect themselves from the fear of their reality. The reality is that their parents are failing them. As the addiction progresses, the substance becomes the parents' obsession. When family members experience the results of this obsession, they ask the questions, "Why?" "Why does my mom disappoint me at important times?" "Why does my dad embarrass me like that?" "Doesn't he love me?" "Why is my dad drinking so much?" "Are my parents ever going to get better?" "Is she crazy?" "Is it my fault?" "Am I crazy?" It is frightening for family members to ask such questions of themselves. It can be even more frightening to allow themselves to honestly answer.

There is so much to feel about, to be emotional about:

**Afraid...**

when mom and dad fight

to ask mom when dad will be coming home to find out he may not be coming home

to tell mom "No" for anything, for fear she'll get drunk and leave

of being in the car with mom when she is driving while intoxicated

of getting hit when dad is drunk and violent

**Sad...**

because we don't have any money, dad can never keep a job

when I see my mother crying

when I have to sit in the car for hours and hours when dad is in the bar

because my dad would rather be away than at home

**Angry...**

at dad, for making excuses for my mom when she is just drunk

at others, for calling my mom a drunk

at dad, for making promises and always breaking them

at dad, for always being so critical

**Embarrassed...**

when mom attended the school Open House intoxicated

because dad has passed out in the front yard

because mom looks so sloppy half-dressed

when my dad tries to act sober but he isn't

**Guilty...**

thinking if I hadn't talked back to my mother this morning, she might not have gotten drunk

for never being able to do enough to please my dad

for hating someone I am supposed to love, my mom

for being ashamed of my parents

for "being alive"

These are only a few of the multitude of feelings family members may experience on a daily basis — yet learn not to express. As a result, these persons often learn to discount and inevitably deny those feelings entirely. The reason for denying is to convince themselves, as well as others, that their unhappy family life can be made happy by pretending, or denying reality. People tend to deny and minimize both situations and feelings in order to hide their own pain. They don't want to be uncomfortable. The greatest problem here is that when someone minimizes and discounts feelings for not just weeks, but months and years of their life, it becomes a skill they take with them into adulthood that will permeate every significant area of their life.

Don't Talk, Don't Trust and Don't Feel are the three major rules in the troubled family system. Yet other rules are also often experienced.

“The rules were: Don't question. Don't ask if you can get away with it. When you wanted attention and didn't get it, that was just the way it was. If they said you were going somewhere and you didn't, you had to accept it. If they said pick a bag of weeds for no good reason, you went and picked the bag of weeds. If they hit you, you did nothing, and you felt nothing.”

***Don't Think***

Many children learn that it is not okay to think about what is happening. When it is not safe to talk or feel, it simply becomes easier not to think about what you are witnessing or experiencing.

Jessica told me, “We were taught not to think, not to speak and not to feel. There were all of these kids in the same house, and it was as if there was this conspiracy among us. We were each other’s witnesses, but it was as if our eyes and ears were closed. That was our form of self-protection. We silently accepted our doom. My mother was a quiet, religious woman, who was our model. She was physically present when the abuse was going on, but she never spoke of it and somehow shut her ears to it.”

### ***Don’t Question***

The rules Don’t Think and Don’t Question go hand-in-hand. “When mom doesn’t come home, don’t question. When dad contradicts himself mid-sentence, don’t question. When plans are cancelled, don’t question. It’s just easier that way.”

### ***Don’t Ask***

Don’t ask means more than don’t ask questions. It means don’t initiate asking for anything. Don’t ask for more information — you may be ridiculed or shamed. Don’t ask for something you want or need — you know you will be denied. You either learn not to ask or, as in Jason’s case, nearly have an anxiety attack when doing so.

Jason, who is 11, needs twenty dollars to play in the band at school for a special event. He waits for his parents to come home. He knows they will be loaded; there is never a good time to ask for anything. He has rehearsed his request for hours. He has several times talked himself out of the need for the money to play in the band. He literally finds himself shaking as his parents enter the house. As they come through the door, his father sees him and quickly yells, “What are you still doing up at midnight, Punk? You ought to be in bed.” Jason responds, “I’ve got to talk to you. I need some money for a pair of black pants so I can march with the band.” Dad responds with, “A marching band? Does that school think we’re a money tree? Tell your teacher to come over here and tell me to my face that I’ve got to foot the bill for some pansy band uniform. I’ll tell him a thing or two.” Jason’s mom yells at her husband to shut up, and the focus shifts, both parents now arguing with each other, forgetting about Jason and his request.

After a few experiences such as that you not only learn not to ask; you learn not to expect. Jason is not angry or even disappointed with his parents. He is angry with himself for being hopeful.

### ***Don't Play***

Many children learn it is not safe to play. “Who will take care of my little sister if I am outside?” “I can't take time to play. I need to stay with the adults to know what it is that is going to happen next?” For some, it is too painful to go play with others when your thoughts and feelings are focused on what is happening at home. It is easier to just stay at home — watch and be vigilant. Others find that their only validation comes when they are being “mature”. They are not supported and cherished for being who they are, but only acknowledged and validated for being a premature adult.

### ***Don't Make A Mistake***

Many learn mistakes will not be tolerated. Jerry, age 34, can remember his first mistake. “I was six. It was my first and my last mistake. I was eating a bowl of cereal with my dad and I spilled the milk. He backhanded me. I flew off the stool, hit my head up against the refrigerator door and had a headache for the next three days. I have never made another mistake.”

The dysfunctional family rules are a way of life in addictive families. Children learn how to live without the truth being told. They learn to keep their mouths shut and pretend problems do not exist. Denial of what is going on in the home creates a severe distortion of perception. Children learn not to see the world clearly. As they move into adulthood, they find themselves wearing a distorted pair of glasses in which they now view the world. They continue to discount, minimize, and tolerate inappropriate behavior by not questioning. As part of this process, they develop a painful, high tolerance for inappropriate behavior. When the three basic rules, Don't Talk, Don't Trust, Don't Feel, are combined with the other dysfunctional rules, it is easy to see how a child easily becomes dispirited and moves into a coping role.

John, why do you think other people feel angry, scared and disappointed, but you don't?

“Maybe because I have to be tough!” John — Age 13