

Can Marriage Survive Addiction?

By Erica Orloff

G and his future wife, S, met at an Alcoholics Anonymous meeting when both were newly sober. Ignoring advice from their respective sponsors to avoid forming new relationships in the first year of sobriety, they embarked on an intense physical and emotional love affair that culminated in marriage five months later. Initially, they were supportive of each other's sobriety, but eventually S started drinking again. She kept her drinking a secret from her new husband. The stress of adjusting to marriage and the coldness she felt emanated from her new in-laws seemed to exacerbate her drinking even more. The marriage began to unravel. They entered counseling together, but by then her addiction had spiraled out of control. The therapist diagnosed her as bipolar and self-medicating, but S had no desire to control her drinking, she merely wanted G to stop "nagging her." They were divorced within a year of her using again.

By the very nature of marriage vows, to love, honor, and cherish, honesty is an important ingredient. Within Western society, marriage is usually viewed as being based on love and full partnership. Yet, addiction is built upon secrets and lies.

Studies show that entire families are affected when one or more members abuse alcohol or drugs. When husband or wife is actively drinking or drugging, relationships are bound to suffer. If children are present, they may become caretakers of the addicted parent/s. The nonaddicted spouse of an alcoholic or addicted partner may become stressed, depressed or co-dependent — putting the alcoholic's needs before their own. He/she may become anxious and hypervigilant with a mate that experiences extreme mood swings; waiting for another tumultuous drunken or drugged episode to wreak havoc on the home and marriage.

The home as sanctuary becomes unsafe. Anger and rage often erupt in violence. Friends dwindle as the substance abusing spouse spirals into addiction and the couple alienate themselves to maintain "appearances." Often, feelings of anger, frustration and hopelessness are buried internally, eventually surfacing in a myriad of physical, emotional and mental illnesses. The non-addicted spouse may question his/her own sanity amid lies, deceit, abusive behavior and crumbling dreams.

Can marriages survive when addiction is present?

According to Kathy Levinson, PhD, family therapist and author of *Raising Sensitive Children When the World Seems So Crazy*, that depends on who enters into counseling, as well as on myriad possibilities within counseling itself. "Some schools of family therapy choose to leap out of the disease and illness models so common in traditional psychotherapy and 'shift' to a new paradigm, one that focuses on solutions, brief therapy and the 're-writing of family narratives.'"

Levenson says treatments based solely on the disease model backfire with problems like drinking and therefore are doomed to failure. The disease model suggests that the sufferer is the victim of such things as DNA, bad genes, germs — and the doctor needs to simply prescribe a prescription for a remedy as he would for the flu. The sufferer never has to take responsibility for his/her actions.

Alcoholics Anonymous and Narcotics Anonymous have succeeded over the years because they require that the alcoholic admit that he or she has illness but at the same time must take responsibility for it. The alcoholic then becomes responsible for his or her actions, contends Levenson.

K and W were "married drinking buddies." When W became pregnant, she quit drinking, without the help of a 12-Step program. K's continued drinking eventually drove them into therapy. K lost his party-going pal and had no desire to get sober. They split up for six months when K failed to return home one night and W decided to move back home with her parents. The pain of the breakup and not seeing his baby daughter caused him to "hit bottom." The couple eventually got back together with K in AA and W in Al-Anon.

Dynamics of addiction on the non-addicted spouse

According to Patricia Allen, PhD, MFT, a certified addiction specialist in private practice in Century City and Newport Beach, California, the scenario above is common.

Allen's work, influenced by Jung and Freud, focuses on two kinds of addicts: a "pain addict" and a "no pain addict." The no pain addict cannot handle pain and does whatever he or she can to avoid it, whether it is abusing alcohol, food, pornography, gambling and more, she says.

However, Allen's model breaks down further along gender lines and encompasses the Yin (female) and Yang (male) of Eastern thought — the two complementary forces, or principles, that make up all aspects and phenomena of life.

According to Allen, a man generally wants to shut down the thinking process so he can feel his emotions. "In Jungian terms," Allen says, "he's knocking out his yang energy in favor of his yin."

If the woman is the no pain addict, according to Allen, she is "knocking out" her negative feelings with her addiction in order to "climb up into her head to do what she thinks will give her more control."

This phenomenon has caused Allen to say: "Alcoholics are inside out."

The pain addict, in Allen's approach, does not use an external chemical. "However," Allen continues, "the pain addict is also inside out." Using the example of an alcoholic man married to a woman who does not drink, Allen says the woman "is drunk on the pain that his using creates in her. Then she gets to be up in her head, paying the bills, taking responsibility, having the control."

In couples with this dynamic, if the no pain addict sobers up, "Guess who starts drinking and eating? The pain addict. This is a very real phenomenon."

When the no pain addict enters sobriety, the pain addict "haunts them, teases them, berates them. They may say, 'Come on, you can have one drink. You can do it.' They may drink or use drugs more in front of the no

pain addict to try to get them using again. The pain addict, in essence, is in withdrawal."

Al-Anon then, according to Allen, "is to help the non-using addict to sober up off of the drug of their partner whom they are vicariously getting high from."

When the non-using addict gets help in this way, the no pain addict "hits bottom. . . . Things usually escalate," Allen says, there may be accidents or violence. The person may start an affair. He or she will do anything to lure the other person back into their addiction."

Gender differences in addiction

Robert J. Ackerman, PhD, founder and director of the Mid Atlantic Addiction Treatment Institute at Indiana University of Pennsylvania, and author of *Perfect Daughters (Health Communications Inc.)* and *Silent Sons (Simon & Schuster)*, says all things are not equal in a marriage with addiction.

From a study he conducted of gender in addiction and relationships of 1,208 women, Ackerman found a great disparity in marital stability in addiction depending on the gender of who is addicted.

"What surfaced is regardless of trying to get gender balance/role balance in society today, addiction is still an incredible double standard," says Ackerman. "If a woman is married to a male alcoholic and children aged 18 and under are involved, 90 percent of women will still stay with their addicted partner. If you reverse it, almost 90 percent of men leave."

Ackerman cites the following five greatest (from highest to lowest) relationship issues/problems in marriages in which addiction is present.

Women

1. An unwillingness to trust her own judgment. She keeps deferring to her partner; in essence, she is deferring to addiction.
2. Not having her intimacy needs met. If she is with someone who is addicted, the addict does not care about her needs.
3. Low self-worth. Those who score the highest on self-condemnation scales are daughters of male alcoholics.
4. They feel overly responsible for the success of the relationship.

5. They feel they keep "picking the wrong person."

Men

1. Inability or unwillingness to express emotions. The issue was not that men don't feel; they feel deeply, but don't know what to do with the emotions, so they stuff them.
2. Doubting their ability to be intimate other than sexually.
3. Difficulty trusting fidelity of their partner.
4. Fear of rejection and abandonment.
5. Too controlling.

Couples in crisis

When addiction becomes the focus in a marriage, it is critical for couples to get help. Individual therapy, marriage counseling and group therapy are a few options to be considered when struggling to save a relationship. However, most treatment professionals agree that substance abusing clients must refrain from using their substance of choice, and that addicts or alcoholics enter detox and treatment before undergoing therapy.

When Allen counsels couples where substance abuse is present, she first discerns if they need medical help by finding out through a family history and questions if there is need for a neuropsychiatrist. She determines that the addiction is not genetically based and is therefore a social issue. When she and the couple proceed with counseling under contract, Allen renegotiates their marital relationship.

"They're to deal with the way they spend time, the way they do household chores, the way they handle money, and the way they play — both sexually and nonsexually. During this time, their contract states that there can be no mind-altering chemicals Then we talk about who's going to be the yin and who's going to be the yang in the design of their marriage."

As for the question of divorce, Allen says, "I do not believe in divorce. I say stay until you cannot stay. There are two reasons to get divorced. One is violence. The other is that you're getting sick with this person You cannot be sober with them, you cannot sustain yourself, and they're too toxic. Until reality requires divorce, I will fight to the death to keep them together. But they also have to keep the agreement and the contract we draw up."

Addiction and domestic violence

Allen's concern regarding violence is well founded. Treating couples in the throes of addiction carries additional risks and dangers. According to Larry Gentilello, MD, in a recent *Psychology Today* article, "female alcoholics are six times more likely to report recent physical or sexual abuse . . . a perfect setup for problem drinking." In an article in *Sex Roles: A Journal of Research*, the figures are even more alarming. A review of fifteen empirical studies found a range of 6 to 85 percent alcohol involvement in cases of spouse abuse. Ira W. Hutchison's article found evidence of 72 percent of 512 physically battered women reporting "alcohol problems" in their husbands.

A middle-aged university faculty member, interviewed for this article, offered this take on spousal abuse within an alcoholic marriage: "My mother, perhaps because of her own drinking father's habits and her own passive acceptance, had zero tolerance for my father's binge drinking, which at its worst resulted in missed work, decreased paychecks (in a one-paycheck family of the 1950s). What I remember best is the anger expressed by my mother to a semi-comatose father sprawled out on a couch or bed. This was probably an interesting combination of spousal abuse. . . . My father was the object of verbal and physical abuse when he stumbled into the house. I hid in my bedroom frightened by a recurring scenario from the perspective of someone powerless to influence those I loved and needed. I imagined my mother would kill my father (accidentally), she would be convicted of murder, and my infant brother and I would be homeless."

One woman's story

In her own marriage, ". . . I looked for intellectual compatibility, dependability, and moderation in habit (eating, drinking, etc.) with the range of security attributes such as these represent. I married a physician whom I had known since our undergraduate years — bright, stable and highly motivated in his chosen career. I saw problems in his family — addiction, depression and suicide — but with the naiveté of the young and the nature-nurture ignorance of the time, I thought I could create an environment for our love to grow and flourish.

"Over the years, my husband had a tendency to self-prescribe, usually some type of painkiller, which could always be logically defended and

rationalized. To fast-forward twenty-five years, my husband left his subspecialty medical practice with my support. We felt that stress was taking an emotional (he was alternately depressed and hostile) and physical toll and decided to lessen professional and lifestyle pressures. We moved to another city to start fresh with lower expenses in our downscaled lifestyle and supported by employment in our slower-paced, but medically related fields. Within a year, I [felt as if I] was married to a person that I barely knew — manipulative, hurtful and drinking at a steady pace for hours on end. As he developed into an eight- to ten-hour a day drinker, he seemed to become more alert and more vindictive with each drink."

Through psychotherapy and in conjunction with her husband's personal physicians, this couple is still married. In her own words, "I did not set out to be a victim; I was independent, well-educated and always employed since my teens. I avoided relationships with persons who seemed extreme in their habits. I was not about to be passive as my grandmother was, nor reactive as my mother was, but I, too, found myself in a situation that I was not equipped to handle. Now I at least understand that we are dealing with psychiatric illness of which addictive behavior may be a symptom. Compliance with recommended treatment makes it easier to continue to encourage and support this person with whom I have lived most of my adult life."

Eloquently, she says, "Love creates a vulnerability that deserves better than an addictive whim. There are no simple solutions to the devastating consequences of addiction that one generation shares with the next. We seem to learn best what we don't want to be or do, but frequently we don't know how to handle the new permutation of addictive behavior in a way that retains our individual self-respect and the human dignity of our family member."

Levinson says couples such as this one, in couples or family therapy, will often find, "The problem — alcohol, drugs, deviant behavior, will be discussed as a 'thing' that has taken over the family and controls it. Often the family therapist will shift to future talk, such as what the family will be able to do when this thing is gone, thereby shifting the context in empowerment and hopefulness. Family therapists, unless they have a toe left in traditional psychological treatment modalities, will not use traditional psych terms such as codependent, or even denial, unless of course, the

family brings that language with them. The therapist attempts to be respectful of the story and language the family uses to talk about their problem. Identifying members as in denial, dependent, etc. places blame on some, causes family members to pounce on one member as the scapegoat, or even allows a person to hide behind those psychiatric terms: "I can't help it, I'm in denial so I am not responsible."

Allen says, "When you're in love with someone they are a walking manifestation of your soul — good and bad. We always fall in love with the person who recapitulates the childhood problem for us to get another chance to heal it. When a woman is in love with an alcoholic, she internally is an addict. He brings her the addiction. That's why you'll find, unless she gets help, she will marry the same [type of] guy over and over again."

So, in the words of a popular magazine column, "Can This Marriage Be Saved?" According to Allen, there isn't even a marriage. "You can't marry a drunk. A six-year-old can sign his name to a contract the same as a drunk can sign his or her name to a marriage agreement." But it's not a real marriage.

Recognizing the marital stages with a substance abusing spouse

The Community Alcohol Information Program (CAIP), a private, non-profit agency founded in 1977 to provide alcohol education, assessment and evaluation services to persons convicted of alcohol-related offenses in New Hampshire, offers the following marital stages:

1. Denial

Early in the development of alcoholism, occasional episodes of excessive drinking are explained away by both marriage partners.

2. Attempts to eliminate the problem

The non-alcoholic spouse realizes that the drinking is not normal and tries to pressure the alcoholic to quit, be more careful or cut down. At the same time, the spouse tries to hide the problems from the outside and keep up a good front.

3. Disorganization and chaos

The spouse can no longer pretend everything is okay and spends most of the time going from crisis to crisis. At this point, the spouse is likely to seek outside help.

4. Reorganization in spite of the problem

The spouse's coping abilities have become strengthened. He or she gradually assumes a larger share of the responsibility for the family.

5. Efforts to escape

Separation or divorce may be attempted. If the family remains intact, the family continues living around the alcoholic.

6. Family reorganization

In the case of separation, family reorganization occurs without the alcoholic member. If the alcoholic achieves sobriety, reconciliation may take place.

B entered Narcotics Anonymous (NA) after a lifetime of heavy drinking and cocaine use. A former Hell's Angel, this "tough guy" embraced his sobriety. His wife, a nondrinker who had silently tolerated his behavior for years, resented his attendance at meetings seven days a week. "She doesn't want the drunk B, the using B, but she can't stand this new B either," he mourned at a meeting. Several years after B entered NA, his wife still refused to go to Al-Anon to learn how to reframe their existence together. Eventually, the couple separated and divorced — something she still blames on his "NA friends."

Relapse, spousal abuse, underlying medical issues, children, in-laws, financial pressures . . . the myriad problems facing a couple struggling with addiction, and hopefully sobriety, can prove especially difficult for the counselor treating them. But there is hope, according to Allen: "If you take care of yourself, your physical problem, and work on your issues with a good sponsor and a good therapist, in a good program . . . you're adult enough to be able to relate."

Erica Orloff is a freelance writer and president of Wordmaster, Inc. in Boca Raton, Florida.