

Family Members Generally Struggle to Differentiate Between Enabling and Helping

By Peggy L. Ferguson, Ph.D.

Family members often struggle to distinguish between enabling and helping a loved one in addiction recovery. One of the best things they can do is empower their own recovery by learning the difference between being "responsible for" and "responsible to" the recovering person. Those close to addiction must learn all they can about it, understand their own contributions to the illness's persistence, and change their non-therapeutic interaction patterns with the recovering person. It is more productive and effective for family members to outline their expectations regarding recovery activities to prevent relapse and avoid conflicts over control; this approach encourages family members to be accountable for their own lives and the recovering person to be responsible for their continued recovery.

An obvious example of a family member enabling relapse and active addiction is supporting denial, lack of recovery behavior, or the belief that the loved one is "cured" and no longer needs recovery activities. To avoid enabling due to lack of knowledge, family members should familiarize themselves with the stages and processes of recovery and relapse to recognize recovery thinking versus relapse thinking.

"Detachment," a related concept, is also relevant. When family members are working to let go of control over their loved one's decisions and behavior, they may be confused about whether to give them feedback when they notice indications of impending relapse. In some cases, family members are one of their loved one's first lines of defense. It is consistent with detachment to let your recovering loved one know what you see and how you feel -- if you do not take responsibility for fixing it. Giving someone feedback does not have to involve controlling behavior. When you give someone the gift of feedback, let go of what they do with it. Much of recovery lies in the difference between being "responsible for" and

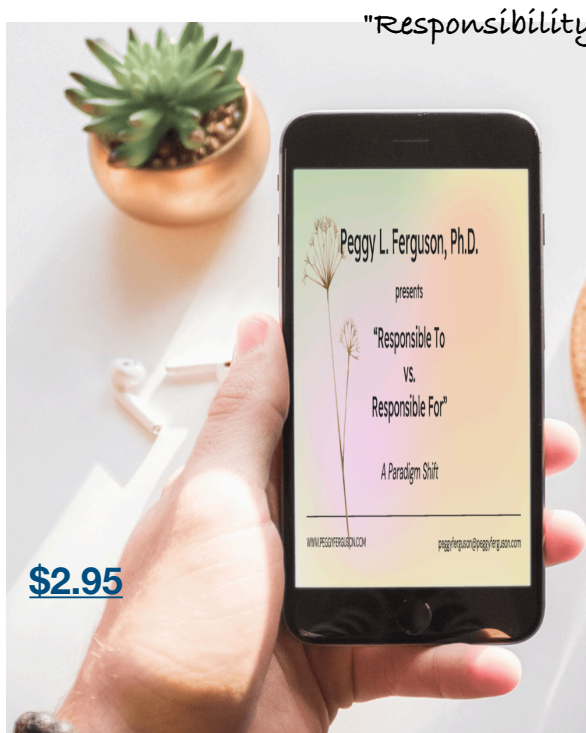
"responsible to" the recovering person. Taking "responsibility for" often leads to inappropriate caretaking, control, manipulation, and power struggles. Being "responsible to" means providing vital information for their recovery.

Practicing detachment with love allows you to take responsibility for your perceptions and protect your interests. An example of how detachment intersects with enabling is making decisions based on your perceptions and beliefs. You can act on those without your loved one agreeing with those beliefs. If your significant other's behavior indicates imminent relapse, you don't have to loan them the car when you believe they will use it to buy drugs or get drunk. If you thought they were suicidal, you wouldn't hand them a gun, even though they tried to convince you otherwise. Avoid arguments about your belief of imminent relapse. Don't try to argue them into admitting what you believe to be the truth. A simple "no" or a statement about your discomfort with loaning the car is enough. You've likely already been responsible to them by sharing your observations and concerns. To belabor the point is being "responsible for" them.

Spouses and parents should remember they cannot make their loved one relapse. Continuing recovery or relapse is solely the responsibility of the recovering person. Family members' actions, short of directly giving substances to the recovering person, do not cause relapse. Can family members hurt their feelings or anger them? Of course. If people in recovery relapsed every time they felt hurt or angry, no one would achieve long-term sobriety. The recovering person is responsible for dealing with their feelings and issues by practicing recovery principles and new living skills acquired through a continuous recovery program. Skills develop over time, and taking on their responsibilities delays this learning.

You can help by creating an environment conducive to continued recovery. Many people who relapse after inpatient treatment do so within the first thirty days, often due to denial, lack of commitment to recovery, lack of structure and routine, poor living skills, post-acute withdrawal symptoms, and insufficient follow-through with continuing care and 12-step support. People in recovery who return to a drinking environment may feel shame

about not being able to drink and might say it doesn't bother them. However, easy access to alcohol can sabotage early recovery and hasten the relapse process. It is considerate and caring to avoid having alcohol at home during early recovery. If family members find this difficult, it may be a good time for them to examine their own drinking or using behaviors. After all, their loved one's life is at stake. **Note: This article has been revised and edited from its original version, which was previously published in 2010 on this site. The content has been updated for contemporary language and concepts, clarity and accuracy.**



"Responsibility to vs. Responsibility for: A Paradigm Shift.

By Peggy L. Ferguson, Ph.D.

Learning the difference between being "responsible for" and "responsible to" the recovering addict is a crucial step in the process. By understanding your role and setting clear expectations, family members can support their loved one's recovery without falling into patterns of control or caretaking. To gain practical, applicable tools, study the Brief Lesson, "Responsibility to vs. Responsibility for: A Paradigm Shift." This concise guide offers valuable insights into the paradigm shift needed to navigate the complexities of addiction recovery, emphasizing the importance of healthy boundaries and accountability.

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