

ENABLING

The No-Win Game of Addiction

If we look at the definition of enable in the dictionary, we see that it simply means. "to make possible, or easy". We will also find the word enable used frequently by treatment professionals in the field of alcohol and drug dependency. What, then, does it mean when applied in this context?

It simply refers to the person or persons-at home, work or any other environmental setting-who make it "possible or easy" for a chemically dependent person to continue practicing his/her disease. And yes, chemical addiction is accepted and referred to in the field of medicine as a disease. It is chronic, primary, has specific symptoms, is treatable and has a predictable outcome if left untreated.

The Enabling Process

What exactly is an enabler and what part does he or she play in the chemically dependent's life? The answer is simple. The complication is in the acceptance of one's part in that role and the willingness to change.

Enablers act out of love, devotion and fear, but most importantly out of total ignorance about the disease process of addiction; what is worse, they often don't care to learn. Their motives are good and honorable, but their lack of interest or understanding of chemical dependency actually cultivates and nurtures the habituation process.

The first step in the recognition of this role may be to learn a new definition and understanding of the word, "support". This is actually what the enabler is trying desperately to achieve; however, a lack of understanding of the difference between "support" and "enabling" leads to a devastating and worsening impairment of the addicted person. And the price paid for the enabler's ambivalence is almost as costly as the price paid by the dependent.

The word "support" and its definition connote a firmly positive, constructive action. But "enabling" is contrapositive and ruinous and cannot, in any way, be considered a loving, supportive, or helpful action. In the second step toward recognition of the enabler's role, the enabler needs to be educated about addiction and the treatment process. With this knowledge, changing one's role becomes a matter of choice.

We most often recognize the enabler as the spouse of the dependent, although it is by no means limited to that intimate relationship. Enabling can take place at work, school, through friends, religious groups and, surprisingly, even through one's own

medical practitioner. Enabling becomes most complicated when it is being practiced in one or more of these places simultaneously.

Enablers all play important roles in the counterproductive drama in which the dependent becomes increasingly and helplessly entangled. Without this cast, dependents would have to face the consequences of their actions long before their recreational use becomes full-blown addiction.

Early in their chemical careers, dependents' actions, reactions and attitudes become so unhealthy, irresponsible and antisocial that the residual effects are overwhelming, and they find that they are unable to cope. Those closest rush in to protect them from those consequences, thus prolonging the avoidance of a painful realization of their addiction.

These well-meaning protectors continue this "support" whenever things go wrong, often resorting to very elaborate and contrived coverups. The dependent becomes more and more reliant on their protection and eventually is totally unable to manage on his/her own.

During this game of "you continue killing yourself with chemicals and we'll do everything we can to cover it up", the use of addictive substances becomes more and more important to ease the dependent's ever-present emotional pain. He begins to lose confidence through a series of "bad breaks", including major skirmishes with the law and embarrassing retreats from creditors.

His self-esteem is gradually destroyed and he finds that taking responsibility for the disorder in his life is beyond reason. The dependent blames it all on "them"-the wife, who doesn't understand; the kids, who are out of control; the job, that expects too much of him; the law, that's out to get him; the world situation; the dog; even the day of the week-any excuse to avoid taking responsibility. He is now in the ever-tightening clutches of his disease and his cries of anguish are muted by the cover-up actions of the enablers. The chemicals are now in complete control, and the dependent is still in denial.

Let's take a look at three of the most common places one is likely to find an enabling situation.

The Family Unit As Enabler

A typical example of spousal enabling occurs when a wife is requested to make a call to her husband's supervisor to say her husband is sick with the flu, a cold or an upset stomach, and she hastens to add, "But I'm sure he will be in tomorrow". This adds a bit of hope to an otherwise hopeless situation. Actually, the husband has a killer hangover and is having trouble navigating his way to the bathroom, let alone contemplating getting to work.

The excuses can get quite elaborate and can range from having

to take a sick child to the doctor's office to mourning the death of a distant relative. This one is good for a few days off when the dependent has been picked up on a DUI (Driving Under the Influence) and has to spend a day or two as the guest of the local constabulary.

There is no limit to the imagination when a cover-up is needed and the enabler blindly follows along doing her part to keep the peace and the job. At best, this is only a temporary "solution". She simply doesn't know that she has an alternative.

Suppose, for a moment, that the enabler were removed and the cover-up were not available. Eliminating the cover-ups would enhance the employer's chances to get involved and take corrective action at a much earlier stage of the game, perhaps influencing the dependent to get help for his problem.

Of course, the wife's intentions in this case are good; she is simply trying to protect her husband and her family. She rationalizes that it is better to make that call and lie a little, one more time. If she doesn't make the call, she risks making her husband furious and causing a problem at his job.

If she were well-informed, she would know that taking such a risk is a small price to pay, compared to the real devastation that is taking place. Sadly, no one sees it that way and the destruction goes on. The life of the dependent is on the line and the enabler's own emotional stability is being threatened.

The spouse, now referred to as co-dependent, is becoming caught up in her own disease of denial and deception, and resentments are beginning to grow. Left in this role of enabler, the spouse will become almost as dysfunctional as her addicted counterpart. Where children are involved, they too will suffer as they become caught up in the enabling process.

This co-dependent family will devote more and more time to covering for the dependent and trying to keep the family secret from their friends. As the addiction becomes more deeply rooted in the family, resentments, frustration, fear and anger become a way of life. Social outings are no longer possible; the children can't have friends over because they are afraid and embarrassed. The family begins to function as a "closed family unit". The rules become rigid and unhealthy and there is no room for emotional growth, either as a family or as individuals. There is no input to this structure or growth out of it. It is "closed" to all outside influences.

While this process may take months or even years, it will happen if the addiction process is allowed to grow and is fueled by well-meaning but uninformed family members. Learning to recognize the signs of the family enabler and understand the difference between constructive support and destructive enabling may well save the life of the codependent family. This can be accomplished with

professional assistance and participation in either Al-anon and or Alateen.

The Supervisor as Enabler

The supervisor also plays a role in enabling. In this instance, let's look at a female dependent as an example. She may be a well-liked, long-time and valued employee. Her drinking begins to taint her attendance record, but the supervisor thinks it is a temporary issue and the problem will be put right with a little "fatherly" advice.

This may work for a while but the disease is far more cunning and powerful; eventually, the employee will fall back into unproductive and irresponsible work habits and the supervisor will have another talk with her. The addict will make promises that she fully intends to keep, convincing the supervisor that this time it will be different. But sooner or later, her disease, which now controls her, will cause her to slip back into that same old predictable rut. The employee denies that she has lost control and the supervisor denies the fact that he/she is powerless to fix the situation. This scenario can go on and on until the employer gets tired of playing the game and fires the employee, or until the employee dies of her disease.

It is not uncommon to find supervisors making excuses for their troubled employees; what is worse, they often distribute the dependent's work to co-workers so that even in the dependent's absence or dysfunctional state, the work gets done.

While the supervisor may be protecting his/her own job or simply covering for a fellow employee, he/she is making it possible for the addict to continue her program of self-destruction. The supervisor's less-than-constructive actions are actually giving silent approval for the dependent to continue her addiction. The employee is committing slow suicide and the well-meaning supervisor is sharpening the knife.

In these situations, the supervisor has to be careful not to let ego interfere with good judgment. If he/she takes on the role of diagnostician-counselor, (neither role for which he/she has professional training and expertise) he/she will cause far more harm than good.

We know that pep talks and lay-knowledge about a person's personal problems will have little, if any, positive effect on a chemically addicted person. On the other hand, the supervisor can be helpful through the company's employee assistance program. If the supervisor will get out of the way and let the professionals take over, there is a good chance-up to 73 percent as a matter of record-that the employee can be salvaged and return to a normal, productive life.

When supervisors are not knowledgeable or skilled in the

techniques used by successful EAPs they run a very high risk. First, they are not helping the employee to deal with his/her problems. Secondly, as long as dependent employees continue on the job and continue to use chemicals, they are costing the company money. They are responsible for lost time, botched production, morale problems, grievances, accidents, etc. This all adds up, and who pays-the employer and, ultimately, the consumer.

The wise supervisor is a supervisor who knows that no other person can fix an addict's problem but the addict himself or herself. That's just the way it is. There are people in industry who are trained to deal with troubled employees and they in turn train supervisors in their role and in the limitation of that role.

For example, the supervisor need only learn and practice four basic procedures:

- * Recognize and document failing job performance.
- * Confront the employee with only these facts.
- * Refer the troubled employee to his/her EAP for guidance.
- * Follow-up on the progress the employee is making toward the improvement of his/her job performance.

The supervisor should never diagnose the problem or counsel the employee. The personal problem is none of the supervisor's business and he/she isn't qualified to counsel.

The Medical Practitioner As Enabler

We have seen how enabling from the home and the worksite contributes to the advancement of a chemical addiction. There is another significant source which needs to be recognized-the medical enabler.

Most medical schools teach little, if anything, about alcoholism; that is unpardonable. A doctor, while spending years learning about and identifying exotic diseases which he/she may never encounter and learning how to treat all the secondary symptoms of alcoholism (delerium tremens, liver disease, etc.), may receive no exposure to the addiction process or the primary disease itself. That is unforgivable, since statistics from the National Institute on Alcoholism and Alcohol Abuse report that about 60 percent of all hospital admits are alcohol and/or drug related.

Some medical professionals still believe that alcoholism is a symptom of an underlying emotional disorder which should be treated the same way as any other psychological disorder. This rarely works. Alcoholism is a "primary" disease; digging up one's past isn't going to cure the addiction. For that matter, there really is no cure.

The disease can be arrested and controlled through total abstinence and an ongoing program of recovery, but it cannot be cured. No alcoholic or drug addict in the world would respond

) appropriately to psychotherapy if his brain were still "wet"; since drugs and alcohol have a profound effect on brain cell functions, it would be unthinkable to try to understand what is going on inside the brain while it is under chemical seige.

The correct treatment procedure is to get the dependent sober and well-established in recovery, then check the need for therapy. About 80 percent of the time, a person embarks on a program of recovery and manages successfully without the need for additional therapy. However, should it be needed at some future time, the dependent's chances for effective psychotherapy are improved by the long-term absence of chemicals in the body.

Cross-addiction is another phenomenon that has recently come to the attention of the medical profession. This, simply stated, means that any chemically addicted person will, in all probability, use any mind-altering chemical in the same way he/she uses his/her own drug of choice. Therefore, a doctor who unknowingly prescribes addictive medications to an already addicted person is contributing to the habituation of that person.

) Valium is one of those commonly prescribed addictive drugs which has been overprescribed for years and has often been the onset of a "habit" for some unsuspecting neophytes. Those individuals who have a chemically addicted parent or grandparent must exercise great caution around these kinds of drugs; for these individuals, the risk of becoming addicted themselves is higher than it would be for someone from a non-addictive family background.

It should also be remembered that addicts and alcoholics become clever, deceitful individuals. They have to be in order to survive. It therefore comes as no surprise that they are able to "con" their doctors into giving them prescriptions to help support their habits.

A well-seasoned addict knows more about mind-bending chemicals than most pharmacists. The doctor thus falls victim to the deceptive practices of the patient, as do the spouse and the supervisor. No one really understands what is happening because they simply are uninformed.

Fortunately, that is changing to some degree. The medical profession is becoming more knowledgeable as a result of the boom in drug treatment programs and publicity on the subject. Doctors are beginning to realize the growing need for trained personnel to deal with the medical needs of addiction. Seminars on addiction, treatment and prevention are being held all over the United States and Canada. A number of colleges and universities also offer programs for professionals and lay-persons alike.

) The results of enabling are devastating and add up to a no-win situation. Those who think they may be caught in the enabling "trap" can contact such groups as Al-anon and Alateen. Employers

can find useful information from such organizations as the association of Labor-Management Administrators and Consultants on Alcoholism, the National Council on Alcoholism and the National Institute on Alcoholism and Alcohol Abuse.

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