When Caring Isn't Enough

Help for Spouses of People who have mood disorders/addictions

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Help for Spouses of People Who Have Mood Disorders/Addictions

"This little book is the kind of message we all need to hear. It's short and simple enough to explain addiction and how the family is impacted. So many people don't understand the complexities when we attempt to help someone with problems associated with addictions and mood disorders. Michele's message provides hope to families." –

Supervisor Kristin Gaspar, Third District, San Diego County Board of Supervisors

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Dedication

Dedicated to the hardworking Recovery Life Coaches, Lisa Anderson, Laura Layton and Ann Hoskinson, on my team who helped with this content, editing and inspiration.

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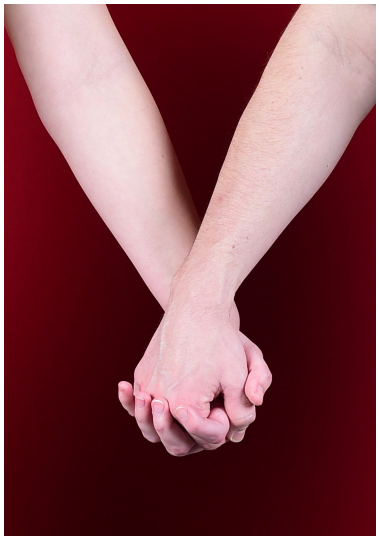


Most people think that addictions and mood disorders are willful and easy to overcome. We, who have worked in the field, know that this is not the case.

It's no secret that we have an epidemic in addiction and an increase in the number of diagnoses of mood disorders in the recent past. Our purpose is to educate and provide hope for the afflicted and their family members.

Chapter 1: The hardest relationships are the most intimate

The hardest relationships are the most intimate. When people live together and/or are married, where one person has a disease, the partner will not only know it but experience the consequences of that disease.

Unless they are taught what to do or not do, there are the inevitable results and consequences of living with and loving someone with a mood disorder or addiction.

The types of things that they may have to learn to do or not do may not appear at first to be “common sense”. For normal illnesses, compassion,

kindness and doing for another during their temporary illness things they cannot do would be “common sense”.

Although compassion and kindness is still called for with addictions and mental illness, doing for them could turn into “enabling” their disease to continue. The time period of helping ends with someone who has a normal illness, but the time is never ending with these diseases.

That is why learning about what may be enabling behaviors will serve both the ill person and their partner. If they don’t learn, the family or spouse will become ill as well and acquire the anger, anxiety, guilt, depression and low self esteem as a result of living with the conditions.

Generally, the mood disorders or mental illness, just as the addictions, affect the brain and the behavior of the person. Mood disorders are things like Clinical Depression, Anxiety, Panic attacks, Bipolar Disorder (formerly manic depressive illness), Schizophrenia, Schizoaffective along with several other types of diagnoses which might include Obsessive Compulsive Disorder, ADHD.

There are personality disorders, which are not mood disorders, but cause an equal amount of problems like narcissistic, borderline, histrionic, or sociopathic personalities.

Addictions can include the Substance Addictions like drugs, alcohol and pills and the eating disorders of anorexia, bulimia and compulsive overeating.

There is another category of addictions called Process Addictions which include Work, Shopping, Gambling, People (or Codependent) and Religious addictions.

The one thing the addictions have in common is that there is a “hole in the soul” and they are seeking something outside to fix something inside. They are not able to effectively deal with their feelings so they “medicate” it with a number of substances or processes.

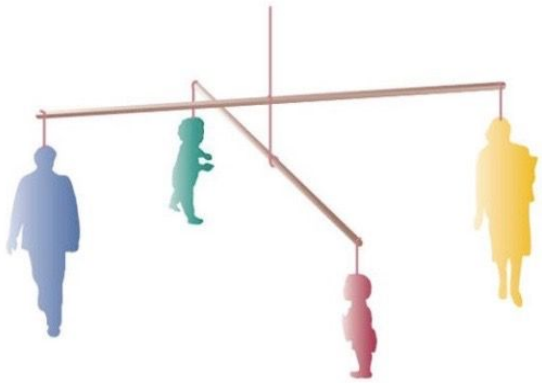
In other words, a God or Higher Power, connection with their Spirit, is the only thing that can fill the “hole in the soul”.

Chapter 2: Who can change who....?

The basic premise which we first need to agree upon is that we cannot control circumstances, people, events, places and things. We *can* influence these things
but we need to start with ourselves first.

Our own thinking, feelings and behavior needs to start changing first because we *do* have control over our own lives. We may have trouble working at first with ourselves because there may be so much obvious behavior problems with our spouse or family member. We are unable to see ourselves clearly and how *we* contribute to the problem.

We find that taking care of our own thinking, feelings and actions can be a full time job. It is in this premise that we find we do have some power over our own lives.



Families are like a baby mobile, when one part of the mobile is moved, the entire mobile is shifted. In a family, when one person changes, the entire family is forced to change.

At first, they may not like it and try to return to the former comfort of what was familiar. However, when we can be supported in our personal changes, we stand a much greater chance of changing the family dynamics in a positive way.

Our background, culture and history generally teaches us to look for logical reasons as to why people act as they do. We think that if we can find the answer, then we simply can solve the problem. By knowing this answer, we can somehow convince them to change.

With these particular diseases, logic does not work. This is the curious and frustrating part of working with mental health and addiction. In fact, the people who are around the addicts or mentally ill people, end up with a particular set of symptoms themselves. These symptoms often help professionals identify and diagnose the addict or mentally ill person.

The family, therefore, have their own set of unique emotional problems which need to be addressed and treated. These symptoms include anxiety, anger, fear, depression, loneliness, and a feeling of inadequacy that they can't solve the problem for the one they love. They blame themselves, and try harder, thus, reinforcing the very problem they are trying to alleviate.

Ironically, allowing the "ill" person to have the consequences and not delay or avoid the consequences of their actions, is what is needed. This is what many call "tough love". They are appearing not to "help" in some ways that might be conventional but actually are in the process of saving that person's life. By breaking through the addict's denial, there's a chance that addicts and the mentally ill may see through their defense mechanisms and get help.

One thing is for sure, if one person is not in some form of recovery, there is little hope that the family will recover. Usually it is whoever is reaching out for help.

Chapter 3: Making changes to affect a situation for a healthier partnership

In the beginning, when we attempt to make any changes, it is important to get wise counsel from others who have been through these changes themselves. It would be foolish to attempt to do something not knowing if it's going to work.

The definition of insanity is doing the same thing over and over again, expecting a different result. As Albert Einstein so eloquently said, "We cannot solve our problems with the same thinking we used when we created them".

We must change our thinking and be supported in that task by others. Our feelings are created by our thoughts and not the other way around. It may take some time to prove this to ourselves.

It isn't the facts of the situation that accounts for our feelings, but rather what we are telling ourselves about that situation. When we change our thinking about a situation, we can change our feelings and thus our behavior.

We may have to turn to others for ideas on how to re-frame our thoughts. Others can easily see our distortions where we cannot. Slowly, we can build on our changed thinking, feelings, behavior and our attitudes towards our family member.

Chapter 4: One finger out there, 3 back at you.

Usually the very thing that we instantly notice or which bugs us, in someone else's behavior, is something that we either do ourselves or we don't want to see. As they say, "When you spot it, you got it".

We can easily see others' faults and what we believe that they need to change. However, we have to realize that no human being ever wants to see what's wrong with themselves.

Even if they want to change, it is still a huge undertaking which requires humility and, generally, outside help. So we start with the original premise, that we have to change ourselves first. As we see our own part in whatever drama is being played out by our spouses or family, even if we believe they are 99% of the problem, we can determine what we need to work on ourselves.

It is believed that people are brought together for spiritual lessons that need to be learned. In other words, diamonds are created under pressure, gold is refined in the fire, and some people are the sand in the oyster that creates the pearl.

We may not like it, but it is a necessary part of our growth which we may be unconsciously choosing.

Chapter 5: Belief Systems

The definition of a belief is an acceptance that something exists or is true. (especially one without proof, trust, faith, or confidence in (someone or something)

Thoughts produce feelings produce behaviors, which produce actions.

So, basically a belief is a thought you keep thinking.

We have to examine what core belief systems are operating within ourselves and may have been installed by our parents, religion, schools, institutions, families, culture and media.

The above mentioned people and institutions all have a vested interest in shaping our beliefs. However, we may not have ever examined these beliefs thoroughly or realized that we could form our own opinions.

This in itself is an eye-opening, clarifying and freeing act of choice which can lay the groundwork for change in our relationships.

So, examining our belief systems (which may be inherited or learned from our family of origin or our culture) will, perhaps, change our thinking. Then, when our thinking changes, our feelings can change. Thus our actions may be different.

For example, the family of the addicted person may have the old fashioned belief system that an addict is a derelict with no moral character or a bum with the brown bag or a street addict with a needle in his arm. Her husband or child does not even closely resemble the belief that she holds, therefore he can't be an addict. This allows the

disease in both partners to continue to progress. Her disease presents as being judgmental, angry, worried, fearful, resentful, controlling and she treats him like an adolescent. His disease, which sincerely deludes him, continues with the belief that one drink or one drug isn't that bad and he can control it. Caught in a cycle that never ends, always gets worse, is progressive and chronic in nature, their relationship will ultimately deteriorate.

This is the first step in education with both partners. They need to understand what it is, name it and therefore have power over it. Once they name it they can get help, start treatment or do whatever is the next indicated step in getting assistance.

If you are diagnosed with diabetes, and you either don't believe your doctor's diagnosis or think that the disease isn't that bad, then you probably won't be willing to follow the doctor's treatment plan and get the necessary help.
Only after the disease has progressed to a life-threatening point, will you be willing to seek medical help, by which time it may be too late. These analogies are almost identical in nature.

"The John Wayne Syndrome"

If the belief is that strong men never ask for help, because to do so would mean that they are weak, then one is probably less likely to ask for help. These kinds of beliefs are subtle and not obvious in most cases.

If the belief is that women are supposed to be in charge of the family and it is their duty and responsibility to maintain

the marriage and family, the shame of admitting that there are marital difficulties may keep her from asking for help.

Chapter 6: People who help people

Here are some general tips on what to look for and what to watch out for from people who want to help. My initial response is RUN unless they are a professional and even then, be careful!!!

Part of the problem with "helping" people, is that the "helper" may, consciously or unconsciously, have ulterior motives. Unless they have regular outside counsel with evaluating their motives, all people easily get caught in this trap.

It may serve that person to distract from their own personal struggles and occupy the admired place of "good guy" or rescuer. It almost always is driven by a need to "not feel their uncomfortable feelings" of watching someone else in pain. If they can take away someone else's pain, then they won't have to deal with their own pain. It also has the effect of sending the message that they are superior in dealing with the problems and somehow the other person "needs" extra help.

This is not healthy for either party. Their motives may be excellent and well intended but misguided

Feelings are the most misunderstood and easily ignored part of communication. If they have not had an education in separating their feelings from their thoughts, or if they are "medicating" the feelings with substances, work, shopping, gambling, eating, etc., there is little chance the couple will ever feel understood or bonded.

Chapter 7: When other family members/children are involved

Like a baby's hanging mobile, the family system is an integrated organism and one person can effect change in the whole system. The *family* can mean "family of origin" or "nuclear family" or the extended family.

One person can actually help the entire family recover, if they themselves have changed first. This is where the hope for the family lives. One person by themselves, when working on themselves, will have an effect on the whole system.

At first they may not realize it or see it. This is where the outside person who may have already been through the similar situation can help. They can encourage others when it may seem impossible to hope, or where it may take time for the changes to occur.

Actually it is a rare situation where an entire family isn't involved. It may be the extended family, involving grandparents, aunts or uncles or it may even involve the work family. Everyone wants to "help" if they care. Uneducated advice or opinions can have the unwanted effect of the families turning into warring factions, cliques, and different camps. This

is the unwanted effect of addiction. No one is left alone and for every one person who is addicted, at least 10 other people are affected. We are never alone. We are part of a family and/or community.

People and their own histories with the disease can add the problems, opinions or advice. Perhaps the way their parents or grandparents looked at a problem is not the best to help a couple in crisis, even though they have wisdom or time. Each relationship is unique. This is why professional help is indicated. It is not disloyal to ask for help.

Chapter 8: Boundaries and what they mean and don't mean.

A boundary is a personal property line that marks those things for which we are responsible. In other words, boundaries define who we are and who we are not.

In order to call themselves good Christians, many people have drawn overly flexible boundaries(unwilling to say no, always accommodating others' needs) or overly rigid boundaries (to the point of being righteous and judgmental).

Boundaries are the single reason that families are healthy or not. Most people can agree intellectually to set these boundaries, but emotionally not be able to hold them. It is what makes a family or person feel safe or unsafe.

"How about this slogan: 'If you are unhappy for any reason we will feel really bad'."

These are the things that need to be corrected in the beginning. The following are examples of boundaries with consequences. The important thing is to always follow through. Don't ever make a threat that you aren't prepared to fulfill.

A boundary may involve telling the spouse that they need to see a doctor for a second opinion.

An example of some of the consequences are:

"I will no longer call in sick for you at work."

“I will call emergency or 911 the next time you are intoxicated.”

“I will call the police and report your license plate if you drive and drink.”

“If you haven’t made an appointment by a certain period of time, I will make the appointment for you and/or go with you.”

“I will not bail you out of jail.”

“I will not hide this from your family or friends anymore”

“I love you and am worried so please go for my peace of mind if not for your own.”

In the case of a mental illness, you could say:

“It appears that your medication may not be working or needs adjustment.” or “are you taking your medication as directed?”

(If people don’t use pill containers to keep track of their medications, they can forget whether or not they took their daily medication. Relying on their memory alone, they might either skip a day or accidentally take twice the amount prescribed which can create dangerous consequences)

Using psychiatric medication with mind altering substances or alcohol can create dangerous consequences. This is often how people overdose and die.

Consequences can be verbal or non verbal. Consequences are not punishments but may be perceived as such.

Some people think that they can follow through and, until they actually try, they don't know. So our suggestion is to start with small things that you think you can do and then save the more difficult ones for later.

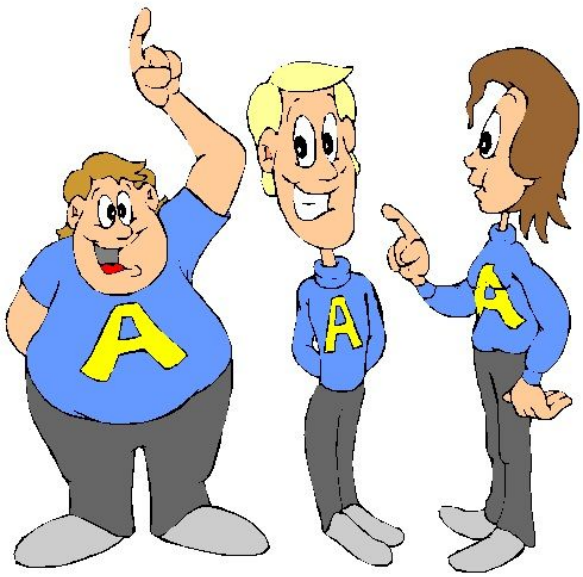
All of this can be done in a loving, non-confrontational way. (You can catch more flies with honey than vinegar).

If someone believes that it is their duty to keep people happy or at least not mad at them, they will have a difficult time following through on certain boundaries. You cannot worry about someone's feelings and set a boundary at the same time. Boundaries are the very thing that protects someone. If the boundaries are not clear, the couple will continue to have trouble.

One of the first things that a therapist or counselor will do is start with appropriate boundaries. If someone is coming home late consistently or even not at all on certain nights (as the result of drinking) for example, there needs to be something that the other partner will do to protect their sanity and peace of mind. Perhaps they will go ahead with a planned meal at a certain time with the family for example. Screaming, yelling, and making the spouse feel guilty is not a helpful alternative

Chapter 9: The power of brainstorming and negotiation

Most people have never been taught about negotiation skills or think that somehow it doesn't apply this to the family or spouse situation.



Brainstorming is the mulling over of ideas by one or more individuals in an attempt to devise or find a solution to a problem.

Rules around brainstorming include no criticism of ideas presented because the evaluation phase has not begun.

Negotiation is the process of discussing something with someone in order to reach an agreement with them, or the discussions themselves: The agreement was reached after a series of difficult negotiations. The exact details of the agreement are still under negotiation. ... A halt to the fighting is a precondition for negotiations.

Never negotiate something that is considered a bottom line because it will lead to resentment. However, you may take time to consider the many kinds of negotiations that have been proposed. It certainly helps to have a third party assist (preferably a therapist, coach or pastor/rabbi) when discussing some of the more heated issues.

Attempting to apply logic when someone is using or drunk is insanity. It is important, when attempting to communicate with a spouse, that they are not under the

influence of any mind altering substances or are hungover.

When a spouse is not mentally stable because they stopped their medication or have not reached their proper therapeutic dose, it's not a good time to attempt negotiation and brainstorming.

It may help to have a third party with the more difficult negotiations. There will be an impartiality that won't be present when two people are emotionally involved. Regardless of our background or education, we all have defense mechanisms and have difficulty with perceptions. We may have additional baggage from our upbringing or childhood that further complicates a negotiation.

Chapter 10: 3 Case Studies

Case #1

J is a 39 year old man who has been married to L, 35 yrs old, his high school sweetheart for 21 years at the time they first met me. L was worried that J was working too hard and seemed to be periodically using substances at the construction job.

J was concerned that L was constantly nagging and controlling. Both were using drugs and alcohol to relieve their respective stress in the relationship. Neither of them were doing well in their marriage.

They had 2 children, one who had been involved in heavy drug use and was institutionalized. After getting them to agree to see a psychiatrist, they were both diagnosed with bipolar disorder(manic depression) and given medication.

Due to the rapid changes that occurred as the result of them being on the right medicine, they were both thinking more clearly. They agreed to stop using chemicals while they were in treatment.

Even though they were sometimes resistant to the thought that they were both actually substance abusers. Each considered the other one worse and therefore the real addict.

Both were counseled that they had been self medicating with drugs and alcohol, unbeknownst to them. When they started the psychiatric medicine, they were told it wouldn't work if they continued with the drugs and alcohol.

Each of them were taught to stay on their own side of the street and work on themselves rather than each other. This was initially a great challenge however, over time and continued reinforcement with their respective group therapies and 12 step programs with sponsorship, they eventually became detached enough to allow each other to work their own program at their own pace.

They continued to be concerned with their son's drug use. Eventually, after a few more institutions, the son became clean and a productive member of society. They all continue with their respective support systems.

Case #2

M, a 20 year old woman, came into treatment after a suicide attempt. She had been the subject of childhood physical, mental, spiritual and religious abuse growing up.

She was homeless but willing to work on herself and her eating disorder. She saw a psychiatrist that diagnosed her bipolar disorder and prescribed her the medication that stabilized her.

When she became involved for the first time with a boyfriend, who was 26 years old, she didn't realize at the time that he was alcoholic. She grew up with an alcoholic father who's patterns were very different from her boyfriend.

She was resistant to believing my assessment of her boyfriend, but did attend a 12 step group and read a great deal. She was in denial and minimizing about her childhood until she started to go the 12 step meetings and get educated.

She believed initially she could talk her father into getting help. When he refused and she set a boundary of not being with him while he drank, the relationship was eventually cut off. Later on, she realized after much therapy, that he had in fact molested her when she was young as he had her 2 sisters.

The same denial and minimizing occurred when she was dating her boyfriend who started to insist that she stop therapy. As his behavior started to become abusive, and she had finally made some friends, she also started to set boundaries with him.

Eventually she had to call the police and get a restraining order to keep him from stalking her, which was very difficult. She continued to

believe that despite her past, she would meet someone who would be a good husband.

One year later she did meet that man, who didn't drink, and they have been happily married for 10 years.

Case #3

S, a 40 year old woman had been married for over 20 years to her husband, G, 45 years old. Slowly over time, she had begun to have an evening cocktail or glass of wine.

She noticed it was increasing and her behavior had begun to change. Her husband was concerned and had tried on several occasions to talk to her. She always agreed to stop but never was able to stay stopped.

He finally decided to get some help in a 12 step program, which helped him realize that he couldn't do anything to get his wife to stop and that he needed to focus on what he could do.

He was encouraged to share at meetings, get a sponsor where he could work his steps and do his own inventory while not engaging while she was drinking. He learned to set firm boundaries, especially around her behavior, and frequently left the room for time outs when she was upsetting him.

She noticed the changes and finally, after a particularly heavy binge of alcohol and pills, she was taken to the emergency room. It was there that G offered her an ultimatum that she get help or he wouldn't stay in the marriage and watch her kill herself.

She agreed to enter a recovery home for women and a 12 step program to assist her in getting her life together. She is currently 4 years sober and they both practise the principles of the program in their marriage which is much stronger now.

Conclusion:

There are as many case studies as there are people. The bottom line in all the cases is that one person made a decision to take care of themselves. Their emotional, physical financial, spiritual and mental safety and growth were paramount.

Whether the couple decided to stay together or not, the person that took care of themselves always benefited. Iron sharpens iron and as the result of coming together, two people can just as easily hurt or help each other as they journey on in life.

It is hoped that regardless of the ultimate choices, the experience of growth and asking for help will have benefited them both. We don't grow in a vacuum. What others do or don't do won't matter if we can love ourselves enough to make the changes we need. It will ultimately benefit both parties. This is the joy and hope in our work with families.

THE END

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"10 Reasons Why Family Is A Huge Key To Recovery"

OR

"Single People With Estranged Families or Without Families Can Recover Too"

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About the Author

Michele LaPorte Downey is a licensed Marriage and Family Therapist in private practice in Carlsbad since 1987. She is a Registered Nurse in New Mexico and California since 1977, holds an Associate's Degree in Science, a Bachelor's Degree in Psychology, a Master's Degree in Counselor Education, and is a Master Addiction Specialist through the National Board of Addiction Examiners.

Michele is the daughter of an Air Force Colonel and physician, and a nurse anesthetist, and the oldest of 5 children. She has been involved in the field of Chemical Dependency since 1974. She has experience with inpatient and outpatient settings, locked, secured and open, as a clinician, supervisor, and manager with a diversity of populations, with both medical and social model programs. She helped pioneer staff co-treatment privileges by MFT's at several area hospitals. In 1991 and July 1992, she was quoted in HEALTH and PEOPLE magazines regarding her private practice on Family Intervention.

She completed an intervention at a community level in Imperial County with the County Office of Education. In a two-year period, she implemented a unique Student Assistance Program with the 14 school districts and 32 school sites as well as developed a newsletter. These core groups are continuing 24 years later, vibrant and functional. During those two years, she served in 1991 as an instructor through UCSD Continuing Education Dept. on Student Date-Smart Series, the only dating education program in the United States. She is currently co-authoring a series of books/ workbooks, on Mood Disorders with Dr. Namir Damluji, who is Clinical Professor at UCSD Dept. of Psychiatry and Medical Director of the Damluji Research Center as a neuro-biochemical psychiatrist/researcher. Consulting to several area hospital management teams, Michele also develops workshops and seminars for businesses, schools, industry, hospitals, churches and private

Her private practice specializes in treating families affected by mood disorders and addictions using a 12- step approach. She has one of the few intervention based private practices in the United States, which creates community through the use of her advanced recovery therapy groups. She has co-authored a book with Dr. Namir Damluji MD and Renee Robinson Sievert RN LMFT on depression called "Feeling Terrific: 4 Strategies for Overcoming Depression using Mood Regulation Therapy" in 2006 which is available at Amazon.com. She is currently working on a series of educational

workbooks, programs and visualization/relaxation audio's found on her website at **www.micheledowney.com.**

Michele is also pioneering a Recovery Life Coaching School and Association. She has one of the few Recovery Life Coaching Schools where all the interns/students/graduates have many years of 12 step recovery, are active in their programs and have had extensive personal and family therapy. They also are additionally educated to all the addictions, mood disorders and co-occurring disorders that are generally associated with addictions in the family. She consults currently at Present Moments by the sea recovery treatment center and also intensive outpatient treatment center.

Michele is on the Board of Directors for SDSOAP, which is the San Diego chapter of Society of Addiction Professionals. She has one daughter, 2 grandsons and a "therapoodle" and lives in Carlsbad, California.