

A Merry-Go-Round Named Denial

(Adapted from an Al-Anon Publication)

Substance abuse disorder is a tragic human drama in which there are at least four characters: the user and their family; friends; colleagues and even counsellors may have a part in keeping the Merry-Go-Round turning. Disorders rarely appear in one person set apart from others; it seldom continues in isolation from others.

One person drinks too much and gets drunk or uses other mind-altering substances and gets high; others react to their habit and its consequences. The user responds to this reaction and uses again. This sets up a Merry-Go-Round of blame and denial, a downward spiral that characterises disorders. Therefore, to understand disorders, we must look not at the user alone but view the illness as if we were sitting in the audience watching a play and carefully observing the roles of all the actors in the drama.

As the play opens, we see the user as the star of the first act. She does all the acting; others react to what she does. A female between the ages of 30 and 55, she is smart, skilful, and even successful in her work; but her goal may be far above this ability. We see that she is sensitive, lonely and tense. She is also immature in a way that produces a real dependence. However, she may act as in an independent way to deny this fact. She also denies she is responsible for the results of her behaviour. From this dependency and denial comes the name of the play - A Merry-Go-Round Named Denial. For her to act in this way, others must make it possible. That is why we must observe carefully what each actor does in the play.

The user has learned that the use of her substance-of-choice makes her feel better. To her it is a blessing, not a curse, her medication, not a poison. For a few hours it floats away her troubles; it melts away her fears, reduces her tension, removes her loneliness and solves all her problems.

The play opens with the user stating that no one can tell her what to do; she tells them. This makes it very difficult for the family to talk about substance-dependence and its results. Even when the substance use is obviously causing serious problems, she simply will not discuss them. Talking is like a one-way street. No one seems to hear what the others are saying. On both sides, people say one thing yet do another. This is why it is necessary to see the play to understand Addiction. To observe the user alone, to read a scientific description of the illness, or to listen to the family's tales of woe is only a small part of the drama. The key word in Addiction is "Denial", for again and again people do what they say they will not or deny what they have done. If we could watch the play on TV and turn off the sound, we would understand much better what was really happening.

ACT I

Early in the first act the user needs a fix or drink, so she does just that. She may do this openly; but more likely she will conceal her habit by being off-stage and not in the presence of other actors in the play.

This is the first part of denial: hiding the amounts she drinks if she is an alcoholic or the whole process of "scoring" if she abuses other substances. But it proves to us that she knows she is out of order/drinking too much. If she abuses alcohol, she drinks more than others and more often than others and, above all, it means far more to her than to others.

Drinking too much, too often, is not a matter of choice. It is the first sign of Addiction to drink. Repeated denial, by hiding the bottle and drinking alone, reveals how important alcohol has become in helping the alcoholic feel better. After one or two drinks she cannot stop.

After a few more we see a profound change in the alcoholic. In the case of abuse of other mind-altering substances, the whole scenario is covert and shrouded in secrecy. She reveals a sense of success, wellbeing and self-sufficiency. She is on top of the world and may act as if she were a little god. Now she is right and everybody else is wrong. This is very likely to happen if someone objects to her drinking or substance use.

There is no one way all users act while intoxicated or "stoned"; but they are not rational or sensible and they are frequently not responsible. They are apt to ignore the rules of social conduct, sometimes even to a criminal degree, of which driving under the influence is a clear example. If an abstemious person acted this way, we would consider her insane.

If using continues long enough, the user creates a crisis, gets into trouble, ends up in a mess. This can happen in many ways, but the pattern is always the same: she is dependent and behaves as if she were independent and using makes it easy to convince herself this is true. Yet the results of her habit make her even more dependent upon others. When her self-created crisis strikes, she waits for something to happen, ignores it, walks away from it, or cries for someone to get her out of it. Using, which at first gave her a sense of success and independence, has stripped her of her mask and reveals her a helpless, dependent child.

ACT II

In Act II the user does nothing but wait for and expect others to do for her. Three others in the play act out their roles and the user benefits from what they do. She does little or nothing; everything is done for her in the second act.

THE ENABLER

The first person to appear is one we might call the Enabler, a "helpful" Mr Clean who may be impelled, by his own anxiety and guilt, to rescue his friend, the user, from her predicament. He wants to save her from the immediate crisis and relieve her of the unbearable tension created by the situation. In reality, this person may be meeting a need of his own, rather than that of the user, although he does not realize this himself. The Enabler may be someone outside of the family, perhaps a relative; occasionally a woman plays this role, but it is often a man.

This role is also played by the so-called "helping professions" - clergymen, doctors, lawyers, social workers. Many have had little, if any, of the scientific instruction on Addiction to alcohol or other substances, which is essential in such specialised counselling.

Lacking this knowledge, they handle the situation in the same process of learning, by "correcting her mistakes", and conditioning her to believe there will always be a protector who will come to her rescue, even though the Enablers insist they will never again rescue her. They always have and the user believes they always will. Such rescue operations can be just as compulsive as drinking. This role could also be named the Rescuer.

THE VICTIM

The next character to come on stage may be called the Victim. This may be the boss, the employer, the foreman or supervisor, the commanding officer in military life, a business partner, or, at times, a fellow employee. The Victim is the person who is responsible for getting the work done if the user is absent because of a heavy session of use or hangover. In the case of alcohol, statistics in industry show that by the time drinking interferes with a woman's job, she may have been working for the same company for 10 - 15 years, and her boss has become a very real friend. Protection of the woman is a perfectly normal response; there is always the hope that this will be the last time. With abuse of other substances, the same is generally true but the timescale is often shorter. The user has become completely dependent on this repeated protection and cover-up by the Victim; otherwise, she could not continue drinking/using in this fashion. She would be compelled to give up her habits or give up the job. It is the Victim who enables the alcoholic to continue her irresponsible ways without losing her job.

THE PROVOKER

The third character in this act is the key person in the play, the spouse or parent of the user, the person with whom the user lives. This is usually the husband or mother. He or she is a veteran at this role and has played it much longer than others in the act. He/she is the Provoker. They are hurt and upset by repeated drinking episodes, but they hold the family together despite all the trouble caused by the using. In turn, they feed back into the marriage/household their bitterness, resentment, fear and hurt, and so become the source of provocation. They control and try to force the changes they want, never giving in, but never forgetting. The attitude of the user is that her failure should be acceptable, but the must never fail her! She acts with complete independence and insists she will do as the Provoker pleases, and she expects the Provoker to do exactly what she tells them to do or not to do. They must be at home when she arrives, if she arrives.

This character might also be called the Adjuster; they are constantly adjusting to the crises and trouble caused by the habits of the user. The user blames the Provoker for everything that goes wrong with the home and/or marriage. The Provoker, if a spouse, tries everything possible to make the marriage work to prove the user is wrong; he is husband and wife and housekeeper and breadwinner. Living with a woman whose illness is Addiction, he attempts to be nurse, doctor, and counsellor. He cannot play these three roles without hurting himself and his wife without adding more guilt, bitterness, resentment or hostility to the situation which is already almost unbearable. Yet the customs of our society train and condition the husband to play this role. If he does not, he finds himself going against what family and society regard as the husband's role. No matter what the user does, she ends up "at home"; this is where everyone goes when there is no other place to go.

Act two is now played out in full. The user in her helpless condition has been rescued, put back on the job, and restored as a member of the family. This clothes her in the costume of a responsible adult. As everything was done for her and not by her, her dependency is increased, and she remains a child in an adult suit. The results, effects and problems have been removed by others. They have cleaned up the entire mess made by the user. The painful results of the substance use were suffered by persons other than the user. This permits her to continue using as a way to solve her problems.

So, we see that in Act One the alcoholic killed all her pain and woe by getting drunk; in Act Two the trouble and painful results of drinking are removed by other people. This convinces the user that she can go on behaving in this irresponsible way.

ACT III

Act III begins in much the same manner as Act One, but something has been added by the first and second acts. The need to deny her dependence is now greater and must be expressed almost at once,

and even more emphatically. The user denies her habit is a problem, denies she is an addict, denies that alcohol/drugs are causing her trouble. She refuses to acknowledge that anyone helped her - more denial. She denies she may lose her job and insists that she is the best or more skilled person at her job. Above all, she denies she has caused his family any trouble. In fact, she blames her family, especially her husband, for all the fuss, nagging and problems. She may even insist that her husband is crazy, that he needs to see a psychiatrist. As the illness and conflict get worse, the wife often accuses her husband of being unfaithful, having affairs with other women, although she has no reason for these accusations.

Some users achieve the same denial by a stony silence, refusing to discuss anything related to their using. Others permit the family to discuss what they did wrong and what they failed to do, whether under the influence or not. The husband never forgets what his wife does. The wife may not remember what she did while high or drunk, but she never forgets what her husband tells her she did or failed to do.

The real problem is that the user is aware of the truth which she so strongly denies. She is aware of the behaviour under the influence. She is aware of her failure. Her guilt and remorse have become unbearable; she cannot tolerate criticism or advice from others. Above all, the memory of her utter helplessness and failure at the end of the first act is more than embarrassing; it is far too painful for a person who thinks and acts as if she were a little god in her own world.

In time the family adjusts to their way of living together. The user may deny she will drink or use drugs again and others in the play may vow never again to help her. The Enabler says he will never again come to her rescue. The Victim will not allow another job failure due to drinking. The Provoker, whether husband or mother, tells the alcoholic they cannot live together under these conditions.

What is said is completely different from what everyone has done and will do again. The Enabler, the Victim and the Provoker have said this before but did not carry it out. The result is that the user's sense of guilt and failure is increased; her god-like assurance that she can always do as she pleases, is challenged - and all this adds to her heavy burden of tension and loneliness.

If this mental pain is made unbearable, especially by the changed attitudes and actions of the other members of the cast, there can be only one sure way for her to remove her pain, overcome her guilt and sense of failure, and recover a sense of worth and value. However, if Act Two is played out as described, it is inescapable that in Act Three the user will use again. This is her one sure means of relieving all pain, solving all problems and achieving a sense of being all right. The memory of the immediate comfort and benefits of using blot out the knowledge of what will happen if she uses. Also, always in the back of her mind is the hope that this time she can control it and get the great benefits he once did from using. So, what seems necessary to the user occurs - she begins to use again.

When she does, the play does not come to an end. The curtain closes at the end of Act One and Act Two, but in Act Three the play suddenly returns to the first act without closing the curtain. It is like watching a three-reel movie which continues to run without stopping at any point. If the persons in the audience of the play remain seated long enough, and the first two acts are played out as described, all three acts will be played repeatedly; and at the end of Act three, the alcoholic will drink again, the substance-user will use again. As years go by the actors get older, but there is little change in the words or the action of the play.

If the first two acts are played as described, then Act Three will follow in the same way. If Act One had not occurred, we would not have had the beginning of a play about Addiction and the drama surrounding it. This makes Act Two the only one in which the tragic drama of Addiction can be changed, the only Act in which recovery can be initiated by the decisions and actions of those other than the alcoholic. In Act Two the user has accepted everything that was done for her by others, who perform in this way by choice or because they simply cannot resist helping her. Yet this Act is the one with the real

potential to break the downward spiral of Addiction and its merry-go-round of denial. Let us see what happens when those associated with the alcoholic determine to create a change in the situation. Some users achieve the same denial by a stony silence, refusing to discuss anything related to their using. Others permit the family to discuss what they did wrong and what they failed to do, whether under the influence or not. The husband never forgets what his wife does. The wife may not remember what she did while under the influence, but she never forgets what her husband tells her she did or failed to do.

A planned recovery from Addiction must begin with the persons in the second act. They must learn how people affect each other in this illness and then learn the most difficult part: that of acting in an entirely different fashion.

New roles can be learned only by turning to others who understand the play and putting into practice their insight and knowledge. If Act Two is rewritten and replayed, there is every reason to believe that the user will recover. She is locked in by her illness; others hold the key to the lock. We cannot demand that she give up using as a means of solving her problems, but if we unlock the door, she will be free to come out.

If the user is rescued from every crisis, if the boss allows himself to be a victim again and again, and if the husband reacts as a Provoker, there is hardly a chance in ten that the user will recover. She is virtually helpless; she herself cannot break the lock. She may recover if the other actors in the play learn how to break her dependency on them by refusing to give in to it. The alcoholic cannot keep the Merry-Go-Round going unless the others ride it with her and help her keep it going.

The actors in the second act keep asking the user why she does not stop drinking and yet it is what they do or fail to do that helps her to try again and again to solve her basic human problems by turning drug or alcohol habit. It is often said that a user cannot be helped until he or she wants help. It is certainly true that there is almost no chance that the user will stop using as long as other people remove all the painful consequences for him or her. The people in the second act will find it difficult to change. It is much easier and far less painful for them to say that the user cannot be helped, than to go through the agony of learning to play a new role.

The Enablers and the Victim, too, must seek information, insight and understanding, if they plan to change their roles. The husband or mother must become active in a program of counselling and therapy, if the user is to make a basic change in her life.

In understanding the role of the three supporting actors in the drama, we must remember that they did not learn to play these roles overnight. They play a role they think is expected of them; they have been taught to act in this way. They imagine they are helping the user and do not know they are perpetuating the illness and making it almost impossible for the user to recover.

THE ENABLER

The Enabler is a person who feels he must not let the alcoholic suffer the consequences of her drinking when he can so easily prevent this by a simple rescue operation. To him it is like saving someone from drowning; it simply must be done. But this rescue mission conveys to the user what the rescuer really thinks: "You cannot make it without my help." The Enabler thus reveals a lack of faith in the user's ability to take care of herself, which is a form of judgment and condemnation.

The role of the professional Enabler - (i.e., clergyman, doctor, lawyer or social worker) - can be most destructive, if it conditions the family to reduce the crisis rather than to use it to initiate a recovery program. The family has probably known for a few years that drinking or taking drugs was creating serious problems, but this is not so apt to be visible to a person outside of the family. When the family turns to professionals who are not adequately qualified to deal with Addiction, before the anti-social

behaviour has become obvious, the family may be told that this is not Addiction and that there is nothing they can do until the user wants help.

When Addiction reaches the point where it breaks outside the family and the user herself turns to such professional people, she secures a reduction of her crisis by seeking and using those persons as Enablers. This again keeps the Merry-Go-Round going. The family which was told initially that there were no signs of Addiction is now taught that the way to deal with it is to remove the symptoms, rather than to deal realistically with the illness. The very persons who failed to identify the Addiction in its early stages may now treat the more advanced symptoms by helping the user to get back on the merry-go-round. This further conditions the family to believe that nothing can be done to cope with the Addiction. Even when the family members attempt to secure help for themselves or the user, the professional role may be that of an Enabler, rather than leading the family and the user into a long-range program of recovery. As the Enabler is the first person on the scene, he influences the remainder of the second act because it sets the direction and movement of this part of the play. Thus, the uninformed professional helps everyone get back on the Merry-Go-Round.

THE VICTIM

The Victim does not get on the Merry-Go-Round until the drinking has begun to interfere with the user's work, usually after she has been on the job for quite a few years and a close friendship exists between the boss and the user. The boss protects his friend, knowing that the husband and children will suffer if the woman is fired. This is especially true if the company has no program for helping users to recover. Fellow workers also protect the user's job because this woman is their friend. Personal interest and friendship cause the Victim to give the user the very "help" that increases dependency and need for denial.

The husband is the first person who joins the user on the Merry-Go-Round. If he absorbs injustices, suffers deprivation, endures repeated embarrassments, accepts broken promises, is outwitted or undermined in every effort to cope with the substance-using situation and is beaten down by the constant expression of hostility directed toward him, his own reaction is hostility, bitterness, anxiety and rage. Playing the role in this way makes the husband sick. He is not a sick man who made his wife become use substances but a man who becomes part of an illness by living with it. He is put in a role which forces him to become the Provoker. He is caught between the advancing illness of Addiction and the wall of ignorance, shame and embarrassment inflicted upon him by society. This crushes him; he needs information and counselling, not because he caused his wife's illness, but because he is being destroyed by it.

THE HUSBAND STANDS ALONE

Another reason why the husband needs help in the plan of recovery is that if he changes his role and begins to act in a new way, he will discover he is standing alone. Others - friends, relations, business associates - will treat him as an actor who is deserting a play when there is no substitute to take his part. This is especially true if the husband separates from his wife, whether by choice or necessity.

Some husbands can change their roles by having talks with a counsellor who has basic knowledge of Addiction, or by attending group meetings in a local Addiction clinic or mental health clinic. Others gain insight and security by taking part in family support group meetings run by such organisations as DrugFAM or 12-step programmes such as Al-Anon. Having new friends who understand his new role, because they have lived through similar pain and agony, is very important for the husband at this time. Relatives and friends may tell him how wrong he is in trying to play a new role; he needs people who understand and can give moral support in his search for answers to the problems of Addiction.

The basic mistake made by men who seek help for their wife's Addiction is that they want to be told what they can do to stop the addictive habit, not realizing that it may take a long time to learn a new role in a marriage which is frequented by drug-using or alcoholism. Long periods of regular weekly conferences or group meetings are often necessary before a husband begins to change his feelings and learns to act in a new, constructive way. If others in the play do not learn new roles, the husband may need to remain in the group for a period of 2-3 years before his feelings and emotions will permit a change in role.

The husband should seek help for himself to recover from his own fears, anxieties, resentments and other destructive forces at work in this kind of marriage. As he can change, this may change the drug-using pattern of his wife, and in many causes such a change leads to the user's recovery.

Few wives can stand a drastic change in their husbands without making basic changes in their own lives, but this desirable change cannot be guaranteed. Many husbands seek some form of help and then drop out of a program when the problems of this kind of marriage are not solved in a short time.

To avoid injury to the children, the husband must seek help outside the circle of family and friends. When he plays the role of Provoker the children are placed between a sick father and a sick mother. The husband who seeks and finds help early enough can prevent much of the harm which is being passed on to the children through his reaction to his wife. If he seeks and finds help, it will protect the children in many ways and may open the door to his wife's recovery. The rate of recovery increases greatly when the husband seeks help for himself and continues to use this help.

The Moral Issue is also important. No one has a right to play God and demand that the alcoholic stop drinking or the drug-user stop using. The reverse is also true. The alcoholic/drug-user can only continue to act like a little god, telling everyone what to do, while doing as she pleases, if a supporting cast continues to play this role. The husband has every moral right and responsibility to refuse to act as if his wife were God Almighty whose every wish and commandment he must obey. As a rule, he cannot tell his wife anything for she refuses to hear it. His only effective means of telling her what he means is to learn to free himself from his attempt to control and dictate what she is to do. This independence may be exercised in silence; it need not be expressed in words. Just as the real message to the husband is what the wife does and not what she says, he must learn to convey his message by acting in a new way.

Two things that may interfere with success is a long-range programme for her husband. First, the wife's attitude toward the new role may range from disapproval to direct threats or violence. Second, responsibilities in the home, especially if there are young children, make it difficult for the husband to get away to go to group meetings, counselling or therapy during the day. At night, few alcoholic wives will baby-sit or pay for this service while the husband attends meetings of DrugFAM, Al-Anon or other therapy. Nor should they be trusted with this responsibility while using.

If the couple married at an average age, during the pre-addiction stage of the illness, the husband is the first person who joins her on the Merry-Go-Round when Addiction appears. Many years later the Enabler and the Victim start their roles. If recovery from Addiction is to be initiated before the illness becomes acute, the husband must initiate the recovery programme. Most persons today, often including the helping professionals, are unwilling to accept Addiction as an illness until it reaches the addictive stage of chronic Addiction. Thus, the husband will find himself in a position of a pioneer in the search for help. If his minister condemns drunkenness, he is ashamed to turn to him. If her doctor fails to recognize the existence of Addiction in the early stages, medical help and counsel for her are cut off. If conditions become unbearable and he consults a lawyer, separation or divorce may be discussed as the only service on offer. This increases his sense of failure as a husband or terrifies him with the prospect of the anxiety and grief he would have, if he took such action. So, most husbands stay on the Merry-Go-Round or get back on soon after trying to stop it or get off.

Until there are drastic changes in our cultural and social attitudes towards Addiction, the family member who wishes to initiate a program of recovery from Addiction must understand this can be a long and difficult process.

However, if the husband or other family member is willing to enter a weekly programme of education, therapy, family support meetings or counselling, and work at it for a period of six months, changes usually occur, not only in his life but often in the life and action of the person addicted. A husband cannot make a change unless he believes it to be the right and moral choice, so he must understand the nature of Addiction.

He must also have the courage to stand against his wife's opposition to her own programme of recovery. A husband cannot be expected to do what is beyond his emotional or financial capacity. However, by remaining in a programme of his own, he may be able to solve problems which at first seemed too difficult.

There is no easy way to stop the Merry-Go-Round, for it can be more painful to stop it than to keep it going. It is impossible to spell out definite rules which apply to all members of the play. Each case is different, but the framework of the play remains much the same.

The family member can see the Merry-Go-Round of the user, but often fails to see that he is the one who helps to keep it going. The hardest part of stopping the repeated cycles is the fear that the user will not make it without such help. But what he unknowingly considers help is the very thing that permits the user to continue to use, as the cure-all for problems.

If a friend is called upon for help, this should be used as an opportunity to lead the user and the family into a planned programme of recovery.

A professional who has those addicted to drink or drugs or their family members as clients or patients should learn how to cope with Addiction. Specific literature is available through local and national programmes on Addiction. Short, intensive workshops are also available for professionals who are willing to spend time and effort to acquire basic knowledge of Addiction.

If a husband thinks his wife has a drinking problem or drinks too much too often, he should seek help and counsel immediately, evaluating the situation to find the programmes best suited to his needs. Regardless of the kind of help the husband chooses, he should not stop after a few conferences or meetings, for changes do not occur overnight. Regular attendance should be continued, for many husbands learn it takes a long time to secure the real benefit from such a programme. In our present society, the husband has one basic choice - to seek help for himself or permit the illness of Addiction to destroy him and other members of his family.

In a nutshell, it is necessary to step off the merry-go-round created by the alcoholic or substance-user. DrugFAM (or another support organisation) can help. If possible, it is beneficial for as many family members to join in DrugFAM meetings together as possible, even for just one or two meetings, so that they can all encourage one another and put up a united front towards the same goal. This causes the family members to start reclaiming and taking back control of their own lives – and, once the user has tested the new boundaries and found them inviolable, will cause the latter to wonder why no-one is playing their mind games anymore. This, in turn, can lead to a change of direction – for the better - for the user. This is not guaranteed but it cannot happen whilst everyone stays on their merry-go-round.

The roles as depicted here could be transposed. The user could be male, the Provoker female, etc.