## by Stephanie Brown

Early recovery was a self-obsessed time for us. Our children had a "recovering Dad" and a "recovering Mom", but who was taking care of them? No one. I will be forever grateful for sobriety, but I have a profound regret that we abandoned our children in the service of our own recoveries. (Comment of a father in the Family Recovery Project at the Mental Research Institute in Palo Alto, California)

Abstinence marks a positive beginning rather than an end. Recovery is a difficult, painful process of radical change that is never easy and rarely smooth for anyone involved. Without knowledge about what to expect, including the paradox that what is normal and necessary to long-term positive change is also disruptive and even traumatic in the short run, the impact of such turmoil can cause further damage. Over the past six years, we have interviewed and tested 52 couples and families (those who were together for at least five years during drinking and who are still together in recovery) with sobriety ranging from a few months to over 18 years in order to discover what recovery is like. We have examined the process of change according to length of sobriety within three domains: the environment, the system, and the individuals within. What have we learned?

- The four stages of recovery already defined for the individual hold true for the family: Drinking, Transition (the move from drinking to abstinence), Early Recovery (the stabilization of abstinence with new learning, much uncertainty and constant change), and On-going Recovery (when massive change has been consolidated and the family is guided by the organizing norms, values and beliefs of recovery).
- The environment, or context, of the drinking family is traumatic and harmful to children and adults. It remains unsafe and potentially out of control into Early Recovery which may last as long as three to five years. In Ongoing Recovery, the environment is safe and not thrown off track by the difficulties and crises of normal life.
- The unhealthy drinking family system must collapse as the family enters recovery, permitting attention to shift from the system to the individuals. Many families do not accomplish this collapse, or they do not survive it. Because there is so much disruption with abstinence, and so much turmoil caused by the collapse of the system, many families break up, seeing that things have gotten worse, not better. Our data explain how outside support networks (12-step programs, treatment centers, therapists) provide a "holding environment" for all members of the family, a cushion and substitute for the drinking family system that has collapsed. Families utilize these outside supports to weather the difficult changes of the first three to five years. It may be five to ten years before a stable, strong sense of healthy family is secure. Change like this does not occur from inside the family in the vacuum created by abstinence. It requires external guidance and supports. Yet conventional treatment wisdom often leans in the opposite direction: much of family therapy is aimed at bringing individuals together, to focus on a "we." Our work demonstrates the importance of an individual focus during the early period.
- There is sometimes an unrecognized dark side: children may be neglected as parents focus exclusively on their individual recoveries and abdicate parenting responsibilities. We think it will be surprising to many that children experience a "trauma of recovery" in addition to the horrors of drinking. It is grim news to learn that children may feel worse, not better, just like their parents, and they may experience physical abandonment as well as continuing psychological isolation due to their parents' recovery.

Data on the process of family recovery shocks us with mixed news: Yes, recovery is positive; the end of the drinking is extremely important and lays the necessary foundation for in-depth change. But that process of change, which we have called the "trauma of recovery," is difficult.



We must face the fact that what is essential for parents may be inadvertently damaging for their children, but only if we deny it. Once we acknowledge this reality, we can address the holes in our treatment programs so we may better protect children AND support parents in their recoveries. We can also focus on the absolute need for support structures outside the family, which we are calling "community systems," and on the need to expand our ideas of prevention to include recovery. Our current theories and practice for the professional treatment of alcoholism and the family leave people hanging without necessary knowledge and support.

What kinds of interventions can be helpful at what stage of recovery? Couple and family therapy in the early period of abstinence can provide education about the normal process of recovery: the turmoil and disruption to be expected, the need for parents to focus on themselves as individuals, and the importance of maintaining or learning parenting responsibilities, both concretely and emotionally. Parents need guidance in focusing on themselves without further neglecting or abandoning their children, keeping a watchful eye on children's reactions and needs.

Couples and families with stable recovery can benefit from more intensive therapy, depending on their particular needs and circumstances. Family members can then turn their attention to relationships within the family without threatening their own progress, or forcing a return to old, unhealthy family interaction patterns. We expect an outcry against our research because we recommend additional "treatment" and unlimited "continuing care" rather than less treatment, or even none. We believe that much of this care can be provided by volunteers who offer education, support, and the sharing of their experience as "mentor families" through an extension of the "apprentice model" of the 12-step programs.

From the time I was 6 until I was 10, my mother was in and out of treatment for her alcoholism, I went to Alateen because my parents needed me to go. I told myself that what was happening wouldn't be important to my whole life, that all of this was not traumatic. Now I know I was living in a vacuum, that I had nothing to hold onto. I was tuned out for most of this time. As I listen to them talk today, I know why. They weren't there for a long, long time. (Comment of a now grown up child listening to her parents tell the story of their recovery)

This family talked about the process of coming back together. As their individual recoveries progressed, the environment became safer, and a new healthy family could develop.

When and how this happens depends on many factors unique to each family. Sometimes kids are very young when parents begin recovery; there is time for a healthy family to form before children are grown and leaving.

Or, kids may be teens or young adults and on their way out when recovery jars the family system. These children, having grown up with drinking and the turmoil of early recovery, are now coming home-emotionally-to join this healthier system and repair the bonds of attachment with their parents. Much of the developmental work that should have occurred during childhood and adolescence can now take place... and does.

Note: This article is adapted from the book The Alcoholic Family in Recovery: A Developmental Model by Stephanie Brown, Ph.D., and Virginia Lewis, Ph.D., published by Guilford Press, fall, in 1998. Dr. Brown is a NACoA founder and a member of the current NACoA Advisory Board.