Fragmented Intimacy

Peter J. Adams

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Addiction in a Social World

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Peter J. Adams, Ph.D.
School of Population Health
University of Auckland
Private Bag 92019
Auckland
New Zealand
p.adams@auckland.ac.nz

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Preface

I recall during my early years as a clinical psychologist being asked by hospital staff to speak with a 32-year-old man addicted to alcohol who was being discharged following treatment for pancreatitis. This had been his third admission for the same illness, and hospital practitioners were exasperated by his choice to continue drinking despite being repeatedly told it would cause irreparable damage to his pancreas from which he would be unlikely to survive. I met him in a side-room on the ward. He sat in his pyjamas in the corner of the room, thin and ashen looking, with a worried frown fixed across his face. Our conversation was initially stilted and I was trying hard not to replicate the lectures and sermons he was likely to have already received from hospital staff. As we talked I was able to piece together bits of information about his current circumstances: he lived alone, he was unemployed, and his only family contact was with a brother who visited to check on him occasionally. He started to relax into the conversation and then talked about his long struggles with alcohol: his drinking had begun in his early teens; it had provided him with confidence and friendships; he had had some serious motor vehicle accidents; he had tried to stop drinking but soon continued; he had lost friends, jobs, and family relationships; and in response he had increasingly sought intoxication as a refuge. He admitted this was not the way he wanted to be and declared that this time when he returned home he was going to stop for good. Somehow I felt unconvinced. Although he stared intensely into my eyes as he said this, his words sounded vaguely like something he had stated many times before; somewhat similar to those routine declarations one makes at church services or at New Year's Eve celebrations. I offered to meet with him further, and we negotiated a time later that week. Unsurprisingly, I never saw him again, and several months later I heard he had been readmitted with acute pancreatitis and had subsequently died.

This was one of my first solid encounters with the power that addictions can exert in a person's life. I had been brought up in a home free from the effects of addictions, so this early professional exposure left me with many troubling questions. What could we have done differently? Could we have locked him up for his own protection? Could

we have developed a secure monitoring regime to prevent his drinking? Was there a psychological strategy that we could use to switch his commitment to drinking? Maybe there is a drug that we could use that might help him change? Somehow none of these possibilities seemed viable, and when I searched my psychology texts I found they offered little in terms of satisfactory directions. I was left wondering what inner force could be so powerful that a person would knowingly risk everything including his life. On the surface it appeared to violate all we know about the human struggle for survival, and it was hard to think of any organism that would work so consistently on its nonsurvival. As my career led me into further—and similarly humbling—exposures to people struggling with addictions, I found my initial let's-get-in-and-fix-it attitude tempered progressively through recognition of the scale of the problem. I encountered with increasing regularity the many dramatic ways addictions impact on others living close by: partners feel trapped in loveless marriages, children suffer abuse and neglect, parents face ongoing loss and despair, and friends encounter deceit and betrayal. The question troubling me then widened to, How is it possible that over the course of many years such a large number of people in our communities willfully and knowingly pursue relationships with something addictive to an extent that it causes significant harm to them and the people they love? What is the psychological and social infrastructure that makes this possible?

Writing and reading are two contributory parts of the social event of written communication. While the act of writing and the act of reading seldom occur simultaneously, writers and readers still form a social connection via a variable time delay, and it is worth at this point to consider some of the factors that might influence both parties in their willingness to engage with this book. On the writing side, my primary motive for undertaking this project was to provide a clear description of what it might mean to view addictions as social events; in other words, to bring the diverse world of social theory closer in order for it to shed light on the perplexing question of why addictions persist. To this end, the book provides a step-by-step guide to looking at addictions in terms of relationships and family systems and extends this understanding onto interactions within wider social networks. On the reading side, the book is worth exploring because it opens up what readers will discover is a radically different way of looking at addictions. Rather than a solitary experience, addictions are seen as forming, intensifying, and dissolving in a social world. Accordingly, the book has something to offer both the professional and the lay reader. For professional readers, including specialist addiction practitioners, general health workers, and community professionals, it provides a uniquely systematic account of how addictions could be approached in social terms. The final chapters also outline how these might translate into self-help strategies, community responses, and improvements in clinical practice. For lay readers, including those struggling with addiction, family members, or people simply curious about this major social issue, the book provides an accessible account of what is happening in addictive contexts and how each person involved might respond.

Peter J. Adams, March 2007

Acknowledgement

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Chapter 1

Addiction in Perspective

Filled with mingled cream and amber; I will drain that glass again; Such hilarious visions clamber; Through the chamber of my brain; Quaintest thoughts, queerest fancies; Come to life and fade away. What care I how time advances? I am drinking ale today

(Edgar Allan Poe[1])

In these early years of the twenty-first century we find ourselves constantly immersed in talk about addictions. Newspapers and television regularly present disturbing items on the rising negative effects of addiction. When the country is not waging a "war on drugs," it is struggling with drunken driving, youth drug crime, increases in pathological gambling, alcohol destroying families, spates of Internet addiction, and so forth. Increasing numbers of popular books on addiction appear in book stores with titles such as, *Codependent No More; Woman, Sex, and Addiction: A Search for Love and Power*; and *Workaholics: The Respectable Addicts*.[2] Many people with high media profiles regularly succumb to addictions; the tabloids and magazines revel in details on fallen movie stars, television celebrities, sports heroes, community leaders, and politicians. Self-professed alcoholics and drug addicts often bare their souls on syndicated television talk shows, detailing stories on the horrors of being addicted and its impact on loved ones.

In each if these contexts the understanding of what is meant by "addiction" conveys slightly different meanings. At times addiction is mentioned casually in phrases such as, "I'm addicted to chocolate" or "Golf is my addiction"; at other times it is taken more seriously: "Addictions are leading more and more people into crime"; "Addiction drives most of our corruption"; and at still other times, it is referred to in a manner that is nuanced with menace and judgment: "We must stamp out all addictions"; "Addicts are weak and worthless people." Addictions are simply an increasing part of public consciousness.

Another driver for the constant reference to addictions is the mounting evidence that they are commonplace, and that they directly affect large numbers of people and their loved ones. For example, national surveys in the United States indicate that 2 percent of the adult population is struggling with addictions to alcohol and 1.5 percent with addictions to other drugs.[3] Furthermore, the increased availability of opportunities to gamble adds a further 1.5 percent with addictive problems associated with gambling.[4] These figures assume that people disclose their consumptions accurately to interviewers (usually on the telephone), which for particularly sensitive subjects

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like illicit drugs and gambling is likely to lead to an underestimation in the reported prevalence. Adding to this underestimation are the unknown numbers of people with problems associated with potentially addictive and compulsive behaviors related to eating, sex, and work. With this in mind and allowing for some crossover between addictions, a reasonably conservative estimate of addictions to alcohol, other drugs, and gambling would be about 3 to 5 percent of the adult population. While this may still seem a small proportion, its significance multiplies when the focus is widened to include friends and family whose lives are seriously affected by the addiction of a loved one. Various claims have been made about the typical number of other people affected; common claims are that at least four other people are seriously affected by one person addicted to alcohol and/or drugs, and maybe five for those addicted to gambling.[5] Given that some of those addicted may belong to the same family and that such estimates have yet to be firmly established, a reasonable but conservative assumption would be that the lives of at least two people are severely affected. Taken together—persons with an addiction and those closest to them—this means that at any one time something in the region of 9 to 12 percent of the population, or roughly person in ten, can be expected to be experiencing serious disruptions in their lives because of addictions.

In contrast to the widespread concern and talk about addiction today, it is easy to forget that the notion of people acquiring an ongoing condition called "addiction" has had a relatively short history.[6] As a concept, it emerged just over a century ago as a way of referring to people who despite numerous attempts at change appeared to return habitually and helplessly into inebriation. This central idea of an ongoing condition involving loss of control over alcohol use was interpreted over subsequent years as a compulsion, a habit, a behavioral disorder, a disease, or a medical condition. Since each of these terms draws on different theoretical understandings, what one person might mean when referring to as an addiction differs from what others might mean, and this varies according to educational background, context, and belief. It can even vary in meaning within the same sentence, as in, "I have no control over this habit," which mixes ideas of choice and compulsion. This flexibility and variability poses problems in definition, and depending on how the term is used, may reveal more about the speaker's background than about a common meaning. Indeed, definitions of the concept have fluctuated between medical interpretations of disease or dependence and psychological interpretations of compulsion or behavioral disorder, and sometimes more commonplace understandings of it as a bad habit or compulsive drive.

Understandings of addiction vary according to background and context

Currently the two loudest voices on what is an addiction are speaking from two very different vantage points. From one vantage point, looking from the outside, are the addiction scientists and clinicians who draw on definitions based on their professional backgrounds in medicine and psychology. From another vantage point, looking from the inside, are those with direct experience of addictions who attempt to depict an inner world of torment, confusion, and despair based on their own personal encounters.

Turning first to the scientist/clinician, Marc Schuckit broadly describes the term *substance dependence* as referring to the "central role that the substance has come to play in the individual's life, evidence of problems relating to controlling intake, and the development of difficulties (especially physical and psychological problems) despite which the individual continues to return to the substance."[7] Note how this medically oriented definition tries as much as possible to locate addiction within an individual person or patient. Another imperative for the scientist/clinician is to use descriptors that are clear and observable and lend themselves to measurement. For example, in the *Journal of the American Medical Association* Morse and Flavin defined alcoholism as "a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking."[8]

Both these descriptions owe much to the original World Health Organization[9] definition that in 1952 sought a consensus between experts on what was meant by an addiction to alcohol (see inset box). More recently, Arthur Blume[10] has organized the key parts of these definitions into three critical elements: (1) compulsive use, (2) loss of control, and (3) continued use despite adverse consequences. These three elements are used as a guide for clinicians to categorize whether or not a client is addicted.

1952 WHO Definition of Alcoholism

"Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree that it shows a noticeable mental disturbance or interference with their bodily or mental health, their interpersonal relations and their smooth social and economic functions, or who show the prodromal signs of such development. They, therefore, require treatment."

For those experiencing addiction the goals of clarity and measurement matter less than communicating the experience of addiction. For example, the handbook of Narcotics Anonymous describes drug addictions in the following way:

> Our disease isolated us from people except when we were getting, using and finding ways and means to get more. Hostile, resentful, self-centered and self-seeking, we cut ourselves off from the outside world. Anything not completely familiar became alien and dangerous. Our world shrank and isolation became our life. We used in order to survive. It was the only way of life that we know.[11]

Here addictions are characterized with reference to mental states, to emotions, and to an altered inner stance on the outside world. They typically describe this reorientation as involving a range of deteriorations and losses. As described in brochures by the renowned Betty Ford Center:

> Chemically dependent persons develop an intense relationship with their drug of choice. It grows subtly until it becomes so consuming no other meaningful relationship can exist. Persons with no other relationship—no other important elements in their lives—are said to be spiritually bankrupt. They have lost communication with the larger world around them and have become locked into the lonely world of self-centeredness.[12]

Addiction here is described as not only involving loss of relationships and connections with the world, it also involves the ultimate loss of the inner core of the self: a person's spirituality.

The interpretations of the scientist/clinician and those experiencing addictions mark two extremes on a continuum of perspectives on addictions. The approaches that people take to addiction typically fit somewhere along this continuum and tend to incorporate some aspects of the scientist/clinician outside-in perspective and some aspects of the experiencer's inside-out perspective. For instance, common psychological approaches to addiction try to combine observations of how people behave with understandings of what they are thinking.[13]

In a similar vein, this book draws on understandings from both vantage points but it does so with a new twist: it explores the nature of addiction as essentially a social event. Accordingly, the term *social* occupies a central position throughout the book. As with addiction, there are many senses to the term *social*, but here it primarily is used to refer to the way people connect with other people and with other things in their lives. The refocusing of attention onto connections and relationships has important implications. It draws attention away from thinking of addicted persons as separate individuals standing alone by themselves and promotes the view that such people occupy an intersecting points in the net of relationships. At this stage in the book, this shift in orientation may seem somewhat curious, but as the content unfolds, the power of what this means will slowly emerge. In a social world, addictions involve the progressive intensification of one relationship—the relationship to an addictive substance or process—at the cost of other relationships. When a person's social world is reorganized around this singular and dominant relationship, the new structure entails progressive deterioration in connections with the world around. Furthermore, the relationships that are most affected by these deteriorating connections are those with people who are closest and most loved, and consequently it is in the realm of intimacy that addictions are most actively destructive.

A social perspective focuses primarily on the relationships between people

Dangerous Consumptions

Addictions comprise one dimension of a population's relationship to drugs, gambling, and other dangerous consumptions. Other dimensions include the nature of heavy nonaddictive consumptions, the cultural meanings associated with these consumptions, the way they are manufactured and marketed, and the manner in which a community or a nation chooses to enjoy or limit such consumptions. Each dimension involves issues and studies in their own right. For example, the heavy but nonaddictive consumption of alcohol, while not leading to the same intensity of problems as addictions, does arguably cause more widespread harm through drunkenness, injuries, sexual coercion, crime, relationship conflict, and so on.[14]

As a consequence of the flexibility of different ways of thinking about addictions, they are increasingly identified across a broad variety of dimensions of living. Besides alcohol and other drugs, the term *addictions* is now regularly extended to other excessive consumptions in activities as diverse as gambling, eating, body enhancement, shopping, sex, pornography, intimate relationships, work, Internet use, computer games, and exercise, and the list keeps growing. As a result, writers on addiction are gradually widening their focus to include more than alcohol and other drugs.[15] Jim Orford contends that the traditional focus on physically enhanced addictions has

> "narrowed our sights upon excessive drug use, and particularly upon a few categories of drugs thought to have major 'addiction' potential, and have prevented us from developing a satisfactory science of addiction in the more generally understood lay sense of that word. In particular they have hindered a useful cross-fertilization of ideas between alcohol, drug, gambling, eating, and sexual behavior studies."[16]

According to this inclusive approach, differences between each form of addiction are outweighed by their commonalities. Their processes, particularly their psychological processes, share much in terms of motives, thinking, and consequences. For example, an addiction to alcohol results in similar losses of friends and relationships as does an addiction to sex. More can be gained by combining forces in studying the intricacies of all these forms of addiction than by remaining attached to their differences.

This broadening of the use of the term *addictions* has attracted criticism on a number of grounds. In the first place, treating any consumption as potentially addictive could convey the impression of trivializing the tragic effects of hard-core addictions. Excessive consumptions of food and sex and excessive shopping cannot really be compared to the devastation experienced with addictions to substances such as alcohol, amphetamines, or opiates. In the second place, bundling addictions together tends to obscure the diverse character of specific consumptions. For example, each drug group has its own biological and psychological idiosyncrasies: heroin develops quicker tolerance, alcohol promotes depression, cannabis has a longer withdrawal, and so forth. Each small difference can have significant effects in how the product is consumed and its consequences for a person's lifestyle. A final major criticism concerns the way broader understandings potentially relabel normal behavior as pathology, thereby broadening and elevating the role of addiction experts to consultants on general living.[17] As Helen Keane puts it:

A broad approach to addictions risks overlooking their differences and complexities

> "The development of new and wide-ranging addictive pathologies cannot help but strengthen the hold of medical expertise and therapeutic authority over people's conduct and desires. Addiction attribution encourages the routine application of standards of the normal and the healthy to almost all aspects of our lives."[18]

She cautions against this unnecessary and unqualified widening of the gaze of experts. Indeed, her suspicions appear well founded when writers such as Patrick Carnes and associates argue that

> "the biggest challenge will come to us as addiction professionals. If each patient is to receive the depth of treatment in each addiction and the breadth of treatment necessary across issues, the 28-day program loses its legitimacy. We envision a three- to five-year process involving many specialties and formats."[19]

Mindful of these cautions, this book adopts a conditionally inclusive approach to addictions in which the nature of the object of an addiction has been left intentionally open but with some provisos. In later chapters the reasons for this will become more apparent, but to explain it briefly, from a social perspective the main identifiers of addictions are not derived from aspects of the product being consumed. Addictions are identified by a particular pattern of connectedness with the world. This pattern involves the progressive intensification of one relationship to the detriment of all other relationships and in a way that leads to multiple levels of harm. This pattern is as clearly observed with addictions to alcohol and illicit drugs as it is with addictions to gambling and to some extent to sex and compulsive eating. This pattern is less obvious when it comes to tobacco. In terms of health, addiction to tobacco is arguably the most important of all addictive processes. For example, as high as 21 percent of the annual death toll in the United States can be attributed to smoking-related disease.[20] Despite its importance, tobacco addiction is not extensively discussed in this book. While there are social dimensions to tobacco use, the overriding physical nature of this addiction eclipses the social processes. An addictive relationship to tobacco tends to involve some rearrangement of a person's social world, such as socializing more with other smokers, but the main binding force is the physical addiction, and a smoker's social world does not undergo the same level of rearrangement that is common in addictions to consumptions such as alcohol, cocaine, or gambling.

Addictions involve a particular pattern of connectedness with the world

A further caution regarding discourses on addiction relates to the overextended use of theory for its own sake. Addictions as a complex domain provide an excellent playground for academic theorizing. Here I am mindful of a cautionary note provided by George DuWors:

> All schools, theories, disciplines, and therapies tend to value their specialty at the expense of links stressed and studied by other schools. Virtually all of the schools fight over the corpus delicti of the near-dead alcoholic. The alcoholic, his family, and society are consumers of theories about his destructive behavior (and theirs) that compete for recognition, utilization, and cash.[21]

The application of theory needs to account for itself in terms of its potential to make a tangible difference to those affected. Accordingly, this book is written with the strong conviction that the social dimensions of addiction are genuinely important in looking at ways to reduce suffering associated with addictions—suffering experienced both by persons with addictions and by their immediate loved ones. The strength of the theoretical dimensions of the book emerges most clearly in the last part of the book when discussion moves on to explore applications to families, communities, and services.

Overview of This Book

Several features of this book have been included to help the reader access its central message. Although the book leads the reader into new territory, it still draws heavily on a wide range of familiar sources to support each step. These sources include the outcomes of research studies into addictions, scholarly studies of related ideas, works on history and culture, as well as new applications of other fields of study such as health promotion and philosophy. To avoid the clutter created by including this reference material in the body of the text, all references have been placed in the endnotes at the end of the book. The main content is written in a style that seeks to engage and communicate with academics, clinicians, students, and general readers interested in addictions. But this intention is complicated by the challenges that occur as a natural consequence of venturing into new territory. Familiar ways of speaking about addictions do not lend themselves easily to talking about addictions in a social context, and their use can lead to ambiguity and confusion. For example, adopting a word like *recovery* is liable to trigger nonsocial understandings that cut across intended social descriptions of change; it implies disease processes at the level of the individual or single organism. For this reason, this exploration of a social approach to addictions moves consciously away from words associated with previous understandings and replaces them with a limited number of new words. While the reader may find this initially challenging, in the longer run, persisting with the new words will improve overall clarity and consistency. To increase familiarity and comfort with these new words, each one is introduced and explained clearly, and for more detail the reader is encouraged to make use of the glossary at the end of the book.

A social vocabulary helps avoid confusion with particle terminology

The book is divided into four parts, each of which examines addiction from a different angle. Part I, Theory, outlines the conceptual frame for understanding addictions in a social world and examines how, in social terms, addictions emerge in families. Part II, Processes, focuses on the social processes associated with intimacy and addictions and examines common ways these manifest in families and other social networks. Part III, Families and Communities, discusses opportunities for initiating change in a world fragmented by addictions. Part IV, Applications, explores how individuals, families, and communities might combine forces to prevent and challenge the addictions in their midst.

Here is a brief summary of the chapters of each part. The four chapters in Part I provide an overview of a social interpretation of addictions. Chapter 2 outlines what is meant by the term *social world* and introduces its relevance to health and well-being. It explores how basic assumptions about addictions determine how addictions are thought to work, and it illustrates this by contrasting biological and psychological approaches, which focus on the person as an isolated individual, with social approaches, which emphasize the importance

of relationships. Chapter 3 develops a simple framework for understanding the many ways relationships provide the basis for how people define and identify themselves. It examines how the strengthening of an addiction happens in parallel with the weakening of other relationships in such a way that people end up feeling isolated and socially fragmented from those around them. Chapter 4 looks in detail at the phases a person moves through in becoming addicted, in suffering from its effects, and then in attempting to change. It explores how deteriorating relationships prompt a series of crises that lead eventually to an interest in change. It then illustrates the difficulties posed by having to continue to function within social networks while at the same time trying to reform them.

In the chapters in Part II, the reader is invited to shift from a position above looking down to a position looking in through relationships to see how addictions interact with intimacy. Chapter 5 examines the central role intimacies play in a social world. It identifies four strands of intimacy that in varying combinations enable a person to form diverse and flexible forms of intimacy with other people as well as with pets, inanimate objects, places, ideals, and mood-altering drugs. Chapter 6 explores how developing an intimacy with an addictive object interplays with intimacies within a family. Chapter 7 focuses in detail on the use of violence and other controlling tactics to manage potential threats to an addiction.

The chapters in Part III combine the overview perspectives on addiction outlined in Part I with the internal analysis of intimacy developed in Part II. Chapter 8 examines the manner in which addictions fragment relationships between individuals in a family as well as disrupt links to other social layers in the neighborhood, workplace, and community. Chapter 9 looks more closely at the experience of loved ones living close to a person with an addiction. Family members often feel trapped in an ongoing cycle of attempts at change and disappointing returns to the status quo. The cycle only appears to reinforce the power of the addiction. Nonetheless, opportunities are identified in the potential for combined effort to reduce fragmentation and provide a stronger impetus for change. Chapter 10 details the various pathways that people associated with an addiction might take in the long process of reconnecting into to a social world.

Content of the book works progressively from theory to application

The four chapters in Part IV examine applications of social understandings to how individuals, families, communities, and other combinations of people can respond to addictions in their midst. Chapter 11 provides an overview of social approaches that families might make use of in challenging an addiction. Since the change process involves a long difficult journey, and professional assistance is only available in short bursts, the chapter outlines strategies that families can use to address their own struggles. Chapter 12 looks at the ways volunteer networks, local communities, and other networks can make use of empowerment and community capacity-building strategies to support change. It focuses on three examples: a Canadian volunteer network of support groups, the Croatian/Italian community movement that

provide a network of clubs to support families in change, and an indigenous Māori approach that utilizes the strengths of cultural processes to enable the rebuilding of social interconnections. Chapter 13 focuses on the role of addiction practitioners (and other health practitioners) in facilitating the change process. It questions the current overreliance on one-to-one counseling and recommends broadening the skill base to include abilities aimed at engaging families and communities. It also explores how social perspectives could be incorporated into assessment and intervention planning. Chapter 14 concludes with an overview of the social approach and an outline of directions for development.

Companion Relationships

Since this book's account of addiction in a social world calls on a range of concepts and ideas, a series of inset boxes are provided to help locate these concepts and ideas within the lived experience of those affected. Most of these boxes provide dialogues that capture some of the real-life tensions and dilemmas that people encounter. To help give these descriptions a narrative focus, all depictions in these boxes are derived from addictive contexts involving four separate companion relationships; two couple and two parent–child relationships.[22] The following descriptions of these relationships introduce the narratives that are woven into the inset boxes over the course of the book.

Four companion relationships provide a parallel account of lived experiences

Bert and Joan

Bert and Joan have been married for 21 years. It has been a troubled relationship, particularly with each increase in Bert's involvement with heavy drinking. Bert manages a large store selling building supplies and houseware products. After work he likes to join his friends at a local bar where he drinks and engages in raucous banter until the bar closes. Some evenings he prefers to remain at home, drinking whiskey and watching sports on television, then falling asleep in his armchair. Whether he goes out or stays at home, Joan is woken up in the early hours of the morning when he stumbles noisily into bed and starts interrogating her about her day. She dreads that time, and has hoped for years that their two children, Donald and Fiona, are too deeply asleep to hear the noise and arguments that inevitably follow. She has seen it as her role to shelter the children from Bert's excesses and to try to provide them with the stable and loving environment that she grew up in. Her elderly parents are unaware of the extent of problems they are experiencing, but she has confided with her closest sibling, Mary.

Joan feels frightened and trapped in the marriage. Bert is regularly drunk and openly abusive toward her at home, and because of this she has gradually lost contact with her friends and family. She fantasizes daily about leaving and setting up her own home, but she stays, trying desperately to maintain stability for her children, particularly as they are both at vulnerable times in their lives.

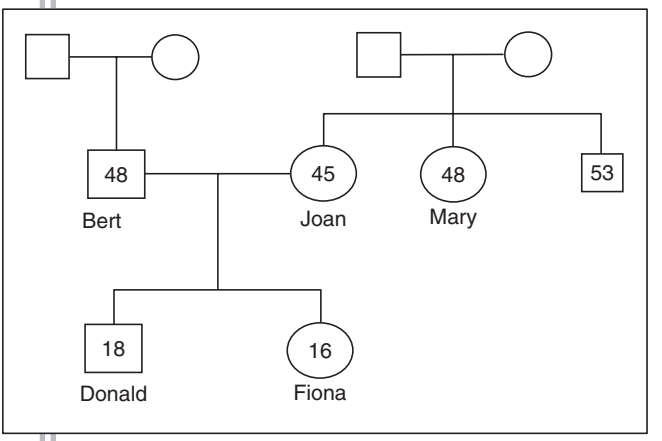

Figure 1.1 Bert/Joan genogram

Donald at 18 is looking seriously at options for employment next year. He is shy and withdrawn, with few friends and low confidence in stating his needs or in making decisions. Fiona, on the contrary, is full of confidence, and at 16 is already involved in a serious relationship with a boyfriend. Lately she has been going to parties and coming home early in the morning drunk and disheveled. Joan realizes that it will not be long before both children go their separate ways, leaving her alone with Bert. Her one consolation is her full-time job as an elementary school teacher. Shortly after her children started school, she had begun helping her children's teachers in class and found she enjoyed the involvement. She then contributed more regularly as a teacher's aide. When the children moved on to middle school, she decided she wanted to become a teacher. She then enrolled part-time in teacher training and while it was a constant struggle for her to balance the demands of learning with those of her home life, she finally graduated and was offered a position at the same school she had been working in. She is proud of this achievement, and knows from feedback that she is good at her job.

Bert, too, feels he is facing a challenging time in his life. He recently missed out on an anticipated promotion to regional manager for the building supply company; the company said his relationships with staff were too authoritarian. At 48, he now feels his career has stalled and he is trapped in a dead-end job. What business would invest in retraining an overweight man approaching 50 with poor staff relationship skills? He resents his wife's success in her new career. Why did she need to work anyway? He brought in enough money for the family, and besides it worked much better when she remained at home to look after the house and care for the children. Outside the home he endeavors to convey an open friendly stance with his work colleagues and his drinking friends, but inside he feels his efforts are increasingly empty and meaningless, and his friendliness is becoming more difficult to maintain. Added to this, he feels progressively disconnected from his home life; he does not understand his