HOMEOSTASIS: A KEY CONCEPT IN WORKING WITH ALCOHOLIC FAMILIES

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Upon beginning treatment, the alcoholic family characteristically focuses on the drinker as the sick patient whom the rest of the family has come along to help. In contrast, the therapist views the problem drinker as a member of a system, not as an isolate. Accordingly, the initial phase of therapy involves an assessment of how the family functions as a system and a recognition of what rules govern the system.

Family systems are governed by rules that are outside of people's awareness but which are reflected in predictable patterns. Examples of such rules common to alcoholic families that come in for treatment include "don't express certain kinds of feelings", "don't disagree", and "don't look at one another". The architects, or rule-makers of the system are the parents.

The rules governing alcoholic families are usually of the "don't make waves" variety which attempt to promote an outwardly peaceful atmosphere. These families periodically release accumulated tensions when one member drinks and expresses emotions that have been suppressed during sobriety. Family members become angry at the drinker. The drinking episode provides a temporary shift in the stable pattern of communication in the family. The family then seeks to restore the previous calm. The drinker becomes repentant and promises good behavior in the future. Family members may be hopeful or resigned. In a stable alcoholic system this cycle is repeated again and again.

The drinking behavior does temporarily shift the balance and provides the important function of releasing feelings of family members. However, it is painful for all involved as it maintains a system wherein contact among family members is either minimal or very undermining.

Family systems seek and maintain homeostasis. This means that when something from inside or outside of the family happens that threatens to change the established, predictable patterns, family members will do what they can to get things back to what has been
normal for their family, even if it means that the whole family cooperates to provoke a member to resume drinking after he has stopped. This is frequently what happens in families that have difficulty expressing certain kinds of feelings, such as anger or tenderness, but which they all feel free to release when one member is drinking.

Shifts in the homeostasis of the alcoholic family system occur during the course of effective treatment of these families. Often when such a shift occurs, the family is tempted to flee from treatment. A resumption of drinking by one member of the family is frequently the excuse for discontinuing therapy. At this time the therapist's skill is most in demand. His task is to enable the family to integrate the desirable changes that members have begun to make in how they relate to one another into a new homeostasis.

Case examples of two families in which one member is an alcoholic will be presented with emphasis on systems aspects and how each family seeks to maintain homeostasis. These families will be discussed with emphasis on how family members react to homeostatic shifts and how the therapist intervenes to integrate changes into a more desirable homeostasis.

The first family for discussion, the D's., consists of an alcoholic father, a mother, and their thirteen-year-old son. They began family therapy agreeing that the father's drinking was a problem for the family. Family members made few demands on each other except in the area of drinking which resulted in much blaming of father by mother and son. Mr. D. in turn became angry at them for blaming him for behavior he believed was out of his control. However, a period of placating behavior from father followed the drinking until pressures in the family increased again.

It became apparent that mother and son had a very close relationship and father was isolated from the family. The family's rules included no mentioning of hurt or tender feelings, so father commented on this within the blame framework as communication became more open. He said that he didn't think that it was right for his wife and son to spend so much time together and that his wife should not help their son with all his homework.

Once mother was able to express her own discomfort and embarrassment in the therapy situation and become aware of her vulnerability, she started to examine her role in the family's system. She realized that she had closed off feelings from herself and her husband out of fear that expressing them would make her vulnerable. She had retreated into a safe relationship with her child. Mrs. D. was encouraged in therapy to take the risk of allowing herself to feel vulnerable. Mr. D. appeared stunned when his wife cried during a session. Soon after, he had a drinking episode.

Looking at the drinking behavior in the context of family systems theory, we see that the mother broke a family rule when instead of blaming she made herself vulnerable, expressing hurt and fearful feelings. This behavior threatened the family because it was so different from the old predictable blame framework that guided interactions between the parents. Father's drinking at this point can be seen as his way of returning the family to its previous homeostasis. He offers himself as a scapegoat to restore the family's system to the predictable mother-son versus father lineup where the rule prohibiting exchanges of tender feeling between adults can again operate.

At this point in therapy the family was given the opportunity to integrate behavior into a new homeostasis that would permit more openness between husband and wife. When mother began to talk about her discomfort over father's drinking, she was encouraged to stay with the feelings she had begun expressing before the drinking occurred: the wish to feel closer to her husband accompanied by fear that he would hurt her emotionally if she allowed herself to be vulnerable. She realized that she had grown up learning from her mother to protect herself from imagined hurt by hiding her feelings and relating in a judgmental way. She realized that she was relating toward her husband in the way her mother had related to her father, of which she clearly disapproved. She was ready to work on herself and her family relationships and also ready to explore more constructive ways to function when her husband did drink. Her husband was now free also to discuss family matters and both were able to discuss what they wanted from each other. They reported feeling closer and went out together for the first time in years, thoroughly enjoying themselves.

This shift in their relationship was followed by behavior of the son that shocked his parents. P had been described as an almost perfect child in his school and peer functioning and formerly was a problem to his parents only when he became angry about dad's drinking and engaged in retaliatory behavior—such as not doing an expected chore. At this point, P. got drunk with some other boys.

Rather than support the parents' inclination to see P.'s behavior in their blame and punishment framework, therapy sought to structure it for them in terms of another homeostasis shift. The family, especially the parents, had been building toward a new level of functioning and changing roles. Mother and father were beginning to relate...
also as husband and wife. While all were pleased, it was also a departure from a very secure relationship between mother and son and a departure from the rule against tenderness between the parents. The son became the new gatekeeper for the system, offering himself as the one to restore the blame-framework and hoping to reduce his new feeling of isolation from his parents. It became important in therapy to help the family integrate the changes that had begun. The son was encouraged to discuss his old and new feelings about his parents. He realized that he was missing the special closeness that he had had with his mother, and mother was also experiencing this as a loss. Both parents became aware of more hostility from the son toward the father as he shifted into an adult relationship with mother. Open discussion of these feelings increased awareness of all family members of their own and each other’s feelings, enabling the family to stabilize at a more desirable level of functioning for all. The family was able to understand their discomfort, not as a sign that it is better to return to the old way, but as growing pains that are part of the process of making changes. For this family it was important that the son be weaned from mother and released from the role of referee for parents so that he could begin his own transition toward adulthood, and that mother and father become more assertive about what they wanted for themselves and from each other.

The next family for discussion, the C's., consisting of an alcoholic man, his wife and their 5-year-old son, also began therapy with the focus on the drinker. The wife appeared highly motivated to participate in therapy, expressing feelings of desperation. She could not continue to function with an alcoholic husband but she wanted to salvage the relationship if at all possible. The husband’s presence at the start of treatment seemed to be no more than a token gesture of cooperation.

During the first session, some important background material was gathered. The father had been deserted by his former wife a few days before his return from a POW camp and he raised the children from this marriage by himself. His children severed relations with him after he married his current wife. The wife, who was obese, maintained that the drinking was the only problem; otherwise they got along fine. Both addressed themselves to the therapist and they appeared to do little listening to each other.

It quickly became apparent that rules in this family included "don't look at one another" and "don't express sad feelings". Both husband and wife could not allow themselves to tune into each others pain, which seemed to be the most prominent emotion in both. Husband and wife would spend time together with little communication, e.g., watching television. The son looked to his mother for affection, comforting her and acting infant-like when seeking comfort from her. Father made a point during therapy to threaten the child with his belt when the child became restless, illustrating his role as the strict disciplinarian whom the child feared.

The therapy situation opened up new areas of communication by permitting and validating expressions of sadness by both parents and letting the child talk about his fears around father’s drinking.

The first session’s activity, particularly father’s discussion of painful experiences, was unusual for this family. Further discussion of emotionally charged material from the past was avoided the following week when father came to the session intoxicated. He wondered aloud if he could trust the therapist and tried to direct the session while the mother criticized him and the son walked in circles around the therapist. The family was doing its best to limit the therapist’s effectiveness and to restore the predictable lifestyle that was threatened by the introduction of new kinds of communication in the system. Father continued to drink for a couple of weeks. Many families attempt to terminate therapy when drinking resumes, saying that it is useless to try to change the situation, citing the resumed drinking as evidence. When the drinking is viewed as the family’s way of dealing with the homeostasis shift, the family is encouraged to continue in therapy. The drinking is more grist for the mill of understanding the family’s system. Motivation of the mother to continue therapy was strong, and it seemed very important to her, as to many spouses of drinkers, that they do all they can to help the husband stop drinking. During sessions which her husband did not attend, she was able to get validation for her own sadness and loneliness. She became more aware of how she could take care of herself in some ways, whether or not her husband was drinking. She was very pleased with this awareness and with the implied permission not to feel responsible for her husband’s drinking.

She was able to listen to her husband more when he returned to therapy, and communication between them improved. He said that he liked the way she was changing, especially her more relaxed attitude about his drinking. He became less interested in drinking as it became less of a focal point for her in their interaction.

At this point it was important to notice that the family members were relating to one another in stereotyped ways that would support a return to drinking. Integration of changes includes encouraging the family toward a new homeostasis of stable relationships that
permits the family to function on a long term basis without returning to the old structures that support drinking.

This family had a drinking member for six years and had developed certain expectations of one another that were functional as long as father was drinking. The father was expected to hold a job but to assume virtually no family responsibilities. He and the mother agreed that she was in charge of virtually all financial matters and social occasions. Although she said that these responsibilities were burdensome, it took her some time to take a chance at allowing her husband to participate more in sharing them. As she became more aware of her own tolerance level of the behavior she would and would not accept from her husband, she was able to let go of some of these responsibilities. At this point the husband was committed to and using the sessions well. Again, the old balance was in jeopardy, and this time the wife attempted to slow the pace of change by forgetting appointments or telephoning excuses as to why the family would be missing sessions. During the sessions at this time, the husband complained that his wife was reverting to her old pattern of accusing him of drinking when he was sober. The couple was then directed to discuss with each other what they liked and didn't like about their relationship, and were more able to acknowledge some differences in their likes and dislikes. The mother was encouraged to notice how the child related to them differently, and they both became interested in becoming more consistent as a pair in their discipline. They were able to share with each other their feelings about how their own parents had disciplined them. Both agreed that it was important for the boy to see a tender side of his father in contrast with the strict disciplinarian, and that mother should participate in setting limits for the child.

Both parents reported that they were feeling better about how the child was responding to them, and father talked about activities which he and the boy enjoyed together. His increased tolerance for spontaneous playful activity on the boy's part became apparent. Soon after this discussion, the mother cancelled a session.

It is useful to consider missed sessions within the homeostasis framework. Mother's central role in the family system as mediator between father and son and comforter to both was threatened by increased closeness between the father and son. It is understandable that unless she would gain some good feelings in the new role, she would not want to continue a process which undermined her opportunity to get gratification from the old role. Mother's concern had been dealt with, or a return to drinking by father would have been a likely way to get things back to normal for her.

The focus again returned to mother, to her wants and needs within and outside of the marriage. She was able to say that she wanted her husband to be more active in suggesting and planning social activities. He was not receptive at first but she reported a few weeks later that he was doing more in this direction, and she seemed genuinely pleased and more able to accept gestures of caring from him.

When termination of therapy was first discussed, the father cried and was not able to explain why. Much sharing had been done and father clearly appreciated the space that was made for expression of feelings which freed the family to communicate and to rearrange their system of relating to one another.

The treatment histories of these two families illustrate the feasibility of including family therapy among the modes of treatment for alcoholism. While not all families participate as willingly and as consistently as these two, experience has shown that it is worthwhile to encourage families to take part in the therapy. Familiarity with ways family systems seek to maintain homeostasis enables the therapist to make predictions upon which he can base the therapy, especially in the area of integrating change when the family's homeostasis shifts.

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