

# CO-ALCOHOLISM

Co-Alcoholics are people who have ongoing, "helping", rescuing relationships with alcoholics. Many people may be co-alcoholics: spouses, parents, lovers, children, doctors, nurses, psychiatrists, ministers, social workers, bosses, fellow employees and friends. Many co-alcoholics are married to or living with alcoholics, many are not. They have a need-to-be-needed and that need is supplied in the relationship or in thinking about the relationship. People act "co-alcoholically" when they take responsibility for something that is the drinking person's responsibility. Co-alcoholics intervene so that the consequences of drinking behavior do not fall on the drinker. These interventions may temporarily relieve the co-alcoholic's anxiety, but they result in stress and further crises which are life threatening to the co-alcoholic person. Recent studies indicate an extremely high suicide rate for co-alcoholics as well.

The concept of co-alcoholism is a relatively new one. The idea of reacting self destructively to someone else's drinking, is a concept many people find difficult to grasp. Unfortunately, our society denies the extent of the problem of alcoholism and asking for help with it is stigmatized. So the overwhelming human suffering and terrible expense of co-alcoholism is still largely unrecognized.

How widespread is it? The National Council on Alcoholism estimates the number of drinking alcoholics in America at 10 million, and that there are 4-6 co-alcoholics for every alcoholic. So that means 40-60 million co-alcoholics in the United States. Applying these same ratios, in Marin, half the population is either alcoholic or co-alcoholic, and in San Francisco, it is the entire population of the city!

On the job, co-alcoholics may be extremely responsible. However, they may also have poor relationships with a boss or co-workers due to their need to be in control of all situations. Many co-alcoholics also work at jobs greatly beneath their abilities, although their supervisors rate their performance as satisfactory. Like alcoholic employees, they may be in poor health, are frequently late for work or absent on Mondays.

In relationships, they typically feel helpless and hopeless. Since their self esteem is low, they desperately try to control other people and circumstances, while inwardly experiencing fear, guilt, and anxiety. Like the alcoholic, they deny what is really going on: their feelings and thoughts, the extent of someone else's drinking, the crises, or that anything is wrong at all. Many of them grew up in alcoholic families, but carry the traumas from that experience into adulthood and play out co-alcoholic patterns everywhere in their lives, not just with an alcoholic. Life is very serious to them and relaxing, doing nothing, or playing and having fun is usually not in their repertoire.

Co-alcoholics are not made the way they are by the drinker. Co-alcoholic recovery means the transformation of life long habits of thinking and feeling and has little to do with the drinking person or whether drinking continues or not. Some of the major areas to be explored in co-alcoholic recovery are self esteem, control, self responsibility, dependency, the grieving process, feelings and their expression, self compassion, obsessive thinking, expectations, and having fun. Many co-alcoholics find that the development or resumption of a sound spiritual program in their lives to be essential to their recovery. Since co-alcoholic behavior has been learned, the relearning process is one which continues over a long period of time, even a lifetime.

One aspect of co-alcoholism is that it is an addiction to or obsession with alcoholics. This view has implications for the kind of help co-alcoholics need. For co-alcoholics to be in a program with the alcoholic (object of the obsession) is a grave disservice. Typically, they will use such services to "help" the alcoholic, thus furthering their own obsession. Instead, an effective program is geared to them. It needs to be supportive, non-judgmental, and oriented toward exploring alternatives. Since co-alcoholics rarely focus on themselves and their needs, a recovering co-alcoholic may be directing energies toward self for the very first time - an experience which is usually perceived as "selfish". Most co-alcoholics who seek help are women, so there is considerable cultural pressure to stop the development of self or pursue self responsible goals. Love, help, encouragement, and support are vitally needed to seek ways out of these cultural and personal dead ends.

After approximately the first year of recovery, co-alcoholics who live with recovering alcoholics may want to choose some form of couple's counseling or seek programs they may participate in together. Many find them rewarding and much needed. Until then, the focus needs to be on the co-alcoholic through intensive one-to-one work or in a group with other co-alcoholics. They find out they are not alone, and that it is not only O.K., but wonderful and worthwhile, to be who they truly are.

## CO-ALCOHOLISM

The progressive deterioration of life with a problem drinker, and the progressive recovery possible.

Embarrassment over drinking behavior  
Feelings of dread/unease preceding parties  
Tentative statement(s) about "too much drinking"  
Worries and fears about what will happen  
Attempts to control the drinker's social drinking  
Apprehension over the drinker's daily return home  
Physical problems: overweight, underweight, allergies, etc.  
Smoothing the waters so drinker won't become "too upset"  
Complaints during/after parties  
Feeling the need to "protect the children"  
Secrecy about the family problem  
Denial of any problem, including defensive drinking  
Alliances with the children to control the drinker  
Increasing quarrels over drinking  
Nagging, critical comments  
Superiority and feelings of contempt for the drinker  
Increasing takeover of household responsibilities  
Making excuses to friends, family  
Pouring out liquor  
Looking for drinker in bars, friends' houses  
Use of helping professionals to solve drinker's problems  
Increased feelings of fear, helplessness, despair, guilt  
Resignation alternating with rage  
Turning off sexually  
Believing the drinker's promises  
Attacks of 'nerves', shaking, headaches, extreme fatigue, depression  
Calling work with excuses for the drinker  
Threats of separation, divorce  
Feeling trapped, resentful through children, lack of job skills, dependency, fear  
Increased nagging, pleading  
Bitterness, self pity  
Acceptance/provocation of violence, humiliations  
Suicide attempt(s)  
Starting to work to pay bills  
Increased threats without action  
End of sexual relations  
Increased physical symptoms  
Social/emotional isolation  
Dropping personal interests/goals to care for drinker  
Short term separation(s)  
Neglect of self, children, friends  
Total obsession with drinker's behavior  
Divorce (without intervention, probably going to relations with other alcoholics)  
Continuing to live with the problem

Growth and maturation continue until physical death  
Feelings of serenity and ability to manage own life  
Things never before thought possible in life, now planned for and acted upon  
Increase in independent behavior  
Fears lessen, ability to take risks increases  
Progress in self acceptance/self evaluation  
New skills in interpersonal relationships  
Progress in meeting emotional, physical needs  
Investigation of own interests, skills  
Ability to make decisions, follow through, returns.  
Self esteem begins to grow  
Increased care and concern for children/others  
Development of new philosophy of living  
Development of ability to see alternatives  
New willingness to share thoughts, feelings with others  
Constructive selfishness develops  
Learning to detach  
First steps toward responsibility for self  
Improvement in personal hygiene, appearance  
Beginning feelings of hope for self, children  
Feelings of isolation lessen  
Seeing that others have found a way out  
Awareness of new ways of looking at the problem  
Learning the symbiotic relationship of co-alcoholic/alcoholic  
Learning the disease concept of alcoholism  
Admitting there is a problem  
Reaching out for help

Serious mental and emotional problems/hospitalization  
Death through Suicide  
Death through stress related disease

*This chart is designed as a guide to the most typical, progressive behaviors of co-alcoholics. Some of the behaviors listed apply more to women than men, but then, most co-alcoholics seen at helping agencies are women. The feelings, however, apply equally to men and women alike.*

*I believe co-alcoholism to be a severe learning disability, so severe as to be life threatening. Anyone beginning the hard, but rewarding process of recovery from it, needs skilled and sensitive guidance. I hope this chart will facilitate that difficult first step by providing an overview of a destructive life process.*

— Susan Kim