LEARNING MODULE I

Seminar # 2

The Different Roles of a Family Member

Learning Objectives

1. What is the issue
2. How can the issue impact the family?
3. What are the options

What is the Issue?

The family has a studied process of assuming roles when faced with stresses like substance use disorders. Fortunately, they are common enough for labels with associated behaviors to be identified an understood. It is a value for the family to become aware of this list, and not use it to punish or create conflict, but rather to be understanding of each person, as they may not be aware of their chosen family role, and their role might be appropriate for who they are in the family dynamic.

When we know that a family member is acting the role of a hero, and we know this in advance, then their behavior and contribution to the family becomes more predictable, creating less of an unforeseen conflict when seeking balance in the family dynamic.

Example, Jane is the hero, Jane acts like a hero, no one is surprised by Jane's behavior or level of contribution because she is acting as expected a hero. When making a family decision, Jane's opinion may be from the standpoint of her role. In some ways this may be a positive contribution in creating balance. This needs to be considered. Family members assuming roles is not always negative.

How can the issue impact the family?

A growing body of literature suggests that substance abuse has distinct effects on different family structures. For example, the parent of small children may attempt to compensate for the deficiencies that his or her substance-abusing spouse has developed because of substance abuse (Brown and Lewis 1999). Frequently, children may act as surrogate spouses for the parent who abuses substances. For example, children may develop elaborate systems of denial to protect themselves against the reality of the parent's addictions.

Because that option does not exist in a single-parent household with a parent who abuses substances, children are likely to behave in a manner that is not age-appropriate to compensate for the parental deficiency (for more information, see *Substance Abuse Treatment: Addressing the Specific Needs of Women* [Center for Substance Abuse Treatment (CSAT) in development *e*] and TIP 32, *Treatment of Adolescents with Substance Use Disorders* [CSAT 1999*e*]).

Alternately, the aging parents of adults with substance use disorders may maintain inappropriately dependent relationships with their grown offspring, missing the necessary "launching phase" in their relationship, so vital to the maturing processes of all family members involved.

The effects of substance abuse frequently extend beyond the nuclear family. Extended family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt; they may wish to ignore or cut ties with the person abusing substances. Some family members even may feel the need for legal protection from the person abusing substances.

Moreover, the effects on families may continue for generations. Intergenerational effects of substance abuse can have a negative impact on role modeling, trust, and concepts of normative behavior, which can damage the relationships between generations. For example, a child with a parent who abuses substances may grow up to be an overprotective and controlling parent who does not allow his or her children enough autonomy.

Neighbors, friends, and coworkers also experience the effects of substance abuse because a person who abuses substances often is unreliable. Friends may be asked to help financially or in other ways. Coworkers may be forced to compensate for decreased productivity or carry a disproportionate share of the workload. Therefore, they may resent the person abusing substances.

People who abuse substances are likely to find themselves increasingly isolated from their families. Often, they prefer associating with others who abuse substances or participate in some other form of antisocial activity. These associates support and reinforce each other's behavior.

Different treatment issues emerge based on the age and role of the person who uses substances in the family and on whether small children or adolescents are present. In some cases, a family might present a healthy face to the community while substance abuse issues lie just below the surface.

Reilly (1992) describes several ***Characteristic Patterns of Interaction***, one or more of which are likely to be present in a family that includes parents or children abusing alcohol or illicit drugs:

1. ***Negativism.*** Any communication that occurs among family members is negative, taking the form of complaints, criticism, and other expressions of displeasure. The overall mood of the

household is decidedly downbeat, and positive behavior is ignored. In such families, the only way to get attention or enliven the situation is to create a crisis. This negativity may serve to reinforce the substance abuse.

2. ***Parental inconsistency***. Rule setting is erratic, enforcement is inconsistent, and family structure is inadequate. Children are confused because they cannot figure out the boundaries of right and wrong. As a result, they may behave badly in the hope of getting their parents to set clearly defined boundaries. Without known limits, children cannot predict parental responses and adjust their behavior accordingly. These inconsistencies tend to be present regardless of whether the person abusing substances is a parent or child and they create a sense of confusion—a key factor—in the children.

3. ***Parental denial***. Despite obvious warning signs, the parental stance is: (1) "What drug/alcohol problem? We do not see any drug problem!" or (2) after authorities intervene: "You are wrong! My child does not have a drug problem!"

4. ***Miscarried expression of anger***. Children or parents who resent their emotionally deprived home and are afraid to express their outrage use drug abuse as one way to manage their repressed anger.

5. ***Self-medication*.** Either a parent or child will use drugs or alcohol to cope with intolerable thoughts or feelings, such as severe anxiety or depression.

6. ***Unrealistic parental expectations***. If parental expectations are unrealistic, children can excuse themselves from all future expectations by saying, in essence, "You can't expect anything of me—I'm just a pothead/speed freak/junkie." Alternatively, they may work obsessively to overachieve, all the while feeling that no matter what they do it is never good enough, or they may joke and clown to deflect the pain or may withdraw to side-step the pain. If expectations are too low, and children are told throughout youth that they will certainly fail, they tend to conform their behavior to their parents' predictions, unless meaningful adults intervene with healthy, positive, and supportive messages.

   In all these cases, what is needed is a restructuring of the entire family system, including the relationship between the parents and the relationships between the parents and the children.

The reason this section is important, it gives us a place to start when examining the "Why roles develop" in a family. The above, often is the reason for the list of roles, below.

What are the options?

7 Different Roles of Family Members and Common Behaviors,

Most experts identify six dysfunctional family roles. However, in her book, Another Chance: Hope and Health for the Alcoholic Family, addiction and codependency expert Sharon Wegscheider-Cruse identifies the ***seven*** dysfunctional family roles of the alcoholic family as follows:

- The Substance Misuser
- The Enabler
- The Hero
- The Scapegoat
- The Mastermind
- The Mascot
- The Lost Child

The Substance Misuser:

We generally characterize the dependent as the focal point within the greater spectrum of dysfunctional family roles. As they slide farther down the scale and lose themselves in substance misuse, the family's trajectory alters course. Family members change their behaviors, whether willingly or unwillingly, to accommodate the dependent's lifestyle. For some, this means enabling. A family member may find themselves lying to family friends or cancelling obligations to bail their loved one out of a jam. Other family members react more harshly, sometimes even cutting off all contact with the Dependent. At extreme, this changes the whole of the family dynamic.

Naturally, the dependent faces the most obvious struggles in recovery. In fact, some might even say they benefit from the existence of such a clear-cut role. They often need not do much soul-searching to arrive at the conclusion that their behaviors must change. (Obviously, there are exceptions, and not all dependents succeed in recovery or even attempt it.) The dependent will still need to identify certain behavior patterns if they wish to achieve a full recovery. At the onset, however, the problematic aspects of this dysfunction will appear far more tangibly than those stemming from other dysfunctional family roles.

The Enabler:

Also known as the caretaker, we can identify at least one primary similarity between the Caretaker and the Dependent: the bulk of their daily lives seem to revolve around drugs and alcohol.

Common behaviors of the Caretaker may include posting bail after an arrest, making excuses for their addicted loved one's behavior, and looking after the Dependent's basic needs when intoxication prevents the Dependent from doing so themselves. Caretakers generally suffer from codependency, which affects their relationships with all members of the household. They often facilitate—and sometimes encourage, whether purposefully or not—all dysfunctional family roles. Heaping praise upon the Hero, enabling the Problem Child's behaviors, falling prey to the Mastermind's manipulation, etc.

We usually think of the Caretaker as a spouse or parent. In some cases, however, the chemical dependency of an adult in the household may necessitate that one of the children step up to fill this role. In such cases, the Caretaker may fit the roles of both Hero and Lost Child. They work to keep the family together but grow up feeling as if they never got to experience a true childhood. This may lead to feelings of bitterness and resentment. Fear and inadequacy also tend to characterize the Caretaker, especially those who blame themselves for the Dependent's suffering. There are 10 types of enabling, found in Seminar # 10 "*Enabling vs Consequences".*

The Hero:

The Caretaker might make excuses for the Dependent, but the Hero is ultimately the one who does the best job of bringing esteem to the family. Heroes work hard to demonstrate responsibility, seeking achievement in any form possible. Younger Heroes will often find numerous extracurricular activities at school, while working in their free time

Common behaviors despite outward appearances, the Hero suffers as much internal strife as any of the other dysfunctional family roles. Due to their hard-working lifestyle and extreme perfectionism, Heroes suffer high levels of stress. The constant struggle for achievement, the drive to set themselves apart from the family's dysfunction, essentially becomes its own addiction. Much like the Caretaker, the Hero often develops major control issues. They seek validation by trying to control the world around them. To some extent, they may succeed in this. But as each accomplishment fails to provide true inner peace, they respond by working even harder. Eventually, the Hero may take on too much or spread themselves too thin. This leads to extreme feelings of guilt and shame when the Hero finally takes on a task they cannot accomplish and must come to grips with failure.

Relationships between the Hero and other family members sometimes become volatile. The Hero may resent the Dependent or Problem Child, blaming them for the family's struggles. They may even blame the Caretaker for allowing this to happen. In many cases, the Hero feels stuck in their lifestyle simply because nobody else is stepping up to the plate. They may feel as if the family's burdens rest upon their shoulders. Left unresolved, these inflated feelings of self-importance may lead to a difficult life of constant overwork.

The Scapegoat:

Many define the Scapegoat in the same manner as we defined the Problem Child above, particularly regarding those who draw attention away from the Dependent's behavior. They characterize this as an effort to protect their addicted family member, possibly out of feelings of guilt or shame. But in Not My Kid: A Family's Guide to Kids and Drugs—which precedes Wegscheider-Cruse's book by about five years—authors Beth Polson and Dr. Miller Newton define the Scapegoat as a family member who often does nothing to earn their role within the family's dysfunction. In this take on dysfunctional family roles, the Scapegoat suffers misplaced blame for the behaviors of others in the family.

Common behaviors rather than a Problem Child who diverts attention, this definition casts the Scapegoat as an individual who generally exhibits relative stability and emotional health compared to the rest of the household. Nonetheless, they may receive blame for the Dependent's behaviors if even tangentially connected to them. "How could you allow this to happen?" "Why didn't you say something sooner?" In some cases, they may even receive blame for events in which they did not participate by any action or inaction, and in fact did not even know about until they found themselves drawn into the conflict as a wrongly accused culprit.

The Scapegoat will sometimes grow to believe others' perceptions of them. The guilt with which they have been unjustly saddled will characterize future relationships by causing frequent feelings of inferiority and self-loathing. By contrast, some Scapegoats who recognize their unfair treatment may struggle with trust issues. And due to the complexities of human behavior, some Scapegoats will find themselves regularly torn between both extremes.

The Mastermind:

Much like the Problem Child, the Mastermind may fail to appear on most addiction-centered breakdowns of dysfunctional family roles due to the sheer assumption that the Dependent usually takes up this mantle. We associate the Mastermind with manipulation and opportunism, traits sometimes employed by Dependents to hide or facilitate their continued use. From the standpoint of the Caretaker, and occasionally the Scapegoat, the Dependent fills this role.

Common behaviors the Mastermind, however, sometimes occupies a much more complex space within the overall family dynamic. Some Masterminds put on the façade of other dysfunctional family roles at will, depending upon the aims they seek to achieve. Usually, however, the Mastermind simply observes the behaviors exhibited by the rest of the family, using them to their advantage. They may use the diversions of the Problem Child or Scapegoat to engage in their own misbehavior. Or they may take advantage of the Caretaker's enabling nature to fulfill desires that might otherwise be denied to them.

We should clarify that, while the above description casts the Mastermind almost as a villain, they do not necessarily act with nefarious intent. Sometimes, in the wake of the chaos caused by competing dysfunctional family roles, opportunism may seem the only way to meet their needs.

The Mascot:

All the dysfunctional family roles share one thing in common—regardless of their outlook on the situation, they usually take the Dependent's addiction seriously. The same can be said of the Mascot; however, you would not necessarily know it.

Common behaviors the Mascot often cracks jokes or finds other ways of trying to provide entertainment. They do so to alleviate the family's stress, although sometimes this may backfire. Particularly insensitive jokes or immature antics will sometimes test others' patience. When their jokes are poorly received, this often only heightens their fear and causes them to double down with more humor. On such occasions, the Mascot may briefly switch roles and become the Scapegoat. Eventually, when things calm down, they return to their role as the family jester.

Much like the Hero, the Mascot's outward appearance masks deep-seated insecurities. They use their sense of humor as a defense mechanism to put off dealing with pain, fear, or any other sort of emotional discomfort that might cause them trouble. As a result, these feelings remain unprocessed and unresolved. Mascots find themselves in a state of arrested emotional development, unable to cope properly with negative emotions. Their sense of humor becomes their most defining characteristic, and they fear that any failure on their part to maintain it may result in abandonment. And so, while their antics may gain them some popularity (both inside and outside the family), this popularity feels cheap. The Mascot becomes isolated within a sea of people who enjoy their company, yet do not really know them as anything other than a walking laugh factory.

The Lost Child:
Each of the above dysfunctional family roles manifests through action. The Lost Child stands apart, in that we characterize this role primarily by inaction. Those who fit into this role try hard not to rock the boat.
Common behaviors they may never mention the Dependent's behavior, perhaps even going out of their way to avoid family discussions about it. Introverted and inconspicuous, the Lost Child may take this role by choice. Many times, however, the Lost Child is as their title implies—someone whose needs were simply neglected.

Since we characterize the Lost Child by their neglected needs, they may easily fit into many of the other dysfunctional family roles. A Lost Child who gets fed up and angry with their role may wear the mask of Problem Child for a day, simply to take the spotlight for a short period of time.

The Hero may identify as the Lost Child if they feel the rest of the family does not acknowledge their achievements. Sometimes the Lost Child plays the role of Scapegoat, disappearing from the family's radar until they become entangled in a family dispute against their will. Usually, however, the Lost Child simply stays out of the way. In a dysfunctional household, the Lost Child feels it safer to remain neither seen nor heard.

Even when the Lost Child assumes their role by choice, they may still resent the family for their neglect. Lost Children often grow up feeling ostracized, lonely, and inadequate. They assume their neglect must result from some sort of personal failing. That something must be wrong with them, or else they would receive the love they deserve. This lack of esteem may lead to dangerous behaviors later, such as self-harm or a tendency to become involved in abusive relationships.

The Sequence of thought

The sequence of through is how we use what we know so everyone can benefit from what was learned. The family members role is not an assignment, it happens naturally. Knowing the behavior of a role helps the other family member to understand the interaction that takes place inside the family dynamic.

Conclusion

Considering how the family interacts and uses the functionality of each member can be enhanced when also taking into the account a role they may have assumed. It helps to determine the potentiality of their contribution (where are they coming from?).

All gathered is a part of defining your family system, from Functionality to Potentiality to Family Interaction and Family Roles. These are all at play in a family dynamic, this is all a part of your family system.

But just having this awareness is not the end to our learning. Now we will use the Family Solution Finder Workbook to apply this learning to our own lives through completing the practical exercises.

Then we will use the "Let's Get Organized" workbook to apply this learning and practical exercise of our lives in finding a solution, making a family decision, and creating a family plan of action in how we will respond.

From there we will take our family plan of action for this issue to a licensed professional and seek their guidance and assistance in implementing the plan. This will be completed by using the "Let's Get Networked" workbook.