



Az Európai Unió
támogatásával



ÁTJÁRÓK

2022-1-HU01-KA210-ADU-000083157

Couples, families, human relations: couple and family therapy in the treatment and care of addicts (sharing experiences, summarizing good practices)

Summary

Horváth Mária, Geréb Tünde
Bonus Pastor Alapítvány

2023

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.





The above professional material has been compiled by the Bonus Pastor Foundation on the basis of its professional experience. The extract is also available in Romanian, but the full document is in the working language of the project, i.e. Hungarian.

In this technical paper, we review the work of the Bonus Pastor Foundation (BPA) with addicts and their relatives, focusing on the family system. We highlight the areas that enable and apply the family therapy approach. The two key words around which the professional material is built are addiction and the family approach.

The aim of the technical material is to share experiences and good, useful practices with other professionals working in the field of support. This is not to say, of course, that addicts do not necessarily need to be dealt with by qualified helpers - addiction specialists or family therapists - but rather that it is good to know and understand what is happening in this field, in an integrative approach.

In the first part of the paper, we will review definitions of the family, family life cycles, the functioning and functions of the family system, and the family relationships of the addict; while in the second part we will look at the therapeutic methods, tools and good practices used.

There really is no such thing as a single addiction, each addict affects the lives of at least four other people in their family, friends and workplace. Working with family and the wider community is therefore essential in the treatment of addiction. To understand family dynamics, we need to understand the concept of family. The changing culture and belief system that defines the family implies a dynamic definition of the family, and therefore, representatives of the family consultation approach (SAMHSA/CHAT Treatment Improvement Protocols) have created categories that define the family in a rather broad way. They distinguish between traditional families, extended families and families of choice, and between nuclear families and extended families according to who lives together in a household.

Every life cycle in the family brings new challenges and new tasks. Such life cycles are courtship, marriage and its early stages, the birth of a child, the problems of the middle stages of marriage, the moving away of adult children, retirement, etc. Each cycle requires the development of a new way of functioning, which can be a critical period in the life of a family, causing a crisis. The symptoms that appear during a period of life-cycle change may be intermittent, but if the family is unable to resolve them, to make the necessary changes in a flexible way, the crisis may become permanent and lead to severe symptoms in one or more family members.

One important role of the family is to provide security for its members. The patterns of relationships, written or unwritten rules that are present in the functioning of the family often reflect the inherited beliefs and unconsciously transmitted patterns of behaviour of previous generations. Research on transgenerational inheritance also looks at how trauma affects the next generation, how victim roles and trauma-induced upbringing, values and coping patterns are passed on, even though the younger generation was not directly exposed to these influences. Mapping the transgenerational legacy is an important part of working with families and couples, as it is often here that we find the roots of pathological family functioning. Healthy families are those that manage to create security for family members. In contrast, families that do not function healthily have a lack of security and trust. The emotional and often physical needs of growing children remain unmet, and they struggle to



cope with life's challenges as adults. They are unable to form healthy relationships, have problems with self-esteem, and often display or "pass on" addiction as a coping strategy in everyday problems. The presence of addiction perpetuates a dysfunctional system, and the dysfunctional family system feeds back and perpetuates the addiction.

As mentioned above, addiction is a disease that affects the whole family, affecting family interactions, relationships and functioning. The presence of prolonged addictive behaviour in family members invariably leads to the development of co-dependence, which has the same bio-, psycho-social and social symptoms as the addiction itself. Co-dependency is therefore a symbiotic relationship in which the partner's problem plays a special role in the bonding process, but also justifies the caring and controlling role of the codependent person. If one partner's family of origin had some form of addiction, it socialised him or her to co-dependent functioning from an early age, as the example of A.M. and M.K. shows.

Working with the anger, loss, low self-esteem and established behavioural patterns that result from facing complex traumas and recognising their impact on adult life is a key part of the therapy sessions. This is why the Bonus Pastor Foundation's practice pays special attention to working with the family of origin in both 12-day therapy and long-term therapy.

In the second part of the technical material, the methodology of the family-centred approach and the therapeutic tools we use are presented, including our own experiences.

Our therapeutic programmes are provided on an outpatient basis (individual, couple and family therapy) and in residential settings (12-day therapy programme and long therapy programme). Residents of the Therapeutic Home live in a family-like setting where recovery and the regaining of individual responsibility are facilitated by relational factors through group dynamics. These include exploring the functioning of the family of origin, mapping patterns of relationships, coming to terms with wounds and injuries, mourning and letting go of losses. Part of the process is carried out in group therapy sessions. The sharing of life paths in the morning sessions is divided into periods and is processed in detail. These shares often evoke very strong emotions. The supportive and inclusive presence of the therapy group, empathic reflections help the healing process.

The other part of the work with the family of origin is done in individual therapy sessions. Along the case studies, we have presented methods of working in individual or couple/family therapy settings. For example, exploring and working through life paths (anger, grief, loss, stuckness, working through secrets and traumas, etc.) used in the context of individual therapies within a long therapeutic process. Another experience shared is the use of tools in outpatient couple or family therapy (time thread, family tree, enchanted family tree, family sculpture, use of Dixit cards, sexual clay sculpture, relationship drawing, four-legged table as a relationship metaphor, resource mapping, open communication of emotions, direct communication, etc.). It was also considered important to describe a crisis intervention, supportive and exploratory approaches, as well as a solution-focused approach. These approaches are used, alternating between sessions, during the case management.

One of the tools of solution-focused therapy is the five-step treatment model for families with multi-problem addictions. The steps are: identifying the problem, setting goals, being solution-focused, i.e. talking about change, implementing interventions, and then ensuring progress. Another solution-focused tool is Steve de Shazer's miracle worker question, which



Az Európai Unió
támogatásával



focuses on the exception: when the patient says they are "always depressed", we focus on when they are not, i.e. the exception.

Our experiences and good practices are collected here with the best of intentions. To paraphrase the idea of Ingmar Bergman's autobiography *The Best Intentions* (Europa Könyvkiadó, Budapest, 2012) (his artistic expression is akin to an exploratory therapy), we can safely say that we are all: our parents, ourselves as parents/professionals, but also our whole society, guided by the best intentions to live a meaningful and useful life and to pass on good experiences/good practices, but somehow they do not always reach their destination. This is the default situation of our lives, the focus of the helping profession. However, we should never give up on good intentions and the hope of achieving them!