

Addiction, like trauma, can run in families.

Yet those very same families can be empowered to turn an addict's life around.

Breaking *the* family habit

WORDS *by* SUSAN CHENERY

When she woke in the morning Margie Bauer would often discover she had been doing business deals with the US in the night. “I wouldn’t remember doing it.” The founder of a multinational publishing company, she would give radio interviews in a slurred voice, punctuated by the slurping of wine. While “drinking heavily” she had 30 employees working for her company that published magazines, books that sold in 20 different languages, a retail store and a children’s clothing company. But while her business “kept growing and growing” her own life was disappearing into the bottom of a glass.

She went on health retreats every six months: “Cleanse myself and repeat,” she says. Margie separated from her husband, who stepped in to care for her children because she couldn’t. She became “the town drunk,” she tells *The Weekly*. “I was a terrible drunk – self-destructive and destructive of other people.”

Then, 30 years ago, Margie turned her life around and today works tirelessly to help addicts and their families turn theirs around too. She’s realised that people who depend on drugs don’t exist in isolation and that, while families can create the trauma that leads to addiction, loved ones can be part of the solution.

Margie was raised in a prominent legal family where alcoholism and sexual abuse were kept secret, and that created ongoing trauma.

“Behind addiction is trauma,” she says, “and behind trauma is pain. The pain can be unconscious – we’re not always aware of it – and we’re never taught how to be with the pain. We numb it and run from it into drugs and alcohol.”

Margie fled home at 15 to become a jillaroo, an opal miner, a boundary rider, an importer of sharks’ teeth. Flying to London, chaperoned by an aunt – “who I ditched at the airport and had the police on my tail” – she worked for IBM, and as a cook for the US army in Germany. “I did all these things – usually I had to leave because of my drinking.”

Meeting this calm, mature, glowing woman, seemingly lit by an inner light, it is almost impossible to believe that before her failed attempt at marriage and respectability, before the rise and fall of her business, she was an adventurer, a risk-taking, buccaneering woman, a rebel, boozing all the way.

“I was always the last one standing; I always felt I could drink like a man, it was a badge of honour,” she says.

Her relationships were with alcoholics and addicts. “They all had disastrous endings. I was raped, bashed, strangled, thrown out of cars. I lived in high anxiety and fear. I was a black-out drunk. I would wake up having no memory of the night before.” By the end, she was drinking flagon port, like her alcoholic father.

Then, one night at a party, Margie fell over, gashed her foot and was taken to hospital.

“I was lying on the operating table,” she remembers.

“The doctor looked down at this woman – stinking, matted hair, cigarette burns. He looked at me with such disdain and disgust that I said to myself, ‘I want to live’. I was exhausted, totally exhausted.”

Margie joined Alcoholics Anonymous, rebuilt her business and 20 years later gained a Bachelor of Applied Social Sciences degree. “Almost straightaway I realised that, if I wanted to keep what I had, I had to turn it around and help other people,” she explains. Today Margie practises Buddhism and works as a clinical supervisor and trauma specialist, working with grief, loss, mental health; with people suffering from addiction and with their families.

Even though her daughters are successful and very close to her, Margie will always carry the guilt of

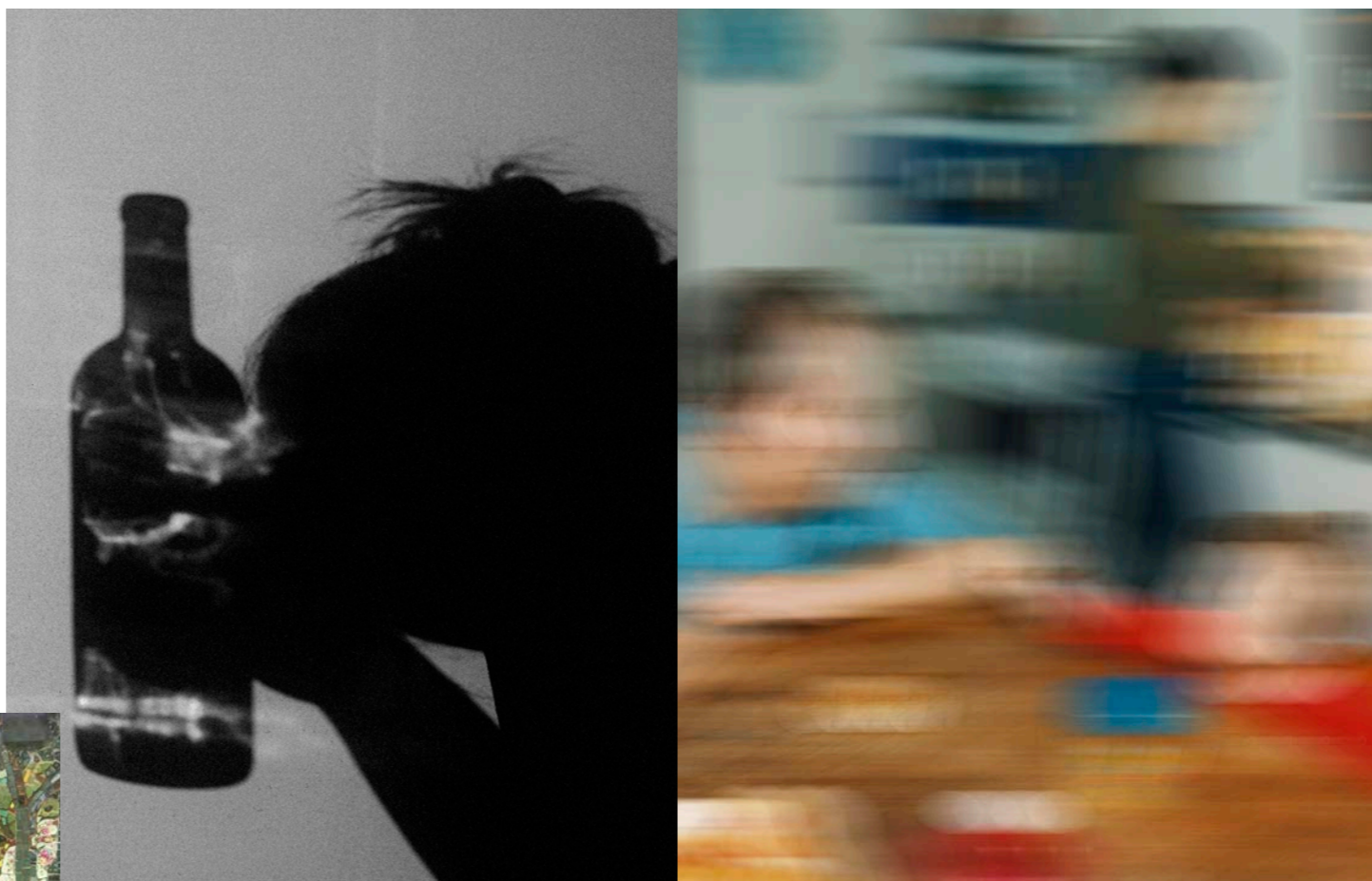
having been an alcoholic mother: “The shame of being a woman alcoholic, which is unacceptable in society.”

One in 20 Australians has a substance abuse problem, and experts now believe that, like Margie, upwards of 90 per cent of people struggling with addiction have experienced trauma, often as children.

Dr Ash Padhi is one such expert. He works as a psychiatrist at South Pacific Private, on Sydney’s Northern Beaches, where addiction, trauma and mental health are treated in parallel. “There is a large body of research and



Since embracing sobriety, Margie works tirelessly to help addicts and their families. Right: Dr Ash Padhi from South Pacific Private.



“Behind addiction is trauma, and behind the trauma is pain.”

evidence that psychological trauma can have lasting, negative effects on people’s mental health,” he explains, “and that can lead to addiction. It’s important to identify the trauma and understand its connection to current behaviours. Helping people become aware of this connection is an important first step. We look at addiction as a secondary symptom and look at the trauma as the causative issue.”

Margie believes that addiction not only runs in families, it is “a family disease. One person may use, but the whole family suffers.”

An addicted person typically affects six people around them. These people can be living in acute pain, watching someone they love destroy themselves. They might not fully understand what is happening and might be in

a desperate and isolated state with nowhere to turn. Often, they want to help but are not sure how. Both Margie and Dr Padhi believe that families can choose either to be part of the problem, or part of the solution. “The family network – whether it be our biological family or chosen family – is a critical part of everyone’s recovery,” says Dr Padhi. “However, figuring out how to best support a loved one on their journey to recovery can be a complex and difficult process.”

On average, Margie says, families can take 11 years before reaching out for help. And in the meantime, they are often innocently enabling the addicted family member in all kinds of ways – keeping their secrets, being overly responsible, covering for the person, lying for them, paying debts,

contributing money. One of the most critical ways family members can help, she stresses, is by becoming aware of and stopping that enabling behaviour.

“Out of love and fear, we do so much to protect the alcoholic but most of the things we do help the disease instead,” Margie explains.

It is not uncommon for elderly parents to lose their home paying the ever increasing debts of a spiralling addict. Parents can find themselves living with addicted adult children who have lost jobs and homes, and are constantly desperate for money.

Families enabling alcoholics are at a high risk of physical and emotional problems. “Stress,” says Margie, “can cause family members to suffer diseases similar to those of the alcoholic. You are seeing the addiction, not the person. The person is the diamond under the addiction. The addiction has taken hold of every part of that person’s life, and that can happen to families too. Just as the addict gets unwell, the family gets unwell.”

An understanding of the complexity of those family experiences inspired South Pacific Private’s founders, Bill and Lorraine Wood, to develop its family programs, which, Dr Padhi says, “provide guidance on communication and boundary-setting skills, how to model healthy behaviour and resolve past hurts”.

Children are particularly vulnerable, and their needs often go unnoticed because the adults are focused on the addict, and they blame themselves.

“Every time the phone rings, the car pulls up, they hear a raised voice, the children of an addict can go into fear,” Margie explains. “It’s high, acute stress that will affect them for the rest of their lives if nothing is done. It damages their self-worth and their ability to have healthy relationships.”

Far from sweeping alcoholism under the carpet, she believes families need to prioritise explaining the disease to children, and making sure they understand that, “it’s not their fault. You need to free them from guilt and shame,” she says, “treat them with compassion, create rituals for

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stability, cultivate resilience, nurture their self-esteem, have an honest, open discussion and let them have fun.”

Schools and carers should also be aware of the typical behaviours of children living in an atmosphere of addiction. Margie says they should keep an eye out for “kids who isolate, who fear angry people or authority, who are approval seekers, have a big fear of criticism and view life as a victim. They have an overwhelming sense of responsibility, they are looking for safety. The one thing they want to hear is, ‘you are safe now’.”

Jonathan* was in a downward spiral. University educated, he’d been a successful executive for 10 years before working in a consultancy where his drinking had taken over. Now living with his mother, he was drinking five litres of wine a day. “You build up a tolerance,” he admits. Depressed, unemployed, anxious, he was also self-harming.

“I was in a very bad place,” he says. “The amount of times I had to go to hospital to be stitched up was getting

ridiculous. You can go from being an executive, living a good life and having lots of friends, to living at your parents’ house, unemployed at the age of 30. If I didn’t have that, I would be homeless. I just couldn’t visualise a life where I was in any way happy.”

For his mother, Claire*, who is in her fifties and has a patient smile and a bob of softly greying hair, Jonathan’s slide into addiction was “absolute agony to watch,” she says. “And it was agony for him to know he was doing it to you and not able to stop. If you’re driving around at night looking for him, it creates incredible anxiety – it really does. It’s not willpower – they have to get help. I had to be strong enough to stand up to that, and I was very frightened.”

It was Margie who suggested an “intervention”, and thus began “a very long process in a desperate attempt to get a hold of him and pull him out”.

Margie has worked with many families who have attempted interventions, trying to stop an addicted loved one before they hit

rock bottom and cause “heartbreak and pain that can last for decades”. Margie says intervention is the opposite of tough love. “It is gentle, compassionate, getting to the diamond of that person with love. It is saying there is a way out, there is a solution. There is no blame, shame or judgement.” It’s about a family loving a person enough to step in – not to confront or berate them – but to show the addict that their family will support recovery, not addiction.

“The first step should always be to listen,” says Dr Padhi. “Let them know you care and support them. In such a

“Intervention is first about achieving sobriety, but in the end, it is about restoring family and friendship.”

sensitive conversation, take special care to monitor not only what you say, but your tone and body language as well. Ask questions and give them space to respond, rather than lecturing or delivering a monologue. It is important that families name and address what is happening and break the denial.”

Margie explains that a successful intervention requires planning, precision, and professional advice. “Think of an intervention as the most important project you’ll ever work on,” she insists.

The addicted person needs to go straight from the intervention into rehab or treatment. Families must research treatments and treatment centres based on what they can afford and what the person needs. While some luxury rehab costs are astronomical, others are reasonable and covered by private health insurance or Centrelink. And many have long waiting lists. “It can be difficult, particularly around holidays, to find a suitable rehab,” says Margie. “So it’s advisable to start the research as soon as possible.”

If the intervention is for a parent, families need to arrange for someone who that parent trusts to care for children. Plans also need to be in place to look after pets, pay bills, have lawns mowed, plants watered. All these can be excuses for the addict not to accept help.

One of the addicted person’s fears might be losing their job if they go to rehab but, says Margie, “it’s likely their company has policies supporting treatment and recovery”. She suggests confidentially contacting the company’s employee assistance program to find out what policies are available.

Finally, the most important aspect of all, says Margie, is to remember compassion because you’re dealing with “someone who has a terrible illness”.

Jonathan’s family put together a team of people who were significant in his life. “His father came from New Zealand, his auntie, his brother, friends from Melbourne and Sydney,” Claire tells *The Weekly*. “Everyone had to agree on the same process and script.”

They had practise sessions so that every detail was covered, and everyone wrote Jonathan a letter.

“It’s important,” says Claire, “that the letter isn’t based on what the person is doing wrong and saying, ‘this is what is going to happen’. You can’t get into arguments. You’re given a script.”

The first part of the letter was about love, about happy memories. “It’s: this is who you are, what you’ve been in our lives, this is why we love you.” The second part addresses the addiction. “But this is what is happening now,” says Claire. “These are the kind of things that have happened of late; this is the impact of this behaviour on us. We were all being greatly affected. Our last sentence was: ‘We hope you’ll accept the help we are offering you today’.”

Jonathan got a shock when he walked into the house. “I went numb and accepted it was all over. I was reeling from the shock,” he says. “I knew it would mean a commitment to go to rehab. It had taken a lot of organising on their behalf. They’d been planning this for a long time and it needed to happen.”

At first he tried to bolt, but that was impossible. “We arranged where everyone was going to sit so one person was sitting near each escape door,” Claire remembers. “He made a beeline, so his brother blocked one door and his father the other. If he’d done a runner, we wouldn’t have got him back. In preparation I’d booked and paid for flights and a rehab, and organised for his step-dad to go with him and stay for the first week of his rehab. If he said yes, he had to go there and then. He took a couple of hours. We had the food he liked, some beers, a talk with his father. About two hours after the intervention, he said yes. It was so full of love and sadness, fear and tears and joy, all at the one time.”

Margie says if the person resists rehab, the family must have bottom lines they’re no longer prepared to cross. There will be no more enabling, lending money, paying the mortgage, lying to cover up. They can no longer spend time with the children while they refuse to get help. One wife decided she couldn’t allow her children to watch her husband drink himself to death and that, although she loved him, she was leaving.

“Mine was,” says Claire, “you’ll no longer be able to drink in the garden. He could no longer have the sanctity of my home in the state he was in. We’d spent a fortune. If he’d said no, I was prepared to let that money go, but I wasn’t prepared to keep spending money helping him to manage his alcoholism.”

And she was serious. “Don’t ever use bottom lines as a bluff,” says Margie. “You need to be 100 per cent sure you’ll follow through. Make it clear we will no longer let the addiction take priority over the welfare of our families.”

It’s important too, says Dr Padhi, that “family and friends help by modelling healthy behaviour, providing emotional and social support, and keeping loved ones accountable throughout their recovery journey. We encourage family to seek professional help and work through their own issues too.”

At rehab in Thailand, Jonathan says, “within a few weeks I found myself waking up in the morning and being glad I was here. The prospect of never drinking again was something I had to come to terms with.”

“Loved ones,” says Margie, “bring a promise that the real person, whom they’ve loved dearly, can be set free and delivered from this sickness. Intervention is first about achieving sobriety, but in the end, it’s about restoring family and friendship. Recovery isn’t a place you go to, it’s a path towards growth, the life you want and a life to be proud of.”

“It’s powerful to see families address the painful past with love and care, find forgiveness and build new patterns of relating,” Dr Padhi adds. “It takes courage, but the rewards are worth it.”

“Recovery is an opportunity and a privilege,” says Margie. “It’s a privilege to overcome the suffering and learn to live each day with gratitude.” **AWW**

If you or someone you know is suffering addiction, contact: Margie Bauer’s Golden Mend at goldenmend.com.au; Alcoholics Anonymous 1300 222 222; Lifeline on 13 11 14. South Pacific Private offers programs for individuals and families: southpacificprivate.com.au. For further resources, visit healthdirect.gov.au/drug-and-alcohol-rehabilitation



*NAMES HAVE BEEN CHANGED.