

## HOW TO MEASURE ENABLING

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*This paper is designed to be educational in nature and is not intended for distribution, publication, or commercial use. The paper is not intended to provide professional advice, diagnosis, or treatment. The reader is encouraged to contact a licensed mental health professional if professional advice is being sought. Material cited or quoted in this paper is limited to the purposes of commentary, criticism, reporting, teaching, or research in addiction. This paper provides a brief review of concepts that have been part of the field of addiction for so long that most of them have become conventional wisdom. Most of these ideas can be found in other sources that are cited at the end of the paper.*

*Enabling* refers to interactions that encourage or support another person's maladaptive behavior, pathology, or substance use. Enabling behaviors usually fall into one of these broad categories: (1) avoiding confronting the problem, (2) covering up for a person's actions, (3) providing financial support for a person's behavior, and (4) neglecting one's own needs in order to care for the other person. Enabling behaviors can include caretaking, conflicts, coalitions, criticism, provoking, rescuing, and other actions that elicit anger, guilt, or resentment in the affected person.

Sometimes described as the *identified patient*, the affected person can be an actively addicted or recovering family member, close friend, or coworker. People who engage in enabling behaviors believe they are helping the other person, even when their actions are perpetuating pathology in the relational system. The presence of enabling behaviors on the part of a spouse or family members is one of the main reasons that family therapy is so important after an addicted person completes the inpatient phase of treatment (aka, "rehab"). Otherwise, when the recovering person returns back to the home environment, friends and family members unknowingly engage in the same actions that maintain the addictive process in the family system—usually without being aware of the consequences of their actions.

When an addict or alcoholic begins to recover, disequilibrium is created within the family system. This instability results in friends or family members inadvertently doing things that seem to sabotage the recovering person's efforts—in an attempt to maintain their various roles in the family. These subtle actions are variously termed enabling, push-back, or reactance. For many reasons, alcoholism is described as a family disease, and the main symptom *denial*.

### The Disease of Denial

In the family disease of addiction or alcoholism, there are several roles that must be played in order to maintain the addictive cycle. These roles are described as the *Merry-Go-Round Named Denial* (Kellermann, 1970):<sup>1</sup>

**Addict/Alcoholic:** The main actor controls others through anger and guilt.

**Victim:** The victim is often a boss, co-worker, or family member who is responsible for covering and getting the work done when the alcoholic is absent or unavailable, allowing the alcoholic to continue drinking or drugging without losing his or her job.

**Provoker:** The provoker is often a parent, spouse, or family member who holds the relationship together while feeding back bitterness, fear, guilt, hurt, and resentment into the relationship.

**Enabler:** The "helpful" (or controlling) hero is often a sibling or parent who rescues and saves the alcoholic in crisis and relieves the alcoholic of tension and consequences created by each crisis.<sup>2</sup>

**How to Enable**

- Focus on changing and improving someone else rather than focusing on myself
- Avoid discussions and confrontations related to distressing behaviors
- Make excuses, cover up, and defend problem behaviors of the other person
- Argue, blame, complain, nag, threaten, or pour out liquor
- Soften the impact by minimizing the consequences of crisis events
- Frequently or repeatedly recommend behavior changes for the other person
- Obsess about the other person while neglecting myself
- Engage in care-taking of others rather than focusing on taking care of myself
- Become socially isolated from others and becoming enmeshed with the addict
- Detach with an axe by emotionally reacting rather than pausing before responding<sup>3</sup>
- Become frustrated or resentful when a gift or kind gesture becomes an entitlement
- Be unconscious of one's needs and attempting to manipulate others (see Figure 1)<sup>4</sup>
- Prevent natural consequences from occurring by providing a safety net
- Change, erode, or shift boundaries to accommodate the addict or alcoholic
- Pick up the pieces after each crisis so that things appear normal on the outside

\_\_\_ Total items checked suggest "How I enable."

**How to Help**

- Focus on change and improve myself rather than focusing on someone else
- Address specific disruptive and distressing behaviors of the addict or alcoholic<sup>5</sup>
- Allow addicts and alcoholics to accept responsibility for their actions
- State something once or make a suggestion if asked for advice<sup>6</sup>
- Ensure that each negative behavior is followed by consistent consequences
- Directly implement and maintain behavioral changes for myself
- Engage in consistent self-care rather than focusing only on taking care of others
- Respect others rights while taking care of myself
- Maintain healthy social connections and maintain boundaries with the addict
- Be pleasantly surprised when a gift or kind gesture is appreciated or reciprocated
- Practice loving detachment by placing principles above personalities
- Be conscious of one's actions and be assertive and direct with others
- Maintain firm boundaries and natural consequences to protect myself<sup>7</sup>
- Let natural consequences of the addiction occur, while protecting myself from them
- Let the pieces fall where they fall so that things appear as they really are<sup>8</sup>

\_\_\_ Total items checked suggest "How I help."

**Figures**

**Differentiating Four Types of Manipulation**

Figure 1 is a two-by-two factorial matrix depicting four types of Manipulation based on the two variables of Awareness (i.e., Conscious or Unconscious) and Intention (i.e., Benevolent or Malevolent).

**Figure 1**

*Four Types of Manipulation*

		Awareness	
		Conscious	Unconscious
Intention	Benevolent	<b>Conscious Benevolence</b> (credit, praise, encouragement)	<b>Unconscious Benevolence</b> (credit, praise, encouragement)
	Malevolent	<b>Conscious Malevolence</b> (slander, gossip, discouragement)	<b>Unconscious Malevolence</b> (slander, gossip, discouragement)

*Note:* Adapted from Doverspike (2023)

## Notes

**1. Detective:** The role of detective or investigator can overlap with any of the other roles. The role of detective can begin as innocently as checking to see how much the alcoholic drank the night before. The detective soon learns not to explicitly ask the alcoholic but to use more investigative techniques such as counting the empty beer cans or measuring the amount of wine that is still in the gallon jug. At worst, the detective might engage in a search and destroy mission, angrily pouring out the whiskey, at which point the detective becomes a *provoker*. Other detectives use more subtle monitoring techniques, such as placing a very small tick mark on the bottle, in order to later see how much the level has changed. The unsuspecting detective has no clue that the alcoholic is already one step ahead—drinking from a hidden bottle so that the level in the marked bottle never changes. When the alcoholic reaches this new level of secrecy in drinking, the detective has unwittingly become an *enabler*. As the Big Book of Alcoholics Anonymous (AA) states, “Remember that we deal with alcohol—cunning, baffling, powerful!” (AA World Services, 2001, pp. 58–59). With the advent of technology, some detectives have gone so far as to install tracking applications on their computers and smart phones, so that they can synchronously track when and where the alcoholic is driving or staying. This strategy can backfire, however, turning the detective into a *victim* when they make a discovery that they regret. There are some things that, once done, cannot be undone.

Ultimately, the solution is to look in the mirror, turn the focus inward, and take a fearless and searching inventory of ourselves while letting go of taking the inventories of others.



2. The term *enabling* has a bad reputation, because it has traditionally referred to the reinforcement of maladaptive or undesirable behaviors. However, enabling can be *positive* (promoting adaptive or functional behavior) or *negative* (promoting maladaptive or dysfunctional behavior). Taking a 180-degree different perspective from the usual use of the term, enabling can just as easily be defined as the encouragement or reinforcement of adaptive, desirable, and positive behaviors. Imagine how things would be if we took a more positive approach and defined *positive enabling* in the following manner: *Enabling positivity* refers to engaging in behaviors that encourage another person's adaptive, healthy, and positive behavior. Enabling positive behaviors includes giving attention, expressing encouragement, and voicing support in response to positive efforts on the part of the other person. In contrast to gratuitous compliment—which is nothing more than a polite social gesture—a sincere compliment refers to a genuine expression of recognition of the other person's ability, effort, or skill demonstrated in a specific context. It is important to pay attention and support progress—not perfection. People who enable positive behaviors give focused attention and they lift and encourage others—leaving people, places, and things better than they found them (Doverspike, 2018, p. 5).

3. In the case of “axe” versus “ax,” “axe” is the preferred British spelling, while “ax” is technically the preferred American spelling. However, “axe” is still widely used in the United States and is still a correct way to spell the word.

4. From a psychological perspective, particularly with reference to personality theory, the term *manipulation* usually has a negative connotation. However, just as a physical therapist may use manipulation of a joint or limb to improve physical flexibility or mobility, a psychotherapist may use the term *manipulation* to refer to one of four types of actions or speech. Based on the two factors of Awareness (i.e., self-awareness and other-awareness) and Intention (i.e., benevolent or malevolent), four types of manipulation can be differentiated:

- Conscious Benevolence* (e.g., intentional credit, praise, or encouragement)
- Unconscious Benevolence* (e.g., unintentional credit, praise, or encouragement)
- Unconscious Malevolence* (e.g., unintentional criticism, gossip, or discouragement)
- Conscious Malevolence* (e.g., intentional criticism, gossip, or discouragement)

Of these four types of manipulation, two types (benevolent) might be judged as positive or desirable, whereas the other two (malevolent) might be two might be labeled as negative or undesirable (at least for the recipient of the actions or words). Most of us would agree that Conscious Malevolence is the worst form. Conversely, it is easy to see how Conscious Benevolence could be the best form. Yet the aspirational or ideal form may actually be the opposite of Conscious Malevolence; that is, the best form may be Unconscious Benevolence.

If these forms of actions are considered learned behaviors or skills, then the concepts of conscious and unconscious competence become relevant. When learning any skill—such as riding a bicycle, driving a car, sailing a ship, or interacting with people—learning a complex set of skills requires conscious effort, repetition, and practice. With many hours, weeks, and even years of practice, mastery of a skill becomes possible. The complex skill is then performed without even thinking about it—that is, unconsciously. In other words, a skill that has been mastered—whether it involves riding a bicycle, driving a car, sailing a ship, or interacting with people—can be considered an unconscious skill.

#### 5. Three Things to Consider Before Speaking

- Does it need to be said?
- Does it need to be said by me?
- Does it need to be said by me now?

#### 6. Steps to a Slip in Enabling

- Suggesting    Saying it once \*
- Reminding    Saying it twice:    Slip
- Nagging        Saying it three times: Lapse
- Controlling    Saying it four times: Relapse

\* When listening to a friend, consider asking,

“Are you wanting to share or are you wanting a suggestion?”

#### 7. When is helping actually helping and when is helping actually hurting?

We often want clear answers to complex questions, but there often are not any. As a general rule, when it’s an acute crisis, helping may help. When it’s a chronic crisis, helping may hurt.

#### 8. When we stop people-pleasing, some people will not be pleased. ~Anonymous

## References

- Al-Anon Family Group Headquarters. (1969, 1987). *Alcoholism: A merry-go-round named denial* [P-3]. New York, NY: Author.
- This pamphlet is based on the October 5, 1968 presentation by Reverend Joseph Kellermann, former Director of the Charlotte, North Carolina, Council on Alcoholism. It describes the family disease of alcoholism using a metaphor of a three-act play that includes four main characters: the alcoholic, the enabler, the victim, and the provoker.
- Al-Anon Family Group Headquarters. (2004). *A guide for the family of the alcoholic* [P-7]. Virginia Beach, VA: Author.
- Pages 9 and 10 contain some useful reminders of dos and don'ts. The back cover of this 11-page pamphlet states that it is "Based on an article by Reverend Joseph L. Kellermann, Former Director, Charlotte Council on Alcoholism." See also Kellermann (1969, 1970). Some of the list of "don'ts" on page 10 of this pamphlet are included in "An open letter from an alcoholic" (pp. 3-4) of *Three Views of Al-Anon* [P-15], which was published in 1970 and revised in 2000.
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- The original article, published November 01, 2023, was titled "How to Understand Enabling" and it did not contain any introduction to Al-Anon. This article was revised on 10-29-2024 and retitled "How to Understand Al-Anon: Enabling and Helping. For historical documentation purposes, the original article, which was retitled as "How to Understand Enabling - Original Version" is contained at the link below:  
[http://drwilliamdoverspike.com/files/how\\_to\\_understand\\_enabling\\_-\\_original\\_version.pdf](http://drwilliamdoverspike.com/files/how_to_understand_enabling_-_original_version.pdf)
- The revised version of the article ("How to Understand Enabling" is available at the link below:  
[http://drwilliamdoverspike.com/files/how\\_to\\_understand\\_enabling.pdf](http://drwilliamdoverspike.com/files/how_to_understand_enabling.pdf)
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Page 97 contains Table 6 (Differences Between Enablers and Helpers).

## Resources

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This 7-page pamphlet contains “An open letter from an alcoholic” (pp. 2-7) that is also summarized as a list of “don’ts” on page 10 of Al-Anon’s (2004) revised *A Guide for the Family of the Alcoholic* [P-7]. The information contained in the *Three Views of Al-Anon* [P-15] pamphlet is based on material from Reverend Joseph L. Kellermann, Former Director, Charlotte Council on Alcoholism.

Doverspike, W. F. (2011). *Addictions: Diagnosis and treatment* [PowerPoint slides]. Atlanta, GA: Richmond Graduate University.

The “Helping vs. Enabling” comparisons on page 1 are taken from a chart on Section 7 (Couple and Family Involvement) of the PowerPoint deck.

Doverspike, W. F. (2018). *Marital and family therapy: Key concepts and glossary terms*. [http://drwilliamdoverspike.com/files/psi\\_marital\\_and\\_family\\_therapy\\_-\\_key\\_concepts\\_and\\_glossary\\_terms.pdf](http://drwilliamdoverspike.com/files/psi_marital_and_family_therapy_-_key_concepts_and_glossary_terms.pdf)

This document is cross-referenced to this Word file: PSI Addictions Key Concepts and Glossary Terms: Marital and Family Therapy.doc. Both files are used in Dr. Doverspike’s Addiction Counseling classes, but neither file is exhaustive of key concepts and glossary terms related to addiction. Instead, the terms are related only to marital, family, and relational system factors in addiction.

Doverspike, W. F. (2022). *How to understand sobriety*. [http://drwilliamdoverspike.com/files/how\\_to\\_understand\\_sobriety.pdf](http://drwilliamdoverspike.com/files/how_to_understand_sobriety.pdf)

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Addictions Course Presentation Deck:

Doverspike, W. F. (2010). *Addictions counseling: Couple and family involvement* [PowerPoint slides]. Atlanta, GA: Richmond Graduate University.

Workshop Presentation Deck:

Doverspike, W. F. (2011). *Addictions: Diagnosis and treatment* [PowerPoint slides]. Atlanta, GA: Richmond Graduate University.

Webinar Presentation Deck:

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