

HOW TO UNDERSTAND ENABLING

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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—all in an attempt to maintain their various roles in the family. These subtle family efforts are sometimes called *push-back*. 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 to maintain the addictive cycle. These roles are described as the *Merry-Go-Round Named Denial* (Kellermann, 1970):¹

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.²

Helping

- Addressing specific disruptive and distressing behaviors of the addict or alcoholic. ³
- Allowing addicts and alcoholics to accept responsibility for their actions.
- Stating something once or making a suggestion if asked for advice. ⁴
- Ensuring that each negative behavior is followed by consistent consequences.
- Directly implementing and maintaining behavioral changes for myself.
- Engaging in consistent self-care rather than focusing only on taking care of others.
- Respecting others rights while taking care of myself.
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- Maintaining healthy social connections and maintaining boundaries with the addict.
- Being pleasantly surprised when a gift or kind gesture is appreciated or reciprocated.
- Practicing loving detachment by placing principles above personalities.
- Maintaining firm boundaries and natural consequences to protect myself. ⁵
- Letting natural consequences of the addiction occur, while protecting myself from them.
- Letting the pieces fall where they fall so that things appear as they really are. ⁶

Enabling

- Avoiding discussions and confrontations related to distressing behaviors.
- Making excuses, covering up, and defending problem behaviors of the other person.
- Arguing, blaming, complaining, nagging, threatening, or pouring out liquor.
- Softening the impact by minimizing the consequences of crisis events.
- Frequently or repeatedly recommending behavior changes for the other person.
- Obsessing about the other person while neglecting myself.
- Engaging in care-taking of others rather than focusing on taking care of myself.
- Becoming socially isolated from others and becoming enmeshed with the addict.
- Detaching with an axe by emotionally reacting rather than pausing before responding. ⁷
- Becoming frustrated or resentful when a gift or kind gesture becomes an entitlement.
- Preventing natural consequences from occurring by providing a safety net.
- Changing, eroding, or shifting boundaries to accommodate the addict or alcoholic.
- Picking up the pieces after each crisis so that things appear normal on the outside.

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. 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?

4. 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?”

5. 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.

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

7. 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.

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.
- Alcoholics Anonymous World Services. (2001). *Alcoholics Anonymous* (4th ed.). New York, NY: Author.
- On April 10, 1939, 4,730 copies of the first edition of *Alcoholics Anonymous* were published by Works Publishing Company at \$3.50 per copy. The printer, Edward Blackwell of the Cornwall Press, was told to use the thickest paper in his shop. The large, bulky volume became known as the "Big Book" and the name has stuck ever since. On page 170 of *AA Comes of Age*, Bill W. wrote that the idea behind the thick, large paper was to convince the alcoholic he was getting his money's worth. The second edition was published in 1955, third edition in 1976, and the fourth edition in 2001.
- Bill W. (1957). *Alcoholics Anonymous comes of age: A brief history of AA* [B-3]. New York, NY: Alcoholics Anonymous World Services (now known as Alcoholics Anonymous World Services, Inc.).
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Thirty-fifth printing 2012.
- 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
See "Enabling Positivity" on page 5.
- Kellermann, J. L. (1970, 1987). *Alcoholism: A merry-go-round named denial*. Center City, MN: Hazelden.
- Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1994). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward*. New York, NY: Avon Books.
- Page 97 contains Table 6 (Differences Between Enablers and Helpers).

Resources

Al-Anon Family Group Headquarters. (1970, 1972, 2000). *Three views of Al-Anon* [P-15]. Virginia Beach, VA: Author.

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

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

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Workshop Presentation Deck:

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Webinar Presentation Deck:

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

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