

Fatherhood and Recovery

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Recovery involves making the most of a life that has been rescued from addiction (Kinney, 2002). A primary goal of long-term recovery is learning to have healthy relationships. For chemically dependent men, establishing and repairing relationships with their children is a major recovery task (Kinney, 2002; Kelley & Fals-Stewart, 2002; Larson, 1985).

Children and adolescents are greatly impacted by their father's substance use. Paternal use increases the risk that daughters will experience depression, academic decline, trauma, promiscuity, pregnancy, and substance abuse, while sons will become vulnerable to destructive peer group affiliation, delinquency, crime, emotional distress, academic decline, and substance abuse (McMahon, Winslow, & Rounsaville, 2008; McMahon & Rounsaville, 2002; Sanders & Mayeda, 2008; Cooke, Kelley, Fals-Stewart, & Golden, 2004; Haughland, 2003; Brook et al., 2003; Fals-Stewart, Kelley, Cooke, & Golden, 2003; Parke, 2002).

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The Challenge

In early recovery, chemically dependent men begin to shift from a primary focus on substance use to repairing damaged relationships, including father/child relationships (Kinney, 2002). In so doing, they confront many core issues that make parenting an ongoing challenge. These issues include:

Father hunger – Many chemically dependent men were abandoned by their fathers, which increases the likelihood that they in turn will abandon their children. Heavy substance use is one method of covering the pain caused by early childhood abandonment (Mayeda & Sanders, 2007).

Father wounds – Many chemically dependent men have been injured by their fathers, whether from physical, verbal, or sexual abuse. Left unaddressed, a history of abuse increases the chances that men will injure their own children—before, during, and after active addiction (Mayeda & Sanders, 2007; Bly, 2004).

Limited role models – Many chemically dependent men report having had limited experience with role models who could exhibit a variety of methods for bonding with their children, other than roughhousing behavior. Without these role models, it is difficult to know how to be a sensitive and caring father. Many men have not experienced firsthand bonding with their fathers. Thus, it is difficult for them to form intimate bonds with their own children (Bly, 2004).

Male depression – Terrence Real, an expert on men's issues and addictions, has identified a type of depression unique to men, which he calls "male depression," the underlying cause of which is early childhood abandonment by fathers (Real, 1997). Depression in men often goes undiagnosed because the great majority do not exhibit classical symptoms of major depression, such as observable apathy and sadness. In fact, women are 50% more likely to be diagnosed with depression than men in

general and six times more likely to be diagnosed with depression than men following the diagnosis of another illness (Substance Abuse and Mental Health Services Administration, 2000; Suicide and Mental Health Association International, 2004). Depressed men often don't look depressed but instead wear a variety of disguises. What Real refers to as "the many masks of male depression" may linger for years into recovery and ultimately impact parenting.

One of the masks described by Real is characterized by the continuum of anger, rage, and violence. Male socialization rarely gives men permission to express vulnerable emotions such as sadness and hurt, which would be normal and expected following father abandonment. Instead, men are taught to hide their vulnerability. Repressed emotions then often emerge in the form of anger, making it difficult for others to suspect that the angry father may actually be depressed. Rage is the end result of anger that has built up over extended periods of time, and violent behavior may be the offshoot of repressed rage. Children may be the targets of their father's anger, rage, and/or violence.

Another mask of male depression is the tendency to push others toward perfection. Sitting in his favorite chair—remote control in hand—a father may bark out orders to his children, leaving them feeling inadequate in themselves and angry towards him. Seeing anger, they are unlikely to suspect his unhappiness. For the father, the mask of anger does not eliminate the physical drain of depression. In truth, a depressed father, lacking the energy to contribute to household matters, pushes others to take over his responsibilities.

Secretly, a father may have feelings of failure as a man, spouse, partner, and parent. The sense of failure can exacerbate depression and increase isolation, including isolation from his kids. Many men respond to feelings of depression and failure by engaging in numbing behaviors, which may include heavy substance use or substituting substance use with process addictions, such as compulsive gambling, overeating, cyberspace addiction, and promiscuity. These behaviors may move him even further away from his children (Real, 1997).

The Good News

When fathers recover, their children can improve emotionally, psychologically, and academically and also become more optimistic (Kelley & Fals-Stewart, 2002; Lowinson, Ruiz, Millman, & Langrod, 2005). In addition, these children can become less anxious and depressed

(Lowinson et al., 2005). Evidence suggests that medical problems among adolescents and children diminish as a result of parental recovery (Kinney, 2002).

Below is a list of suggestions that mental health professionals can use to help men in recovery build and repair relationships with their children.

1. Encourage fathers to seek support from other fathers in recovery (Lowinson et al., 2005). The 12-step literature suggests that the therapeutic value of one addict helping another is unparalleled in successful treatment. This approach may also be valid in helping fathers rebuild relationships with their children that were damaged during active addiction. Additionally, the wisdom of 12-step programming is that it requires a person to take recovery one step at a time—solid advice for fathers during the process of relationship repair.
2. Recommend therapy. Individual and group therapy can help men address issues of early childhood abandonment, which may have triggered their addiction. Therapy may also address the core issues of depression, father hunger, and father wounds.
3. Provide behavioral couples counseling. This evidence-based practice helps couples identify strategies to cope with challenges faced in early recovery, identify obstacles that impede recovery, avoid high-risk situations, prevent relapse, communicate more effectively with each other, and improve their relationship. Behavioral couples counseling has been valuable in increasing recovery rates among parents, which leads to psychosocial improvements in their children and adolescents (Kelley & Fals-Stewart, 2002; Center for Substance Abuse Treatment, 2004).
4. Recommend a parenting course. Many parents find themselves raising children similarly to the way they were raised. Considering how many chemically dependent men have experienced parental abandonment, abuse, and an absence of positive role models, they would be well advised to attend a parenting class. Addiction treatment programs should also routinely offer parenting courses for fathers in recovery, which research suggests is a part of providing gender-responsive treatment for men (McMahon et al., 2008; Lowinson et al., 2005).
5. Organize or refer fathers to weekend retreats. Fathers in recovery can benefit from programs that bring men together on weekend retreats to work on resolving their own father/son issues and identify strategies for being better parents to their own children (Bly, 2004).
6. Encourage fathers to stay sober! This offers men the greatest chance of repairing relationships with children, which also offers the possibility of hope from the children's perspective (Brown, Lewis, & Liotta, 2000).

7. Provide fathers with recovery coaches. Recovery management is an emerging approach in the addiction field that adapts to addiction treatment the long-term treatment model used for other chronic and progressive illnesses, such as cancer and diabetes. Recovery coaches are individuals who themselves are in recovery and have had an extended period of uninterrupted sobriety. They work as paraprofessionals with clients in their natural environments to provide continuous support during treatment and following discharge for tackling the difficult issues of the day, such as repairing relationships with children (White, Kurtz, & Sanders, 2006). Unlike 12-step sponsors who promote one path, recovery coaches are taught to honor the many ways that individuals approach recovery.
8. Discuss expectations. Many fathers in early recovery expect immediate results in rebuilding relationships. It may be helpful to let them know that many years of neglect, anger, and frustration are usually not forgiven immediately. Because this realization may be difficult to handle, it also helps to increase recovery support through the gradual process of repair.

Repairing family relationships is a developmental process. Brown et al. (2000) identifies four developmental phases of family recovery. Most counselors work with clients in the early recovery phase—referred to as the “trauma of early recovery”—which can last three to five years, with numerous ups and downs and crises as the family strives to improve relationships and develop a sober identity. Understanding recovery from a developmental perspective can help recovering fathers develop patience and weather the inevitable disappointments in building connections to their children.

Conclusion

There is a crisis of fatherhood in our society today, as over half of children are being reared without fathers in the home. The cycle of childhood paternal abandonment which accompanies heavy substance use can occur in families across multiple generations. The promise and joy of recovery is that chemically dependent men can do the work of repairing relationships with their children, thus playing an active role in breaking this destructive cycle.

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REFERENCES

- Bly, R. (2004). *Iron John: A book about men*. Cambridge, MA: Da Capo Press.
- Brook, D. W., Brook, J. S., Ruebenstone, E., Zhang, C., Singer, M., & Duke, M. R. (2003). Alcohol use in adolescents whose fathers abuse drugs. *Journal of Addictive Diseases*, 22(1), 11-34.
- Brown, S., Lewis, V., & Liotta, A. (2000). *The family recovery guide*. Oakland, CA: New Harbinger Publications, Inc.
- Center for Substance Abuse Treatment (2004). *Substance abuse treatment and family therapy*. Treatment Improvement Protocol (TIP) Series, No. 39. DHHS Publication No. (SMA) 04-3957. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Cooke, C. G., Kelley, M. L., Fals-Stewart, W., & Golden, J. (2004). A comparison of psychosocial functioning of children with drug- vs. alcohol- dependent fathers. *Journal of Drug and Alcohol Abuse*, 30(4), 695-710.
- Fals-Stewart, W., Kelley, M. L., Cooke, C. G., & Golden, J. (2003). Predictors of the psychosocial adjustment of children living in households of parents in which fathers abuse drugs: The effects of post-natal parental exposure. *Journal of Addictive Behaviors*, 28(6), 1013-1031.
- Haughland, B. S. (2003). Parental alcohol abuse: Characteristics in family functioning. *Child Psychiatry in Human Development*, 34(2), 127-146.
- Kelley, M. L., & Fals-Stewart, W. (2002). Couples-versus individual-based therapy for alcohol and drug abuse: Effects on children's psychosocial functioning. *Journal of Consulting and Clinical Psychology*, 70(2), 417-427.
- Kinney, J. (2002). *Loosening the grip* (7th ed.). Boston, MA: McGraw Hill.
- Larson, E. (1985). *Stage II recovery: Life beyond addiction*. San Francisco, CA: Harper.
- Lowinson, J., Ruiz, P., Millman, R., & Langrod, J. (2005). *Substance abuse: A comprehensive textbook* (4th ed.). Philadelphia, PA: Lippincott, Williams, and Wilkins.
- Mayeda, S., & Sanders, M. (2007, April). Counseling difficult-to-reach chemically dependent adolescent males. *Counselor*, 8.
- McMahon, T., & Rounsaville, B. J. (2002). Substance misuse and fathering. *Addictions*, 97(9), 1109-1115.
- McMahon, T., Winslow, J., & Rounsaville, B. (2008). Drug abuse and responsible fathering: A comparative study of men enrolled in methadone treatment. *Addiction*, 103(2), 269-283.
- Parke, R. D. (2002). Substance-abusing fathers: Descriptive process and methodological perspectives. *Addictions*, 97(9), 1118-1119.
- Real, T. (1997). *I don't want to talk about it: Overcoming the secret legacy of male depression*. New York, NY: Fireside Press.
- Sanders, M., & Mayeda, S. (2008, October) Daddy's little girl: Fatherlessness and substance abuse in adolescent girls. *Counselor*, 9.
- Substance Abuse and Mental Health Services Administration (2000). *Women and depression fast facts*. Retrieved March 2, 2009, from <http://mentalhealth.samhsa.gov/publications/allpubs/FastFact6/>
- Suicide and Mental Health Association International (2004). *Depression in men and women: What's the difference*. Retrieved March 2, 2009, from <http://suicideandmentalhealthassociationinternational.org/depressionmenwomen.html>
- White, W., Kurtz, E., & Sanders, M. (2006). *Recovery management*. Chicago, IL: Great Lakes ATTC.