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; Fals-Stewart, 2002; Larson, 1985).

Children and adolescents are greatly impacted by their fathers’ substance use. His use increases the risk that daughters will experience depression, academic decline, trauma, promiscuity, pregnancy, and substance abuse. Sons of fathers with substance use disorders become vulnerable to destructive peer group affiliation, delinquency, crime, emotional distress, academic decline, and substance abuse (McMahon, et al, 2008 & 2002; Mayeda, S. & Sanders, M., 2008; Cooke, et al, 2004; Haughland, 2003; Broooke et al, 2003; Fals-Stewart et al., 2003; Parke, 2002).

**The Challenge**

As alcohol and drug use increases, all the chemically dependent father’s relationships, including those with their children, begin to take a back seat. His primary focus ultimately becomes a focus on alcohol and drug use. In early recovery, his focus then shifts to repairing relationships that have been damaged during addiction, including father/child relationships (Kinney, 2002).
There are many core issues for chemically dependent men that make parenting a challenge, even in recovery. These issues include:

- Father hunger – Many chemically dependent men were abandoned by their fathers. This 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 also experienced injury at the hands of their fathers, ranging from physical abuse to verbal abuse to sexual abuse. Left unaddressed, this abuse increases the chances that he in turn will injure his children—before, during, and after active addiction (Mayeda & Sanders, 2007; Bly, 2004).

- Male depression – Terrence Real has identified a unique type of depression, which he calls “male depression.” According to Real, the underlying cause of male depression is early childhood abandonment by fathers. According to Real, addiction is synonymous with depression in men, and it is really difficult for men to be chemically dependent without being depressed. This depression in men often goes undiagnosed because of the many masks that disguise it. With major depression and dysthymia, sufferers look classically depressed, with symptoms including a flat affect and sadness. Real states that many men who are depressed do not look classically depressed. The challenge is that the great majority of men who are depressed do not look depressed. Real identifies this
depression, which may linger years into recovery and ultimately impact parenting, as “the many masks of male depression.”

These masks include a continuum of anger, rage, and violence. Male socialization often does not give males permission to express vulnerable emotions such as sadness and hurt. These are normal emotions when they have been abandoned by their fathers. They are taught to keep these emotions inside. The end result is repressed emotions, which often emerge in the form of anger. Who would suspect that a father who is angry may actually be depressed? Rage is the end result of anger that has built up after extended periods of time. Violence may be the offshoot of repressed rage. Their children may be the targets of the anger, rage, and violence.

Another mask of male depression include the tendency to push others toward perfection. Sitting in his favorite chair—remote control in hand—he barks out orders to his children, leaving them feeling a sense of inadequacy and anger toward him. He also looks angry to his children. Who would suspect that he’s actually depressed? Anger as a mask does not eliminate the physical drain caused by depression. The truth is, many of these fathers lack the energy to contribute to household matters; thus, he pushes others to perform what he lacks energy to do himself.

Secretly, he may have feelings of failure as a man, spouse, partner, and as a parent. This feeling of failure can lead to increased feelings of depression and therefore increase isolation, including isolation from their kids.
There are many men who respond to these feelings of depression and failure by engaging in numbing behaviors, which may include heavy substance use or substituting substance use with process addictions, i.e. compulsive gambling, overeating, cyberspace addiction, etc., and multiple affairs. These behaviors may move him further away from his children (Real, 1997).

- Limited role models – Many chemically dependent men report having limited role models who model a variety of methods of bonding with their children, other than roughhousing behavior. Minus these role models it is difficult to know how to be a sensitive and caring father in recovery. Many men have not experienced firsthand their fathers’ bonding with them. Thus, it is difficult for them to form intimate bonds with their own children (Bly, 2004).

**The Good News**

When fathers recover, their children can improve emotionally, psychologically, and academically and become more optimistic (Fals-Stewart, 2002; Lowinson et al, 2005). In addition, these children can also become less anxious and depressed and more optimistic (Lowinson et al, 2005). There is also evidence that medical problems among adolescents and children diminish as a result of parental recovery (Kinney, 2002).

Below is a list of suggestions that counselors 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. This may also be true in building relationships with their children. Part of the wisdom of 12-step programming is that it requires a person to take recovery one step at a time. This is also solid advice for fathers wanting to rebuild relationships that have been damaged with their children during active addiction.

2. Recommend therapy to fathers - to address issues of abandonment from early childhood, which may have triggered their addiction. Therapy may also address depression and experiences with father hunger and father wounds, which, if unhealed, can negatively impact the father’s relationship with his own children (Real, 1997).

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, and communicate more effectively with each other and improve their relationship. This approach has been helpful in increasing recovery rates among parents, which leads to psychosocial improvements in their children and adolescents (Fals-Stewart, 2002; SAMHSA, 2004).

4. Recommend a parenting course. Children do not come with instructions. Many people find themselves parenting similarly to the way they were parented. If this approach has not been effective, a parenting course may be helpful. It is also recommended that chemical dependence programs
routinely provide parenting courses for fathers in recovery. Research suggests that this is a part of providing gender-responsive treatment for chemically dependent men (McMahon, 2008; Lowinson, 2005).

5. Organize or refer fathers to weekend retreats. These are programs in which men get together on weekend retreats with other men to do work around resolving their own father/son issues and identifying strategies to be better parents in the lives of their own children (Bly, 2004).

6. Encourage fathers to stay sober! This offers the greatest chance of repairing relationships with children and offers the possibility of hope from the child’s perspective (Brown et al, 2000).

7. Provide fathers with recovery coaches. Recovery management is an emerging approach in the addictions field geared toward the treatment of addiction. It focuses primarily on treating addiction similarly to the way we have treated other chronic and progressive illnesses, such as cancer and diabetes. It is a longer-term approach. It calls for the use of recovery coaches—individuals in recovery who work with clients ongoing in their natural environments, providing support as they tackle the difficult issues of the day, such as repairing relationships with their children in recovery (White, Kurtz, & Sanders, 2006).

8. Discuss expectations. Many fathers expect immediate results. It may be helpful to let them know that many years of neglect, anger, and frustration are often not forgiven immediately. This may be difficult for many men in early recovery to handle. It is helpful to increase recovery support as one
goes through a gradual process of repair. Repairing family relationships is a developmental process. Brown et al (2000) identifies four developmental phases of family recovery, including the early recovery phase, which Brown refers to as the “trauma of early recovery.” This phase 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 should help chemically dependent men in recovery understand what to expect as they strive to improve relationships.

**Conclusion**

There is a crisis of fatherhood in our society today, as over half of children are being reared without their fathers in the home. The cycle of childhood abandonment and heavy substance use among adolescents can occur in families across multiple generations. The joy of recovery is that chemically dependent fathers are in the position to help repair relationships with their children, thus playing their role in breaking this cycle.
REFERENCES


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