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Addiction Medicine & Psychiatry



Dependency as a Family Values Problem

Many physicians would agree America's most urgent values problem is the growing number of families who are comfortable with the notion of emotional dependency.

Is it all in the family?

To see the dynamics of dependency, let's look at some typical examples of dependent people and their families.

Luther is a 30-year-old man from a low-income family. He is unemployed and on probation for drunk driving. Ostensibly, Luther has been diagnosed as chemically dependent.

Clinically, Luther's real problem is that he thinks it's OK for him to depend on other people to support him. It's this attitude – a psycho-socioeconomic product of his family's value system – that keeps him chemically and economically dependent.

His ostensible problem, the drug dependency, goes unchallenged because others in his family are also alcoholics or drug addicts. (Understandably, alcoholic parents don't push their 30-year-old children into rehab or join them in family therapy sessions.)

Luther's other problem, the economic dependency, also goes unchallenged. Why? Because others in his family are also economically dependent. They live on phony disabilities or other questionable entitlements that have become planks in their family values platform. (Understandably, parents who depend on welfare or disability payments don't call their unemployed children "lazy.")

But pathological dependency is not confined to the poor.

A case from the golden end of the spectrum is Robin, a 30-year-old unemployed drug addict. Robin lives in a gated community with Courtney, his divorced mother. Courtney, is a 50-years young foxy jet

setter. She is dependent on "recreational" cocaine and uses Valium as a "comedown." She gets the Valium from "Dr. Feelgood" who, not surprisingly, has his own dependencies. (He is dependent on the easy living he makes off alcoholics, pill addicts and hypochondriacs.)

In the same way that Luther and his family's drug bills, medical bills and lifestyle are paid by the State, so Robin and Courtney's drug bills, medical bills and lifestyle are paid by the family estate, i.e. alimony, by Courtney's ex-husband, Malcolm.

A clinical look at Malcolm reveals him to be a pudgy, first-generation, 55-year-old trust-fund junkie, who has his own dependencies. He is a functional alcoholic, plays a lot of golf and is unemployed. (Except for a few months during his 20's, when he was "Vice Present in charge of Special Projects" in the family firm, he has never worked a day I his life.)

Is it all in the system?

Other types of emotionally dependent patients we treat are on medical disability or worker's compensation. They have minor health problems that have been exaggerated into disabling conditions by harried case workers and overworked doctors who are tired of challenging the whining/threatening cries of these emotionally dependent clients/patients. This process is legitimized by unscrupulous lawyers and unethical doctors who, for lucrative reasons, have themselves become dependent on the system.

In this category of patients, common diagnoses include cardiac problems, diabetes, arthritis, compensation neurosis (industrial accidents), various drug addictions, stress reactions and depression. What marks them as "dependent" is that their symptoms are always worse than the clinical findings would indicate. Though not all such patients are abusing the system, many are, as any physician in a moment of Hippocratic honesty will tell you.

What's the prognosis?

The prognosis depends on the patient's family members. If the family members are healthy enough to stop supporting the patient's financial dependency, the prognosis is good. If the family members themselves have dependency problems or anti-social personality traits, the prognosis is poor. And if there is an irrevocable trust fund, royalty payments or other fiscal umbilical cord – such as State – to nourish the dependency, the prognosis is nil.

Dependent patients need to undergo a personality/attitude change. The much bandied-about low self-esteem reflects a secret shame – a never verbalized awareness that they're not pulling their own weight. This self-awareness translates outwardly into boredom, depression, psychosomatic symptoms, substance abuse, crime and other acceptable face-saving devices, used to deny the dependency problem.

Freud said mental health is the ability to love and to work. When you apply this yardstick to dependent patients, you find that they clamor for love, and avoid work. Some “depressed” dependents become indignant and energetically hostile at the suggestion that, as part of their treatment, they need to get a job within their own capabilities, while those who are more “dependent” than “depressed” stubbornly insist on waiting until a job – that fits their own idea of “entitlement” – comes along.

But that's not going to happen unless our largess-providing State agencies and “understanding” that counter therapeutic therapists also do a 180-degree attitude change. For example, one of our “chronically fatigued” unemployed, hip, young “trust-fund junkie” patients asked, “Did Freud mean that man lives not by love alone – he also needs to earn some bread?” (By bread, he meant money, of course.) To the great surprise of his trust fund uncle, the hip underachiever then got a job in a car wash and began his recovery, hoping to rise to bigger and better things, still with an eye on his own entitlement.

Why is dependency not in the headlines? Politicians and the media wouldn't touch that plank with a 10-foot (opinion) poll because they – politicians and the media – have their own dependencies: approval ratings, campaign polls and Nielsen ratings. Test –Marketing shows that “dependency” is a universal ratings killer. For many people, it's too close to home.

Our national avoidance of this topic notwithstanding, dependent people are the main drain on our nation's resources. The prognosis for turning depressed, pathologically dependent patients into healthy self-supporting taxpayers depends on the nation's family values.

Not only charity, but also responsibility, begin at home – in the family.

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