

**SHAMELESS: AN EXAMINATION OF ADDICTION AND
ALCOHOLISM IN THE FAMILY**

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Abstract

The principle objective of this paper is to examine the effects of alcoholism and addiction on the family system through the analysis of a fictional family, the Gallaghers from *Shameless*. To explore the role of alcoholism and addiction in the family, this paper analyzes the family system through resilience, happiness, and family intervention. Because alcoholism and addiction are stigmatized in the media, people suffering from these two diseases have been dehumanized. The producers of *Shameless* have the opportunity to create a television series that accurately portrays alcoholism and addiction and the effects it has on families. A realistic depiction of alcoholism and addiction impacts the audience's perception of the two diseases.

Keywords: addiction, family system, alcoholism, family intervention, resilience

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Introduction

Meet the Gallaghers, an American family living in South Side Chicago. The Gallaghers are a white, low-income family. Frank and Monica are the parents to six children: Fiona, Lip, Ian, Debbie, Carl, and Liam. The relationships between the children and the parents are strenuous because of Frank and Monica's addiction. Like other families, they struggle to make ends meet, but the Gallaghers are a bit more dysfunctional than some families; they are an addictive and alcoholic household. The parents, Frank and Monica, suffer from these diseases, inevitably affecting the Gallagher clan.

The father of the family, Frank, can often be found either drinking at The Alibi, a tavern, or stumbling on his way home. Frank is always scheming a way to make money to fulfill his addictive needs, without actually working by receiving fraudulent disability checks. Fiona Gallagher, the oldest daughter, depends on these checks in order to ensure the stability of her family. She always takes a cut from the check and Frank takes the rest to the bar.

When Fiona was in high school, she was a track star who had dreams about being the first in her family to go to college, but things took a turn her senior year. Her mother, Monica, suffered from bipolar disorder and drug addiction. Halfway through Fiona's senior year, Monica abandoned the Gallaghers to continue her drug addiction forcing Fiona to drop out of high school in order to replace her mother's income. Since then, Fiona has been the unofficial caretaker of her five younger siblings: Lip, Ian, Debbie, Carl, and Liam. Even though Fiona hasn't kept a steady job, she still

manages to hold the family together with the help of her siblings, molding her into a “parentified” child.

Lip, the second oldest, is the brains of the family. Since Monica left, Lip contributes to the household income through unique funding opportunities such as impersonating his classmates by taking their SAT, which earns him about \$500 a test because he always gets a perfect score. However, his luck ran short one day when he got caught by an SAT proctor. Fortunately, Lip’s intelligence impressed the proctor so much that he insisted on Lip working with him at the University of Chicago. Lip, though, is not interested in going to university. His interests lie in taking care of his siblings.

Unlike his other brother, Ian struggles academically, making him envious of Lip’s smarts. Tension exists between Ian and Lip because of the constant competition between the two brothers. Despite this tension, Lip is the only one that Ian fully trusts; Ian confides in Lip about his sexuality and worries about getting into the military. The bond between the two of them is the strongest within the family.

Another sibling bond occurs between Debbie and Carl, who are currently middle children. They are both in a critical developmental stage as they are in between their childhood and teenage years. Regardless of this, they have a basic understanding of their parents’ addiction and its effect on their family; however their innocence and hope still remains. Even when their older siblings gave up on Frank and Monica, Debbie and Carl still take care of them with unconditional love.

The youngest of the Gallagher family is baby Liam who is about two years old. The Gallagher children work hard to maintain their family mostly to make sure that

Liam has a good life. Recently, Fiona met someone that she thinks she can start a life with. Fiona is torn between staying home with her family and creating a life for herself because Steve, her boyfriend, believes that if she remains caretaker for her family, she wouldn't be able to start a life for herself until Liam turned 18.

Fiona decided that because Frank has not taken care of the family for three years, she should take custody of her brothers and sisters. Frank's lack of participation in the family, due to his addictions, made him a burden to his family. This relationship with her father has been tenuous, especially when Frank let Monica move in again. Fiona doesn't believe Monica nor Frank can change into good parents; which is why she wants custody of her siblings. There are a lot of obstacles in this pursuit, however. Because the Gallaghers depend on Frank's disability checks, which are fraud, it is unlikely for the court to name her caretaker. If Fiona were to try to take custody, Department of Children and Families may intervene and separate the family.

When Frank found out that Fiona was trying to take custody of his children, he was furious. While drinking in The Alibi, Frank drunkenly gave an anonymous tip to the department of children and families about how the "Gallagher father" treated the family. Frank is conscious and aware of how his addictions affect his family, but his selfishness gets in the way of him caring. His addiction affects his ability in being an effective father figure for his children.

The Department of Children and Families (DCF) arrived at the Gallagher household unexpectedly one day and took the children into custody. Only Lip and Ian stayed together in a boy's home while everyone else was separated. The one promise that Fiona wanted to keep to her siblings was to stay together. She forced Frank into

pretending to be an exceptional father for one day in order to get her siblings back home. When DCF came to do an investigation on the Gallagher household, they passed and all five Gallaghers came back home. Word came from The Alibi saying Frank was the one to put in the anonymous tip. Since then, all of Frank's children have been trying to kick him out of the house.

Frank's neglect for his family has pushed his children to give up on him. The family has always been dysfunctional, even when Monica was gone. However, when Monica came back, both her and Frank acted like they were going to be the best parents to their children. They instilled hope in Fiona, Lip, Ian, Debbie, and Carl. Fiona even started GED classes because she thought she could live independently. When Frank and Monica found the squirrel fund, a jar full of cash that the Gallagher children made in the summer to make up for winter bills, everything changed because they had an opportunity. Frank and Monica used the squirrel fund to buy a car and drugs spending their children's saved funds in less than two days. Stealing the squirrel fund was ultimately the last straw pushing Fiona in her pursuit for custody of her siblings.

Although the Gallagher household has experienced traumatic events, the siblings remain faithful to each other, despite their feelings toward Frank. Fiona and her siblings are resilient. They work together to strive toward homeostasis even if they are not fully financially stable sometimes, they are innovative enough to work around it. The commitment that the Gallaghers have toward each other is commendable.

The purpose of this case study is to examine the effects of addiction and alcoholism in a family system using a fictionalized family from Showtime's hit series *Shameless*.

Literature Review

The literature review provides the reader with a composite of information regarding addiction and family systems. In order to fully understand the Gallagher family, the social worker requires full knowledge of family systems, addiction, and mental illness. This literature review is intended to provide a brief overview of themes in both addiction and family systems.

Addiction

There are many theories as to why addiction occurs. Are some people more predisposed to addiction than others? According to Straussner (2004), there are several factors that contribute to someone's substance abuse and addiction: biochemical and genetic factors, familial factors, psychological factors, environmental and sociocultural factors, and the multifactorial perspective. Some people's dopamine levels are affected more than others due to biological factors (Volkow, 2007). The first time someone tries drugs will essentially determine if they are predisposed to addiction. The DSM-V (APA, 2013) argues that some individuals may be genetically predisposed to substance use disorders. Dopamine levels will keep increasing to fulfill the same initial high, causing people to become addicted. Therefore, substance use characteristics may exist in an individual before they even try drugs at all.

Research suggests that a risk for addiction may be inherited (U.S. Department of Health and Human Services, 2008). Children of addicts and alcoholics are more likely to develop an addiction than children with parents who don't suffer from addiction. This research proposes that genetics play a factor in substance abuse.

Although genetics may play a role in addiction, people are not born addicts because an “addiction gene” doesn’t exist (University of Utah, 2013). Addiction is a behavioral disease that is influenced by genetic and environmental forces; therefore, children of addicts may develop an addiction because of their parents’ disease, or they can develop addiction because of access to drugs. Drug addiction is defined as “a chronic disease characterized by changes in the brain which result in a compulsive desire to use a drug” (University of Utah, 2013).

Substance Abuse

Unlike the DSM-IV, the DSM-V (APA, 2013) no longer distinguishes between substance abuse and substance dependence. The DSM-V (APA, 2013) categorizes substance-related disorders in two groups: substance use disorders and substance-induced disorders. Substance-induced disorders contain withdrawal, intoxication, and other substance-induced mental disorders. Substance abuse is now measured on a continuum from mild to severe. Each substance has its own diagnosis in the DSM-V, but all of them are diagnosed using the same criteria. The symptoms of substance abuse are as follows:

1. Substance use in larger amounts or longer period of time than intended.
2. Multiple attempts or desire to reduce drug use.
3. Copious amounts of time spent acquiring the drug, using the drug, and recovering from the drug.
4. Craving.
5. Failing to attend to major role obligations.
6. Relationship problems as a result of substance abuse.

7. Abandonment of activities once loved by the user.
8. Continual substance use in physically hazardous situations.
9. Continual substance use despite psychological or physical problems caused by the substance.
10. Tolerance.
11. Withdrawal. (APA, 2013, p. 561)

Substance abuse is measured through a continuum from mild to severe. In order to have mild substance abuse, the user must have two to three of the symptoms listed above. Moderate users have four to five symptoms and severe users have six or more symptoms. Of course it is possible for users to change severities through time by increasing the frequency and dosage of drug use (APA, 2013).

Alcohol Use Disorder

Like substance abuse, alcohol use disorder has eleven characteristics that define the disease, except the substance is defined specifically as alcohol. The same markers are used to determine the severity of a person's alcohol use disorder. Alcohol use disorder is not uncommon in the United States. According to the DSM-V (APA, 2013), 4.6% of 12- to 17 year olds and 8.5% of adults 18 years and older suffer from alcohol use disorder.

Typically the first time a person consumes alcohol is in their mid-teens (APA, 2013). Alcohol use disorder characteristics may appear during that time, but generally the onset of the disease occurs in the late teens or early to mid-twenties. By their late thirties, most people with an alcohol related problem have developed alcohol use disorder (APA, 2013). According to the DSM-V (APA, 2013), there are a few

prognostic factors that contribute to susceptibility to the disease: environmental, genetic, and physiological. Someone's culture influences how they view alcohol. If they grew up in an environment where intoxication was acceptable, they are more likely to begin drinking. Attitudes toward intoxication influence a person's perception of alcohol. Genetics may also play a role in alcohol use disorder; individuals with close relatives who suffer from the disease are three times more likely to develop the disease themselves (APA, 2013). Advances in research of this disease prove that there is a link between genetics and the disease.

Family Systems

The definition of family has evolved immensely in the past century. Families were once defined as two parent households, typically mother and father led. Today, however, families are more diverse. Ruben (1993) argues that family structure is critical for "enduring context for growth." Families can be single mother, single father, gay couple, no children, etc. A family is defined as people living together who have created a home for themselves through their emotional needs (Maluccio, Pine, & Tracy, 2002; Hartman & Laird, 1983). This definition provides a positive emphasis on family, but family dynamics and structure can cause family conflict. Becvar and Becvar (1993) explore what causes a family to be functional versus dysfunctional. They note that happy families have a mixture of the following traits:

1. A legitimate source of authority, established and supported over time.
2. A stable rule system established and consistently acted upon.
3. Stable and consistent shares of nurturing behavior.
4. Effective and stable childrearing and marriage-maintenance practices.

5. A set of goals toward which the family and each individual works.
6. Sufficient flexibility and adaptability to accommodate normal developmental challenges as well as unexpected crises. (Becvar & Becvar, 1993, p. 121; Becvar & Becvar, 1982).

The traits above describe a healthy, happy family, but they do not have to have all of those characteristics to be healthy. Healthy families are open systems that accept change into their homes. Although these families have a clear structure, they maintain open lines for communication. The ability to communicate reinforces healthy relationships between family members (Becvar & Becvar, 1993; Kaslow, 1982).

Dysfunctional families, on the other hand, lack most of the listed characteristics above. Unhealthy families lack communication and receive more negative processes than healthy families. Because healthy families tend to focus on positive energy, the members are just generally happier and closer to self-actualization. Looking at family systems on a continuum, the unhealthy end would be described as a closed system lacking boundaries and open lines of communication (Becvar & Becvar, 1993; Beavers, 1982).

Resilience

When using the strengths-based perspective, many social workers take note if their client systems are resilient or not. In the history of social work, the definition of resilience has been unclear and may have been used in the wrong context. Patterson (2002) argues that the confusion about what resilience is and what it isn't stems from the strengths perspective. She also points out the resilient individuals are different than resilient individuals. There are three conditions that are required to find resilience in

individuals and families: family-level outcome, risk, and protective mechanisms (Patterson, 2002; Masten & Coatsworth, 1998).

Resilient families have the ability to maintain equilibrium in their homes even through adversity (Maluccio, Pine, & Tracy, 2002; Masten, Best, & Garmezy, 1991; Walsh, 2002). Resilience is viewed holistically; social, cultural, and environmental factors impact a family's risk level (Garmezy, 1991; Masten, Best, & Garmezy, 1990; Rutter, 1987; Werner 1993; Walsh, 2002). By viewing families through a resilience framework, social workers are focusing on the family's strengths rather than their weaknesses. Resilient families are viewed as survivors of their adversities. The advantages of the family resilience framework are that it focuses on strengths under stress and its assumption that each family's situation is unique (Walsh, 2002).

Family Intervention Methods

Depending on the situation in the family, there will be different intervention strategies. Kilpatrick and Holland (1999) provide a strategy on how to determine family intervention through an integrative model by level of need. This strategy assists the social worker in assessing the family's needs. There are four levels of need: basic survival, structure and organization, space and boundaries, and fine art of living. Maslow's Hierarchy of Needs (Kilpatrick & Holland, 1999) influenced this model, but focuses on the family rather than the individual. The first level, basic survival, refers to the family's resources such as food, shelter, protection, medical care, and minimal nurturance (Kilpatrick & Holland, 1992). If the family cannot successful provide basic resources to all members, it is impossible to reach the other three levels. The second level, limits and safety, focuses on limits and safety, strengths, controls, and patterns of

coping. Kilpatrick and Holland (1999) place the responsibility of this level on the parents, saying that if they are lack the resources to create boundaries in the family system, the existence of stability is in danger (1999). This authority that the parents place on the household are meant to ensure safety and structure. The third level promotes space, privacy, and boundaries. Third level families are often problematic, even if they do not appear so (Kilpatrick & Holland, 1999). Social workers who work with level three families should emphasize coping methods and focus on communication within the family. The fourth and final level, fine art of living, promotes self-actualization within the family (Kilpatrick & Holland, 1999). Social workers help level four families by focusing on personal values and spirituality. This model focuses on helping families reach self-actualization. Some researchers would argue that this model is not accurate in assessing all families as it may not take all families into account. Walsh argues that the research does not do family systems justice, as it does not reflect the changing family systems over time with challenges.

Kilpatrick and Holland's level of need model provides practitioners an insight on how to assess family needs. The worker is not in charge of waving a magic wand, making all for the family's problems disappear, but it is responsible for empowering the family to reach self-actualization. By looking at the family's problem solving process, the worker can teach family members coping strategies. Kieren, Maguire, and Hurlbut (1996) suggest that practitioners use a phasing hypothesis to examine the family problem solving process through a series of phases. Phases are sub periods between interactions in the problem solving process (Kieren, Maguire, & Hurlbut, 1996; Bales &

Strodbeck, 1951). Bales and Strodbeck's phasing theory provides three different phases: orientation, evaluation, and control.

Addiction in the Family

It is perceived that addiction is an individual issue, but addiction has its impacts on the whole family system. One major flaw of the disease model is the perception of addiction as an individual struggle (Raskin, 1991). Gruber and Taylor (2006) argue the importance of analyzing how the family is affected by addiction. Looking at family addiction through a systems perspective, it is clear to see the adverse effects on the family through distorted or missing family roles (Gruber & Taylor, 2006). A functional family has different roles than an addicted family. The addicted family follows the alcoholic family model through its different roles: the addict, enabler, hero, scapegoat, placater, mascot, and the lost child (CITATION). These roles are adapted to the addicted family.

The addicted family experiences internal problems such as: distrust, protectiveness, unrealistic expectations, newly resurfaced resentment, and recovery as threat to others in the family (Ruben, 1991). These problems affect the functioning of the family. As a result of these problems, the addicted family is also at risk for child abuse and neglect, and family violence (Gruber & Taylor, 2006) because of their lack of stability.

Conclusion

The review of the literature provides insight to families suffering from alcoholism and addiction. Addiction and alcoholism affects the entire family system, not just the individual suffering. More research about addiction and alcoholism in the

family needs to be done in order to pass legislation that will require the existence of programs to support families suffering from these diseases. Research will raise awareness about the immediate effect of these diseases on families and their surrounding communities.

Conceptual Frameworks

The following theories, person-in-environment, systems theory, and social exchange theory, provide practitioners insight as to how alcoholism and addiction function in a family system. In order to fully serve clients and their families, clinicians need to view addiction and alcoholism holistically to understand the forces that led the addict to become addicted and how it affects the family.

Person-In-Environment

The person-in-environment theory is a holistic approach to assessing a client system. This theory proposes that a client's environment can influence their lifestyle (Van Wormer & Besthorn, 2011). This holistic view is based on the idea that societal forces affect a client system's behavior; therefore, the client system cannot be fully held accountable for the outcome of their lifestyle. Depending on the community that someone comes from they may or may not have the resources to maintain homeostasis. This theory assists the social worker to understand how a person's community can mold their lifestyle.

Person-in-environment when applied to substance abuse and addiction suggests that it is not that addict's fault that they became addicted. For example, there are several risk factors that can determine if someone will end up an addict. If a person lives in an environment that supports a substance using lifestyle, they may become an addict. The

person-in-environment theory provides social workers with a subjective view of substance abuse as it does not place the blame on the addict.

Systems Theory

Systems theory refers to a set of elements that are orderly and interrelated to make a functional whole. According to systems theory, people are in a constant interaction with their environment (Van Wormer & Besthorn, 2011). Each system has a subsystem and each subsystem impacts all other parts and the whole system. Systems may consist of boundaries that separate one entity from another (Van Wormer & Besthorn, 2011). Anything that happens within the system affects the whole, not just one entity; therefore, there is a constant interaction within the system. Social workers who use systems theory understand how internal and external forces affect their clients.

This theory is applicable to family systems and addiction. There are key factors to systems theory that describe the interactions between different systems: wholeness, feedback, equifinality and circular causality (Kilpatrick & Holland, 1999). Wholeness refers to the concept of change affecting all parts of the system. Therefore, when one family member develops an addiction, it affects the whole family, not just the individual. Feedback refers to the information about reactions. For example, when the family finds out about the addiction of their family member, they will try to intervene. This is the family giving negative feedback to the addict. Equifinality is the same result achieved through different means. No matter how the family goes about trying to help the addict with their addiction, they might always receive the same response: a flat out no. Finally, circular causality is feedback from a variety of sources, internal and external. This can be a school counselor informing a concern to parents or a sibling

telling the addict how they feel about their addiction. When applied, systems theory allows social workers to understand aspects of the client systems social and physical settings.

Social Exchange Theory

The social exchange theory suggests that the value of relationships is based off of the exchanges between people, whether they are material or value exchanges (Ruben, 1993). The exchange of these resources between people determines the relationship's self-worth. According to Ruben (1993, p. 20), material exchanges include "money, time, energy, and productive skills" whereas non-material exchanges are in the forms of intangible values such as love and loyalty. The relationship's homeostasis depends on the social exchange.

There may be a lack of resources being exchanged in the addicted family from either the addict to the family or vice versa. Once a person becomes addicted, their priorities change. They love their drug of choice more than their family; and although their family is still loving them, the family relationships loses its equilibrium. Because the social exchange theory argues that people make their decision based on a system of benefits and costs, it can be applied to substance abuse as a reason why addicts use drugs.

Analysis

Frank and Monica's addictions affect the daily lives of their children. Frank is on the constant hunt to find a fix for his addiction. Monica, the mostly absent mother, suffers from bipolar disorder and addiction. Her comorbidity with mental disorder may be more stressful to the family than Frank's alcoholism and addiction. Person-in-

environment, systems theory, and social exchange theory describe how addiction and alcoholism affect the family system.

Frank and Monica's separation added an extra level of stress on the family as Monica's absence left an empty role in the system. Although Frank and Monica are the biological parents of the Gallagher children, their addiction, alcoholism, and mental illnesses impede their abilities to play the role of the caretaker in their home. Fiona, the oldest child, fills in for the absence of her parents. Only twenty-one years old, she has to make sure that her siblings have the opportunity to finish high school.

Application of Conceptual Frameworks

System's theory focuses on relationships between subsystems and how they affect one another (Van Wormer & Besthorn, 2011). Frank and Fiona lack a strong relationship because of Frank's addiction. She lost trust and respect for her father when she was young due to all of the times Frank didn't come through for his promises. Being an addict, Frank lost all focus for his family; he only fixated on finding another drink or another pill. Social exchange theory states that relationships are based on exchanges, material or value based (Ruben, 1993). He only came to his family when he needed to get his fix. The imbalance in the Gallagher family was created through Frank and Monica's lack of value exchange to their children.

No matter how much love an addict has for their family, their addiction consumes their lives inexorably. The lack of love exchanged between the parents and the children affects the children's self-esteem and self-efficacy. When Monica returned to the Gallagher household for a brief period, her children were weary of her presence. They remembered their mother's highs and lows that were affected by her drug use and

her bipolar disorder. Upon her return to the Gallagher household, Monica wanted to prove to her children that she could be the mother they all wanted. Although they were hesitant at first, she did provide a brief moment of true motherhood to her children. Fiona dropped the caretaker role momentarily at her mother's presence. In this time, she started working toward her GED. Monica, while sober, was able to build minimal trust with her children. Ian even came out to his mother and she accepted his sexuality. Social exchange theory would argue that Monica's presence and exchange of love to her children led to the creation of trust for her (Ruben, 1993).

Monica's recent sobriety made her easily susceptible to relapse, as it often takes addicts many relapses before they fully recover. Frank easily persuaded Monica to relapse when they fall upon the squirrel fund. The children were more irate than surprised to find out that their parents stole from them. Trust and honesty toward their parents became impossible at this point. Harmony and homeostasis ceased to exist. The relationship between Monica and Frank toward their children became solely material based once they stole the squirrel fund. Monica and Frank's addiction prevented them from having a value based relationship with their children.

The person-in-environment perspective provides clinicians a systemic view of client systems (Van Wormer & Besthorn, 2011). For the Gallagher household, the person-in-environment perspective demonstrates the afflictions of addiction. The Gallaghers' behaviors are affected by the roles of addiction and alcoholism in the family. Other factors, such as government benefits and community locales, either provide positive or negative energies toward the Gallagher household.

Roles in Alcoholic Families

The presence of addiction in a family reflects in the changed roles of family members. The roles of an alcoholic/addicted family are as follows: the addict, enabler, hero, scapegoat, placater, mascot, and the lost child (Black, 2010). Frank and Monica are the addicts of the family. The whole family system revolves around their addiction. The presence and absence of drugs in the Gallagher household reflects the homeostasis of the family system. When there are drugs and alcohol are easily accessible, the Gallaghers have stability because they don't have to worry financing Frank's addiction; however, the lack of drugs in the household shakes up the entire system as Frank becomes desperate. When Frank and Monica stole from the kid's squirrel fund, the Gallagher household not only lost money to pay for winter bills, but lost respect for their parents.

Fiona plays the role of the hero and the caretaker. Being the oldest child, parental responsibilities fell on her lap when Monica originally left the family. Because Monica's absence made a toll on Frank's parental abilities, there was no one left to take care of the children. Fiona dropped all of her personal accountabilities to take care of her siblings. She tries to make life as normal as possible for her family, especially for her younger siblings, Debbie, Carl and Liam. When Fiona adopted the role of caretaker, she began enabling Frank and Monica's addiction and alcoholism; although she strains to mask the problem by providing for her family, her parents' addiction continues to negatively affect the household.

Lip, the second oldest, is the scapegoat of the family. Frank and Monica's addictions have made Lip angry. He often expresses his frustrations heatedly. The addiction in the family is often forgotten because of the blame placed on Lip. He acts

out frequently, and such, he serves as a distraction of Frank's addiction. Like most scapegoats in the alcoholic model, Lip disagrees with authority figures, placing him in trouble at school or with the law. Thus, the addiction in the family is not recognized as the problem, but rather Lip's actions.

Debbie and Carl are the placaters of the family. From an early age, they saw the effects of addiction on their older siblings. They try to make peace between family members by making time for family bonding activities. Although they know a problem exists at home, they try to look past it because of their unconditional love for their family members. Their childhood innocence faded when Frank and Monica stole the squirrel fund. Even though this was a pivotal moment for the entire family, it affected Debbie and Carl's opinions of their parents greatly; they started to give up on them.

The lost child of the Gallagher family is Ian. He attempts to prevent extra burdens from occurring at home. Ian, for a while, kept his sexuality a secret from his family because he didn't want to add another problem. He searches for his identity more than his other siblings. Ian's ambition to join the military is strong enough for him to sabotage Lip's entrance to the Massachusetts Institute of Technology, by stealing his identity. He ended up leaving for basic training without telling his siblings.

The youngest child, Liam, is the mascot of the family. Being a baby, he always keeps moments light between family members. Liam holds the family together because he represents the hope and future for the Gallaghers. Fiona and the rest of the Gallagher clan fight to keep the family together, especially for Liam's sake.

Happy Family

Becvar and Becvar (1993) provide characteristics that create a happy family. The Gallaghers fall under two of the six characteristics of a happy family: a set of goals and flexibility. The most important aspect of a healthy family is communication. Unhealthy families are closed systems that do not accept communication in or outside of the system. The Gallaghers, although they lack many of the characteristics that comprise a healthy family, communication within the family exists. The Gallagher children have honesty and trust between each other because of their main goal of survival. Frank and Monica are excluded from this honesty and trust between the children because of their addictions.

Are the Gallaghers a happy family? They definitely have happy moments. This resilient family continues to have the common goal of survival. The Gallaghers would go to any means to keep the family together. When the Department of Children and Families made an investigation, it separated the Gallagher children for about a week. Fiona did everything she could to retrieve her siblings from the foster system; even if it meant creating a lawsuit against her father, Frank.

The Gallaghers have happy moments together, even if their life is stressful. The children maintain happy relationships with one another through their open forms of communication. The only unhealthy relationships exist between the parents and the children. Frank and Monica's addiction created an unstable environment for their children. The Gallagher children's resiliency makes them a happy family, excluding their parents. Despite their dysfunction, the Gallaghers are a happy family.

Intervention

Clinicians working with families such as the Gallaghers should consider using the Family Systems Intervention Model (McCrary & Epstein, 1999). This model suggests that addiction affects the entire family system through reciprocity in relationships. The family systems model argues that individuals begin to abuse substances during developmental crises (McCrary & Epstein, 1999). Unlike other clinical approaches, this model focuses on interactions between family members, which is useful in the assessment and evaluation of the families.

Using the family systems model, clinicians assist addicted families in reevaluating roles within members. Addiction affects the homeostasis of a household, which influences the changing roles in the family. Clinicians working with families like the Gallaghers can educate them on how to redefine roles and create boundaries (McCrary & Epstein, 1999). Reorganizing the family structure may assist in the overall functioning of the family.

While working with addicted families, it is critical to educate family members about the disease. At this point, most of the Gallagher children lost hope and trust in their parents because of trials they have been through. Clinicians can offer support services to the Gallagher children to help them realize that addiction is a disease, rather than a “dirty habit”. Hopefully this would assist them in empathizing with their parents rather than degrading them.

The family systems model strives toward equilibrium by focusing on interactions between family members and addiction (McCrary & Epstein, 1999). The model works to reframe the family’s view on the addict to support their recovery

process. With any luck, the Gallagher children will begin to realize the diseases that their parents have and will work with them to achieve recovery.

Conclusion

As addiction increasingly becomes a larger problem in a family, it affects the entire family system through its influences on behavior and roles of family members. It is integral that clinicians work with families of addicts to educate them about addiction and alcoholism so they can foster empathy toward their addicted loved ones. The Gallaghers are a classic example of a family not understanding the effects of addiction.

The chosen family for this case study, the Gallaghers, is from Showtime's hit television series *Shameless*. The purpose of choosing a fictional addicted family was to illustrate the changing roles of family members. Although roles appear rigid, when a force such as addiction enters a household, roles become fluid as is seen in the Gallagher home. The producers of *Shameless* have an opportunity to broadcast the trials of family addiction through the plot and the dialogue of the Gallaghers. As the media plays a stronger role in society's perception of addiction, Hollywood becomes the centerfold of American stereotypes.

Addiction is a grave problem in the United States. Millions of Americans and their families suffer from the effects of addiction and alcoholism; the stigma and stereotypes toward addiction and alcoholism prevent the public from understanding the emotional results of the two diseases. The producers of *Shameless* should use their drama to illustrate the risk factors attributed to addiction and alcoholism. Education about the two diseases could create empathy and tolerance within the audience. The media's impact on society's view of addiction and alcoholism affects the public's role

in legislative action. Hopefully, the producers of Shameless can create a realistic family that people empathize with that will inspire them to take political action. Instead of dehumanizing addiction, the media should broadcast the importance of the disease in our culture. Legislative action about addiction and alcoholism could produce positive results such as a larger budget toward prevention and intervention programs that will aid families suffering from the two diseases. It is imperative that we raise awareness about a topic so taboo in our culture in order to ensure that there are programs available for this vulnerable population.

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