



New Trends
in Psychology

The Role of Family Dynamics and Transgenerational Processes in the Development and Maintenance of Addictive Behaviors: Implications for Systemic Psychotherapeutic Intervention

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Abstract: Addictive behaviors have long been conceptualized as individual disorders primarily grounded in neurobiological vulnerability or maladaptive personality traits. Increasingly, however, systemic perspectives emphasize the relational and developmental contexts in which addiction emerges and is maintained. This article proposes an integrative systemic framework that conceptualizes addictive behavior as a relationally embedded and transgenerational phenomenon, shaped by family dynamics and intergenerational patterns. Drawing on systemic family therapy models—including Bowenian, contextual, structural, and narrative approaches—the paper explores how processes such as triangulation, emotional cutoff, rigid family roles, and transgenerational loyalties may contribute to the persistence of addiction. At the same time, family resources and resilience are examined as central elements in recovery and therapeutic change. The article discusses clinical implications for systemic assessment and intervention, highlighting the importance of multigenerational perspectives, relational safety, and ethical sensitivity in promoting sustainable recovery. By reframing addiction as a systemic and transgenerational issue, this contribution supports psychotherapeutic approaches that prioritize relational change and family engagement in the treatment of addictive behaviors.

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1. Introduction

Addiction is rarely an isolated intrapsychic phenomenon; rather, it unfolds within a complex relational and developmental ecosystem. Individuals presenting with substance-related or behavioral addictions frequently emerge from family environments characterized by chronic conflict, rigid relational roles, emotional distance or enmeshment, and unresolved trauma. Despite this relational embeddedness, dominant models of addiction have historically emphasized individual pathology, focusing primarily on neurobiological vulnerability, genetic predispositions, or cognitive-behavioral deficits. Such approaches, while valuable, often overlook the family context within which addictive behaviors develop and persist.

High relapse rates and the chronic, recurrent nature of addiction suggest that interventions targeting only individual symptoms are frequently insufficient. In response, contemporary systemic perspectives increasingly conceptualize addiction as a relational phenomenon—one that fulfills specific functions within the family system. From this viewpoint, addictive behavior may serve to regulate emotional tension, stabilize fragile relational patterns, or divert attention from unresolved family conflicts. Over time, addiction can become an organizing principle around which family interactions are structured, contributing to the maintenance of homeostasis despite its destructive consequences.

Empirical and clinical research supports this relational understanding of addiction. Studies consistently indicate that family involvement in addiction treatment is associated with improved outcomes, including reduced substance use, enhanced treatment engagement, and improved family functioning. Conversely, treatment approaches that exclude the family context often fail to address systemic patterns that precipitate or reinforce addictive behavior, thereby limiting long-term effectiveness. These findings underscore the importance of understanding addiction not only as an individual struggle, but as a phenomenon embedded within family relationships and histories.

Beyond immediate family dynamics, systemic approaches also emphasize the role of transgenerational processes in shaping vulnerability to addiction. Patterns such as

invisible loyalties, intergenerational trauma transmission, emotional cutoffs, parent–child role reversals, and rigid family role assignments can create relational climates in which addictive behaviors are more likely to emerge and be sustained. Within such contexts, addiction may represent both a response to inherited relational burdens and an attempt to manage unresolved emotional legacies across generations.

The present article examines the role of family dynamics and transgenerational processes in the development and maintenance of addictive behaviors, with a particular focus on their implications for systemic psychotherapeutic intervention. Drawing on Bowenian, contextual, structural, and narrative family therapy models, the paper explores how addiction can be understood as a relational symptom within the family system. In addition, attention is given to family resources and resilience factors that can be mobilized therapeutically to support recovery and relational transformation. By adopting a multigenerational systemic lens, this contribution argues that reframing addiction as a relational and transgenerational phenomenon can inform more effective psychotherapeutic interventions, fostering not only individual recovery but also healthier family relationships and intergenerational healing.

2. Addiction as a Relational and Developmental Disorder

From a developmental and systemic perspective, addiction can be understood not as an isolated behavioral pathology, but as the outcome of cumulative relational adversity interacting with individual vulnerability across the lifespan. Early family environments marked by instability, emotional unavailability, trauma, or insecure attachment disrupt the child’s developing capacity for affect regulation and relational safety. In the absence of consistent attunement and secure caregiving, individuals may come to rely on external substances or compulsive behaviors as substitutes for relational regulation, particularly during periods of heightened emotional stress in adolescence and adulthood.

Within this framework, addictive behaviors emerge as adaptive responses to unmet attachment needs rather than as purely self-destructive choices. Substances or repetitive behaviors can temporarily soothe dysregulated affect, dampen overwhelming anxiety, or provide a sense of control and continuity in the face of relational unpredictability. Over time, these strategies may become entrenched, functioning as reliable—albeit maladaptive—means of emotional regulation in

contexts where relational support has been experienced as unsafe, inconsistent, or unavailable. Clinically, it is frequently observed that substance use serves to manage interpersonal anxiety, emotional isolation, or unprocessed fear rooted in early relational trauma.

Addiction also plays a significant role in identity formation within the family system. From a systemic viewpoint, substance use may simultaneously express both differentiation and loyalty. In enmeshed or rigid family structures, addictive behavior can operate as an indirect attempt to assert autonomy while remaining emotionally bound to the family narrative. The individual may become positioned as the “identified patient” or “black sheep,” a role that paradoxically maintains belonging by embodying the family’s unspoken conflicts or unresolved histories. Bowenian theory conceptualizes this dynamic in terms of low differentiation of self, wherein individuals struggle to establish an autonomous identity without severing emotional ties. In such cases, addiction may function as a maladaptive vehicle for differentiation—allowing partial separation without genuine relational restructuring.

Consequently, recovery is often experienced as psychologically complex. Abstinence does not merely involve relinquishing a coping mechanism, but may threaten the individual’s established role within the family system and destabilize long-standing relational patterns. Letting go of the addictive behavior can evoke fears of emotional disconnection, loss of identity, or exposure to unresolved relational tensions that the addiction previously served to regulate.

Neurodevelopmental research further supports this relational understanding of addiction. Chronic early-life stress, trauma, and inconsistent caregiving are known to influence the maturation of stress-response systems and reward pathways, increasing sensitivity to both emotional distress and the soothing effects of substances. When neurobiological vulnerability is embedded within emotionally constraining or conflictual family environments, addiction becomes reinforced across multiple levels: biologically through modulation of affective arousal, psychologically through avoidance of emotional pain, and relationally through its regulatory function within the family system. These converging mechanisms help explain the persistence and resistance to change characteristic of addictive behaviors.

Viewed through this lens, addiction can be conceptualized as a relational and developmental disorder—one that reflects disrupted attachment processes, learned patterns of emotional regulation, and the enduring influence of family relationships across time. This perspective shifts the clinical focus from solely identifying deficits

within the individual to examining the relational contexts in which addiction acquires meaning and function. Understanding addiction as embedded in family and developmental histories creates the foundation for systemic intervention, highlighting the family not only as a context of vulnerability, but also as a potential resource for recovery and relational repair.

3. Family Dynamics and the Cyclicity of Addiction

Families affected by addiction frequently become organized around rigid and repetitive interactional patterns that inadvertently sustain the addictive behavior. Over time, a cyclical process often emerges in which periods of escalation or crisis are followed by intense family reactions—such as rescuing, controlling, confronting, or covering up—leading to temporary stabilization before tensions accumulate and the cycle resumes. Although these responses are typically motivated by concern and fear, they often reinforce the centrality of addiction within family life, allowing it to function as an organizing principle of the system.

Within this cyclical dynamic, addiction comes to serve a paradoxical stabilizing function. By concentrating emotional energy and attention on the identified symptom, families may avoid confronting other sources of distress, such as unresolved marital conflict, emotional distance, or unacknowledged trauma. In this sense, addiction provides a shared explanatory framework for the family's suffering, enabling a form of dysfunctional homeostasis in which relational roles and expectations become predictable, even if painful.

Distinct family roles commonly consolidate around the addictive process. Rather than viewing these roles as fixed typologies, a systemic perspective understands them as relational adaptations to instability. Family members unconsciously assume complementary functions in an effort to restore balance: responsibility may become concentrated in one member while another embodies dysfunction; caretaking and control may increase in response to perceived irresponsibility; emotional withdrawal may coexist with over-involvement. These role configurations reduce anxiety in the short term but simultaneously limit flexibility and maintain dependence on the addictive symptom to regulate relational tension.

From a systemic standpoint, the addicted individual often becomes the emotional focal point of the family, absorbing collective anxiety and conflict. This positioning of the “identified patient” allows other relational difficulties to remain unexamined,

as distress is attributed primarily to the substance use itself. As a result, attempts to change the addictive behavior alone may threaten the family's equilibrium, eliciting resistance or unconscious pressures that pull the system back toward familiar patterns.

Empirical and clinical research supports these observations, demonstrating that family interactional climates characterized by high criticism, emotional over-involvement, or hostility are associated with poorer treatment outcomes and increased relapse risk. In such environments, interpersonal stress frequently triggers renewed substance use, while relapse, in turn, intensifies family reactivity, reinforcing a self-perpetuating cycle. Equally problematic are patterns of excessive permissiveness or enabling, in which family members protect the addicted individual from the natural consequences of their behavior. These responses may reduce immediate conflict but diminish motivation for change and contribute to accumulating resentment and emotional strain within the system.

Families often oscillate between these extremes—over-involvement and confrontation—both of which sustain the addictive cycle. Over-involvement can inhibit the development of personal responsibility, while confrontation may exacerbate shame, alienation, and emotional dysregulation. The addicted individual thus remains caught in a relational bind in which neither autonomy nor secure connection is adequately supported.

Systemic psychotherapy conceptualizes these dynamics as central to the maintenance of addiction. From this perspective, sustainable recovery requires more than individual abstinence; it necessitates transformation of the interactional patterns that have organized family life around the symptom. Therapeutic interventions therefore focus on altering how families respond to crisis, distress, and responsibility. By fostering communication that is neither punitive nor rescuing, encouraging appropriate boundary setting, and supporting family members in tolerating emotional discomfort without reverting to familiar roles, systemic therapy expands the family's relational repertoire.

As families develop more flexible and emotionally regulated ways of relating, addiction gradually loses its function as a primary regulator of the system. The reduction of systemic pressure on the identified patient creates conditions in which individual recovery can be sustained, not through coercion or crisis, but through genuine relational change.

4. Transgenerational Processes and Invisible Loyalties

From a systemic perspective, addictive behaviors are often embedded within transgenerational processes that extend beyond the immediate family context. Rather than emerging solely in response to present-day stressors, addiction may reflect unresolved emotional legacies transmitted across generations. Family systems theory emphasizes that patterns of relating, coping, and emotional regulation are rarely confined to one generation; instead, they are shaped by historical experiences, unprocessed trauma, and implicit relational rules that continue to influence descendants.

One of the most influential concepts in understanding these dynamics is that of invisible loyalties, as articulated within contextual family therapy. Invisible loyalties refer to unconscious bonds of obligation and allegiance that tie individuals to their family of origin. These loyalties are often rooted in unspoken expectations, moral debts, and relational imbalances that are transmitted across generations. In families affected by addiction, individuals may unconsciously reproduce maladaptive behaviors as a means of maintaining loyalty to previous generations, particularly when those generations experienced deprivation, loss, or trauma that was never adequately acknowledged.

From this viewpoint, addictive behavior can function as a form of relational continuity. For example, an individual may develop substance use patterns that mirror those of a parent or grandparent, not merely through modeling, but through an implicit sense of belonging or obligation to the family narrative. Abstaining from addiction may thus evoke unconscious guilt or anxiety, as it can be experienced as a betrayal of family loyalty or a disruption of established relational balances. In such cases, addiction serves not only as a coping mechanism, but also as a symbolic expression of fidelity to the family system.

Transgenerational transmission of trauma further deepens vulnerability to addiction. Families marked by historical trauma—such as violence, loss, migration, or chronic deprivation—often develop relational patterns characterized by emotional suppression, rigid role assignments, or fragmented attachment. When traumatic experiences remain unprocessed, they may be communicated indirectly through parenting practices, emotional availability, and implicit family rules regarding vulnerability and expression. Descendants may inherit not the traumatic events themselves, but the emotional residues and relational strategies shaped in response to them.

Within these contexts, addiction may emerge as an attempt to regulate affective states that were never adequately contained within the family system. Substances or compulsive behaviors may provide temporary relief from diffuse anxiety, emotional numbness, or unarticulated grief transmitted across generations. Clinically, it is often observed that addictive behavior intensifies at life stages associated with increased relational responsibility—such as parenthood or caregiving—when transgenerational loyalties and unresolved family dynamics are reactivated.

Family myths and narratives play a crucial role in sustaining these processes. Shared beliefs about identity, suffering, and endurance—such as narratives of victimhood, sacrifice, or inevitability—can normalize addictive behavior or frame it as an expected outcome within the family lineage. These narratives may limit alternative self-concepts and constrain the individual's capacity to imagine relational change. Addiction, in this sense, becomes integrated into the family's symbolic economy, reinforcing continuity at the expense of transformation.

Understanding addiction through a transgenerational lens highlights the ethical and clinical importance of addressing family history in systemic psychotherapy. Therapeutic work that acknowledges invisible loyalties and inherited relational burdens allows individuals to differentiate from destructive patterns without severing meaningful bonds. By making implicit loyalties explicit and facilitating the re-negotiation of relational obligations, systemic interventions can support both individual recovery and intergenerational healing.

Finally, the analysis suggests that integrative systemic approaches contribute to stronger therapeutic alliances and sustained engagement. By honoring both systemic organization and collaborative meaning-making, integrative practice supports a relational climate in which families experience both containment and agency. This balance appears to enhance trust, participation, and continuity in the therapeutic process, which are widely recognized as critical factors in therapeutic effectiveness.

Taken together, these conceptual findings support the central argument of the article: that integrative systemic–postmodern models offer a clinically robust and ethically sound alternative to strictly classical approaches, without diminishing their foundational contributions. Integration, when guided by conceptual clarity and pragmatic orientation, emerges as a viable and necessary direction for contemporary family psychotherapy.

5. Attachment, Trauma, and Intergenerational Vulnerability

Attachment theory and trauma research provide a critical extension of systemic conceptualizations of addiction by clarifying how early relational experiences shape emotional regulation, relational expectations, and vulnerability to compulsive behaviors. A substantial body of clinical literature indicates that individuals with addictive behaviors frequently exhibit insecure or disorganized attachment patterns, reflected in difficulties with trust, affect regulation, and interpersonal intimacy. These patterns often originate in early caregiving environments marked by emotional inconsistency, unavailability, role reversal, or frightening parental behavior, where the child's need for safety and attunement was insufficiently met.

From this perspective, addiction can be understood as a relational adaptation to chronic emotional dysregulation. In the absence of reliable co-regulation through attachment relationships, individuals may turn to substances or compulsive behaviors as external regulators of affect. These behaviors offer temporary relief from anxiety, emotional pain, or internal chaos, functioning as substitutes for the soothing and containment that were lacking in early relationships. Clinically, addiction frequently appears as an attempt to manage attachment-related distress rather than as a pursuit of pleasure or sensation alone.

Trauma and addiction are also deeply intertwined across generations. Parents burdened by unresolved trauma or attachment insecurity may struggle to provide consistent emotional availability, thereby transmitting relational vulnerability to their children. When caregiving figures oscillate between emotional presence and absence, or between care and fear, children may develop disorganized attachment patterns characterized by internal conflict and heightened stress reactivity. These early relational disruptions significantly increase vulnerability to later addictive behaviors, particularly when combined with environmental stressors and genetic predispositions.

Importantly, parental addiction itself constitutes a form of relational trauma. Children raised in families affected by substance abuse often experience chronic unpredictability, emotional neglect, and heightened responsibility at an early age. Over time, these conditions contribute to what has been conceptualized as developmental trauma—a cumulative pattern of relational adversity that disrupts emotional, cognitive, and relational development. Addiction thus emerges not only as a consequence of trauma, but also as a mechanism through which trauma is

transmitted across generations, reinforcing cycles of vulnerability within the family system.

From a systemic clinical standpoint, addictive behavior may be reframed as an expression of unmet attachment needs embedded within intergenerational relational patterns. Substances or compulsive behaviors function as regulators of a nervous system shaped by chronic stress and emotional insecurity. In some cases, addiction also serves a symbolic relational function, sustaining proximity, care, or attention within a system where secure attachment has been historically compromised.

This understanding carries important implications for systemic psychotherapy. Interventions that fail to address attachment wounds and trauma-related dysregulation risk overlooking the relational drivers of addiction. In contrast, trauma-informed and attachment-oriented systemic approaches aim to create corrective relational experiences, both within therapy and, where possible, within the family context. By fostering emotional safety, reflective functioning, and attuned communication, systemic therapy supports the gradual replacement of addictive regulation with relational co-regulation.

Ultimately, strengthening secure relational bonds is central to sustaining recovery. As families develop greater capacity for emotional attunement and responsiveness, the relational conditions that maintain addiction begin to shift. In this process, sobriety is no longer experienced solely as the absence of substance use, but as the emergence of meaningful, regulating connections that reduce the need for addictive coping strategies and support intergenerational healing.

6. Family Resources and Relational Resilience in Addiction

While clinical discourse on addiction often emphasizes family dysfunction and pathology, systemic perspectives equally underscore the role of family resources, strengths, and relational resilience as central factors in recovery. Even families profoundly affected by addiction typically retain emotional bonds, shared values, and capacities for adaptation that can be mobilized therapeutically. Shifting the clinical focus from deficit-oriented explanations toward the identification of relational resources represents a crucial step in empowering both individuals with addiction and their family systems.

From a systemic standpoint, family resilience does not imply the absence of conflict or suffering, but rather the capacity to endure adversity while maintaining cohesion,

flexibility, and hope. In families impacted by addiction, resilience may be expressed through continued emotional investment, persistence in maintaining relationships despite repeated setbacks, and a willingness to seek support or engage in change. These relational qualities form an important foundation for therapeutic work, even when they are initially obscured by fear, exhaustion, or resentment.

Research consistently indicates that family involvement in addiction treatment is associated with improved clinical outcomes, including greater treatment retention, reduced relapse risk, and enhanced family functioning. When families are engaged as active participants rather than peripheral observers, the therapeutic narrative shifts from individual blame toward shared responsibility and collaboration. This systemic repositioning reduces shame, promotes accountability within a supportive context, and transforms the family from a site of conflict into a potential source of stabilization and motivation for recovery.

Attachment bonds constitute a particularly significant family resource. For many individuals, the experience of being emotionally held by their family—despite the damage caused by addiction—serves as a powerful motivator for change. Systemic therapy facilitates the repair of these bonds by creating spaces for reflective dialogue, emotional expression, and acknowledgment of relational pain. Through such processes, families can begin to replace cycles of criticism and avoidance with patterns of empathy, boundary-setting, and mutual recognition.

Shared values and meaning-making processes further contribute to relational resilience. Families often retain core commitments—such as solidarity, responsibility toward children, or spiritual or cultural beliefs—that transcend the addiction itself. When these values are explicitly acknowledged and integrated into therapy, they can guide behavioral change and support the restructuring of family interactions. Rather than enforcing change through control or coercion, systemic interventions draw on these shared meanings to foster alignment and intentional action.

Importantly, mobilizing family resilience does not entail minimizing harm or promoting unrealistic optimism. On the contrary, it involves recognizing that setting boundaries, tolerating discomfort, and relinquishing enabling behaviors are expressions of relational strength rather than abandonment. As families gradually realign their responses, small but meaningful changes in interaction accumulate, enhancing trust and reducing systemic pressure on the individual identified with the addiction.

As relational resilience strengthens, addiction progressively loses its function as the family's central organizing force. Healthier patterns of communication, emotional regulation, and shared responsibility begin to take its place, supporting both individual recovery and broader family well-being. In this sense, systemic work with family resources does not merely complement addiction treatment; it reorients the recovery process toward sustainable relational transformation and intergenerational repair.

7. Systemic Psychotherapeutic Models Applied to Addictive Behaviors

Systemic psychotherapy offers a clinically robust way of addressing addictive behaviors by treating them as symptoms embedded in relational patterns rather than as isolated individual pathologies. In practice, different systemic models contribute distinct intervention pathways, yet they converge in their emphasis on interactional cycles, relational meaning, and multigenerational influences. This section outlines four systemic approaches—Bowenian, contextual, structural, and narrative—and clarifies how each can be applied to disrupt addictive patterns while strengthening relational conditions that support recovery.

a) Bowenian Family Therapy: Differentiation and the Regulation of Chronic Anxiety

Bowenian family therapy conceptualizes addiction as closely linked to chronic anxiety and low differentiation of self within the family emotional system. In families characterized by fusion, intense reactivity, or emotional cutoff, substance use and compulsive behaviors may function as maladaptive strategies for managing relational tension. From this perspective, the clinical focus extends beyond abstinence to the processes through which anxiety circulates, escalates, and becomes regulated through symptoms.

Intervention typically prioritizes increasing reflective capacity, reducing automatic reactivity, and strengthening differentiation while maintaining connection. The genogram serves as a central tool for mapping multigenerational patterns of anxiety regulation, cutoffs, conflict, and addiction, helping clients recognize how present difficulties may echo earlier family processes. Therapeutic coaching supports clients in practicing more deliberate responses to triggering interactions, setting boundaries without rupture, and tolerating discomfort without resorting to substance use. Over time, as differentiation increases, the family system may become less dependent on

addiction as a regulator of emotional intensity, thereby reducing relapse vulnerability linked to relational stress.

b) Contextual Family Therapy: Loyalty, Fairness, and Relational Ethics

Contextual therapy approaches addiction through the lens of relational ethics, emphasizing fairness, trust, accountability, and invisible loyalties across generations. Addictive behavior may emerge in systems where relational balances are experienced as unjust—through patterns such as parentification, scapegoating, unacknowledged sacrifice, or unresolved grievance. In this framework, addiction can be interpreted as a symptom that communicates relational injury, protest, or burden, often in ways that remain outside conscious awareness.

Clinical work focuses on making implicit loyalties and “relational ledgers” explicit: who has given, who has been deprived, where trust has been damaged, and where obligations have become distorted. Therapeutic change is facilitated through recognition and validation of lived injustice, alongside the restoration of responsible reciprocity. Importantly, contextual therapy promotes accountability with compassion, encouraging family members to understand how harm is transmitted without collapsing into blame. In addiction contexts, this orientation can reduce moralistic polarization, soften shame-based interactional cycles, and support reparative dialogue. When relational fairness is renegotiated, addiction may lose part of its symbolic and ethical function within the family system.

c) Structural Family Therapy: Boundaries, Hierarchies, and Symptom-Sustaining Organization

Structural family therapy focuses on the organization of the family system—its boundaries, subsystems, and hierarchies—and views addiction as frequently maintained by structural patterns such as diffuse boundaries, weak parental leadership, cross-generational coalitions, or role reversals. In families impacted by addiction, the symptom can become structurally central, shaping routines, alliances, and crisis-driven interactional sequences that repeatedly re-stabilize the system in dysfunctional ways.

Structural intervention is typically active and present-focused. Early work involves mapping family organization and identifying how addiction is embedded in boundary violations or hierarchy breakdowns. Therapeutic goals often include strengthening the parental subsystem (where relevant), clarifying generational boundaries, reducing triangulation, and shifting alliances toward healthier subsystem

functioning. Techniques such as enactments allow the therapist to observe interactional patterns in real time and support families in practicing alternative structures. As boundaries become clearer and leadership more functional, family life becomes less crisis-organized, and addiction progressively loses its systemic utility as a stabilizer or relational “detour.”

d) Narrative Therapy: Externalizing the Problem and Reauthoring Identity Beyond Addiction

Narrative therapy contributes a postmodern systemic lens by emphasizing how addiction becomes embedded in problem-saturated narratives that shape identity, agency, and relational expectations. When individuals and families organize their understanding of life around addiction (“this is who you are” or “this is what our family is”), shame, hopelessness, and relational polarization intensify—conditions that often increase relapse vulnerability and weaken therapeutic engagement.

Narrative intervention begins by externalizing addiction, separating the person from the problem and allowing families to collaborate against the addictive influence rather than against each other. This reduces blame and enables a more compassionate stance without minimizing responsibility. Therapy then supports the development of alternative identity narratives through attention to values, exceptions, and preferred meanings—helping individuals reclaim agency and families rebuild a coherent story of resilience and relational repair. Narrative practices are particularly valuable when recovery requires rebuilding trust, redefining roles, and consolidating a post-addiction identity that is not organized around the symptom.

Across models, a pragmatic integrative stance allows therapists to tailor intervention to the family’s needs and phase of change: Bowenian strategies support anxiety regulation and differentiation; contextual therapy addresses loyalty and fairness; structural therapy reorganizes symptom-sustaining patterns; and narrative work strengthens agency, meaning-making, and identity reconstruction. When applied with conceptual clarity, these approaches offer complementary pathways for systemic intervention in addictive behaviors, supporting sustainable recovery through relational transformation.

8. Systemic Assessment and Case Formulation in Addiction Treatment

Effective systemic intervention in addictive behaviors begins with a comprehensive relational assessment that extends beyond symptom severity or individual diagnosis.

From a systemic standpoint, assessment aims to clarify how addiction is embedded in family interactional patterns, relational roles, and multigenerational histories. Early sessions therefore focus on mapping family organization, recurrent cycles surrounding substance use, and the meanings attached to addiction within the family narrative.

Systemic assessment typically integrates multigenerational and interactional tools such as genograms, family timelines, and structured relational inquiry. Clinicians explore how family members respond to escalation and relapse, what implicit rules shape communication (e.g., avoidance of vulnerability, secrecy, rigid role expectations), and how responsibility and care are distributed in the system. Particular attention is given to whether addiction functions as a regulator of emotional tension, a detour from unresolved conflicts, or an organizing focus that stabilizes the family through crisis-driven routines.

A systemic formulation also includes broader contextual dimensions. Cultural meanings of addiction, stigma, socioeconomic stressors, and access to community resources may significantly influence family coping and help-seeking. Incorporating these factors allows the formulation to remain clinically realistic and ethically sensitive, avoiding standardized interpretations and supporting culturally resonant pathways for change.

The outcome of this process is a collaborative systemic case formulation—a working hypothesis regarding the relational function of addiction and the systemic conditions that maintain it. Rather than being presented as a fixed explanation, formulation is offered tentatively and tested with the family, inviting shared reflection (“Does this pattern fit your experience?”). This collaborative stance often enhances engagement by shifting the focus from blame to relational understanding, while preserving accountability.

Systemic formulation directly guides treatment priorities by translating the clinical hypothesis into relational targets. Instead of restricting goals to abstinence, systemic work may prioritize strengthening alliances, reducing high-reactivity interactional cycles, clarifying boundaries, and transforming patterns of enabling, criticism, or emotional cutoff. Where relevant, therapy may also address transgenerational themes (e.g., inherited trauma, invisible loyalties) that shape vulnerability and relational responses to addiction.

Finally, assessment within systemic psychotherapy remains iterative. As family dynamics shift during recovery, new meanings and patterns often emerge, requiring continuous refinement of the formulation. This ongoing clinical responsiveness supports interventions that remain tailored to the family's evolving configuration, increasing the likelihood that recovery becomes sustained not only through individual change, but through broader relational transformation.

9. Clinical Implications and Directions for Future Research

Conceptualizing addiction as a systemic and transgenerational phenomenon has important implications for both clinical practice and research. Clinically, this perspective challenges exclusively individual-centered treatment models and supports the consistent inclusion of family members in assessment, intervention, and recovery planning. When families are engaged as active participants, therapy can address the relational conditions that maintain addictive patterns, contributing to improved treatment retention, reduced relapse risk, and enhanced family functioning.

From a systemic standpoint, therapeutic goals extend beyond symptom reduction or abstinence. While sobriety remains essential, sustainable recovery is closely linked to relational change, including improved communication, clearer boundaries, reduced emotional reactivity, and the resolution of persistent family tensions. Strengthening attachment security and disrupting enabling or punitive interactional cycles are therefore central mechanisms of effective intervention rather than secondary outcomes.

The high prevalence of trauma and attachment insecurity among individuals with addictive behaviors further underscores the necessity of trauma-informed systemic practice. Interventions must be paced to ensure emotional safety and may, when needed, be complemented by individual trauma-focused work within a coherent relational formulation. Such integration allows addiction to be understood not merely as a behavioral problem, but as an adaptive response to relational injury and chronic dysregulation. A systemic approach also requires cultural and contextual sensitivity, as family dynamics are shaped by broader social, economic, and cultural conditions. Ethical considerations—including confidentiality, divergent family goals, and the protection of vulnerable members—necessitate careful clinical contracting and ongoing judgment.

From a research perspective, priorities include longitudinal studies examining how changes in family dynamics influence recovery trajectories, as well as further evaluation of systemic interventions for adult addiction populations. Future research should also investigate the intergenerational effects of systemic therapy, particularly its potential to disrupt cycles of addiction and vulnerability across generations.

Overall, integrating systemic perspectives enriches addiction treatment by addressing the relational contexts in which addiction arises and persists. By widening the therapeutic lens to include family dynamics and transgenerational processes, clinicians are better positioned to support recovery that is not only sustained, but relationally transformative.

10. Conclusion

Addictive behaviors emerge and persist within complex relational and transgenerational contexts that extend beyond the individual. As this article has shown, family dynamics, attachment disruptions, and unresolved intergenerational trauma significantly shape both vulnerability to addiction and the conditions that sustain it. Conceptualizing addiction as a systemic phenomenon allows clinicians to move beyond reductionist explanations focused solely on individual pathology or neurobiology, and instead to understand substance use as a meaningful response to relational distress and inherited emotional burdens embedded within family systems.

From a systemic perspective, treating addiction in isolation is often insufficient. Sustainable recovery depends on transforming the relational patterns that organize family life around the symptom, including cycles of enabling, emotional reactivity, and silence. Systemic psychotherapeutic approaches support recovery by fostering relational restructuring, differentiation, and the development of alternative meanings and roles beyond addiction. By engaging families as active partners in change, systemic intervention not only enhances clinical effectiveness but also contributes to a more compassionate, context-sensitive understanding of addiction, with the potential to interrupt intergenerational cycles and promote resilience across generations.

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