

# What is Enabling?

— A Study of Support Groups of the Tohoku Earthquake —

Mariko KONISHI

## Introduction

This article attempts to open up new ways of thinking about the post-disaster activities of alcohol support groups, with particular attention to the Tohoku Earthquake (the Great East Japan Earthquake). It intends to bring out certain positive possibilities in the notion of “enabling”, a term that has largely been taken to have a primarily negative connotation. Following the brief introductory treatment of the key term “enabling”, the paper addresses the specific situation of disasters such as earthquakes. While these occurrences tend to make alcoholics’ problems worse, it is argued that a response that includes enabling - even when understood in its negative sense - might not be entirely negative, because it can also protect the life or provide support for the suffering person. On the basis of this model, it is suggested that “enabling support” appears as an appropriate mode of support for alcohol dependent persons in the area struck by the Tohoku Earthquake.

Enabling has a double meaning, positive and negative. As a positive term, it refers to patterns of interaction which allow individuals to develop and grow. In the context of alcohol dependency, however, it has a negative connotation, referring to the problematic behavior of a person who helps or allows another person to be dependent on alcohol <sup>1)</sup>. In other words, enabling can be understood as a range of activities that may contribute to the continued use of alcohol <sup>2)</sup>.

From the 1940s onward, the relationship between alcoholics and their spouses has been the focus of research about alcohol dependency within the family. In AL-ANON (Alcoholics Anonymous Auxiliary) established by wives of alcoholics in 1954, women reconsidered their behavior towards their alcoholic spouse. It is in this process, that the concept of enabler was established in the 1960s <sup>3)</sup>. According to the family roles theory, an enabler is a family member who acts to hide or to protect him/herself from being deeply hurt by family problems. Traditionally, people thought that the causes of alcoholism were to be found only in alcoholics themselves. However clinicians noticed that the wives of alcoholics could also be part of the cause of alcoholics’ illness. These wives came to be called “enablers”. Enablers want to support someone who needs them. Therefore they “unconsciously (or sometimes consciously) facilitate the destructive behavior of a dysfunctional person or persons” <sup>4)</sup>. In clinic cases of alcoholism, an enabler is a “role in which a family member (usually the spouse) engages in behaviors that allow an alcohol-dependent person to continue his/her alcohol use” <sup>5)</sup>. Outwardly, the enabler may appear

to be doing everything in his or her power to stop the spouse's drinking, but the constant acceptance of additional responsibilities may actually prevent the alcohol dependent spouse from experiencing the natural consequences of this behavior that could bring about a desire to change<sup>6)</sup>. Enablers give their alcoholic spouse money to buy alcohol, habitually keep alcohol in the refrigerator, solve or protect them from problems which either were or might be the result of the husband's use of alcohol, and so on<sup>7)</sup>. In other words, "enabling is thought to comprise a wide gamut of actions that potentially reinforce continued use of alcohol"<sup>8)</sup>. I use the term of enabling in this meaning.

### **Alcohol Dependency and Natural Disasters**

Many studies have addressed the relation between alcohol consumption and natural disasters, such as floods, volcanic eruptions, earthquakes, and hurricanes. These studies generally demonstrate that alcohol consumption increases after disasters<sup>9)</sup>. Evidence from survivors of Hurricane Katrina revealed higher rates of alcohol related problems compared to pre-hurricane prevalence data<sup>10)</sup>, and an increase in binge drinking was also found compared to pre-hurricane alcohol use<sup>11)</sup>. After the Mount St. Helens volcano eruption, referrals to community alcohol center and police arrests for violation of liquor laws increased compared to the pre-eruption period<sup>12)</sup>. On the other hand, several studies contradict this evidence. Survivors of other disasters such as Hurricane Andrew showed no evidence of increase alcohol use disorders<sup>13)</sup>. North et al. insist that there is no evidence of increased risk for alcohol use disorders after tornado, earthquake or flood<sup>14)</sup>. However individuals with pre-existing alcohol disorders were more likely to report increased drinking and relapsed after these events<sup>15)</sup>.

In Japan, many studies suggest that the Great Hanshin Earthquake in 1995 worsened alcohol problems. Approximately 6 months after the earthquake, alcohol problems in evacuation sites began to draw attention<sup>16)</sup>. One of the first noticed associations between earthquakes and alcohol is from an investigation by Ueno of earthquake related mortality after the Great Hanshin Earthquake<sup>17)</sup>. According to this study, one month after the earthquake, when temporary evacuation dwellings were built, solitary deaths began to occur, and 97 deaths were confirmed by July 17<sup>th</sup> in 1995. The main cause of mortality was illness (88%); of this group, 26% of the deaths were caused by liver disease, which was assumed, in most cases, to have been caused by alcohol. Especially among males, 39% of deaths were caused by liver disease, and further many other victims of solitary death also showed signs of excessive alcohol consumption. In the case of men from their forties to sixties 43.8% of solitary deaths caused by illness were caused by liver disease, and most of them were cirrhosis of the liver associated with alcohol use. Normally, that percentage of sudden death is only about 10%. Ueno states that "the biggest feature of solitary deaths is the many middle aged men who die from liver disease associated with alcohol" in the Great Hanshin Earthquake<sup>18)</sup>. About 4 years later, by April 30<sup>th</sup> in 1999, 252 solitary deaths were confirmed, and they showed almost same proportion of death due to liver diseases<sup>19)</sup>. On the other hand, the

results of a study which investigated change in the quantity of alcoholic beverages sold in Hyogo after the earthquake indicate that there was a decline in the quantity of alcohol sold and consumed in 1995 and 1996 particularly in the heavily damaged area<sup>20)</sup>. Many of the alcoholics who were hospitalized in Kofu Hospital in Kobe after the earthquake had alcohol problems before the earthquake. Doctors consider that the problems of those alcoholics who were able to adjust to society somehow or other before the earthquake became more difficult after the earthquake<sup>21)</sup>. It seems that earthquakes do not create alcohol problems in the general population but increase problems for pre-alcoholics, alcoholics or even previously alcoholic individuals.

### **Support, Enabling and Empowerment**

Kubo remarks that although professionals agree that social workers have more power than their clients, there are not many studies that discuss problems which may come from such an unequal relationship. She considers that one of the reasons for this is the idea of 'absolute value,' where support is identified with goodness as such<sup>22)</sup>. Since the power relationship between social workers and clients is unbalanced, social workers can control clients and potentially become their rulers<sup>23)</sup>. Support has traps which contain the danger of pauperizing clients and of making them dependent. What is even worse, occasionally supporters wish clients to become dependent on them and unconsciously (or consciously) look for such people. Indeed, we can think that enabling is one example of such traps.

As stated above, the term "enabling" or "enabler" comes from research about alcohol-dependency in the family. Mainly from the 1940s to the early 1950s, the disturbed-personality theory was dominant. This theory insists that the disturbed personality of wives who have a neurotic need to dominate/control husbands or hurt their self-esteem must be one of the causes of the husbands' disease, and that the wives of alcoholics start having neurotic symptoms when alcoholics recover<sup>24)</sup>. Following this theory, wives with disturbed personalities, namely enablers, make their spouse alcoholic and make them dependent on their excessive support<sup>25)</sup>.

Also there are many studies which emphasize how helping professionals, such as nurses, tend to have problems which might lead to enabling behaviors<sup>26)</sup>. Snow&Willard surveyed 139 nurses and reported that 93% of the surveyed group had value difficulties, 84% had problems with protection and with respect of self and of others and 76% had dependent problems. These traits make them need to be needed by someone, as in *I'm Dying to Take Care of You*, and the danger is that it may influence clients. The existence of such research suggests that some helping professional have created problems through enabling behaviors and that clients should be protected from these enablers. To the opposite, William et al. insist that clients have harmful influences on physicians and nurses. They surveyed 67 physicians and 133 nurses working with chemical dependent<sup>27)</sup> patients to evaluate the effect on physicians and nurses of being closely involved with one or more chemical dependent persons. They insist that relationships of physicians

and nurses with chemical dependent persons have significant effects on their life, including damaged self-esteem and self-confidence, reduced ability to concentrate, absenteeism, errors, poor judgment, and patient neglect<sup>28)</sup>. This suggests that support sometimes threatens autonomy and creates dependence and weakness.

Mary Richmond who is described as the mother of social casework insists that “individuals have wills and purposes of their own and are not fitted to play a passive part in the world; they deteriorate when they do” and it is not ideal support which contributes to passivity<sup>29)</sup>. Mayeroff who is always first referred to when considering about care and analyzing care philosophically maintains that “to care for another person, in the most significant sense, is to help him grow and actualize himself<sup>30)</sup>. He distinguishes between dependence on “parasitic relations as morbid dependence on another person” and dependence which creates autonomy, and insists that “I am autonomous because of my devotion to others and my dependence on them<sup>31)</sup>. As Richmond and Mayeroff argue, good support/care does not exist in morbid dependence, but in desirable support/dependence relationships which aim toward the autonomy of clients. We can find that idea in the notion of empowerment, which is “a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situation<sup>32)</sup>. It began to be emphasized in social work theories and practices in the 1980s. “Promoting clients’ power, competence and potentiality and supporting their good change,<sup>33)</sup> workers support clients’ pursuit of self-actualization. The final aim is to provide clients with the power of autonomy. Nowadays, the support which stimulates autonomy is considered to be ‘absolutely good.’ Autonomy is understood as a denial of all weakness in the absence of any physical impairment.

In Japan, however, people tend to find some value in certain kinds of weakness within relationships. Japanese psychoanalyst and philosopher, Takeo Doi, introduced the concept of “*amae*” as a Japanese form of dependency in 1971. Experiencing a culture shock when he first visited America to study, he discovered that *amae* played a decisive role in understanding the Japanese psyche and culture. Doi mentions that “*amae* is a noun form of *amaeru*, an intransitive verb meaning ‘to depend and presume upon another’s love or bask in another’s indulgence’. It has the same root as the word *amai*, an adjective meaning ‘sweet’. Thus *amae* can suggest something sweet and desirable……*amae* involves a certain psychological dependence, because one who wants to *amaeru*<sup>34)</sup> requires another person who senses one’s need and can meet it. Thus *amae* is to be vulnerable and, susceptible to frustration<sup>35)</sup>. In short, *amae* shows that relationships not only have weaknesses but also that such weakness is a desirable bond<sup>36)</sup>. According to the Doi’s studies, in Western societies, childhood dependency on parents is to be subsequently rejected or repressed. In contrast, *amae* survives in Japanese society and constitutes a moral emotional source of the Japanese values of mutual dependence and sense of belonging to a group. It means that Japanese find value in human relationships which contain weakness or vulnerability. Therefore we should find different patterns of support from empowerment or support which emphasize autonomy, when we consider the Tohoku earthquake.

## Support to Stricken Area of the Tohoku Earthquake

On March 11, 2011 at 2:46 P.M., a large earthquake with a magnitude of 9.0 on the Richter scale struck the Tohoku area. It was the largest disaster to occur in Japan since World War II. It mainly hit three prefectures (Miyagi, Iwate and Fukushima) with lesser damage in several other prefectures. The ensuing tsunami made this disaster much worse. According to the Japanese Ministry of Health, 18,877 persons died (figures of September 7, 2012), and according to the Japanese National Police Agency, 15,870 persons died and 2,846 are still missing as a result of this natural disaster (figures of September 5, 2012)<sup>37)</sup>. This event is generally known as the Tohoku Earthquake<sup>38)</sup>. Since it was obvious that a great number of people needed support and help, many supporters have been to the Tohoku region since that terrible event occurred. I now introduce the testimony of two alcoholic support groups. One is a support group of the Kurihama Alcoholism Center (KAC) which created the first special alcohol ward in Japan in 1963 and was designated as an alcohol related problems' institution by WHO in 1989. Members of that group went to Ohunato city in Iwate to provide mental care for victims as requested by the Ministry of Health<sup>39)</sup>. The other is the support group of the Tohokukai Mental Hospital (TMH) in Sendai; this is the only mental hospital which has a special ward for alcoholics in the Tohoku region. The group has been helping KAC and providing mental health support for supporters in temporary evacuation dwellings.

I referred above to the relation between the earthquake and alcohol related problems. According to previous studies, earthquakes make alcohol problems more serious. At least, they increase problems for those who already have alcohol related problems. According to the research of the Tohoku University Graduate School of Medicine and the Tohoku University Hospital, after the Tohoku Earthquake, the survivors (new patient: 63, old case: 134, total patient: 197; figures of August 26, 2011) showed the following prevalence of diseases; generalized anxiety disorders or panic disorder 27.0%, post-traumatic stress disorder 12.7%, depressive disorders 25.4, sleep disorder 4.8%, alcohol abuse 3.2%, psychosis 3.2%, other mental disorders and non mental diagnosis 17.4%<sup>40)</sup>. The data of TMH showed that 14 patients increased alcohol consumption and 2 people resume drinking of the 93 outpatients (figures of July 26, 2011), and the percentage of alcohol dependents of the new patients changed from around 30% to over 40% (the figures for March 17, 2012) after the earthquake<sup>41)</sup>. A man of 70 years old had drunk once a week before the Tohoku Earthquake, but after May 2011, he could not stop drinking cups of shochu before going to sleep. He said that because of anxiety for his future life, he could not sleep without drinking to forget unpleasant events<sup>42)</sup>. When KAC's support group "team of mental care" visited another, 73 year-old man, there were photographs of his deceased wife, of his child who lives far away and bottles of shochu. He had drunk again after having stopped when he was young. After the earthquake, he did not have anything to do apart from removing tiles and stones, so he started to drink from morning onwards<sup>43)</sup>. Maesato, who is a doctor connected to KAC, and who provided support to stricken areas, says, "I think the earthquake has not created new drinking problems, but it has radicalized

existing ones. All cases of alcohol use disorders which I witnessed in the stricken areas were alcohol use disorders from before the earthquake. However, as the balance maintained before collapsed because of the earthquake, problems became clear<sup>44)</sup>. Suzuki, who is a social worker of TMH, and who also provided support in stricken areas states that alcohol related problems which already existed in the area, but were hidden, seemed to become more evident, because supporters went to the area and found those problems after the Tohoku Earthquake<sup>45)</sup>. Therefore, similar to the situation after the Great Hanshin Earthquake, it seems to be the case that the Tohoku Earthquake revealed that the alcohol related problems of alcoholics tend to become more serious.

According to the data of the Great Hanshin Earthquake, the pathology of most of the solitary deaths caused by liver disease was cirrhosis. Such liver damage is the result of a great quantity of alcohol drunk over a long period. We can consider that, for people who had alcohol problems before the earthquake, their problems became more serious in the face of the major changes they experienced after the earthquake, and that solitary deaths also happened. The report of Ueno in 1997 mentions that, “most people who died from liver disease were alcoholics or had history of liver disease, so they probably already had liver disorder before the earthquake”<sup>46)</sup>. In 1999, Ueno reports that it is confirmed that at least 53.2% of the men who died alone due to liver disease (almost all from cirrhosis of the liver) had a history of alcoholism or were alcoholics before the earthquake<sup>47)</sup>. Maesato however states that “we cannot exclude the possibility that the various changes and stress caused by the earthquake led to their deaths”<sup>48)</sup>.

There were 33 solitary deaths after the Tohoku Earthquake, and one year later (March 11, 2012), at least 11 more deaths were confirmed (figures of June 25, 2012)<sup>49)</sup>. As far as I am aware, there are no detailed data on solitary deaths after the Tohoku Earthquake so far. The earthquake caused major changes in and added stress to people’s lives. Those changes included loss of houses, work, community, and so on. It has been reported that, at evacuation sites after the Tohoku Earthquake, there have been alcoholics who lost all of their family in the earthquake; thus, it is possible that one of the causes of solitary death after an earthquake is the loss of one’s wife, who may have been an enabler when she lived. Considering the case of alcoholics after the Tohoku Earthquake, we can often find alcoholics who lost their wives in this disaster. Enabling has a negative aspect in that it makes alcohol dependency worse. In fact, as mentioned earlier, the term “enabling” was introduced in the field of psychiatry to refer to a pathologizing process (by disturbed-personality theory, stress theory and family systems theory). Therefore it has had a pathological meaning as what is undesirable<sup>50)</sup>. However, it also has the positive aspect of resolving various problems caused by alcoholics. From this point of view, enablers protect alcoholics’ lives.

Koppel et al. insist that “counselors working with alcoholic clients can use potential enablers effectively as a tool to engage what might be an unmotivated client into treatment”. They define the term of “potential enabler” as “any person, agency, or system that comes into contact with the active alcoholic”, and point out that since alcoholic clients cannot initially be expected to come to treatment motivated, finding the appropriate motivational tool, the potential enabler, is the primary

responsibility of the worker in the initial phase of treatment. The pathological qualities and behavior of active alcoholics may dovetail with the needs of those who interact with them including professional workers. Once potential enablers have been convinced to participate constructively in the treatment process, if the alcoholic chooses not to attend treatment, workers can connect with the alcoholic through a potential enabler who is needed by the alcoholic and connects deeply with him/her<sup>51)</sup>. Koppel et al. also mention that the professional worker also can be an enabler who allow clients to dictate their own treatment plan, one in which no commitment to treatment is elicited.

In pressing situations which demand sustainability in a person's life such as with the victims of disasters like earthquakes, the need for enablers may become even more apparent. Various equilibriums which were kept by enablers before the earthquake, collapsed because the persons who helped maintain them disappeared; thus, the absence of enablers might lead to the worsening of alcoholics' problems and result, for some, in their deaths<sup>52)</sup>. Also, men who were single before the earthquake and who died alone after the earthquake might have been saved if there had been enablers around them. In the case of the Tohoku Earthquake, there are reports by KAC of alcoholics' wives mediating between the alcoholics and support groups<sup>53)</sup>. As I mentioned, there seems not to be any detailed study of the relationship between solitary deaths and alcohol abuse yet. However, we can refer to the data of the Great Hanshin Earthquake. As I have suggested earlier, enabling can have a positive aspect even when it is understood in the negative sense.

In the case of the Tohoku Earthquake, who will rescue alcoholics who have lost their enablers? I think it should be support groups. But if support groups are to fulfill the role previously played by enablers, this means that support should not be viewed as absolute goodness. Moreover, seeing support groups as enablers runs contrary to a commonly held view that the ideal form of support is constituted by empowerment which stimulates the clients' autonomy. However, this idea of support through empowerment can be intolerant of weakness. We need a notion of support that recognizes weakness. Therefore I would like to stress the positive aspects of enabling support which accepts weakness. The following quotation about enabling is from Suzuki, a social worker of TMH: "the term of enabling is used to express the 'supporter' of the disease, especially the inappropriateness of family relationship in the context of dependency, but at the core of that relationship there is strong 'concern.' We can interpret that alcoholics drink over and over again because they want to get this strong concern. If supporters are aware of that and express arbitrary 'concern,' parties can ask for help with reliable feelings and change their situation. The enabling which is needed to do that is not only with a single relationship, but with many supporters"<sup>54)</sup>. We might consider that supporters are enablers. It is true that there are various differences between supporter enablers and family enablers, but "strong concern" is common between them. It is the family enabler who makes the dependent person come to the hospital. If we consider that treatment begins because of that action, we can also consider that there might be similar support which is given by supporter enablers who go to stricken areas. A 49 years old man who lost his wife, mother

and daughter could not let go of sleeping drugs and felt life had lost all meaning. However as his friends told him that he has them and that he was not alone, he could find hope for future<sup>55)</sup>. In his case, he had friends around him, but there must be many people who do not have such friends and need close support. Dr. Namekawa of Sendai City Hospital points out “we need to take measures to maintain local human relationships and avoid isolating people”. Suzuki recommends supporters to tell victims that “we are really concerned about you”, like enablers. He went to stricken areas and told supporters “your concern for parties in need is wonderful” and pushed them to provide enabling support. Of course, there are many victims who do not want support by volunteers or enablers. I think that we have to respect their feelings, but as long as there are people who need supporter, we do not have to stop to support. Also we can notice quite easily that solitary deaths decrease, compared to the case of the Great Hanshin Earthquake. Japanese did learn from that experience and strengthened the support system for the isolated people in the temporary evacuation area. Supporters go around and check what happens to those who are there. Sometimes it seems to be too much support, but on the other hand, this support keeps many people alive.

In the case of an earthquake disaster, which is a matter of life and death, enabling can be an act that protects lives. Especially for people who have lost their enabler, if supporters become enablers, it seems that supporters can save their lives, and other victims can feel secure in asking for help. Of course, there also are negative aspects; it was claimed in the case of the Great Hanshin Earthquake that “it is always eager supporters who become enablers who make alcoholics drink”<sup>56)</sup>; we should be concerned with the negative aspects of enabling<sup>57)</sup>. In the case of the Great Hanshin Earthquake, it is reported that many alcohol drinks were available in evacuation sites, since relief supplies included them and volunteers brought them there<sup>58)</sup>. In the case of the Tohoku Earthquake, there were reports that in Japan it is easy to obtain alcohol after an earthquake or other disaster and that volunteers give alcoholic drinks to alcoholics, unlike in America, where drinking is completely prohibited at evacuation sites. We should understand the “way” in which we are enabling, and then seek the various positive possibilities of such enabling for support activities.

Viewing support activities within the framework of this modified notion of enabling may be particularly appropriate in the Japanese context. I mentioned earlier that a positive approach to weakness within human relationships is found in the Japanese concept of *amae*. There are no concepts or words to describe *amae* in Western languages; therefore a direct word-to-word translation of *amae* is impossible. This does not mean, however, that *amae* cannot be understood as a universal concept. John Bester, who translated *The Anatomy of Dependence* mentions in the translator’s foreword that “just as *amae* in the Japanese is of course tempered by various other characteristics superficially associated with the West, such as personal freedom, objectivity, and so on, so *amae* is an essential part of the humanity of Western man also……the basic human need summed up in the one Japanese word *amae* has been strangely neglected by Western psychologists and psychiatrists”<sup>59)</sup>. Also Hafen insists that “as freedom in the Western mind has come to mean personal liberation from political bondage, with its profound skepticism toward

authority, the Western mind has been relatively closed to the values of *amae*.....As a result of these tendencies, Western skepticism has created serious barriers to relationships of belonging and loving interdependence—even to the point of identifying freedom with the rejection of dependency on others, which means freedom as the rejection of *amae*<sup>60</sup>. Considering enabling, which originally is from Western society, from a Japanese perspective, we have the possibility of finding its value and importance which were overlooked in America. We can then begin to integrate apparently contrary perspectives: Western and Japanese; enabling and freedom; *amae* (dependence) and autonomy; positive and negative aspects of enabling. Through such integration, we reach a better model of human relationships and support.

## Notes

- 1) Anderson, 1986
- 2) Rotunda & Doman, 2001
- 3) Endo, 2001
- 4) Whitfield, 1991
- 5) Vernig, 2011
- 6) Vernig, 2011
- 7) Routunda (1996) made a measure for enabling: "the Behavioral Enabling Scale". It is utilized to assess specific behaviors that partners of substance-dependent clients that might potentially maintain or increase the drinking (or substance use) behavior of their partner. The BES comprises of two distinct components—the enabling behaviors subscale and the enabling beliefs subscale. I show the enabling behaviors subscale below.  
<Enabling Behavior>
  1. Partner gave money to client to buy alcohol/drugs.
  2. Partner purchased alcohol or drugs for client.
  3. Partner took over client's neglected chores/because s/he was drinking/drugging.
  4. Partner lied, or made excuses to family/friends to hide client's drinking/drugging.
  5. Partner drank/used drugs with client or in client's presence.
  6. Partner told client it was okay to drink or use drugs on certain days or for special family or social gatherings.
  7. Partner borrowed money to pay bills caused by client's drinking/drug use.
  8. Partner changed or canceled family plans or social activities because client was drinking, using drugs, or hung over.
  9. Partner had sex with client when not really wanting to because s/he had been drinking/drugging.
  10. Partner asked for help from the police, a judge or lawyer, or other professional to get client out of trouble related to drinking or drug use.
  11. Partner threatened client with separation because of the drinking or drug use but later didn't follow through with it.
  12. Partner paid lawyer or court fees, or bailed client out of jail due to drinking or drug-related offense.
  13. Partner helped nurse client through a hangover.
  14. Partner cleaned up (vomit, urine, etc.) after client got sick.
  15. Partner asked or encouraged family members to ignore or be silent about client's drinking or drug use.

16. Partner helped conceal client's drinking or drug use from employers or co-workers.
  17. Partner coaxed client up in the morning to go to work when s/he was hung over.
  18. Partner made excuses to others for client's impaired behavior when s/he was drinking or high.
  19. Partner reassured client that his/her drinking or drug use wasn't that bad.
  20. Partner lied or told half-truth to a physician, counselor, probation officer, judge, police officer about client's alcohol or drug use, or participation in treatment programs.
- 8) Rotunda & Doman, 2001
  - 9) Keyes et al., 2011
  - 10) Flory et al., 2009
  - 11) Cerda et al., 2011
  - 12) Adams&Adams, 1984
  - 13) David et al., 1996
  - 14) North et al., 2011
  - 15) North et al., 2011
  - 16) Aso, 1995; Noda, 1996 ; Ueno, 1997
  - 17) Maesato & Higuchi, 2011
  - 18) Ueno, 1997
  - 19) Ueno, 1999
  - 20) Shimizu et al., 2000
  - 21) Kochi, 1997
  - 22) Kubo, 1995
  - 23) Kubo, 1995
  - 24) Pixley & Stiefel, 1963
  - 25) The disturbed-personality theory was criticized by the stress theory which insists that wife's become neurotic because of stress due to their husband's alcoholism. This theory also introduced the term of "codependence" which means pathological dependent symptom or human relationship. Since, enabler/enabling and codependence have often been used with the same meaning or confused. Rotunda&Doman assert the need to distinguish them. But in this paper, I treat examples of codependent behavior as enabling if the behavior shows someone's devoted act made the receiver dependent. To be concrete I use codependent examples to suggest that there are many studies which insist that caretakers tend to be enablers.
  - 26) Policinski, 1986; Snow&Willard, 1989; Murck, 1988; Erickson, 1988; Wray, 1989; Barbara&Beverly, 1995
  - 27) "Chemical dependent" is the words showing both alcoholic and chemical dependent in the field of addiction or dependency.
  - 28) Williams et al., 1991
  - 29) Richmond, 1922
  - 30) Mayeroff, 1971
  - 31) Mayeroff, 1971
  - 32) Gutierrez, 1990
  - 33) Kubo, 1995
  - 34) It is *amae*'s intransitive verb form.
  - 35) Doi, 2005
  - 36) Doi distinguishes between desirable *amae* which shows genuine relationships of affection, from a one-sided "*amattare*" (in which a care-recipient has the intention of misleading the care-giver to believe the

recipient has genuine affection), and a self-centered “*amayakashi*” (in which a care-giver has the intention of making care-recipients believe the care-giver has genuine affection and consequently demand attention. In both instances, there is a pretense of “*amae*”). The general aim of *amattare* and *amayakashi* is not a genuine attachment to others, but manipulation.

- 37) The Japanese National Police Agency count of dead persons is based on body count. The Japanese Ministry of Health’s result is based on notification to local governments by citizen, therefore the death notice submitted by bereaved families.
- 38) The Tohoku Earthquake is the 4th strongest in the world, after the Valdivia Earthquake (magnitude of 9.5, 1960), Great Alaskan Earthquake (magnitude of 9.2, 1964), Sumatra-Andaman Earthquake (magnitude of 9.1, 2004).
- 39) National Hospital Organization Kurihama Alcoholism Center, Dispatching Kurihama Mental Care Team  
First Camp : March 28<sup>th</sup> ~ April 30<sup>th</sup>  
Second Camp : May 16<sup>th</sup> ~ June 14<sup>th</sup>  
Third Camp : June 14<sup>th</sup> ~ (Tuesday ~ Friday)
- 40) Fukudo et al., 2012
- 41) Japanese Newspaper *The Nikkei*, July 26, 2011; *The Yomiuri*, March 17, 2012
- 42) *The Nikkei*, July 26, 2011
- 43) *The Asahi*, August 3, 2011
- 44) Maesato&Higuchi, 2011
- 45) Interview by Suzuki of TMH
- 46) Ueno, 1997
- 47) Ueno, 1999
- 48) Maesato&Higuchi, 2011
- 49) *The Mainichi*, June 25, 2012
- 50) Konishi, 2012
- 51) Given that the people (or wives) whom we can consider as enabler tend to visit the hospital or clinic to consult about alcoholics’ problems, it is very rational for workers to have contact with potential enabler (Konishi, 2012).
- 52) *The Yomiuri*, July 26, 2011; *The Asahi*, August 3, 2011; *The Kanagawa Shinbun*, April, 2012
- 53) National Hospital Organization Kurihama Alcoholism Center
- 54) Interview by Suzuki of TMH
- 55) *The Yomiuri*, July 26, 2011
- 56) Noda, 1996
- 57) Koppel et al. also point out that “the potential enabler provides the positive or negative reinforcement for motivating the client to undergo the needed behavior change”, so workers should make clear about that.
- 58) Shimizu, 2003
- 59) Doi, 1973, p. 10
- 60) Hafen&Hafen, 1994

## References

- Adams, P.R., Adams, G.R., Mount Saint Helens’s ashfall: Evidence for a disaster stress reaction, *The American Psychologist*, Vol.39 (3), 1984
- Anderson, R.O., The physician as an enabler of the chemically dependent patient: How to avoid the traps,

- Postgraduate Medicine*, Vol.79 (8), 1986
- Aso, K., Psychiatric supporting activity in Hanshin Awaji great earthquake, *Journal of Public Health*, Vol.44(3), 1995 [in Japanese] (麻生克郎「阪神・淡路大震災時における精神科の援助活動」『公衆衛生研究』Vol.44 (3) 1995)
- Cerda, M., Tracy, M., Galea, S., A prospective population based study of changes in alcohol use and binge drinking after a mass traumatic event, *Drug and Alcohol Dependence*, Vol.115 (1-2), 2011
- David, D., Mellman T.A., Mendoza, L.M., Kulick-Bell, R., Ironson, G., Schneiderman, N., Psychiatric morbidity following Hurricane Andrew, *Journal of Traumatic Stress*, Vol.9 (3), 1996
- Doi, T., Translated by John Bester, *The anatomy of dependence*, Kodansya International, 1973 (土居健郎『「甘え」の構造 (増補普及版)』弘文堂 2007)
- Doi, T., On the Concept of Amae, *Understanding Amae: The Japanese Concept of Need-love*, Global Oriental, 2005
- Endo, Y., Problems of Codependence and Adult Children looking from Clinic, *Codependence and Addiction: Psychology, Family and Society*, Shimizu, S. (Ed.), Baihukan, 2001 [in Japanese] (遠藤優子「臨床から見た共依存アダルトチルドレン問題」清水新二編『共依存とアディクション 心理・家族・社会』培風館 2001)
- Erickson, A. M., Co-dependence and nursing, *AD Nurse*, Vol.3 (5), 1988
- Flory, K., Hankin, B., Kloos, Bret, Cheely, B., Turecki, Gustavo, Alcohol and Cigarette Use and Misuse among Hurricane Katrina Survivors: Psychosocial Risk and Protective Factors, *Substance Use and Misuse*, Vol.44 (12), 2009
- Fukudo, S., Shoji, T., Endo, Y., Kano, M., Tamura, D., Morishita, J., Sato, Y., Machida, Takatsugu., Machida, Tomomi.,Noda, T., Hashida, K., Tanaka, Y., Kanazawa, M., Stress at the Tohoku Earthquake and Tsunami: Report from Sendai-Miyagi, *Japanese Journal of Psychosomatic Medicine*, Vol. 52 (5), 2012 [in Japanese] (福土審, 庄司知隆, 遠藤由香, 鹿野理子, 田村太作, 森下城, 佐藤康弘, 町田貴胤, 町田知美, 野田智子, 橋田かなえ, 田中由佳里, 金澤素「大災害のストレスと心身医学：仙台・宮城からの速報」『心身医学』Vol.52 (5) 2012)
- Gutierrez, L.M., Working with Women of Color: An Empowerment Perspective, *Social Work*, Vol.35 (2), 1990
- Hafen, B. C., Hafen, M. K., *The Belonging Heart: The Atonement and Relationships with God and Family*, 1994
- Koppel, F., Stimmler, L., Perone, F., , *The Journal of Contemporary Social Work*, Vol. , 1980
- Keyes, K., Hatzenbuehler, M., Hasin, D., Stressful life experiences, alcohol consumption, and alcohol use disorders: the epidemiologic evidence for four main types of stressors. *Psychopharmacology*, Vol.218 (1), 2011
- Kochi, Y., Hosaka, T., Mino, K., Iwao, S., Sibata, A., Sugano, M., Alcohol-related problems of Stricken Areas of the Great Hanshin Earthquake: Statistics from inpatients in Kofu Hospital, *Hospital and Community Psychiatry*, Vol.39 (4), 1997 [in Japanese] (幸地芳朗, 保坂卓昭, 見野耕一, 岩尾俊一郎, 柴田明, 菅野雅彦「阪神大震災の被災地におけるアルコール関連問題——光風病院入院患者の統計から」『病院・地域精神医学』Vol. 39 (4) 1997)
- Konishi, M., Codependence and Pathology: Searching for Wives of Alcoholics, *Ars Vivendi* Vol.5, Seikatsusyoin, 2012 [in Japanese] (「共依存と病理性——アルコホリックの妻を追う」『生存学』Vol.5, 生活書院, 2012)
- Kubo, M., Examination of the notion of Empowerment of Social Work, *Studies on social work*, Vol.21 (2), 1995 [in Japanese] (久保美紀「ソーシャルワークにおける Empowerment 概念の検討——Power との関連を中心に」『ソーシャルワーク研究』Vol.21 (2) 1995)
- Maesato, H., Higuchi, S., Disaster and Alcohol, *Gendai Shiso*, Vol.39 (12), Seidosya, 2011 [in Japanese] (真栄

## What is Enabling? (KONISHI)

- 里仁, 樋口進「災害とアルコール」『現代思想』Vol.39 (12), 青土社, 2011)
- Mayeroff, M., *On Caring*, Harper Perennial, 1971 (田村真, 向野宣之訳『ケアの本質——生きることの意味』ゆみる出版, 1987)
- Morita, A., Amai and Belonging: An Encounter of the Japanese Psyche and the Waning of Belonging in America, *Brigham Young University Journal of Public Law*, Vol. 25 (2), 2011
- Murck, M., Co-dependence among helping professionals, *Observer: News From the Johnson Institute*, vol.10 (3), 1988
- National Hospital Organization Kurihama Alcoholism Center, Tohoku Earthquake related information, <http://www.kurihama-alcoholism-center.jp/shinsai/index.html> [in Japanese] (独立行政法人国立病院機構久里浜アルコール症センター「東日本大震災関連」2012年3月4日現在)
- Noda, T., Alcohol-related problems after the disaster, *Journal of Psychiatric Treatment*, Vol.11, 1996 [in Japanese] (野田哲朗「震災後のアルコール関連問題」『精神科治療学』Vol.11, 1996)
- North C.S., Ringwalt C.L., Downs D., Derzon, J., Galvin, D., Postdisaster course of alcohol use disorders in systematically studied survivors of 10 disasters. *Archives of General Psychiatry*, Vol.68 (2), 2011
- Pixley, J.M., Stiefel, J. R., "Group Therapy Designed to Meet the Needs of the Alcoholic Wife", *Quarterly Journal of Studies on Alcohol*, vol-24, 1963.
- Policinski, H, Family caretakers··professional caretakers, *Focus on Family*, pp20-21, 1986
- Richmond, M.E., *What is Social Case Worker? : An Introductory Description*, New York Russell Sage Foundation, 1922 (小松源助訳『ソーシャル・ケース・ワークとは何か』中央法規, 1991)
- Rotunda, R., *Behavioral Enabling Scale*, Unpublished questionnaire, 1996
- Rotunda, R.&Doman, K., Partner Enabling of Substance Use Disorders: Critical Review and Future Direction, *The American Journal of Family Therapy*, vol.29(4), 2001
- Shimizu, S., *A Study of Social Pathology about Alcohol Related Problem; Culture, Clinic, Policy*, Mineruvashobo, 2003 [in Japanese] (清水新二『アルコール関連問題の社会病理学的研究——文化・臨床・政策』ミネルヴァ書房, 2003)
- Shimizu, S., Aso, K., Noda, T., Ryukei, S., Kochi, Y., Yamamoto, N., Natural disasters and alcohol consumption in a cultural context: the Great Hanshin Earthquake in Japan, *Addiction*, Vol.95 (4), 2000
- Snow, C.&Willard, D., *I'm Dying to Take Care of You: Nurses and Codependence : Breaking the Cycles*, Redmond, WA: Professional Counselor Books, 1989
- Suzuki, T., Suffering, Supporting and Addiction: 3.11 of a Mental Hospital, paper presented to the 22th Conference of the Japanese Society of Studies on Addictive Behavior, Oita, Japan, 2011 [in Japanese] (鈴木俊博「被災と支援とアディクション——ある精神科病院の3.11」第22回日本嗜癮行動学会大分大会)
- Ueno, Y., Solitary death, suicide, work-related death, in: Relevance with the Earthquake, *Life under Suffering from Disaster*, Disaster research Group of Kobe University (Ed.), Center of Kobe News Company, 1997 [in Japanese] (上野易弘「孤独死, 自殺, 労災死などの震災関連死の実態」神戸大学<震災研究会>編『苦闘の被災生活』神戸新聞総合出版センター 1997)
- Ueno, Y., Earthquake Death and "Solitary death", *City Policy*, Vol.96, 1999 [in Japanese] (上野易弘「震災死と『孤独死』」『都市政策』Vol. 96 1999)
- Vernig, Peter M, Family Roles in Homes with Alcohol-Dependent Parents: An Evidence-Based Review, *Substance Use & Misuse*, Vol.46(4), 2011
- Whitfield, C.L., *Co-dependence*, Health Communications, 1991
- Williamas, E., Bissell, L., Sullivan, E., The effects of co-dependence on physicians and nurses, *British Journal of Addiction*, Vol.86 (1), 1991
- Wray, L.M., Codependency: nurses who give too much, *American Journal of Nursing*, Vol. 89 (11), 1989

Japanese Newspapers: *The Nikkei*, July 26, 2011; *The Yomiuri*, July 26, 2011; *The Asahi*, August 3, 2011; *The Yomiuri*, March 17, 2012 2011; *The Kanagawa Shinbun*, April, 2012; *The Mainichi*, June 25, 2012