

## **The Impact of Codependency on Relationships**

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I would like to write this from the perspective of a pastoral counselor looking at codependency as it comes to me in the counseling situation. As a general counselor I see people with various problem issues. The issue of codependency is a major element for many of these clients, whether it is directly expressed as a “codependency issue” or not. Codependency affects not only individuals, but families, churches, synagogues, communities, businesses and other institutions, not to mention societies as a whole.

Codependency can be described as a dysfunctional pattern of living in which one overreacts to things going on outside of oneself and underreacts to what is going on inside. It usually involves compulsive behaviors and dependence upon approval from others in order to achieve a sense of self-esteem. Codependents put all their efforts into those around them, neglecting to fully take care of themselves, especially emotionally. The origins of codependency are to be found in addictions, especially alcoholism. In the past the focus was on the alcoholic, the one with the “drinking problem.” We are now realizing that the codependent needs as much care as the dependent partner. In the counseling room I have seen how these behaviors, or coping mechanisms, seemed to prevail throughout the codependent’s life, if that person doesn’t change these behaviors.

Codependents rescue people from their responsibilities. They take care of people’s responsibilities for them. Later they get mad at them for what they themselves have done. They feel used and sorry for themselves. Their partner is addicted to some chemical and they are addicted to the chemically dependent partner.

From codependents I hear things like “Everything is going wrong with my relationship. I know that it’s all my fault.” “I try everything I know to fix it, but it doesn’t

work.” or “ I’m so confused.” Most codependents usually share very similar stories. They feel responsible for maintaining relationships.

A director at a mental health clinic said that whenever anyone came to the clinic with a presenting symptom of depression, the staff routinely screened that person and her or his family for chemical dependency. He said that in about 90% of the cases there had been some readily diagnosable chemical dependency problem. The clinic then treated the chemical dependency or the Codependence as primary. What all this means is that codependency is not something unusual, but something that is very pervasive in human relationships and is often seen in the counseling room.

### **Definition of Codependency**

Currently there is no official “diagnosis” for codependency. In the DSM-IV there is no diagnosis entitled “codependency,” as there is for other addictions, such as chemical dependence. This poses a problem for many professionals, as there is no distinct set of criteria from which to assess an individual. However, usually many of the following symptoms are present with this disorder and are readily seen in the counseling room:

- \* Assumption of responsibility for meeting others’ needs.
- \* Anxiety around separation issues.
- \* Enmeshment in relationships with chemically dependent individuals.
- \* Constriction of emotions.
- \* Depression.
- \* Hypervigilance.
- \* Compulsions.
- \* Substance Abuse.

We must keep in mind that codependency is a very complex concept. It is possible that a co-dependent may not display all of the above listed symptoms of codependency. “Codependency” is used to describe the person who becomes the “caretaker” of an addicted or troubled individual. The individual can be addicted to alcohol, drugs, gambling, or other elements. Codependents can be this individual’s spouse, lover, child, parent, sibling or friend.

External referenting is the most central characteristic of the addictive process that

is exhibited in the disease of codependence. A codependent person is one who has let another person's behavior affect him or her, and who is obsessed with controlling that person's behavior. Codependents tend to personalize all that happens around them, seeing everything as being directly related to them. They have difficulty trusting their own perceptions. They view themselves as failures when they cannot control everything or meet everyone's expectations. They fear rejection and abandonment, so they feel they must be involved and needed in every aspect of the lives of others. Not to be involved and needed equals abandonment. They take care of people's responsibilities for them. It is in this fashion that a codependent person is literally dependent upon others.

Codependents believe they must be the center of activity. "Oh, you are unhappy. What did I do?" is the often-heard refrain of the codependent. If someone in the family is angry, codependents firmly believe they caused it. They personalize everything. In their self-centeredness, codependents are meddlers; they believe that they can and should be able to fix anything. Codependents are supreme controllers.

They also are not in touch with their feelings. Codependents have unrealistic expectations of themselves, are unable to accept their own limitations. They have difficulty defining their own boundaries; who they are or who they are not. They cannot distinguish between what is their own responsibility and what is the responsibility of others. People who have no boundaries tend to personalize everything that happens around them and see it as directly related to them. They become over-involved and over-responsible.

Since codependents feel they have no intrinsic meaning of their own, almost all of their meaning comes from outside of themselves; they are almost completely "externally referented." Codependents need to learn what it means to have a self. I had one client who was a codependent male and he shared the emptiness in his life as he said "When I look at the mirror I see nothing." He didn't know who he was. Codependents consistently tend to have low self-esteem problems. As is true with many codependents, they try to fulfill the expectations of others, while at the same time they don't know what they want to do or who they want to be. They live for others and not for themselves.

When codependents do things for others that the other needs to do for themselves,

the codependent is attempting to make themselves indispensable. It is through this action they believe their life will have meaning. They are “taking care of” and in so doing facilitate another’s dependence upon them. This is what we call caretaking. Codependents often think and feel responsible for other people; their feelings, thoughts, actions, choices, wants, needs, and ultimate destiny. They feel anxiety, pity, and guilt when other people have a problem, and try to anticipate other people’s needs.

When working with codependents, they frequently say things like “I was never good enough,” or “No matter what I did in my family or in school, it never seemed like it was enough.” This shows the commonness of low self-worth found among codependents. They tend to attack themselves for the way they think, feel, look, act and behave. They reject compliments, praise or any positive feelings about themselves by others. They feel total rejection.

Codependents tend to ignore problems or pretend they aren’t happening. They often don’t feel love and approval from their parents and therefore of course they don’t love themselves either. It makes sense then that they can’t love others. They feel that if they weren’t alive, there wouldn’t be any problems. If someone asks them if something is wrong, they respond with something like “No, everything is fine.” Codependents are not aware of how they feel; they are only aware of how others feel. Codependents are not aware of what they want; they tend to ask what others want.

A codependent gets confused when another is confused. They may get angry when another is angry or feel happiness when someone else is happy. This is taking on the other person’s emotions. This applies to other expressions of feelings as well. This is a major aspect of the disease of codependency. A lack of boundaries is easily seen in the alcoholic family. Everyone takes on the dependent person’s problem. In fact, the entire life of the family begins to revolve around the dependent. The codependent people in the family give the dependent the power to define them and have their moods and reactions determined by the dependent person.

Codependents are always striving to be “good” persons, and they actually believe that they can control others’ perceptions of them. Their lives are structured by the question, “What will others think?” Codependents are insecure and have such low self-esteem that they must depend on others to prove their worth. To put it in a single

term they are “people-pleasers.”

At the same time codependents work hard. They are so intent on taking care of others, keeping things going, and surviving that they often develop stress-related functional or psychosomatic diseases. They don't complain and they do more than their share. They do whatever is asked of them, they please people, and they try to do their work perfectly. Codependents are often very responsible people. When codependents are not able to please, they believe they are personal failures and try to hide the fact that they cannot meet everyone's expectations.

### **Context of the Family in Regard to Codependency**

My background in counseling is in the area of Family Systems. The consensus among counselors in the addictions field is that educating and treating all family members is essential to the recovery of the entire family. The dependent person is not the only one affected by the disease. It became clear, in fact, that the entire family was affected and that each member played a role in helping the disease perpetuate itself. When a family member suffers from an addiction, the other family members are most likely codependent. It is extremely important for family members to learn not only how they are affected by the dependent person, but how their behavior has affected the addicted individual and others around them, and how they can learn from their behavior and make positive changes.

The Identified Patient in the dysfunctional family is the person who has obvious problems ( but is not the only person in the family with problems) and is responsible for bringing the family into treatment. The term “enabler” (a codependent person) is used to describe the person (usually the spouse or child) who subtly helps support the dependent behavior, and is obviously oriented toward the dependent. The enabler is also in a great deal of pain and needs help.

I would like to introduce a concept developed by Murray Bowen, a family therapist. (See: *An Introduction to Family Therapy*, Vincent Foley, Allyn and Bacon, Inc. 1986). Bowen was in the process of moving from the traditional intrapsychic approach toward a system analysis, going from the mother to the father to the whole family.

There is an emotional contagion in the family and the identified patient is the one

who carries the label “sick,” whereas, in fact, the emotional system as a whole is sick. A central concept in Bowen’s theory is the “undifferentiated family-ego mass.” By this he means a quality of “stuck togetherness.”

“Differentiation of self-scale” is an element to be considered which has to do with how one separates oneself out from his family of origin. This scale is divided into four quadrants. At the lower end of the scale, there is almost no differentiation of self. This means they have trouble distinguishing between who they are and their own responsibility and who others and their responsibilities are. People in this category live in a feeling world and are almost wholly dependent on the feeling world and the feelings of those around them. This is where we would often find codependent people.

Bowen would say that the family is everything. It is the matrix out of which people come. The only way to understand symptomatic behavior is by a thorough examination of the nuclear and the extended family.

### **Characteristics of Codependents as seen in the counseling room**

There is a concept of the “emotional pursuer” and the “emotional distancer.” In any marital relationship one of the partners is an emotional pursuer and the other is an emotional distancer. These are generalized terms, not fixed personality characteristics. Everyone has both parts to some degree within themselves. This is also a generalization but often women are pursuers and men distancers. These two aspects are on a continuum where one end is a movement towards people and on the other a movement towards objects.

The pursuer values movement towards people, is over-responsible and tends to take the majority of responsibility for maintaining the relationship. The pursuer is often impatient and emotional. The here and now are important for her. She wants to talk about toxic issues over and over. If she is not relating to her partner, there is a real sense of emptiness within her.

On the other hand the distancer values movement toward things, is under-responsible, and often waits and is slow to act. He tends to be cognitive. He has little interest in communicating personal thoughts/feelings and in fact he is often unaware of his

own feelings and thoughts. He is most often relaxed when he is alone.

Stress causes a change in the relationship where the pursuer moves after the spouse more actively because she needs connection with her partner. When the pursuer wants connection the distancer sees this as attack. At the same time the distancer hides because he needs space. When this happens the pursuer sees this as rejection. Through this process, both partners in the relationship are more clearly differentiating the self. However they are moving in opposite directions and their needs are basically in conflict.

With some understanding of the dynamics involved between these two types, both partners in this kind of relationship have things they can do to improve their relationship. The pursuer needs to give her partner more space and time to think and respond. She needs to be less intense. At the same time the distancer has a need to be more present and available to talk with his partner and take more responsibility for the relationship.

One important aspect is the difference between reacting and responding. One example is a married couple I counseled. The husband, P, was 29 and an alcoholic. His wife J (codependent) was 27. P was a quiet man who said "If J yells I back away." "If I am late and I don't call her it infuriates J." "I feel like I always need J's permission and approval." P has issues that needed to be dealt with, but I want to focus on his wife J. She was domineering and controlling. She often would not let P finish a statement before she jumped in and completed his sentence or went on to some other subject. She called herself a "mothering" type. She had many expectations of P.

When I first met with them as a couple, P was quiet and J did most of the talking. She would often interrupt P if he did say something. She was impulsive and often reacted emotionally to what P had to say or not say. She always wanted to know what he was thinking, where he had been and what he had been doing. She was basically overinvolved in many aspects of his life.

My task with J was to first get her to see how much she was taking charge of their interaction. Likewise I wanted P to see how much he let J control their interactions. I met with J separately a few times and we worked on getting her to slow down, think before she spoke and learn to give P a chance to speak voluntarily. After practicing for a while she successfully was able to slow herself down and be more composed

instead of blurting things out. As she was able to give up some of the control this allowed P to enter into the conversation and not be cut off. ( I worked with P separately to take more initiative and responsibility for the relationship. ) This led to more constructive interactions between the two.

We had a total of 11 sessions and by the end of that time both P and J were calmly responding to one another instead of impulsively reacting like they had in the past. Both partners were starting to identify what was their responsibility and what was their partner's responsibility (an example of differentiation).

### **Codependents become Codependent Parents**

Parents and children often share the same unhealthy co-dependent behavior. Most codependents who have children become codependent parents. They need to be needed in order to feel good about themselves. Parents often raise their children in ways that make the child dependent on the parent which ensures the child's neediness, which, in turn feeds the parent's neediness. (See: *The Co-dependent Parent*, Barbara C. Becnel, Harper San Francisco, 1991)

Many times an adult patterns their adult relationships after the way their parents had modeled for them. A role model teaches by example rather than by using clearly articulated words.

The following lines of thought, which many adults consider to be good parenting, often are symptoms of codependency. For example, "I must control my children." These parents feel they must stay on top of their children's every move. Actually these parents want to make themselves right and their children wrong. Children raised in this kind of environment end up believing they have no control over their lives.

Another thought is "I am superior to my children." Likewise, these parents covertly dominate and control the lives of their kids. They often do not realize they overprotect and spoil the kids. Eventually the children end up feeling inferior and not prepared to face the world by themselves. These children become too fearful to try and take control of their own lives and instead depend on the parent.

"I must be a perfect parent," is a third line of codependent reasoning. These parents are trying to accomplish something that is not possible and so in the process tend

to make those around them unhappy because of the demands they make, not only of themselves but of others.

A fourth and final line of reasoning is “My children are more important than I am.” This kind of parent tries to meet each and every need or demand of the child. They end up being the slave of the child, which creates a child who later often does not have respect for the rights of others.

The ironic thing is that codependent parents are often insecure themselves and are trying to cope with their own sense of low self-esteem. To feel better about themselves, they use co-dependent behavior to try and control the lives of their children to make them “better off.” If parents are not able to slowly relinquish the role of care-taker as the child grows older, the children themselves become codependent and the cycle begins all over again.

Codependent parents often have a concrete ideal of what their child’s future should look like; what they should read, where they should go, who they should date and marry, etc. The parent’s intention is good, but what happens is that the child becomes an extension of the parent. In essence, the parent seeks meaning to life through the success or happiness of the child. This is a meaning that the parent feels he or she was never able to obtain by him/herself.

Children who are perfectionists are often attempting to prove to the world that they are worthy as a person, one who deserves respect and love. They have been programmed to fail and are told by their parents that they don’t measure up. Due to this they are filled with conflict. On the one hand they expect to fail, and on the other they want to succeed so very badly, but don’t believe they really can. In the overprotective-parent model, the parent gives the following message: “You are not able to do it by yourself and you need my help.” These parents believe it is necessary to control all aspects of their child’s life.

It is important that parents don’t try to be perfect but rather they should seek to be honest and more realistic, not only with themselves, but with their children as well.

### **Treatment Goals**

Finally I would like to briefly touch upon one method used in treatment for

codependency issues in the counseling room. The bright spot in this discussion of codependency is , as with any addiction, that recovery is possible.

One aspect of treatment I use is to help the client realize his or her own identity. Bowen states the outcome clearly: “The basic effort of this therapeutic system is to help individual family members toward a higher level of differentiation of self. “More specifically, as we saw above, helping a person respond in a conscious way to the system and not just react emotionally. It means learning to respond and not react. If one spouse can do this, it forces the other to relate at a higher level of maturity.

One reacts when the partner controls his behavior so that he is not doing what he himself wants but what the other person wants him to do. To respond, on the other hand, means that the other person’s position is taken into account but is not the cause of one’s own behavior. It is the difference between being manipulated and being free to act on one’s own volition. Codependents need to stop looking for happiness in other people. The source of happiness and well-being is not inside others; it’s inside the codependent him or herself.

Codependents cannot change until they accept their codependent characteristics. These include powerlessness over people, alcoholism, and other circumstances they have so desperately tried to control. Acceptance is the ultimate paradox: we cannot change who we are until we accept ourselves the way we are. In recovery, we're talking about finding our own identity.

Codependents don’t control others or let themselves be controlled. They stop taking responsibility for other people and stop letting other people take responsibility for them. When unresolved, these core issues impede and hinder the codependent’s ability to experience and be their true self. They ultimately block our ability to have healthy relationships with our self, others and God.

Dealing with codependency at the outset of counseling is crucial to having a successful outcome in therapy.

### **Conclusion**

As I stated earlier it is difficult to accurately define codependency since no diagnostic criteria exists. To some degree every person is codependent. It is not possible to make

a clear distinction between being entirely healthy (not codependent) and being codependent. The amount of codependency any one person deals with is on a continuum with one extreme being entirely non-codependent (which nobody is) to the other extreme which is entirely codependent (again, which nobody is).

Healthy people are somewhere between the two and any one person is continually changing his or her position on the continuum depending on the circumstances, time of day, or the person being related to. He or she exhibits some codependent-like behaviors but we would not call him or her codependent. One person is more codependent with a spouse, than say with a friend. Or that person is less codependent out in public but more so in the home environment.

Therefore instead of calling someone codependent, I believe it is more accurate to say he is either now exhibiting a great many codependent behaviors, or not exhibiting them. On another day maybe he is exhibiting less codependent behaviors. Therefore the degree of codependency is continually varying.

When dealing with codependents in the counseling setting I believe it is important to deal with many issues. First it is important to help these people establish a sense of their own identity through differentiation. The second issue is to help the codependent understand their own emotions and how much emotions influence relationships. A third issue is to see how their behavior and the behavior of their dependent family member influence one another.

Codependency is still a relatively new concept and therefore much ambiguity remains. However, it is an important dynamic in personal relationships and therefore deserves a great deal of attention. In the future I am sure we will learn more about this issue.