**Codependency-Abandonment of Self**

by Patrick B. McGinnis, PhD

***What is Codependency?***

The meaning of the term codependency is in much dispute. It is not a word you would find in many dictionaries, nor is it a concept that is easy to define. The word has only been coined in recent history. Originally codependency was used to describe family members and spouses of substance dependent individuals. It was used interchangeably with the term enabling and referred to the maladaptive behaviors that resulted from a preoccupation with the addict’s life. The positive intent of enabling is to end the substance dependency by "helping" in some way. The end result of enabling is that family and friends "help" in making it possible for the dependency to continue.

Today the term codependency is used more generally to apply to just about anyone who has a pattern of dysfunctional relationships involving focusing on the needs and behaviors of others more than one’s own. Codependent individuals become so preoccupied and focused on the needs of others that they neglect their own needs.  Two key areas in a person's life reflect codependence: the relationship with the self and relationships with others.

Codependency has been described as an addiction, an illness, a disease, learned behaviors, a phenomenon, a psychosocial condition, a personality trait, a psychological construct, and a personality disorder. Many professionals believe that every addiction has its roots in codependency.  Some authors argue that codependency is the most common of all addictions. This is because codependents have as much difficulty accepting their powerlessness over people and events as addicts have over accepting their powerlessness over *their* drug of choice.

There are as many definitions of codependency as there are “experts”. However, most agree that codependency is a treatable progressive disorder with common symptoms. Some of these are:

*Low self-esteem, caretaking, obsession, dependency on others to meet needs and wants, difficulty expressing anger appropriately, having weak boundaries, depression, anxiety, repression of one’s own needs, denial, lack of trust, perfectionism, workaholism, operating in extremes, procrastination, compulsive lying, compulsive talking, dependent or over-possessive relationships, and controlling others through manipulating, threatening, coerciveness, helplessness, guilting, and/or advice giving. Other codependency disorders can be dependency on status, prestige, possessions, power or control in a kind of treadmill existence so that whether or not goals are achieved, there is a driven compulsion for more; an anxious feeling of incompleteness or emptiness remains no matter what is accomplished.*

Some of these common characteristics are so broad that it can be argued that in one aspect or another nearly everyone could be codependent. Indeed, it has been maintained that we live in a society that fosters codependency.

However, the ramifications of codependency go beyond psychological symptoms. Codependency has physical implications as well. During the middle and advanced stages of codependency, physical illnesses may start to emerge. Middle stage codependents may experience insomnia, heart arrhythmia, sexual dysfunction, self-neglect, unwarranted fatigue, hyperactivity, suppressed immune functioning, gastrointestinal disturbances, and migraine headaches. In later stages of codependency individuals may feel lethargic, develop high stress related physical illnesses (colitis, ulcers, high blood pressure, etc.), a serious eating disorder or other major health problem.

***Where does Codependency originate?***

The roots of codependency seem to be in the family of origin. It is the parent’s role to shape and support children through the various stages of psychosocial development. Hopefully this is done in a conscious and nurturing fashion, so the child accomplishes the goals of each stage successfully. Ideally, the child raised in a conscious and healthy environment will be prepared for self-actualization, healthy relationships, and will fit into society adequately.

Unfortunately, no child receives perfect parenting, and no child has all of his/her needs met all the time. This is especially evident in families where there are unaddressed addictions (including advanced stage codependency), abuse (physical, sexual, emotional, or mental), mental illness, or extreme social barriers. Shaming, abandonment, and neglect, flourish in these families.

“Normal” families can also be breeding grounds for codependency. Most parents learned how to be parents through their own upbringing. Parents tend to behave in similar ways as their parents did with them, or in the opposite way (with little balance between extremes). Good parenting involves conscious behavior that is geared toward raising children to feel good about themselves and to be interdependent in relationships. Most parents do the best they can considering their own childhood models and codependency issues. Families that are enmeshed and smothering can be just as damaging as those that are too disengaged. Families that have too rigid rules are as equally harmful as families that are chaotic (having too few rules, or rules that are haphazardly enforced).

Imperfect families often produce children who learn that to get their real needs met (safety, value, acceptance, etc.) they must give up important parts of themselves and conform to parental/societal expectations. The child learns the behaviors that will get these needs met. These behaviors may become patterned into codependency-based personality roles.

Many codependents portray one or a combination of the following roles:

Addicts, Abusers, Bullies, Comedians, Compulsives, Failures, Fixers, Hypochondriacs, Lost Children, Martyrs, Narcissists,

Over-Achievers, People Pleasers, Perfectionists, Rescuers, Self-Centeredness, Victims

The process of taking on roles results in children with little sense of self, who internalize the belief that there is something “wrong” with them. They grow into adults who don’t know who they really are, and fear being discovered and rejected by others. When a codependent child takes on these roles there is an inevitable loss of the authentic self. This loss involves great pain. Caretaking, controlling, addictions, workaholism, etc. can all be compulsive medicators of codependency.

***Another definition of Codependency:***

I am in the process of developing this brief definition that may be helpful in self-examination:*Fear of being your authentic self, resulting in power patterns (controlling or compliance to manipulate) to get what you believe you can’t ask or demand from others.* Codependents fear abandonment and rejection. In giving up their authentic selves they perform the ultimate abandonment-that of oneself.

***Is recovery possible?***

Codependency does not just go away. It is a progressive disorder, but even in advanced stages it is treatable. To get well, the codependent must begin addressing the disease directly. **If we expect anybody else - even a good therapist - to do our recovery for us, we will stay stuck, lost, and sick.** Learning to take care of oneself and letting go of the need to control people, places and events is difficult, but it will ultimately bring a freeing from self-defeating patterns, shame and fear. The energy investment in manipulation through caretaking and/or controlling is considerable-letting go and simply being oneself frees energy for more productive uses. We must learn how to intervene with the disease in our own lives: to treat ourselves with more respect, to develop boundaries, to own our reality, to become responsible for our own wants and needs, and to begin to approach life with moderation.

Recovery from codependency is deep work based on shifting our relationship with ourselves. Codependency is about us, not about anyone else in our life. Recovery from codependency involves learning to take responsibility for our own

actions, feelings behavior, issues and lives to ensure that our real needs are met. Recovery is about self-acceptance and self-love. Recovery involves setting appropriate boundaries with other people. This ensures that the recovering person is considered first and taken care of in all situations. When self-love is more strongly felt than the fears, then boundaries are easy to set. Until then, it is risk-taking and uncomfortable.

There are three primary approaches to codependency treatment: self-help, group therapy, and individual psychotherapy. Numerous codependency self-help books are available at bookstores. Moreover, many self-help groups orientated towards helping codependents have been formed. These meetings are usually free of charge and last about one hour. Codependents Anonymous is one of the more popular self-help groups. This group is based on the twelve-step program and seems to be successful for many people although no research has been done to substantiate outcomes. The group is primarily supportive and in-depth work is accomplished through working the steps with a sponsor.

Group therapy has had considerable research conducted and has been found to be the most effective treatment approach. The ideal group size is about eight to ten meeting for 12 hours weekly. Groups are professionally facilitated and there is usually a weekly fee consistent with community standards. Healing takes place within the group and is generalized through a participant’s life. Group therapy can be quite intense, and individuals need to make a sincere, persistent and courageous effort to self-explore and to be open to other’s observations. Codependency recovery is a personal and interpersonal journey and group therapy offers a varied interpersonal setting.

Individual psychotherapy is another treatment option. When abuse has been a part of the formation of codependency, a more focused individual psychotherapy may be needed. Individual psychotherapy might also be a better starting place for individuals who are uncomfortable speaking about personal issues in a group setting. In addition, individuals dealing with other issues in addition to codependency may benefit the most from individual psychotherapy. Unfortunately, individual psychotherapy is the most expensive treatment modality, and may not be an option for some people.

Many people find it most helpful to participate in a combination of all three treatment approaches because each offer something different. For example, an individual may choose to participate in a self-help program as an adjunct to more traditional group therapy and use individual treatment as needed.

Some of the self-defeating patterns that commonly arise in any treatment setting are:

|  |  |
| --- | --- |
|  | * Skipping sessions - difficulty with commitment to recovery |
|  | * Insufficient knowledge about the recovery process |
|  | * Unexpressed fear |
|  | * Self-sabotaging thinking about one’s lack of worth or deserving a better life |
|  | * Minimizationof your pain and issues by comparing to others |
|  | * Denial |
|  | * Blaming others and being unwilling to self-examine |
|  | * Financial problems where therapy is not given priority |

Being aware of these blocks makes it easier to recognize them when they come up in recovery. Most recovering codependents fear the unknown. When an individual begins to sway from attending therapy it may be a good time to review the blocks with an impartial support person.