

Chapter 1

Codependency Hurts

In This Chapter

- ▶ Introducing you to codependency
 - ▶ Briefing you on the history and controversies about codependency
 - ▶ Facing the problem
 - ▶ Understanding the stages of codependency and recovery
 - ▶ Identifying goals of recovery
-

All relationships have their troubles. There are times when people you love the most hurt and disappoint you, and you worry when they're suffering. Addicts obsess about their "drug" of choice, whether it's alcohol, food, or sex. They plan and look forward to it. Codependents do that in relationships. Their lives revolve around someone else — especially those they love. Their loved ones preoccupy their thoughts, feelings, and conversations. Like jumpy rabbits, they react to everything, put aside what they need and feel, and try to control what they can't. They hurt, and they hurt. This chapter introduces you to codependency and what it means to be codependent. It explores the goals and the healing process, called recovery.

What Is Codependency?

Although mental health clinicians recognize codependency when they see it, the definition of codependency and who has it has been debated for decades. (I devote an entire chapter — Chapter 2 — to explaining what codependency is.) Experts agree that codependent patterns are passed on from one generation to another and that they can be unlearned — with help.

An overview

Therapists and counselors see people with an array of symptoms, such as depression, anxiety, addiction, or intimacy and relationships issues.

Clients are hurting and often believe the cause is something outside of themselves, like their partner, a troubled child, or a job.

On closer examination, however, they (and many readers of the first edition of this book) start to see that, despite whatever else may be going on, their behavior and thinking patterns are adding to their problems — that is to say, their patterns are *dysfunctional*. These patterns have an addictive, compulsive quality, meaning that they take on a life of their own, despite their destructive consequences. The root problem is usually codependency.

Why relationships hurt

Along with comfort and pleasure, intimate relationships especially evoke all your hopes, fears, and yearnings. You want to feel secure and be loved, appreciated, and taken care of. Dependence upon those closest to you further magnifies your emotional needs and vulnerability to being rejected, judged, and seen at your worst.



Codependency is a particular kind of dependence. It's insidious and powerful. It robs you of joy, peace of mind, and the ability to have sustained, loving relationships. It affects your relationship with yourself and limits your flexibility and the natural flow of relationships with others, including giving and receiving love and support and the ability to communicate, compromise, and problem-solve.

All the symptoms I outline in Chapter 3 work together to not only deprive codependents of the benefits possible in relationships, but they also create problems that wouldn't have otherwise existed. For example, shame and low self-esteem make you insecure, anxious, and dependent upon others' acceptance and validation. You may feel uncomfortable being yourself and be hypersensitive to perceived criticism or abandonment (even where neither exists). You may attempt to control or manipulate people to maintain a relationship and to be liked. Some codependents require repeated reassurances or are afraid to be direct and honest, which is necessary for effective communication and real intimacy.



Childhood shame and trauma conceal their real, core self, which they can't access. Instead, codependents develop a persona in the world that reacts to others, to their own self-criticism, and to their imagined ideal of who they *should* be. To be acceptable to others and to themselves, you hide who you are and become who you aren't. You may not even be aware of how self-critical you are but suffer the "tyranny of the should's" — a phrase coined by psychoanalyst Karen Horney (pronounced "Horn-eye"). Even though you may not relate to this, it still operates beneath your conscious awareness. You may only be aware of your persona illustrated in Figure 1-1 and nothing on the inner circles.

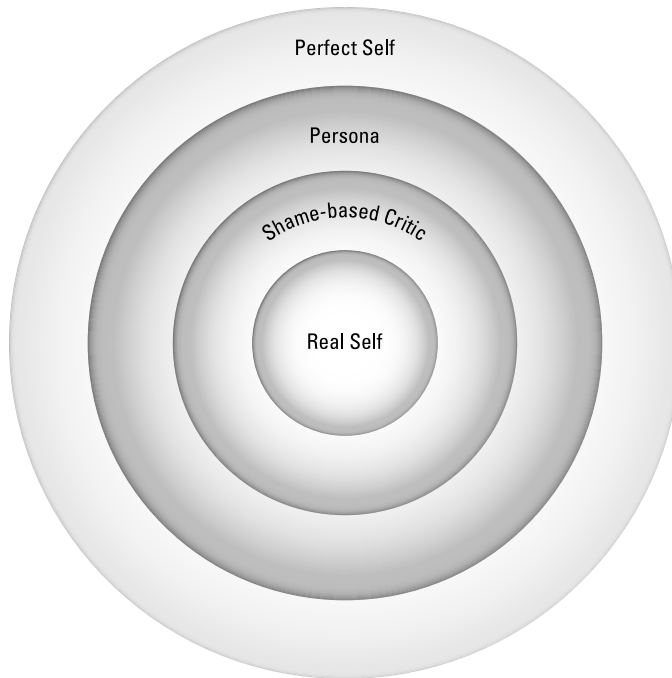


Figure 1-1:
Self in
confusion.

By Darlene Lancer

All relationships require boundaries. Love is not safe without them. Yet many codependents tolerate being treated without respect, because they lack self-worth. They don't feel entitled to compliments, to be truly loved, or to set limits. They might do more than their share at work or in a relationship to earn acceptance, but they end up feeling unappreciated, used, or resentful. In reading this book, ask yourself whether your relationships feed you or drain you.

Shame can also cause codependents to deny or discount their feelings and needs, both to themselves and in their relationships. To cope, they sometimes disregard what's actually happening, ruminate with worry or resentment, or finally explode. Their denial and confusion about their boundaries and responsibilities to themselves and to others create problems with intimacy and communication. Instead of bringing couples closer, frequently communication is avoided, is used to manipulate, or is highly reactive, leading to escalating conflict and/or withdrawal. Nothing gets resolved. They end up feeling trapped and unhappy because their symptoms paralyze them with fear of rejection and loneliness.

The symptoms of codependency are all interwoven. They lead to painful emotions and self-sabotaging behaviors that produce negative feedback loops. This book helps you untangle and free yourself from them and create positive, healing feedback loops.

Reviewing the History

Although codependency has only relatively recently been recognized as an illness (dating from the 1970s), the characteristics were described as neurotic traits by Karen Horney 75 years ago. The term itself evolved out of family therapy with alcoholics, following the founding of Alcoholics Anonymous (AA) in 1935 by Bill Wilson to help alcoholics find sobriety.

The work of neo-Freudian Karen Horney

In the late 1930s and early 1940s, leading neo-Freudians and humanists began focusing on the development of personality. Karen Horney, referred to as the first feminist psychoanalyst, was one of the leading proponents for self-actualization.

Horney broke with Freud on many issues and believed that children have a fundamentally good “real self,” which thrives in a healthy, empathic, and supportive environment. Natural striving to actualize their true nature can be thwarted due to poor parenting and cultural influences; however, self-awareness can go a long way to unshackle the real self from those negative influences, allowing it to flourish. Horney conceptualized a compliant personality alienated from the real self that today resembles typical traits of codependents. Some of her other personality categories may be codependent, too. Her influence is apparent in the writings of humanist psychologists Abraham Maslow and Carl Rogers in the mid-20th century.

Karen Horney’s “neurotic trends”

Horney described three personality styles that people develop in order to cope with self-alienation and the fear, helplessness, and isolation of childhood. Underneath brew feelings

of anxiety, hostility, and unworthiness that are repressed to varying degrees. The first group is made up of individuals who believe they can only feel loved and secure if they’re passive

and comply. The second includes those who view life as a struggle and conclude they must be aggressive and in control, while the third group ensures their safety by withdrawing emotionally from interactions.

Horney identified ten neurotic trends or needs that underlie these three styles. Although the needs may overlap and remind you of normal needs, they're *neurotic* because they're compulsive, driven by anxiety, and out of proportion to reality. They're inappropriate and indiscriminate in application. It's normal to want to please your boss, but wanting to please everyone is neurotic. Several of these trends describe codependents:

The first style — Neurotic compliance

- ✔ The need for affection and approval
- ✔ The need for a partner, believing that love will make you happy and that your partner will fulfill your expectations and responsibilities
- ✔ The need to restrict your behavior and expectations within narrow borders, underestimating your potential and living an inconspicuous life

The second style — Neurotic aggression

- ✔ The need for power and domination of others, with contempt for weakness
- ✔ The need to exploit and manipulate others, viewing them as objects to be used
- ✔ The need for social recognition or prestige
- ✔ The need for admiration of your ideal self
- ✔ The need for personal achievement combined with resentment when others don't recognize you

The third style — Neurotic withdrawal

- ✔ The need for self-sufficiency and independence to the extent that you avoid close relationships
- ✔ The need for perfection, worrying about possible errors and defects, and feeling superior to others
- ✔ The need to restrict your behavior and expectations within narrow borders, underestimating your potential and living an inconspicuous life



Codependents repress their real Self and authentic feelings and develop deep, shame-based beliefs about who they are and their rights, needs, and lovability. This happens in reaction to dysfunctional parenting in childhood (such as critical, indifferent, rigid, invasive, inconsistent, or rejecting parents). Sometimes their beliefs are due to abuse, and sometimes they're inferred from the behavior of emotionally unavailable parents. Shame is also the result of the anger they have turned against themselves because they couldn't direct it toward parents they looked up to and relied upon for survival. (See Chapter 7.)



To get by, many codependents learned to comply and measure up to an imagined ideal (refer to Figure 1-1). Others withdrew or rebelled. As adults, some codependents constantly feel inadequate, whereas others identify with their ideal self and think they have high self-esteem. Many become perfectionists to balance the self-hatred they feel inside. They may strive to

be loving, good, beautiful, accomplished, or successful in an effort to prove their worth and/or to be independent and never again need anyone. Yet the more they try, the more depressed they become, because they're abandoning the real self that wasn't nurtured by their original caretakers. Some enter therapy because of an addiction or relationship problem, while others go to understand why they're depressed even though everything in their life is working.

The influence of family systems therapy

Family system theories emerged from the study of cybernetics, systems theory, and systems psychology. In the mental health field, theorists and therapists were increasingly viewing mental illness in a family context. In clinics, counselors noticed that some patients improved, but when they returned to their families, their symptomatic behavior returned. The counselors deduced that the family dynamics were maintaining or even causing the illness and began focusing on family interactions.

Therapists who worked with alcoholics observed repetitive patterns among the spouses and families of the alcoholics that reinforced drinking behavior. They saw husbands and wives who reproached and tried to manage an alcoholic, unaware that they were trying to control an uncontrollable illness. The family members displayed dysfunctional characteristics and were initially referred to as *co-alcoholics*. From years of disappointments and submergence of their personality, they had become empty shells. Their self-esteem and despair were as low as that of the alcoholics.

Surprisingly, clinicians discovered that many of the problems in the family persisted even after the alcoholics found sobriety. They found that their spouses' dysfunctional patterns predated the alcoholic marriage and continued into new sober relationships. They realized that the co-alcoholics had to recover independently of the person and relationship that brought them to Al-Anon, the Twelve Step program for families of alcoholics. Still later, it was observed that those patterns appeared in others who weren't involved with an addict but had grown up in dysfunctional families (see Chapter 7). All of their findings thus validated and converged with psychoanalytic theory.

The term *codependency* was born in the late 1970s and by the 1980s was being applied to addicts and their relatives, family members of someone with chronic mental or physical illness, and caregiving professionals.

Addiction and Twelve Step programs

Soon after AA was founded, Bill Wilson's wife, Lois, saw that the spouses, mostly wives at that time, needed support. She started holding meetings in members' homes. These meetings expanded to include all relatives and friends of alcoholics, and Al-Anon was born. In the 1950s, a main office was established in New York City to coordinate groups that had spread nationwide and today worldwide.



Other Twelve Step anonymous programs began to form based on the model of AA, which had proven so effective. Soon these programs proliferated. After Al-Anon founded its headquarters, Narcotics Anonymous began in 1953, followed by Overeaters Anonymous in 1960 and Gamblers Anonymous in 1961. The 1970s saw the arrival of Emotional Health Anonymous, Sex Addicts Anonymous, Sex and Love Addicts Anonymous, Debtors Anonymous, and Adult Children of Alcoholics. The list grew in the 1980s to include, among others, Workaholics Anonymous, Nicotine Anonymous, Clutterers Anonymous, Cocaine Anonymous, Marijuana Anonymous, and Sexual Compulsions Anonymous.

Eventually in 1986, the self-help program Co-Dependents Anonymous (referred to as CoDA) was founded by two therapists, Ken and Mary, who both grew up in dysfunctional, abusive families and had histories of addiction. CoDA was also modeled on the Twelve Steps of AA. Unlike Al-Anon, membership wasn't linked to having a relationship with an alcoholic. The only requirement, as stated in its preamble, "is a desire for healthy and loving relationships." The meeting of the First National Conference on Co-dependency was held in 1989.

A codependent society

As the awareness of addiction grew, more habits and compulsions began being characterized as addictions, and increasingly people seemed to have codependent traits that compromised their relationships, both among addicts and those close to them. Family systems author and theorist Virginia Satir commented that of the 10,000 families she'd studied, 96 percent exhibited codependent thoughts and behaviors. By the late 1980s, former psychotherapist Anne Wilson Schaef called America an addictive society in her 1988 book, *When Society Becomes an Addict* (HarperOne).



It may be that all the focus on relationships is the sign of the times, reflected in the growth of family therapy, and the women's sexual liberation and human potential movements. In prior generations, intimacy was left to novels, poetry, and fantasy, because the focus was on survival and

productivity, but today it's considered a need. It's no coincidence that the codependency movement arose in America, the champion of independence and romantic love — with the highest divorce rate. Americans want romance to work! Whatever the reason, just about everyone wants a fulfilling intimate relationship — something that seems to elude codependents.

The codependency debate

The controversy around codependency is divided into two camps — for and against. At one end are mental health professionals who advocate that codependency is a widespread and treatable disease. On the other is an array of critics of codependency, who argue that it's merely a social or cultural phenomenon, is over-diagnosed, or is an aspect of relationships that doesn't need to change. Those in the “against” camp state that it's natural to need and depend upon others. They claim that you only really thrive in an intimate relationship and believe that the codependency movement has hurt people and relationships by encouraging too much independence and a false-sense of self-sufficiency, which can pose health risks associated with isolation.

Other naysayers disparage the construct of codependency as being merely an outgrowth of Western ideals of individualism and independence, which have harmed people by diminishing their need for connection to others. Feminists also criticized the concept of codependency as sexist and pejorative against women, stating that women are traditionally nurturers and historically have been in a nondominant role due to economic, political, and cultural reasons. Investment in their relationships and partner isn't a disorder, but has been necessary for self-preservation. Still others quarrel with Twelve Step programs in general, saying that they promote dependency on a group and a victim mentality.

Committees have lobbied for codependency to be recognized as a mental disorder by the American Psychiatric Association, which would allow insurance coverage for treatment. A major obstacle is the lack of consensus about the definition of codependency and diagnostic criteria. For insurance purposes, clinicians usually diagnose patients with anxiety or depression, which are symptoms of codependency.



Here are some things to think about, to help put the naysayers' points in perspective:

- ✓ Codependency's detractors are correct to claim that people are meant to need, love, and care for others. Yet, when you look at codependent relationships up close, you discover that many of the benefits of healthy, intimate relationships elude codependents due to their dysfunctional

patterns of interacting. Instead of feeling supported and enhanced by relationships, the symptoms and consequences of codependency provoke anxiety in relationships and cause pain. Codependents complain of feeling lonely and unhappy *in* their relationships. Similarly, a “false sense of self-sufficiency” is part of codependency. Codependents ignore their needs and depend upon others and frequently self-sacrifice to an unhealthy degree. They care for others in a way that leads to control, resentment, and conflict. The concept of codependency isn’t to blame for the increase in divorce, loneliness, and unhappiness. *Codependency itself limits our ability to have satisfactory intimate relationships.*

- ✔ Some recovering codependents choose to leave an abusive or painful relationship as an act of self-preservation. Remaining in such a relationship may also pose health risks from the chronic stress. Separation doesn’t have to lead to isolation. It’s untreated codependency that can cause people to isolate. In contrast, recovery helps individuals cope with loneliness in healthy ways by reaching out to others. The goal is to create healthy, nurturing, interdependent relationships. Thus, recovery from codependency doesn’t necessitate ending a relationship to become independent. The aim is to be able to function better and to enjoy more intimacy and independence *in* your relationships. I’ve worked with many codependent individuals and couples whose relationships benefited when they became more autonomous and assertive. Calling codependency what it is doesn’t create the problem.
- ✔ Finally, I agree that the term *codependency* shouldn’t be used to judge people. It arose out of Western socio-political thought and should be considered in a cultural and ethnic context. There may be instances where codependency is adaptive, and change would be disruptive. This poses a problem as American and European ideas spread to Asia, the Middle East, and Africa. I’ve received correspondence from men and women who feel conflicted between their eager desire for independence and the oppressive restraints of their religion and culture. Many don’t have the institutional or cultural support necessary for change that exists in the West.

The Spectrum of Codependency

Maybe you’re wondering whether you’re codependent. It may be hard to tell at first, because, unless you’re already in recovery, denial is a symptom of codependency, as I explain in Chapter 4. Whether or not you identify as codependent, you can still benefit from alleviating any symptoms you recognize. You will function better in your life. Recovery helps you to be authentic, feel good about yourself, and have more honest, open, and intimate relationships.



Like most things, codependency varies on a scale from minimal to severe. When you're under stress, symptoms flare. Some individuals show only slight symptoms, while others have all the typical characteristics (Chapter 3 outlines the symptoms of codependency). As you read this book, some traits and examples may sound foreign, while you can relate to others. The severity of codependency varies depending on a number of things, such as the following:

- ✓ Your genetics
- ✓ Your culture, including your religious beliefs
- ✓ Your family's dynamics
- ✓ Your experience of trauma
- ✓ Your role models
- ✓ Your addictions or use of drugs
- ✓ Intimate relationships you may have or had with addicts

If you're codependent, generally symptoms show up to some extent in all your relationships and in intimate ones to a greater degree. Or codependency may affect your interaction with only one person — a spouse or romantic partner, a parent, sibling, or child, or someone at work. Codependency may not affect you as much at work if you've had effective role models or learned interpersonal skills that help you manage. Maybe you weren't having a problem until a particular relationship, boss, or work environment triggered you. One explanation may be that the parent has a difficult personality or the child has special needs, and the couple has adjusted to their roles and to one another, but avoids intimacy.



The spectrum of codependency is illustrated in Figure 1-2. The horizontal vector shows how opposite codependent personality traits can manifest in a relationship. Individuals may reverse roles. For example, you may be the pursuer in one relationship and a distancer in another, or flip back and forth in the same relationship. In an alcoholic marriage, the sober spouse may scold and blame the irresponsible, needy alcoholic, who behaves like a victim. Then their roles switch, and the alcoholic dominates and controls his or her partner. Sometimes the spouse who acts needy or "crazy" gets well, and the self-sufficient, invulnerable partner breaks down.

Both the disease and recovery exist on a scale represented by the vertical vector in Figure 1-2. Codependent behavior and symptoms improve with recovery, described at the top, but if you don't take steps to change, they become worse in the late stage, indicated at the bottom.



Figure 1-2:
 The
 continuum
 of codepen-
 dency.

By Darlene Lancer



As you get better acquainted with the symptoms and characteristics of codependents, you may see yourself. If you feel overwhelmed by the thought of having codependency, instead focus on the patterns and behaviors you want to change. If you're committed to change, it really doesn't matter whether or not you consider yourself a codependent. However, it's important to realize that codependency won't get better or go away by itself. Support is essential, because you won't be able to make permanent changes on your own.

The Stages of Codependency and Recovery

Counselors treating alcoholic families considered codependency to be a chronic disease like other addictions (see Chapter 2), because they observed that codependency was progressive. Addiction counselors noticed that the addicts' spouses showed progressively worsening symptoms that paralleled those of alcoholics. In the later stages, both had serious mental and/or physical problems. Left untreated, codependency spiraled downward, just like

alcoholism did. However, both markedly improved when treatment began and shared a similar trajectory of recovery.



You can commence recovery at any time to reverse codependency's adverse progression — the sooner, the easier. This section generally summarizes significant characteristics of the early, middle, and late stages of codependency and recovery as they apply to relationships. As you read the tables in this section — Tables 1-1, 1-2, and 1-3 — keep these things in mind:

- ✓ Notice that over time the symptoms on the left side of the tables get progressively worse, while the symptoms on the right side improve.
- ✓ References to addicts and other addictions only apply if you're involved with an addict, in which case, symptoms and progression are more pronounced. There's more dysfunction, feelings of helplessness, and conflict.
- ✓ You may relate solely to symptoms in the early stage or only a few of the symptoms. If you start making changes now, you can turn things around more quickly.

Early stage of codependency and recovery

The early stage of codependency begins by becoming attached to someone and ends with unhealthy dependency on him or her. In recovery, the early stage ends with starting to reclaim yourself.

The disease process

You may be attracted to a needy person or be overly involved with a family member and naturally want to help or please him or her. Gradually, you become increasingly emotionally dependent upon and obsessed with that person to the extent that you lose focus on yourself and start to give up personal friends and activities.

The recovery process

You begin coming out of denial (see Chapter 4), which means you squarely confront the problem and acknowledge reality — a prerequisite to changing it. This shift may be inspired by someone else's recovery or by reading this book. More likely, it's triggered by an event — a wakeup call, referred to as *hitting bottom*. Change becomes imperative. Instead of ignoring or minimizing the facts, you recognize them as difficult and painful, but true. You may not like them, but you see them as they are.

Beginning recovery starts with getting information and reaching out for help. By reading this book, you've already begun searching for new answers and options. Many people start psychotherapy or join a Twelve Step program, which gives them hope and starts the process of rebuilding their identity. Table 1-1 shows the progressive stages of early codependency and recovery.

Table 1-1 Early Stage of Codependency and Recovery

<i>Progression of Codependency</i>	<i>Recovery from Codependency</i>
Attracted to needy person; offers help, gifts, meals	Hits bottom and reaches out for help for self
Attempts to please the person	Learns about codependency and addiction
Obsessed with the person and his or her behavior	Joins Twelve Step program and/or therapy
Rationalizes and doubts own perceptions	Begins to have hope
Denial about addiction, but concern grows	Comes out of denial
Gives up own activities to be with the person	Learns recovery is for self
Family and social life affected	Refocuses on self
Increasingly emotionally dependent on the person	Begins to build own identity

Middle stage of codependency and recovery

The important middle stage of codependency is where denial, painful emotions, and obsessive-compulsive behavioral patterns are prevalent. You increase attempts to control, while feeling more out of control. When in recovery, you reclaim independence, balance, and greater peace of mind.

The disease process

Without support, denial and isolation continue, and problems get worse. You may minimize and hide from yourself and other painful aspects of your relationship and withdraw from outside activities and friends. Meanwhile,

your obsession with the relationship or addiction and accompanying anxiety, resentment, and guilt increase. You do more to help, enable, and control the other person or his or her addiction, and may even take over responsibilities that are not your own (see Chapter 4). As mood swings and conflict increase, some codependents turn to drugs, food, spending, or other addictive behavior to cope.

The recovery process

The middle stage is where most of the work of recovery takes place. You begin to practice nonattachment and grasp your powerlessness over others and your addiction (see Chapter 9). As the focus on yourself grows, so do self-responsibility, self-awareness, and self-examination, which are part of psychotherapy as well as Twelve Step programs. AA emphasizes that an alcoholic's success in recovery is based upon rigorous self-honesty. This is also true for codependents and one of the Twelve Steps of CoDA.



Blaming others and external circumstances denies your power to effect change and achieve happiness. Even if you're a victim of abuse, you find the power to change your circumstances and responses when the center of control shifts from the perpetrator to yourself. Self-examination also includes working through childhood issues that may have led to your codependency, as I explain in Chapters 7 and 8.



Although insight about your behavior is necessary, it's insufficient for change. Decisions, actions, and risk-taking are required during the middle stage (see Chapter 16). They happen when you're ready, and they can't be forced. It's hard to change even when you know things would improve, like taking a better job or moving to a desirable area. Taking risks where the outcome is uncertain requires courage — courage to venture from discomfort that's familiar into new territory. This is one reason why support is essential; see Chapters 6 and 18.

During the middle stage, you make new friends, participate in outside activities, and are able to be assertive and set boundaries (see Chapters 13 and 11). As you become more emotionally independent, you take better care of yourself, and reactivity, enabling, and controlling behavior diminish.

Table 1-2 shows the progression of codependency and recovery in the middle stage.

Table 1-2 Middle Stage of Codependency and Recovery

<i>Progression of Codependency</i>	<i>Recovery from Codependency</i>
Denies/Minimizes painful aspects of relationship	Understands powerlessness
Hides painful aspects of relationship from others	Begins reliance on a spiritual source
Anxiety, guilt, and self-blame increase	Begins to detach
Self-esteem lessens	Self-awareness grows
Withdraws from outside family and friends	Makes new friends
Obsessively watches the person and addiction	Develops outside activities
Tries to control by nagging, blaming, manipulation	Stops enabling and controlling
Anger and disappointment due to broken promises grows	Learns assertiveness
Feels resentment at inability to control the person	Takes responsibility for own self
Mood swings and increased conflict and violence occur	Increases self-care and self-esteem
Enables and manages the person's responsibilities	Sets boundaries and becomes less reactive
Hides family secret (or addiction)	Has more emotional independence
Uses food, alcohol, drugs, shopping, or work to cope	Heals childhood wounds

Late stage of codependency and recovery

In the late stage of codependency and recovery, the contrast between disease and health are most pronounced. The untreated codependent's world has significantly narrowed, and his or her levels of health and functioning have severely declined, while the recovered codependent's world has expanded to include greater risk-taking, relationships, and new goals.

The disease process

As the disease progresses, anger and conflicts are more common, and self-esteem and self-care further decline. Hopelessness, emptiness, and depression prevail. The chronic stress of codependency manifests in new symptoms, such as stress-related health problems (see Chapter 3) and new or more-progressed obsessive-compulsive behaviors and addictions. These behaviors and addictions may include monitoring the addict, enabling, cleaning house, dieting, overeating, having affairs, exercising, spending, or using legal or illegal drugs.

The recovery process

In the late stage of recovery, your self-esteem and confidence return. You're empowered to pursue your own goals and are more expansive, creative, and spontaneous (see Chapter 16). You desire to fully express yourself for the sheer joy and freedom of it. As your focus shifts away from someone outside yourself, you fully understand that your happiness doesn't depend upon others, and you no longer have a desperate need to be in a relationship. At the same time, you're more desirous and capable of authentic intimacy (see Chapter 15).

Table 1-3 shows the progression of codependency in the late stage if you do nothing and the rewards you reap if you stick with recovery.

Table 1-3 Late Stage of Codependency and Recovery

<i>Progression of Codependency</i>	<i>Recovery from Codependency</i>
Develops physical symptoms	Happiness doesn't depend on others
Feels angry, hopeless, and depressed	Self-esteem and confidence return
Obsessive-compulsive behavior, addictions	Has own power and pursues goals
Further decline in self-esteem	Is expansive, creative, spontaneous
Despair and lack of self-care	Experiences self-love
Increased conflicts	Capacity for interdependency and intimacy



Recovery from codependency requires ongoing maintenance in or out of a relationship. This is why people continue in Twelve Step programs after they've left an addict or addiction behind. Only after a number of years do the changes and tools of recovery and health become part of you.

Changes to Expect

The overall goal of recovery is to become a full-functioning individual who is able to live an authentic life. That means that your feelings, values, and behavior are congruent and that you're at ease on your own as well as in intimate relationships.

Going over the four basic steps

Your journey to recovery (and this book's organization) roughly follows these steps:

1. Building self-awareness

To build self-awareness, you gain information and come out of denial.

2. Healing your relationship with yourself

To heal your relationship with yourself, you get to know yourself, heal shame and past wounds, build self-esteem, and find pleasure — developing hobbies, for example.

3. Healing your relationships with others

To heal your relationships with others, you let go of focusing on others (this is also a prerequisite for Step 2), learn to be assertive, establish boundaries, and have healthy relationships.

4. Expanding your relationship with the world

Pursuing larger goals and passions

Recovery entails knowing, valuing, trusting, and freely expressing yourself congruently with your feelings and values. To that aim, this book addresses learning new skills, attitudes, and habits with respect to your thoughts, feelings, actions, and self-esteem, as listed in this section. Consider tracking your progress as you work through the coming chapters and continue to grow in recovery. Add your own goals as you go along.

How you think

The first priority is to heighten your awareness, thinking, and understanding of codependency and addiction and how each has and continues to affect your family and your life. Specific cognitive goals include understanding your separateness from others, letting go, and giving others the dignity to be

responsible for themselves while taking responsibility for yourself. Ongoing goals are developing awareness of your thoughts, values, beliefs, needs, and behavior and reducing obsessive, repetitive worries and negative self-talk. Your list may include the following:

- Understanding codependency (see especially Chapters 2, 3, and 4)
- Understanding addiction and your family dynamics (see Chapters 4, 7, and 14)
- Understanding how addiction may have affected you (see Chapter 7)
- Coming out of denial (see Chapter 4)
- Accepting your powerlessness over addiction (see Chapter 12)
- Understanding and practicing the concept of nonattachment (see Chapter 12)
- Becoming aware of boundaries with others (see Chapters 3, 14, and 15)
- Gaining awareness of thoughts, including judgments of yourself and others (see Chapter 10); worries and fears (see Chapter 12); rationalizations (see Chapter 4); and fantasies and obsessions (see Chapters 4 and 12)
- Identifying your needs and how to meet them (see Chapters 3, 8, 9, and 10)
- Gaining awareness of beliefs and values (see Chapter 9)
- Testing your thoughts and beliefs against reality (see Chapters 4, 7, and 9)
- Developing decision-making skills (see Chapter 16)
- Gaining awareness of codependent behavior (see Chapter 3), including pleasing (also Chapter 2), manipulating, controlling (also Chapter 9), and enabling

What you feel

Because you weren't taught to identify your feelings or your childhood environment prevented their free expression, it's likely that you're not often aware of your feelings. Having emotion is different. Codependents can cry and rage but aren't able to name a feeling or know why they're upset. Typically, codependents feel guilty for other people's negative feelings and think other people make them feel guilty or angry.



Taking responsibility for your feelings and not those of others is a gradual, but essential, learning process. Important goals are to be able to identify, name, and express your feelings openly. This may be a challenge if you're not used to crying or feeling vulnerable, but this is a healthy step in healing. People who are overwhelmed with feelings need to contain

and understand them. Down the line, you want to be able to appropriately express your feelings to others. Your goals may include these:

- Replacing despair with hope (see Chapters 6, 11, and 17)
- Identifying and accepting your feelings (see Chapter 9)
- Identifying and accepting feelings about your work and others (see Chapter 9)
- Journaling feelings (see Chapter 9)
- Connecting thoughts, needs, feelings and actions (see Chapter 9)
- Distinguishing your feelings from other people's feelings (see Chapters 3 and 12)
- Taking responsibility for your feelings (see Chapters 3, 9, 10, and 12)
- Not taking responsibility for other people's feelings (see Chapters 3 and 12)
- Sharing feelings in a group or with a therapist (see Chapters 6 and 17)
- Taking charge of your anger (see Chapter 3, 8, and 11)
- Grieving your losses (see Chapter 8)
- Sharing your feelings in safe, personal relationships (see Chapters 14 and 15)
- Comforting yourself when you have negative feelings (see Chapters 8, 10, and 11)

Your self-esteem

Your self-esteem reflects how you feel about yourself. It enhances or impairs your relationships, your professional success, your moods, and your sense of well-being. Replacing shame and low self-esteem with self-respect and self-worth is the cornerstone of recovery (see Chapter 10). Pursuing all of the goals outlined in this chapter improves your self-esteem, but you can benefit by giving specific attention to the following:

- Confronting negative self-talk (see Chapter 10)
- Healing shame (see Chapters 3, 7, and 8)
- Being kind to yourself (see Chapters 8 and 10)
- Taking responsibility for your actions (see Chapters 9, 10, 12, and 19)
- Affirming yourself (see Chapters 10 and 16)
- Accepting yourself (see Chapters 9 and 10)

- Reducing guilt and forgiving yourself (see Chapters 10 and 19)
- Meeting your needs (see Chapters 5, 8, and 9)
- Sharing in Twelve Step meetings and in therapy (see Chapters 6 and 18)
- Trusting and loving yourself (see Chapter 10)
- Pursuing goals (Chapter 16)
- Nurturing and giving yourself pleasure (see Chapters 8 and 11)

What you say

Practicing assertive communication improves your relationships and builds self-esteem. Your goals may include these, which are covered in Chapter 13, as well as the other chapters indicated:

- Being honest and direct
- Making “I” statements
- Taking positions
- Learning not to react (also Chapter 12)
- Becoming aware of abusive communication (also Chapter 3)
- Setting boundaries and saying no
- Being able to problem-solve in your relationships
- Handling conflict

What you do

There’s a maxim in AA: “Take action, and the feelings will follow.” Your thoughts and feelings determine how you behave, but actions also change your thoughts, beliefs, and feelings. Reading about and understanding codependency and how you came to be codependent are important, but taking risks and behaving differently actualizes your understanding and changes you. Taking action doesn’t mean jumping in to “fix” a problem. That complicates matters and prevents things from working themselves out naturally. There’s another — almost opposite saying in Al-Anon: “Don’t just do something, sit there.” It requires courage and strength to do the opposite of what you ordinarily do and to refrain from habitual behavior. Action goals include communicating differently and setting boundaries. They also include the following:

- Journaling (Chapter 9)
- Attending Twelve Step meetings and/or counseling (see Chapters 6 and 18)

Not enabling (see Chapters 3 and 12)

Practicing nonattachment and minding your own business (see Chapter 12)

Creating a spiritual practice (see Chapter 11)

Developing interdependent behavior (see Chapters 14 and 15)

Developing hobbies and interests (see Chapters 11 and 16)

Taking action to meet your needs (see Chapters 8, 9, and 12)

Setting and pursuing goals (see Chapter 16)

Building supportive relationships (see Chapters 6, 11, and 17)

Reaching out when you're in pain (see Chapters 6 and 17)



Don't be discouraged if you're unable to achieve some of these goals. Many manifest in the middle and later stages of recovery. You're on a journey — a wonderful, sometimes painful, but joyous adventure of self-discovery.

