

*This paper summarises an MSc research thesis completed at Turning Point (which was awarded First Class Honours by DCU) in 2010 and was first presented at the IAHIP Anniversary Conference in October 2013.*

## **Encountering Co-dependency and the search for self: Ten Adults' Experience of an Intensive Treatment Centre**

**Charlotte Colchester**

### **Introduction**

Co-dependency has attracted limited research outside of the United States. This phenomenological study explores the concept as it is expressed in Ireland, through the experience of ten Irish adults. These participants are of mixed gender and three different generations and have sought help through a unique residential programme of intensive psychotherapy. The participants had no prior knowledge of the concept of co-dependency and this was their first contact with psychotherapy. Their stories encompass a range of co-dependent relationships, predominantly with younger people. Their interview transcripts provide insight into their lives before, during and after, treatment.

This paper begins with a brief exploration of the literary discourse on co-dependency, followed by a description of the research process and treatment with the findings and conclusions that emerged from the data.

### **Rationale**

Co-dependency was one of the most controversial psychological concepts of the late twentieth century. There are no studies concerning the approach to treatment considered in this research and no scrutiny of the actual therapeutic impact.

Through thematic analysis of the interviews it was expected that this study would illuminate responses over time, offering an insight into the process of change. This could inform future treatment practice by widening the discourse to include a population who spoke from a different cultural context and whose voices had not been heard.

From the literature it can be seen that the theories converge to a common point: Co-dependents appear to lack a mature, robust and clearly defined sense of self in relation to the other. This confluence brought a focus to the research questions:

Is this lack of selfhood at the heart of the relational difficulties of the people attending this treatment centre? Does examining their experiences before, during and after treatment illuminate the concept of co-dependency and the impact, if any, of this treatment?

## **The Literature**

“I need the mediation of the other in order to be what I am” (Sartre 1966 p168)

From Sartre’s enigmatic statement we sense a hint of the complex world of interdependency. A concept that throughout history has re-invented itself with the times and prevailing influences. The large volume of literature about co-dependency arose like a wave rolling across America in the 1980s and 90s. From the social and psychological disciplines and the plethora of populist writers, the debate intensified over its definitions, its existence and non-existence, the empirical and theoretical evidence and its clinical value. In the last decade quantitative research has diminished, however the space seemed to have opened up for more reflective, qualitative work, to unpick the hype and attempt to reach the core of a condition that stubbornly presents in psychotherapy.

## **Definitions**

O’Brien and Gaborit, (1992) defined it as a lack of individuation, resulting in over responsible care taking, whilst sacrificing personal needs. Codependents Anonymous suggest it is a disorder arising when people become dependent on relationships where they can derive their sense of self, of wholeness, by serving the needs of others to the exclusion of their own welfare. The self help champion Beattie (1987) describes caretaking, repression, obsession, controlling, denying, poor communication, weak boundaries and lack of trust.

Scaturro (2005), the family systems theorist, asserts that co-dependents learn caretaking and enabling behaviours as survival roles in their dysfunctional families of origin. Feminist theorists state that co-dependency has attempted to make a socio-political problem into a mental illness, (Goldner 1993, Frank & Golden 1992). Or as Haaken (1990) asserts, co-dependency amounts to another description of the socially imposed role of women.

An operational definition for this study is, a relationship between two or more people where the parties collude in maintaining a mutually abusive interdependency.

## **Research studies**

Co-dependency has been identified and studied since the 1930’s by Alcoholics Anonymous, by Horney (1950) after which it merged into family therapy and addiction studies from the 1970’s. Considering more contemporary qualitative studies Douglas (2009) and Peled and Sachs (2008) investigated womens’ internal dynamics illustrating the difference between, in the former case a cohort of self diagnosed co-dependents, and in the latter those unaware of the concept. From social psychology Aloni et al (2009) demonstrated that there are unseen processes designed to move dependency towards interdependence and following Bowlby’s (1969) attachment theory, Fricker and Moore (2002) explored the apparent ‘homing instinct’ of adults when choosing partner relationships that mirror the qualities of infantile attachments.

## **Historic and contemporary treatment for co-dependency**

Treatment since the late 1980s has been directed in three ways: generally unilateral treatment towards spouses of alcoholics prioritising a reduction in the drinking of their partners (Thomas, Yoshioka and Ager 1996). Secondly, directed towards families with co-dependent and addicted adults, aiming at alleviating the dysfunctionality of all family members (Scaturro *ibid*). Thirdly, via the self help movement Co-dependency Anonymous, through candid sharing of experiences, emotional reactions and strategies for coping (Barber & Gilberston 1997).

It is contended that the treatment offered in this Irish context evolved in a unique way, by trial and error, over many years. The clients were met at a seminal moment in their lives when, for the first time they turned towards psychotherapeutic help, a step well beyond their cultural norm.

### *The treatment centre*

An adolescent addiction rehabilitation centre which established an intensive therapy centre (CN) for adults in a house separate from the main buildings. Groups of between four to eight adults, male and female, strangers to each other at the outset, share the house for five days. CN offers daily group and one-to-one psychotherapy, art, psychodrama, massage and therapeutic body work. The atmosphere described is one of a group almost “alone in the world, going on a journey with each other.” From five o’clock, having no further intervention from the centre, an inevitable intensity of relationships evolves, through the long evenings together and the deep sharing over cups of tea. Different generations hear each other speaking for the first time, either as they foresee themselves speaking, or as they remember having spoken. Different genders open up from their isolation and discover, not unbreachable differences, but emotional confluence. Personal relationship patterns display themselves through the relentless inter-relating, arising from being cut off from the outside world. For people relying on co-dependent patterns of relationship, the environment provided by the centre is challenging and quickly reveals these dysfunctional dynamics.

## The research process

Following consultations with the centre manager and consideration and fulfilment of the ethical issues and requirements, ten participants, connected to the centre through the family support programme, were chosen and each gave a one hour recorded interview.

### List of Participants

<b>NAME</b>	<b>AGE RANGE</b>	<b>POSSIBLE CO-DEPENDENT DIAGNOSIS</b>
Annie	early thirty	mother
David	fifties	children
Ella	early thirty	mother
Harry	sixties	Wife/son
Kathy	late forties	son
Paddy	fifties	son
Peggy	sixties	children
Rhonda	fifties	sons
Theresa	forties	son
Tony	thirties	nephew

## **Organisation and interpretation of data**

Following Denniscombe (2003) meaning was induced from the interview transcripts. This process produced 164 codes which were generalised into 5 themes and three overall categories.

*Table 2 - Organisation of codes into themes forming categories*

<b>Cat. no.*</b>	<b>Category name</b>	<b>Theme no.</b>	<b>Theme name</b>	<b>Examples of codes</b>
1	Experience of life, self and other before treatment	1	Fear of knowing the unknown	-Unprepared to talk about problems -Denying difficulties -Not being able to accept help -Being secretive
		2	The significance of hitting rock bottom	-Life in chaos -Lost all control -Completely helpless -Heading for a nervous breakdown
2	Experience of self, and other in treatment	3	Recreating family	-Felt like it was home -Counsellor as mother -Sharing intimacy around the fire -Learning from older and younger people
		4	Constructing a new self story	-Being able to let it all out -Changing from feeling like a void -Thinking and talking about self -Finding out who I am
3	Experience of life, self and other after treatment	5	A beginning and an ending	-Something deep opening up -Knowing what I need to do -Being able to speak out -Letting go of the other

\*Category number

The following quotations demonstrate some of the themes that became the three categories.

Category 1/ Experience of life, self and other before treatment

Theme: The significance of ‘ hitting rock bottom’

“Like I had two sons, they used to bully me.... I thought I’d be better going under a lorry, that frightened me.” (Rhonda)

“Trying to get my son to take things on and stop taking drugs ... I wanted to control him. I couldn't imagine just letting him go. The more things I threw at my son the more he threw them out of the cot....I felt helpless about just telling him to go his own way.” (Paddy)

“I shouldn't get up at midnight because mi ma is depressed. I could never stop it and I felt smothered by it and I felt if I don't she might commit suicide ...she uses me and I let her and it's that piece I hate about myself. It's like I owe her because she had me ... anytime I cried or got upset she'd just leave me. I lie in bed and think it over and over. I'm tormented. I had to come in here.” (Annie)

## Category 2/ The experience of life, self and other in treatment

### Theme: Recreating family

“The women, one of them certainly I could see as a mother figure and I came close to her, the house was real homely and peaceful and very, very safe.” (David)

“It gave you a base. I was able to bring up so much in there and I never thought in a million years that I would be able to do it. It was everything, really everything.” (Peggy)

“I learnt something from each of them ...Billy who was in the house, he was so like Jim, my husband. I'd just like to stay and talk to him and be with him, like that he helped me.” (Annie)

## Category 3/ The experience of life, self and other after treatment

### Theme: A beginning and an ending

“I think I had to listen to the stories [of others in CN] and look at what had worked for other people, but enabling is the first thing that has to stop. Addicts are so good at telling lies, unbelievable, I could so easily get drawn in again. It's a long, long journey.” (Kathy).

“I was hiding, didn't know anybody and didn't know how to talk about it. That's the way I was brought up ... that's why I completely changed. I always owe so much to here [CN], you know, because even though it was sad for my son's addiction, I got free of him and coming here I found my voice. (Rhonda)

“All I am trying for now is peace of mind, freedom from thinking that you can do something for somebody else, you can't. I have another son who is very bad in addiction, he won't last so long, but if I get that call tomorrow, I will be able for that, it's fear of the unknown and I know it now.” and “As a man now I would never, never have any worries about speaking. I can speak from the heart, it's reality now. Our house was just total chaos, we were always fighting. I'm not trying to control her [his wife], or the children anymore, there's no secrecy between us, I let her live her own life now.” (Harry)

## Discussion

This discussion addresses the research questions beginning with the purported 'lack of selfhood.'

If the formation of selfhood begins in infancy, a person's sense of who and how they are, is influenced by the reflection they see in the eyes of their parents. What they know about themselves can be based on what they saw in that reflected look. If selfhood initiates in this mirror image, that seminal distortion can be interpreted as the reality and a hazardous childhood environment leaves little room for readjustment. Douglas (ibid) reports damaged attachment (p.173) leading to a sense of inauthentic self which appears throughout the literature and is expressed by two of the men in this study. Blackmore and Frith (2003) call it 'not hearing one's own inner voice' (p 9). It also appears in Peled and Sacks (ibid) as the participants wishing to leave their alcoholic partners in order to discover their real selves.

The findings in regard to selfhood in this study can be generalised across all the participants' problematic relational behaviour. They appeared to have a compulsive need to fill a void, an aloneness, an emptiness and an abandonment, which propelled them to draw the other into themselves, both physically and emotionally and to bind them therein. In this way they could be seen as controlling and holding them in a 'self' sustaining bond, encapsulated by Rhonda's sentiment about her son, "If I walked away [from him], I would be leaving my way of knowing myself". This state is described by Scaturro (ibid) as 'emotional fusion' (p103). Four of the participants appeared to experience the relationship with their sons and one with his nephew, as somewhat like a partner. The three women had isolated their husbands, to protect their intimate, bubble-like, relationship with their sons.

This lowering of the boundaries of self, between adult with younger relatives, appears to fulfil their need for physical, psychological and emotional connection, possibly as a reparation of their past fractured, parental relationships, thus agreeing with Douglass's theme (ibid) of 'Enmeshed self' (p153). The need to control the co-dependent other, found in all the transcripts, is a standard diagnostic feature of co-dependency, noted by Beattie (ibid). The replacement of the primacy of the marital relationship by being co-dependent on a son, emerges as an unusual feature of this study, and is not restricted to the women.

It could be conjectured that the projection of the need to augment the sense of the completeness of self by living through a son, daughter or nephew, may have been initiated in the child's infancy, as intimated by three of the participants. Theresa described "When my son was born he was on a life support machine, it was a frantic time. I was always with him more after that. I blamed myself for everything." Could this sense of acting as an alter ego throughout childhood, fulfilling the most intimate need of the parent, their sense of sense, have stimulated the adolescents into drug abuse as an act of rupturing differentiation? Were these young people attempting uncoupling as part of their own desperate journey towards selfhood?

The feminist model of a co-dependency as being a dependency between an over responsible carer and an under responsible addict, as advanced by Bepko and Kreston (1985), is developed by Peled and Sacks (ibid), which showed that this dynamic leads to a sense of aloneness and loss of a social identity, or place in society. This mirrors the condition of emptiness, and low self-worth, expressed by some of the Irish participants in the current study. In both studies emptiness appears to mean an emptiness of some sense of a true self.

The research question relating to the possible value of recording the participants' experience of life and self before, during and after treatment gave an insight into the reality that co-dependency is a process, understood and experienced differently, at different life stages. Also that treatment will be received and used differently according to these stages. Equally it highlighted the fact that mixing people at different stages offered psycho education, stimulation and enhanced therapeutic effect.



What was the impact of the treatment? Joining a group, being accepted, understood and empathised with appears to have been one of the major influences, acting therapeutically on the participants. There seem to have been stages to this process: initially there is the shock of separation from the codependent other, isolation and a sense of dislocation of self. The disruption stimulates the beginning of committing to a new identity which Philbin (2009) asserts is that “persons realise self truths, self entrapments and self preferences” (p11), because of gains within the new structure and being helped, supported and inspired by the others. There is then a “keeping true to these [new] identities” (p213), followed by what Irvine (1999) calls “narrative transition” (p98), requiring sharing, which means integrating into the new accounts of self. Safety, a recurring code, appears to have enabled the journeys back and forth into their infancy and childhoods, stimulated by their projections onto other group members and the counsellors. These memories, retrieved by psychotherapeutic body and art work and psychodrama, are then processed by one to one therapy and the group. The effectiveness of these process-orientated therapies was commented on in the findings and agrees with Sheet’s (1998) phenomenological study of group therapy for people in relationship to an addicted other. Here she advises studying the whole healing process over time and found that body work, family sculpture, and psychodrama, were most effective.

All the participants spoke of opening, release of the tension of fear and aloneness, of sharing, bonding and intimacy. The fact that the participants did not construe CN as ‘treatment’ enhanced the sense that they had crossed a frontier into the unknown and anything could happen. Collectively they got to play out different roles and watch each other’s performances and then spend long evenings processing for themselves what had happened. Labelling people co-dependent may be useful as psycho-education. However it is suggested that in this treatment, by using psychotherapy to assist the participants in constructing a new self story, the process was based on the unique subjective meaning that each person drew from their experience. Is this project perverted if everyone starts with an understanding of their ‘one size fits all’ label? Effectively, when is psycho-education useful in this regard?

## **Conclusion**

This study offers insights into where co-dependency begins and whether there is a connection between parent/ child co-dependency and adolescent addiction. It takes co-dependency beyond its well worn sphere of spousal dynamics forming a counterpoint to the literature. It describes a range of different co-dependent dyads demonstrating the underlying dynamic similarities, despite the overt differences. In a similar way this has been shown to be the case in work place co-dependency, well studied in the caring professions, However studies continue to be done on either student populations, or on spouses married to addicts. This could explain how little the concept has developed in the last decade.

Outside of addiction treatment circles, co-dependency is relatively unknown in Ireland. It is likely that any services that touch on family dysfunction and family and marriage breakdown would benefit from a comprehensive understanding of this contributing factor in family systems and uncoupling relationships. Those teaching pre-marriage courses, marriage guidance counsellors and mediators, would do well to ensure that they understand this concept. Co-dependency can find its way into any relationship, adolescent friendships or workplace social dynamics and is often hidden in subtle forms of bullying, only surfacing as somatised illness. It follows that services such as school counselling and human resource management also need to be cognisant of the distress and dysfunction that co-dependency can cause..

Social change in Ireland is relentlessly diminishing institutional anchors. Substance, process and activity addictions are all increasing. Co-dependent behaviour follows family dysfunction and addiction. An understanding of how people develop self narrative mobility and the capacity to re-root their sense of identity, is to some degree illuminated in this study. Co-dependent people start from a disadvantaged position by being already distant from the well-spring of possible new identities, which is an authentic core being.

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