

ADDICTIVE RELATIONSHIPS:

CAN'T LIVE WITH THEM-CAN'T LIVE WITHOUT THEM

If you watch TV, listen to the radio, visit bookstores, or read magazines, you know by now that "codependency" is the mental-health "buzzword" of the 1990's. Perhaps some of the people you counsel have brought in copies of Love Is A Choice by Minirth and Meier or Beyond Codependency by Melody Beattie.

The purpose of this paper is threefold: 1) to summarize some of the information on codependency that is appearing in books and the media; 2) to help you recognize codependency in counselees or in your own relationships with them; and 3) to present some practical and spiritual guidelines for counseling codependents.

You may have assumed that codependency is a condition that only exists in alcohol and drug affected families, since that is the context in which the term originated and has most often appeared. Minirth and Meier define codependency as "an addiction to people, behaviors, or things." Codependents try to control their feelings (internal) by controlling people, things, or events (external). They may depend on another person, money, work, food, etc. for happiness and feelings of self-worth. In codependent relationships, an individual offers prolonged emotional support to another person and becomes drawn into that person's problem, shouldering the emotional needs of both people.

We've all seen them--counselees who come to us for help because they feel "stuck" in relationships that are less than satisfying and often one-sided. No matter what we suggest, they have a convincing reason for why the change can't or won't work. Very often, codependents are convinced that they do what they do because it's what God expects of them. They may be angry with other people for not appreciating them, or even with God for not rewarding their efforts with more success. Probably the most common scenario is the abused wife or girlfriend who feels unable to leave the abuser because she "still loves him." But, here are some other examples:

CASE STUDY #1 Herb is 35 years old, married, and the father of three children. He is depressed and very frightened by recent thoughts of suicide. You soon discover that Herb feels "caught" between his mother and his family (wife and children). He and his family live in the upstairs flat of a house owned by his mother. Mother lives downstairs.

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relationships. Without them. Can't live

Herb tells you that mother has never been "well." Little things upset her to the point that she gets sick and has to go to the hospital. Herb and his wife do all of Mother's cleaning, shopping and errands. Herb's wife, Judy, is upset about the amount of time the two of them spend helping his mother. Judy resents the fact that the family hasn't been out of town overnight for several years because of Herb's fear that it would upset his mother to the point that she would have an "attack." Judy's parents live out of town, so she and the children go to visit them and leave Herb at home. They haven't spent a holiday with Judy's family since Herb's father died, because he doesn't think it would be fair to leave his mother alone on a holiday, and she refuses to go along because she doesn't sleep well in a strange bed.

You remind Herb of Eph. 5:31 and his responsibility to make Judy his first priority. Herb is moved to tears as he talks about the guilt he feels for not being more available for his wife. His guilt is painful, but not as strong as his feeling of responsibility for his mother.

You try again. You remind Herb of Matt. 11:30, and suggest that if his burden seems heavy, perhaps it is because in addition to the burden given to him by Christ, he has assumed the burden intended not for him but for his mother. Herb tells you that his mother isn't strong enough to carry her own burden. He remembers that as a child he was very angry with his father for being away so much and for not paying attention to Mother.

He also remembers Mother teaching him the fourth Commandment when he was very young. He recites the Gal. 6 passage about bearing one another's burdens but doesn't read ahead to the part about each carrying his own load. You can see that the session is going nowhere. Herb actually seems to be getting angry with you for suggesting that he rethink his priorities and begin shifting his focus from mother to wife.

CASE STUDY #2 Sherri is 20 years old, the unwed mother of a 9 month old daughter, and living with Kevin, the child's father. She is unhappy because she has been trying so hard to please Kevin, and still he refuses to marry her. It is a big step for Sherri to be in your office because Kevin doesn't want her to get involved in "church things" or even to socialize with friends. She has the baby with her because Kevin goes out with his friends in the evening and considers child care to be Sherri's responsibility. No matter how hard Sherri tries, Kevin continuously criticizes her housekeeping, her grammar, and her appearance.

Sherri came to you hoping you would have some ideas on how she can please Kevin--how she can convince him to marry her. She is certain that her life would be wonderful if only

Kevin was more appreciative and loved her the way she loves him.

You gently suggest that it is difficult to change Kevin since he seems happy with the way things are. You try to help her focus on her own emotional and spiritual needs, but the conversation keeps going back to Kevin.

CASE STUDY #3 Ben has been the pastor of a small-town congregation of about 800 members for the past 10 years. He worked hard and was well-liked by the members of the congregation.

Ben's greatest gift and greatest source of satisfaction was in his role as a counselor. People felt comfortable with him and sensed the deep empathy he had with those who were in pain. He became especially troubled by the problems of Margaret, a member of his congregation. Margaret first came to see him because she had learned that her husband had lost all of their savings by gambling. The husband had never given Margaret much emotional support. She described her family of seven as "having a lot of problems themselves," and Margaret was feeling alone and depressed. She admitted that she had sometimes thought of suicide.

After her first session with Pastor Ben, Margaret thanked him tearfully, saying that she felt so much better and believed that the Lord had led her to Pastor's office. They scheduled an appointment for the next week at the same time. About three days later, Margaret called at 1:00 a.m. to say that she had just found some lottery tickets in her husband's pocket, even though he had vowed never to gamble again. Pastor Ben knew that Margaret had been suicidal, so when she asked him to come to her home, he didn't want to take any chances on what she might do to herself, so he went.

Margaret's progress was up and down. When her relationship with her husband was going well, she was able to get through the week with seeing Pastor Ben only once, in his office. Sometimes she even cancelled appointments. But if she suspected her husband was gambling, or if he was gone a lot or seemed distant, Margaret got panicky and needed more attention from Pastor Ben. She made extra appointments or stopped in unexpectedly. If things were really bad, she called in the middle of the night. She even came to the parsonage one Friday at midnight. Pastor Ben had promised Margaret that he would always be there for her.

Pastor Ben felt relieved when his reassurances succeeded in comforting Margaret, but he also came to resent her demands on his time. It seemed as though the progress they made never lasted long. Sooner or later, Margaret always had another crisis. It began to feel as though he had lost control of

his schedule. Whatever else he had planned took a "back seat" when Margaret was in crisis. He felt powerless to say "no" to her.

Pastor Ben's wife, Jane, also became resentful of Margaret's inopportune phone calls and visits. Margaret always apologized for the intrusion, but it didn't seem to really matter what their family had planned. When Margaret needed Pastor Ben, he took the time to listen to her. Ben and Jane began to argue about the time he spent helping Margaret. They also began to argue about time he spent on other church activities. He became frustrated and angry with Jane for not understanding. She knew he was going to be a pastor when she married him. At the same time, he felt "trapped." He felt guilty if he said "no" to Margaret and he also felt guilty if he said "yes."

One day, Ben received a call to serve as the senior pastor of a larger urban congregation. Both his family and Jane's parents live in that city. They were thrilled. Jane was especially excited and thankful because she had been so worried about their marriage and all the arguments they had been having. She saw the move as a solution. She was stunned when Ben told her that he wasn't sure he could accept the call because Margaret threatened to commit suicide if he left.

These are just three examples of types of codependent relationships. In addition to male-female and parent-child situations, we also see codependence in unbalanced or dependent friendships and in work relationships where the responsible worker is constantly "bailing out" or "covering up" for a less responsible co-worker. People in the helping professions are especially vulnerable to codependency. They come in contact with so many needy people, and they are generally good at what they do. They have recognized their ability to help others as a God-given gift that has always resulted in their feeling useful and productive.

It may help to think of relationships as a continuum, with "healthy" at one end and "unhealthy" at the other end. "Addictive," "codependent," and "obsessed" are other terms which might be used on the unhealthy end. How is a codependent relationship different from a healthy relationship? Let's take a closer look:

RELATIONSHIP CONTINUUM

HEALTHY BELONGING (Interdependence)

- Looks to God for sense of well-being and completeness
- Interdependent and at the same time accepting of commitment
- Accepting of self and others
- Listens to and cares about the other person
- Allows for individuality
- Accepts and appreciates love given by others
- Free to ask and receive directly
- Experiences receiving and giving as the same
- High level of intimacy
- Invites growth
- Open to change and exploration
- Affirms personal power of self and others as equals
- Trusts loved one and enjoys aloneness
- Spontaneous expression of feelings
- Wants and chooses to be with the other person
- Realistic view of change as relationship matures

ADDICTIVE LOVE (Codependence)

- Looks to another person for sense of well-being; feels incomplete alone
- Wants closeness and fears it at the same time
- Attempts to change the other and takes resistance to change personally
- Takes responsibility for "fixing" the other person's problems (even if the other person does not see it as a problem)
- Possessiveness of the other
- Expects and demands unconditional love
- Uses drama and manipulation to get needs met
- Egocentric (Gives to get)
- Lacks intimacy
- Stagnation
- Fears risk, change, growth
- Power plays
- Fears abandonment upon routine separation
- Repetitious feelings of fear, anger, rage, emptiness, etc.
- Lack of choice--feels a need to be with the other in order to survive, and may feel resentful
- Unrealistic expectations of romantic love

Pastors, teachers, counselors and other helpers are especially vulnerable to being trapped in codependent relationships, and may find that they need to be aware of their position on the scale with each new helping or personal relationship.

In their book, Love Is A Choice, Minirth and Meier list "10 traits of a Codependent" that are somewhat parallel to our list of characteristics of codependent relationships:

1. A codependent is driven by one or more compulsions.
2. The codependent is bound and often tormented by the way things were in the dysfunctional family of origin.
3. The codependent's self-esteem (and frequently, maturity) is very low.
4. A codependent is certain his/her happiness hinges on others.
5. Conversely, a codependent feels inordinately responsible for others.
6. The relationship with the significant other person is marred by a damaging, unstable lack of balance between dependence and independence.
7. The codependent is a master of denial and repression.
8. The codependent worries about things he can't change and may well try to change them.
9. A codependent's life is punctuated by extremes.
10. A codependent is constantly looking for something that is missing or lacking in life.

(p. 29)

Do you recognize these traits in the example cases described earlier? Remember Herb's anger at the way his father had treated his mother? Remember Sherri's certainty that she would be happy if only Kevin married her? Remember Ben's feelings of responsibility for Margaret and the lack of balance between dependence and independence in his relationship with her? Do you recognize any of these traits in your own relationships?

How did Herb, Sherri, and Ben become codependent? Let's take a look at some of the factors that often play into the development of codependency.

Minirth and Meier list three causes of codependency: unmet emotional needs, lost childhood and the repetition compulsion.

Unmet emotional needs or "love hunger" often begins in childhood. A child who does not receive adequate nurturing may carry the scars forever. Even if both parents love the child, that love may not be communicated consistently if, for example, one parent is alcoholic and the other is too preoccupied with the alcoholism to attend to the child's emotional needs. Sometimes parents say they love a child, but the message is inconsistent if there is a lack of touching, cuddling and warmth. Sometimes parents say they love a child, but have perfectionistic attitudes so that the real message conveyed to the child is "We'll love you if you're good." Sometimes if parents are workaholics, the message is "Work is more important to me than you are. I'll love you if I have time."

In the healthy Christian family, God's perfect love for us is the ultimate source of nurturing. Parents receive God's love freely, and let it flow freely to the child.

A lost childhood is a second cause of codependency. A lost childhood is one that is characterized by some form of abuse:

1. Active abuse: physical, sexual or verbal abuse.
2. Passive abuse: emotional abuse characterized by emotional neglect. A child who grew up with a workaholic or depressed parent may have experienced emotional unavailability of a parent.
3. Emotional Incest: Lack of love in a marriage can result in a parent reversing the flow of the love tank and drawing from a child's love tank to meet his or her unmet emotional needs.
4. Unfinished business: This type of abuse occurs when a child is still playing out mom or dad's unfinished issues, e.g. a son who enters the ministry because dad wanted to be a pastor but didn't have the opportunity. Sometimes unfinished business is continued in marriages when someone marries a person very much like their mom or dad and continues to try to work through the conflict of the previous generation.
5. Negative messages: Discouraging messages a child picks up about himself or the world around him. For example: "Dad's way is the only permissible way of thinking or feeling. I don't think or feel that way, so I must be bad."

The third contributor to codependency is repetition compulsion. This is related to the unfinished business mentioned previously. Sometimes people who grew up in dysfunctional families engage in magical thinking. They subconsciously believe that if the original situation (e.g. alcoholism) can be recreated, they can "fix" or "cure" it this time around. They may also feel somehow responsible for the problems in the family of origin, and have the deep conviction that they now deserve pain and punishment. Another factor contributing to repetition compulsion is that we tend to feel comfortable and secure with the familiar. One client stated, "I may not like the situation, but at least I know the rules."

We have now learned to identify codependency, and we have seen that it is often caused by unmet emotional needs, a lost childhood due to some type of abuse, and/or repetition compulsion. Now, let's take a look at some of the psychological symptoms you can expect to deal with as you counsel codependent clients.

Codependents generally suffer from a poor self-image and low self-esteem. This may take the form of perfectionism or of being a "people pleaser." It almost always involves a lot of "shoulds."

One of our former group members described a scenario where she had been a "people pleaser" prior to her marriage. At the time of our meeting, she was angry and depressed because her husband seemed unwilling to meet her emotional needs. She was also feeling like a failure because her two previous marriages had ended in divorce. The group pointed out that her husband was a "victim of false advertising." She had made such an effort to be "strong" and "together" during their courtship that he was now confused by her neediness. She was then able to interpret his distancing as confusion rather than rejection and began to communicate openly for the first time.

She had been raised in a home where the belief was that it was necessary to present a positive picture to outsiders, regardless of what was going on in the family. Many "people pleasers" were family heroes who were responsible for earning honor for the family. Others were "placaters" who felt responsible for maintaining peace in the family. They often have a skewed view of "normal." They may think "normal" is the ideal world seen on television, and spend a lifetime trying to look "normal" so people won't know that there is a problem in the family or that they are different on the inside. Codependents often experience

great relief when they realize that people are not "turned off" by the real person whom they have been hiding, but by the perfectionist who seems unapproachable and intimidating.

Many codependents grew up in shame-based families and see themselves as unworthy of love and respect. They need constant reassurance of God's grace and forgiveness as well as encouragement to forgive and accept themselves. They will probably also feel guilty for having low self-esteem when you tell them to "Love your neighbor as yourself." They may need help distinguishing between God's "shoulds" and man's "shoulds." Sometimes it also helps to examine Bible characters, noting both their flaws and great things God was able to accomplish through them.

A second symptom of codependency is unclear boundaries (realities). A codependent has a confused sense of self and isn't sure where he/she ends and another person begins. This may appear in the form of taking responsibility for someone else or expecting others to assume responsibility for the codependent. It may take the form of absorbing another's feelings, but having very little awareness of one's own emotions. Codependents may have developed such a high tolerance for pain and insanity that they don't realize when they are being hurt.

Margaret's inappropriate impositions with Pastor Ben's family life are an example of unclear boundaries. If a client bursts into your office without knocking when the door is closed or is reluctant to leave even though you have a phone call or another client waiting, you know that you need to clarify boundaries.

Boundaries are important because if they are not clear people get lost in other people's territory or become vulnerable to invasion. This makes relationships seem frightening. People who have experienced invasion in the past may form such rigid boundaries that they never allow others to get close, and may miss out on satisfying relationships.

Need for control is another issue that codependents have to work through. Different codependents have found different ways to control. Surprisingly, the seemingly weaker of two people in a codependent relationship is often the one who really has control. Consider Herb's relationship with his mother. Her fear of abandonment is so strong that she either uses the threat of illness to manipulate Herb, or she becomes so distraught that she truly "makes herself" ill. She has the control. But Herb, the codependent, strives for control. He tries to control his mother's health by being constantly available for her and by being careful not to upset her. Herb believes he will

maintain internal peace if only he can make sure mother does not become ill. The irony is that since Herb is actually being controlled by Mother's illness, he feels anger, anxiety, and fear on the inside instead of the peace for which he strives. Because his attempts to keep his mother healthy and happy take so much time and energy, his other relationships suffer. Herb begins to feel like a failure as a husband and father, adding guilt and low self-esteem to the other emotions that rob him of inner peace.

Other codependents control by trying to "fix" others. If they can't change or fix someone or something, they feel like failures. It may help to explain that cars can be "fixed," people can only be "healed." God can use us as bandages, ointments, etc., but only He can actually heal.

Some codependents have been hurt often enough that they are always "on guard." They try to figure out what is going to happen ahead of time. They assume they know what others are thinking, and it may help to teach them to ask rather than assume.

We may become frustrated with controllers unless we realize that the controlling is not founded on desire for power, but on a perceived need. They have a sense that controlling is their only hope for survival. We may become frustrated when we try to convince a controller to "let go and let God." If the codependent grew up with a parent who was unreliable, it may be very difficult to believe that God truly is trustworthy. They may say, "I know God is here for me, but I don't feel it." Letting go of any addiction is painful and involves intense anxiety. Repetition of Scripture passages such as "Never will I leave you, never will I forsake you" (Heb. 13:5) helps with anxiety reduction.

These symptoms of low self-esteem and self image, lack of boundaries, need for control, and fear of abandonment can be dealt with as they arise. However, if symptoms are very numerous and/or intense, professional therapy will most likely be necessary to break the addiction. Because codependency is an addiction and the recovery process is so difficult and painful, individual therapy combined with the extra support of a group is often the most effective form of treatment.

Minirth and Meier use a treatment program consisting of ten "steps":

1. Exploration and Discovery.
2. Relationship, History and Inventory.
3. Breaking the Addiction Cycle.

4. Saying Goodbye and Leaving Home.
5. Grieving the Loss.
6. New Self-Perceptions.
7. New Experiences.
8. Reparenting and Nurture.
9. Relationship Accountability.
10. Maintenance.

The Ten Steps are covered in greater detail in Love Is A Choice. Often clients who receive professional therapy find that their church and pastor can be especially helpful as they begin work on Steps 6 - 10.

SUMMARY

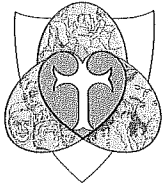
The following suggestions may help as you counsel codependents:

1. Examine your own codependent patterns. As a "helper" you are in a vulnerable position.
2. Maintain as much structure in professional relationships as possible, i. e. scheduled appointments, stick to agreed upon ending times, etc. This is important both in helping you maintain balance and in modeling healthy relationships for counselees.
3. Be a "healer" not a "fixer." Let God use you to help, but make sure you don't assume responsibilities that really belong to the counselee.
4. Don't move too quickly. The discovery stage may begin before you realize it, and can be very painful. If you strip away the defenses too quickly, the codependent is left feeling very frightened and vulnerable.
5. Don't allow yourself to be manipulated. Don't allow yourself to become codependent on the problems of the people you counsel. If you recognize that it is happening, do something different - bring in more family members, another person who can serve as a "cotherapist," etc.
6. Help clients recognize rigid roles in the family and work at giving each individual the opportunity to try new roles, e. g., scapegoat, hero, clown, etc.

7. Be an advocate for children growing up in codependent homes. If you recognize that a parent is using a child to meet his/her emotional needs, act quickly to get the parent involved in activities where he/she is apt to get emotional support from other adults.
8. If incest has been part of the codependent's background, intensive professional therapy will be needed to restructure boundaries, self and relationships. Refer the client for therapy and see how you can serve in a support role.
9. Read some of the resources available. Pray and let the Lord guide your work with codependents.

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Wisconsin Lutheran child & family Service, Inc.

6800 N. 76th Street • P.O. Box 23980 • Milwaukee, WI 53223 • (414) 353-5000

Pastor E.F. Lehninger, Executive Director

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HEALTH CARE SERVICES

"Carry each other's burdens"

July 1990

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In many different ways, all of us are dependent upon others for a sense of belonging, of fulfillment and of acceptance. To find such emotional blessings in our relationship with others is important for a person's emotional growth and maturity.

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(414) 731-9798

However, sometimes healthy interdependence becomes unhealthy codependence. Unhealthy, addictive codependence is the topic of the enclosed paper. Again, it has been written by a Wisconsin Lutheran Child & Family Service staff member who has had much experience in counseling individuals stuck in addictive relationships.

WLCFS/Eau Claire
1725 Westgate Road
Eau Claire, WI 54703
(715) 832-1678

We hope that this paper will provide you some thoughts and ideas that will benefit you and the people you serve. If you have any comments, or even suggestions for future topics you would like to see our staff address, please write.

WLCFS/Fort Atkinson
407 S. Main St.
Fort Atkinson, WI 53538
(414) 563-8680

Sincerely,

WLCFS/La Crosse
1601 Caledonia St.
La Crosse, WI 54602
(608) 781-5522


Pastor James C. Berger
Associate Executive Director

WLCFS/Morton Grove
6214 Capulina
Morton Grove, IL 60053
(708) 965-1330

JCB:mts

Enclosure

WLCFS/Wausau
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Wausau, WI 54401
(715) 842-5802

P.S. WLCFS is planning its 4th Annual Singles Retreat. Please share the enclosed registration form with the singles (always single or re-single) in your congregation and encourage them to attend. Please make additional copies of the form as needed. Thank you!

*- Linda Evenson