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2nd Edition

# Codependency

FOR  
**DUMMIES**<sup>®</sup>  
A Wiley Brand

## Learn to:

- Recognize the signs of codependency
- Stop controlling others and start caring for yourself
- Love yourself and develop healthy relationships
- Become more assertive and build your self-esteem

**Darlene Lancer, MFT**  
*Licensed marriage and family therapist*





***Codependency***<sup>®</sup>

FOR  
**DUMMIES**<sup>®</sup>  
A Wiley Brand

***2nd Edition***

**by Darlene Lancer, JD, LMFT**

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**DUMMIES**<sup>®</sup>  
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## Codependency For Dummies®, 2nd Edition

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# Introduction

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If you're reading this book because you wonder whether you may be codependent, you're not alone. Some think the majority of Americans are codependent. The term *codependency* has been used since the 1970s. The newer perspective is that codependency applies to many more people than originally thought. Different types of people and personalities may be codependent or behave in a codependent manner. Codependence varies in degree and severity. Not all codependents are unhappy, while others live in pain or quiet desperation. Here are examples of people who may be codependent:

An older couple, **Manny and Faye** are happily married for many years. Faye calls Manny "Daddy," and Manny calls Faye "Mother." Faye defers to her husband, who frequently corrects her. They agree about most everything and that Manny comes first. If you ask Faye her opinion, she quotes her husband.

**Sid and Ina** have lived together for several years, but their relationship lacks passion and intimacy. Sid is having an affair with **Myra** and is unsure about marrying Ina, whom he claims lacks Myra's wildness. He feels trapped. He can't commit to either woman. He fears both leaving and getting closer to Ina.

**Sean** is a compulsive overeater. His wife, **Sonja**, nags him and tries to control his food intake.

**Melissa** is an accomplished film director. Men find her attractive, and she's had several intense, brief relationships that end when the passion subsides or she begins to feel like she's losing her independence.

**Budd** is a senior executive at a major corporation and supervises more than 100 workers. He's considered powerful and assertive by his colleagues. At home, he complies with his wife's demands, avoids intimacy, and is unable to talk about feelings or express his needs.

**Thomas** is a single dad and very close with his adult son, who lives with him. Thomas thinks of his son as his best friend and can't say no to whatever his son asks of him. It's been many years since Thomas's divorce, but Thomas hasn't been able to find the "right" woman.

**Walter** is successful at work but gets drunk at home each night. Nights when he goes out, his wife waits up and worries, then berates him when he returns, and often calls in sick for him the next day.

**Connie** is intimidated by her violent husband, Mikhail. She's humiliated but loves him anyway. He apologizes and romances her, and she forgives him, believing his promises that he'll never hit her again.

Codependents are attracted to codependents, so there's little chance of having a healthy relationship. The good news is the symptoms of codependency are reversible. It requires commitment, work, and support. Even so, sometimes the symptoms can sneak up on you and affect your thinking and behavior when you least notice it. Codependency isn't something you heal from and are forever done with, but you can one day enjoy yourself, your life, and your relationships. Should you choose to embark on recovery, you're beginning an exciting and empowering journey. A new way of living and seeing the world opens up. I hope you decide to join me on this amazing journey.

## *About This Book*

Not all codependents are in a relationship with someone who suffers from an addiction. Whether or not you are, this book is for you as you relate to your loved one. If you're recovering from an addiction to a substance or process, such as alcohol, eating, hoarding, shopping, working, sex, gambling — the list goes on — and are ready to work on your issues revolving around codependency, then this book is an ideal place to start. However, the focus of this book is not on overcoming those addictions, but on your relationships. (When I refer to “addict,” I mean not only a drug addict, but also a person with any type of addiction. Sometimes, I specify alcoholics.)

Although a book is linear and compartmentalized — you read a sentence or paragraph that discusses one thing at a time — people exist through four dimensions of space/time, and codependency is holographic, affecting everything in the way you live your life. It's neither linear nor three-dimensional. Every trait affects every other. This book breaks down codependency into parts in order to discuss its various aspects, but that's not how you experience codependency. For instance, just answering yes or no to a question is impacted by your self-esteem, values, boundaries, feelings, and reactivity — all at once. On top of that, there are things from your past or the present about which you may be unconscious and in denial. They, too, affect everything you say and do. Even when you understand all the moving variables, the process is impossible to understandably explain in a few sentences.

This book is very comprehensive and details everything you need to know about codependency in one place. It provides tools you can implement to take an active role in your recovery. I reorganized this second edition to follow the way you'd experience recovery — first understanding the definition, symptoms, and causes, and then engaging in the evolving process of changing and healing. However, feel free to jump around and read it in any order that you choose. There are cross references to other chapters that are relevant to the topic being discussed. A new chapter has been added to explain the process of working the Twelve Steps, which is an important means of recovery. An additional Part of Tens chapter for professionals is available online to help clinicians avoid codependent behavior.



There are self-discovery exercises, which are an important part of the book. If you're a professional, feel free to copy and use these exercises with your clients. If you're tempted to skip the exercises, you miss out on a major feature, which is included for your benefit to help you change. One strategy is to read through the book, and then go back and do the exercises at your leisure. After you do them, you can also repeat an exercise you find helpful months or years from now and will most likely acquire new knowledge about yourself. Some exercises are meant to be repeated, and like any exercise, every time you do it, you benefit.

Those new to codependency probably won't be able to implement advice found in later chapters. If that happens, don't be dismayed. If you begin recovery and pick up this book down the road, you may read it with different eyes and glean new insights and understanding.

Because denial operates at an unconscious level, you may not relate to it unless you read how other people experience it. Therefore, I've included a number of examples that are composites of clients and people I've known, including myself; any resemblance to a real person is coincidental, as specific details and facts have been changed. The names are made up and appear in **boldface**.

## *Foolish Assumptions*

Not knowing your familiarity with codependency, in writing this book, I assumed you may be totally new to the concept, someone already in recovery, or a mental health professional who is seeking more information. I've tried to write so that nonprofessionals are able to understand all the concepts; however, some ideas are profound and written for the person who wants to comprehend the deeper psychology underlying codependency. *It's certainly not written for dummies.*

## *Icons Used in This Book*

What's cool about *For Dummies* books is that there are icons throughout letting you know what's really important and what you can skip. Here are the icons used in this book:



This icon marks information that is especially important. Although all the information in the chapter is important, these paragraphs stand out as information you should continue to think about.



The Tip icon appears beside valuable suggestions you can put into practice in overcoming codependency.



This icon accompanies information that is technical psychological stuff, which you may not be interested in. Read it if you want a more in-depth understanding about codependency.



Look out for this icon, which alerts you to pitfalls of codependency or beginning treatment.



This icon highlights exercises or suggestions for healing work that you can do on your own at home.



This icon alerts you to examples that illustrate a principle or concept discussed in the previous paragraph.

## *Beyond the Book*

In addition to the material in the print or e-book you're reading right now, this product also comes with some access-anywhere goodies on the web. You can access this additional free, valuable information on the Dummies website:

- ✓ A Cheat Sheet for handy reference that you can quickly turn to at <http://www.dummies.com/cheatsheet/codependency>
- ✓ A number of extra articles that you will find helpful in your path to recovery at <http://www.dummies.com/extras/codependency>

## *Where to Go from Here*

Where you start reading depends on how much you know about codependency. If you're just beginning to investigate codependency, begin in Part I. If you're ready to begin recovery, I recommend that you get a journal to take notes, write about yourself, and do the many exercises that are designed to enlighten you and further your recovery.

Remember, reading is only a beginning. It opens your mind to the problem. It takes time, work, and support to overcome codependency. So read all you can, talk to other recovering codependents, and find a sponsor in a Twelve Step program or a professional coach or mental health professional to help guide you on your journey. For specific information on getting outside support and where to find it, go to Chapters 6 and 17.

## Part I

# Getting Started on Overcoming Codependency

getting started  
on

**overcoming  
codependency**



Visit [www.dummies.com](http://www.dummies.com) for great Dummies content online.

## ***In this part . . .***

- ✓ Learn the definition and characteristics of codependency
- ✓ Assess whether you exhibit any of codependency's six core symptoms, including denial, shame and low self-esteem, and dysfunctional boundaries and communication patterns
- ✓ Answer questions that help you assess your level of codependency

## 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
- 

**A**ll 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.

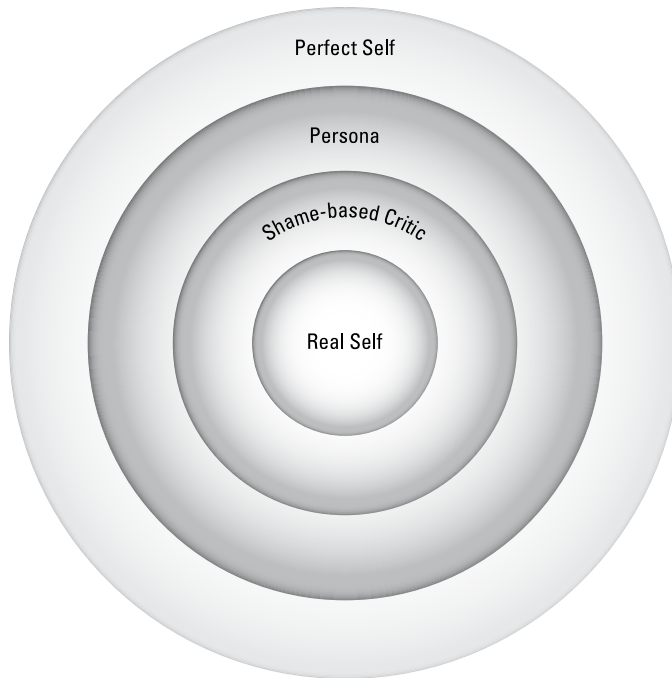


Codependency is a particular kind of dependence. It's insidious and powerful. It robs you of joy, peace of mind, and the ability to have sustained, loving relationships. It affects your relationship with yourself and limits your flexibility and the natural flow of relationships with others, including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