

Codependency

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Author Note

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### Abstract

Codependency is entrenched in the world around us. Exploring the definition and signs of codependent people, this research paper will show not only how they are affected, but how they can affect others. As a nursing student, I wish to find out how codependency affects nurses, and I will discuss ways to help a codependent person. Also I will review how codependency affects psychology today.

Codependency is a complex and deeply entrenched compulsive behavior. This behavior was once thought to only have affected women in a substance-abuse-based relationship; however, this was disproved by Robert Subby (Beattie, 1987; Biering, 1998; Caffrey & Caffrey, 1994; Subby, 1984 as cited in Bauer, 2001). Humans have been using mood altering substances for religious, medicinal, and recreational purposes since the Stone Age; these substances have always had the chance of abuse. The abuse of these substances causes many dysfunctional relationships. A dysfunctional relationship occurs when one person is abusing a substance, the abuser, and the other, the codependent, is making excuses for the abusers behavior or actions because the difference between what is normal and abnormal behaviors becomes extremely distorted (Fontaine, 2003; Huffman, 2009 & Waughfield 2002). Some codependents even go so far as to get the substance for the abuser, to make the abuse feel better during times of withdrawal (Fontaine, 2003). The reason for this is because most codependents' decisions are made to receive approval even though they believe they are being compassionate (codependency, 2011a).

Codependency has only been brought to light in the 1970s with the study of alcoholism. Originally known as co-alcoholism, codependency has been found in relationships involving other substances, like drugs, sex and food as well (Codependency, 2011; Codependency, 2011b). Psychologists found that the substance abuser's family unknowingly supported the abuser's dependent and destructive habits (Codependency, 2011a; Codependency, 2011b).

Codependency research is still relatively new but has now begun growing into its own field of study in psychology. A codependent's very destructive behavior of putting others' needs in front of their own needs will disrupt healthy mental and emotional growth in both abusers and codependents. Codependency, if left unchecked, will lead to depression, withdrawal, suicide, or even the furthering of the dependent codependent cycle (Waughfield, 2002).

The concept of codependency is so fluid that codependency is roughly defined as non-substance abusing person taking responsibility for a substance abusing person's actions or behavior (codependency, 2011a; codependency, 2011b & Frisch 2002 as cited in Waughfield, 2002). Codependents take on this responsibility primarily out of fear or hopelessness in attempts to keep their family intact; however this only enables the abuser to continue in his or her own destructive pattern of behavior (Fontaine, 2003; Codependency, 2011c). Many times the over responsibility of a codependent is a poor attempt at controlling their environment and leads to what they fear most.

Codependents are described as people who are wonderful, kind, concerned, and caring individuals, who are helpful and responsive to others' needs, and who have low self-esteem (Codependency, 2011a; Codependency, 2011b). Codependent people tend to be problem-solvers and are loyal. They tend to be very knowledgeable and opinionated and are people who frequently say "yes" when they want to say "no" (Bauer, 2001; Codependency, 2011c). Codependents tend to be sensitive to criticism and always try to prove their worth. Unfortunately codependents believe that they do not deserve praise or rewards (Bauer, 2001). Codependents unfortunately tend to have an exaggerated sense of responsibility both personally and for others, are easily hurt, confuse love and pity, lack trust, seek control, and/or fear rejection

or abandonment to the point of trying to hold on to unhealthy relationships (Codependency, 2011a; Codependency, 2011c).

One of the most common coping strategies used by codependents is making excuses for the abuser's behavior. Unfortunately the main coping strategy used by the codependent or the abuser, is denial that a problem even exists. Denial is the most common form of a defense mechanism used by codependents, but this will only make things worse as the codependent goes through life (Vaughnfield, 2002).

This complex and maladaptive behavior usually starts around childhood but may develop during any of the critical periods of development such as adolescence or menopause (Vaughnfield, 2002). It is a learned behavior with both classical and operant conditioning used to maintain an intact family. Codependent children learn to keep secrets and repress emotions or feelings. This maladaptive behavior is a reaction to the stress that is forced upon them, and it affects their entire lives (Fontaine, 2003).

Children involved in codependent relationships learn not to trust another person or expect stability from their partner. This causes codependent children to usually take on one of four roles (Fontaine, 2003). The eldest child is typically seen as the caregiver or parent, is known as the "hero." However the "mascot," will try to ease tension by joking or being comical. In families involving multiple children, the mascot is usually the youngest. Next is the "scapegoat," who acts out at school and home taking attention and focus off the substance abuser. Lastly the "lost child" is usually withdrawn physically and emotionally (Williams, 1996 as cited in Fontaine, 2003). In a single child family, the child may experience many of these and in any order.

In childhood, a person should make secure attachments to his or her parents. By forming these attachments, the child is less likely to mistrust others in future relationships (Huffman, 2009). These children have learned good coping methods for stress and how to share. Children, who form a secure attachment, are able to share in intimacy easier. This is because their parents or care givers were very responsive to their needs and development. The child of a codependent may not get this critical emotional and mental support (Huffman, 2009). Later in life that child can repeat this conditioning cycle with his or her own children. However, this child may be the abuser or codependent( Codependency, 2011a; Codependency, 2011b; Codependency, 2011c; Fontaine, 2003; Huffman, 2009 & Waughfield, 2002).

How does codependency relate to psychology? First we must understand that one of the major difficulties in scientifically researching codependency is that the definition is so vague and the symptoms are very general. Also codependency takes a long time to form (codependency, 2011). Next because codependency is a fairly recent addition to the field of psychology, it has only had 40 years. Longitudinal studies have only been able cover a few generations in this short period of time.

Psychologists view codependency as an issue of distorted boundaries (David, 2011). David also goes on to say that a codependent's emotional state is like that of a "yo-yo" where the codependent's thoughts are more about the other person than about themselves (David, 2011).

Is a kind, caring, and compassionate nurse codependent? Bauer states that 80% of all nurses exhibit codependent traits even though there is minimal evidence to support this (Biering, 1998; Pursley-Crotteau & Ambrogne, 1997; Walter, 1995 as cited in Bauer, 2001). A nurse must

separate the professional self from the personal self, especially in a home health care setting, because the nurse works so closely with patients (Bauer, 2001). The signs and symptoms of a codependent person can apply to almost anyone. Whitfield suggests that 100% of the human race exhibits codependency tendencies; however many other studies suggest that codependency is exhibited in about 85% of the human population (Anderson, 1994; Armstrong & Norris, 1992; Caffey et al., 1994; Pursley-Crotteau & Ambrogne, 1997; Whitfield, 1989 as cited in Bauer, 2001). All people tend to exhibit codependency tendencies at one time or another; this does not mean that these people are emotionally unstable but if the tendencies continue more frequently than they should be cautioned and seek professional help (Bauer, 2001).

Codependents can help themselves by making a personal choice to end the cycle by avoid the destructive behaviors through: daily affirmations, getting therapy, or a twelve step program ( Bauer, 2001; coda.org, 2011; nmha.org, 2011; allaboutlifechanges.org, 2011; Waughfield, 2002; Fontaine, 2003; signs of a codependent relationship, 2009). It is highly recommended that several forms of help be attempted at once to avoid being “sucked back in” (Waughfield, 2002). Getting help through any of these above mentioned ways is a step in the right direction it promotes healing from codependency makes a person more capable and whole human being (codependency and caring, 1991).

Therapists must get to the root of the problem which can take several sessions before a trust is established between patient and therapist. After the trust is established the work on find out why the patient is codependent can begin. A therapist may also suggest support groups and depending on other psychological problems or the progression of the codependency they may prescribe medication.

Codependency is a complex, deeply rooted and compulsive behavior that is hard to define because there is no set definition for it. However, the signs of codependency are easy to find everywhere. Just because someone is exhibiting a few signs of codependency, does not mean that these people are emotionally or mentally unstable. However, if someone does feel that they do meet several traits of dependency there are options out there. Most people suggest a combination of therapy, twelve-step programs, self-awareness, self-control, and religious or spirituality awareness/guidance. Nurses are among the most dedicated and caring individuals out there but even they must be careful not to cross that boundary in between the personal and professional self.

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