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Contact: Donald Scouten 20551 County 12 Akeley MN 56433

## PREFACE

My father loved sharing a booklet written by a prominent physician entitled "What I've Learned about Women." Bound within a striking cover the booklet comprised 32 blank pages. Even the most caring men often struggle to understand relationships, and we probably wish that we could publish such a book. While it would be foolhardy to paint every relationship with the same brush, codependence may underlie many of the challenges we face. Because codependence can contribute to serious mental illness and depression, we need to understand the syndrome and learn how to interact in a way that does not impede the recovery of those who are afflicted. I have journeyed with my wife into the darkness that codependence and depression can impose on a relationship. With the help of friends, relatives, and therapists we have negotiated those difficult times and emerged with a new sense of esteem and confidence. This experience has taught us many useful lessons in conquering codependence. In this book I will share what I have learned about participating in the recovery of a loved one. I hope it will help you to understand why a person becomes codependent and how you can become an adjunct to that person's recovery.

Codependence, a syndrome associated with growing up in dysfunctional families, often occurs within the context of parental drug or alcohol abuse, but may also attend less sinister parental behaviors directed toward raising a perfect child. In fact, some of the most loving and well-meaning parents, through over-protection and constant vigilance, propel a child along the path toward codependence. The term *dysfunctional* can be useful to describe a family-of-origin context, but the word needn't be considered a pejorative in the sense that I use it.

You should know that depression is often a medical condition that cannot be corrected by personal intervention or talk therapy alone. Like diabetes, depression can spring from a chemical imbalance within the body. While we invest the brain with enormous symbolism and power, it is, after all, an organ. A malfunction within the brain is no more disgraceful than any other organic illness and does not represent personal weakness. Just as you would not expect to conquer diabetes by pulling up your socks and thinking positively, so you need to accept medical support for the treatment of brain illness. Fortunately there are many drugs available, through consultation with a doctor or psychiatrist, to correct the chemical imbalance that underlies depression. When medical intervention is indicated, whatever drug

proves most efficacious, it is well worth the investment you make as indicated by the following poem written by my wife.

## A Paeon to Prozac

I'm singing the praises of vitamin P  
the magical potion that liberates me  
from PMS, panic, and major depression  
while gently defusing my passive aggression.

Long gone are the nightmares, the holiday broods,  
the free-falling plunges to bottomless moods.  
I've curbed retrospection, begun to design  
the sturdy foundations of my new lang syne.

I've lightened my load of compulsions to these:  
the pairing of peaches and queuing of peas,  
some retrograde checking, the counting of stairs,  
this drip-torture rhyming, aligning the chairs.

I've transferred the titles of problems to those  
who rightfully own every one of their woes.  
My knapsack of guilt has been flung on a shelf.  
(Without all that baggage I don't know myself!)

I'm girlishly giddy; I shamelessly pun;  
I'd never have dreamed I could have so much fun.  
I'm thinking of putting my silver in hock  
and staking my future on Lilly Lab stock.

J.B.S.

# Chapter One

## *Codependence (and depression)*



Codependence...

The Gift that Keeps on Guilting!

## CODEPENDENCE (AND DEPRESSION)

You've probably heard about the fellow who went to a national convention of the Adult Children of Functional Families and found that he was the only member. While such humor may exaggerate the extent to which most of us are affected by growing up in a dysfunctional home, many of us were psychologically wounded during our childhood. We've come to know the syndrome associated with such wounding as *codependence* through the alcoholic treatment model in which caregivers discovered that relatives of alcoholics often manifest many of the same symptoms despite their sobriety.

While the alcoholic is dependent upon (and addicted to) liquor, the non-alcoholic spouse or son or daughter is often codependent because each is profoundly affected by the lifestyle that usually accompanies substance abuse. Although the concept of codependence grew out of alcoholic treatment programs, the term is now widely used for a syndrome that appears to have much in common with those originally identified in family members of persons addicted to alcohol. I wish there were a more concise and meaningful designation for this syndrome, but common usage suggests that *codependence* is most widely accepted for this purpose. Whatever we call it, we have learned much about the syndrome in the last decade. We know that

codependence is a lifestyle whose overt symptoms often include manipulations, people-pleasing, controlling, withdrawal, agoraphobia, panic attacks, inflexible rules, and depression. Codependence is a serious condition of mind and spirit that must be acknowledged and treated to avoid the devastation of personal relationships (including marriage) that results from the inability of codependents to function authentically.

Codependence is also a major factor in many suicides. Despite the gloomy statistics we see about the number of us who are affected by codependence and the number of divorces and suicides that result, there are many promising new treatment approaches. Psychiatrists can prescribe from a wide range of drugs to ease depression and other mental illnesses that have a biological component. Psychologists are developing greater understanding and better protocols to treat the underlying issues that present as codependent symptoms. Support groups are almost universally available to anyone who feels the need to share their personal concerns with others. Bookstore shelves are loaded with compassionate books that address the multi-faceted causes of and cures for codependence. The good news is that codependence is now considered treatable with a high success rate for anyone who has the desire and willingness to work toward recovery.

Despite recent progress in the understanding and treatment of codependence, there are puzzling and irrational elements of the codependent's lifestyle and interpersonal relationships that many of us find difficult to comprehend. Those of us who interact with codependents want to believe that at least we can expect behavior that is consistent with the codependent's self interest. The assumption that any person will be rational and act in his or her apparent best interest is seldom valid. You need only be a casual observer of the passing scene to note children who alienate themselves from their parents, employees who unwisely annoy their employers, and spouses who taunt their loved ones for no obvious benefit. Many codependents are inclined toward apparently counterproductive compulsive behaviors that seem as essential to them as the basic drives. Even simple compulsions such as the need to count stairs with every ascent and descent illustrate the difficulty in confronting issues in a strictly rational manner. Most of us will find it fruitless to use logic or reason to help the codependent overcome such behaviors. It is nearly impossible to convince a codependent that compulsive actions are neither necessary nor desirable. While counting stairs is innocuous enough, it is disconcerting to those of us who are trying to make some sense of our relationship to the codependent. What seems irrational

from an observer's point of view may be very understandable when we recognize that these behaviors were developed as distracting survival strategies in a dysfunctional home. These remnants of a past life persist today even though they no longer serve the codependent well.

My thesis is that nearly all of us are codependent to some extent and that we can be more human, more empathetic, more understanding, and more useful in another's recovery precisely because of our codependence. Standing in the shadow of every codependent is a befuddled and wounded young child who wasn't nurtured within a warm and responsive family environment. Each of us knows something of that child's angst because it is virtually impossible to grow up in this culture without experiencing hurt and shame. We can now acknowledge and draw upon that experience to establish an interpersonal bridge to other codependents. Like the assumption that a codependent will act in his or her own interest, many of our original assumptions about what a codependent needs from us will not serve us well. In this book we will explore and challenge many of these assumptions. We will see how we can draw upon our own codependence to facilitate the recovery of loved ones, and we will learn how to become an adjunct to the recovery process.

# Chapter Two

## *No Big Deal*

When we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares.

Henri Nouwen, *Out of Solitude*

## **NO BIG DEAL!**

NO BIG DEAL! How often we hear that phrase and how irritating it can be when it is indicative of a cavalier attitude. For example, it is not difficult to imagine the rage of an employer when an employee breaks an item and responds with, "NO BIG DEAL, I'll clean it up." Not only is the employer annoyed about the loss of inventory and employee time, he is indignant about the apparent minimization of the cost to him. Except for funerals, our culture has not developed meaningful ways to process loss and put it into perspective. Imagine, if you will, a sermon at a funeral whose theme is, "NO BIG DEAL." The misguided pastor wants so much to help the sobbing mother pull herself together and get on with her life that he tries to minimize her loss by pointing out that she has three other sons to mitigate her loss. Furthermore, the deceased wasn't much of a student and probably would have turned into a problem teenager. Who among us would not be horrified by such an attempt (even if well meaning) to nullify the grieving process? Yet many of us act with equal insensitivity when we try to minimize the importance of our codependent spouse's lost childhood. In word and deed we are so impatient to get on with life, so eager to look on the bright side, and so hopeful that everything will turn out all right that we minimize our own and our spouse's need for a ritual akin to a funeral for all of life's losses. It is "NO BIG DEAL," we say in so many

ways. "That was then; this is now." But loss *is* a big deal and no amount of wishful thinking and misguided hope can obviate the need for a proper ritual to ease the pain attending our losses. The psychological wounds created by childhood losses will continue to fester until they are dealt with appropriately. If the losses are isolated, we may be able to put them in perspective with the help of a pastor, a self-help book, or personal insight. But if the losses are multiple, severe, or repressed, then we will undoubtedly need the services of a therapist. A psychotherapist is today's high priest of the rituals that take losses seriously and process them in such a way that they can finally be put to rest. One of the great privileges of living in the twenty-first century is the ready availability of excellent psychotherapy. You need to understand that psychotherapy is a very personal transaction within a safe, non-judgmental setting that may not include you or other family members. Even the most caring and concerned significant other is likely to be bewildered by the therapy process of a loved one, and may inadvertently behave in ways that are detrimental to therapy in much the same way as the well-meaning minister was detrimental to the grief process.

Sympathy is the easy (and at times appropriate) way to deal with grief. The immense selection of sympathy cards should tell us

something about the way our culture responds to loss. But expressions of sympathy may carry demeaning messages that are inappropriate in dealing with the losses that a codependent must face. We can appropriately express sympathy for a business associate who has experienced a death in the family since we don't know the family and can't easily establish the personal connection necessary to express empathy. But a similar expression of sympathy for a loved one who has suffered a loss can convey a completely different message. The message may sound like "I am sorry about your loss, you pitiful thing." Such sympathy distances you from the bereaved and places you on a higher level as the dispenser of comfort rather than one who is able to share the pain of loss. Sympathy is the pat on the back as a person is shedding tears for a loss. Empathy is the tears that well up in ones own eyes because of another's loss. We need to get in touch with our own codependence in order to empathize with another codependent, and that means we must again become vulnerable. Unless we relinquish the masks of dignity and power that protect us from such vulnerability, we will not experience genuine empathy, and we will continue to undermine our loved one's recovery. I sincerely hope that this book will help you to understand the positive role that accepting your own codependence can play in learning to be empathetic.

You will find many excellent books written to help those suffering from depression and other mental illness to understand their own condition. I strongly recommend that you and your loved one consider using these books in your search for recovery. A variety of useful strategies for those suffering from a mental illness or disorder can be found in the current offerings. Despite the great wealth of books addressed to those who suffer, I was surprised to find very little addressed to the spouse or concerned friend of such a person. The spouse is all too often viewed as the caring person who helps to find competent professional help and then relaxes while the professional facilitates recovery of the loved one. I wanted to be more involved and more useful than that, but I could find little that gave direction to my quest. This book is testament to what my wife and I have learned as we pushed back the blackness of her depression and established a new relationship based on love, sharing, and mutual respect. I have chosen to write from the viewpoint of the husband whose wife is codependent since that is the one with which I am familiar. For that reason, I will refer to a codependent in the feminine gender. However, you should not infer that I consider all codependents to be female. Quite the contrary, many men are also troubled by codependence. Many of the same issues apply to the wife of a codependent or even to the sons

and daughters of a codependent, but each situation is unique and may need to be addressed differently. If you are already familiar with other books on codependence such as Melody Beattie's Codependent No More: How to Stop Controlling Others and Start Caring for Yourself, Whitfield's The Child Within or Cruse's Understanding Co-dependency, you may wish to skip the next chapter.

When codependence and depression interact, the suicide option is always an unfortunate possibility. Even the slightest hint that someone is contemplating suicide represents a crisis that demands immediate intervention to the exclusion of all other considerations. Chapter 3 will be useful in preparing to deal with the crisis of suicidal ideation. One of the most important decisions that you will have to make as you and your wife look forward to recovery is whether therapy is required. If you have not yet crossed that hurdle, you will find Chapter 4, The Great Adventure, useful for defining your role in helping a codependent access the necessary services. If your spouse is already in therapy, you may want to start with Chapter 5. The remaining chapters have two distinct themes. One theme is that we can use our own codependent tendencies to see ourselves and others in the way that a codependent views the world around her. Such an existential understanding of our spouse's world-view is essential to having an

empathetic relationship with her. The second theme is that our tendency to be loving, caring, and nurturing can destroy the very relationship we are trying to preserve. Just as the family of an alcoholic often enables and prolongs the addiction to the detriment of all concerned, so we often maintain the codependent's behavior as we try so hard to do the right thing. It is important for us to learn what these traps are and how to avoid them.

### **End of the Free Version**

Wouldn't you like to develop the understanding necessary to help your loved one recovery from codependence and lead a healthy and productive life? Download the rest of the book now at:

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