In dysfunctional substance abusing families there are six primary roles that family members play. These roles respond to not only the family’s need but to some degree the needs of the individual members. Role-playing and the adoption of a particular role is not limited to substance abusing families, in fact they occur in all troubled families and even occasionally in healthy families in times of stress. In substance abusing families these roles tend to be more rigid. The six primary roles are:

1. **Dependent**
2. **Enabler**
3. **Hero child**
4. **Scapegoat child**
5. **Lost child**
6. **Mascot child**

Each role has distinct characteristics and reasons for existing. The **DEPENDENT** person is motivated by feelings of shame. They are identified by symptoms of drug use and abuse. For the individual the payoff is the relief of pain, for the family there is no payoff. The **ENABLER** is motivated by feelings of anger. On the outside this person appears capable and strong but on the inside they feel: tired, resentful, worried, suffering from low self-esteem, obsessed with the substance abusers behaviors, feelings of helplessness, are at greater risk of developing a physical illness than the spouse of a non-substance abuser, and are greater at risk of being depressed and becoming chemically dependent. They are identified by symptoms of powerlessness. For the individual the payoff is feelings of importance, for the family the payoff is someone acting in a position of responsibility. These two roles are usually filled by adults. When there is only one adult in the family, the hero child may take on the role of the enabler.

The **HERO CHILD** is motivated by feelings of inadequacy and guilt. The identifying symptom for them is over achievement. They tend to be outstanding students and don’t get into trouble; they help around the house and take care of the other children. The hero child is often the first born. The payoff for the individual is positive attention and they give the family a sense of self-worth. The hero child knows something is wrong and feels obligated to “fix” it and tries to fix the problem between parents by achieving something that will make them proud and forget the problem. Unfortunately each achievement is only a temporary cure, the hero tries compulsively harder for the next curing achievement and when they are not able to fix the problem they feel like a failure, guilty and not good enough to fix everything. Beneath the “perfect” facade, the hero is also angry, they have tried hard, but no one really appreciates the effort. They get tired of trying, but leave the family in an acceptable way: joins the military; goes off to college, gets married, takes a job in a distant city. Heros' are perfectionist and without help may become: workaholics, abusers of prescription medications and the next generation of enablers.

The **SCAPEGOAT CHILD** is motivated by feelings of hurt, and is identified by acts of delinquency. These children receive attention but it is negative attention for their bad behaviors.
They take the focus in the family away from the dependent person. These children often grow up with an even higher risk for developing addictions. The two family roles of hero and scapegoat children are the two roles most likely to be switched. In large families where there are four or more children it is not unusual for each of the four children roles to be played out. The scapegoat is usually the second child. Since the hero has the family’s positive attention, this child seeks what is left; negative attention - the child’s role is to take the attention away from the family’s trouble. The scapegoat usually seeks acceptance from peers who are also having trouble with their parents, they frequently become involved in alcohol, drug abuse, vandalism, and sexual promiscuity which leads to trouble with school authorities and the police.

The **LOST CHILD** is motivated by feelings of loneliness. They are easily identified by their shyness. The payoff for the individual is escape into a fantasy world, where they don’t have to deal with all the dysfunctional issues of the family. They offer the family a sense of relief since they present no major problems; they just blend into their surroundings. The lost child is often the third or a middle child. This child’s role is to cause no trouble for the family. They receive little positive or negative attention from the family. Their needs are not attended to, they receive no praise for achievements, and they receive no reassurance about their fears. In order to survive they create a fantasy world where things are as they would like them to be. They have little interpersonal experience, and become more and more isolated. Without treatment, the lost child looks toward leading a lonely life sometimes seeking relief in alcohol, drugs, and over the counter medication.

The **MASCOT CHILD** is motivated by feelings of fear. These children are identified by their clowning around and hyperactivity. They receive attention by these actions and offer the family some fun. They often carry this immaturity with them into their adulthood. The mascot child is often the youngest. They sense that something is wrong in the family but receives reassurance from other family members that nothing is wrong - this discrepancy between one’s perception and the reassurance of others causes a continual conflict that leads to anxiety and feelings of “going crazy”. They feel less frightened when others give them attention. They develop behaviors to draw attention to themselves; these behaviors are often clowning around or being cute. The attention they receive for these behaviors reinforces them to continue to do them. The compulsive need for attention is often misunderstood as hyperactivity or paranoia.

Formal intervention is the creation or use of a crisis involving the alcoholic that is so emotionally painful that they will stop denying that alcohol/drugs are a problem before they lose everything. The book discusses how an effective intervention for the substance abuser involves a number of factors. Interventions can work if: it is prepared for carefully under the guidance of a trained professional; it is conducted in a loving, honest, and non-hostile manner; there is a treatment system in place that will accept the substance abuser; and the family is committed to recovery and will continue treatment for them regardless of the outcome of the intervention. To conduct an intervention the following things must take place: someone in the family must reach out for help; a list is made of the important people in the substance abusers life who have seen the chemically induced behavior or the consequences; a decision is made as to who will participate in the intervention; each member is briefed on how the intervention is to work; and the intervention is rehearsed as part of the preparation. During the intervention each family member...
reads a list they have prepared. The substance abuser is confronted with the reality of their drug use and the effects it is having on each member in very concrete way. The substance abuser is given the chance to go to treatment immediately. Interventions are most effective when work supervisors are involved. In some cases going to treatment may be a condition for continued employment.

In understanding substance abuse and its impact of the family; it is important to understand the roles that people in dysfunctional substance abusing families play; the function of rules, and the principles of systems. Families are a complicated group in society today, complicated even more when one or more family members are substance abusers.

**Disrupted Activities**

Research has shown that the impact of addiction on the family system is often directly related to the disruption of family activities. These activities fall into three broad categories: family celebrations, family traditions, and patterned routines. In families where one or more members are addicted the following disruptions are often found:

- Family celebrations and traditions such as holidays, birthdays, and anniversaries are inconsistently observed and when observed there are often major disturbances caused by the addict.
- Routine patterns that govern daily life such as dinner time, homework time, curfew, chores and bedtime are often arbitrary or nonexistent. This lack of pattern may result in a lack of monitoring or supervision of children in the family. Rules and the consequences for breaking them may be inconsistent. This may lead to inconsistent or excessively severe discipline of the children.
- Family routines and the behavior of members change depending on whether a family member is using or not using AOD at the time.

**Common Characteristics of Addicted Families**

When family members become organized around the dependent person and family activities are disrupted, families may develop certain characteristics such as:

- Communication between family members may become rigid, with strict rules about unmentionable subjects.
- Children may take on a parental role with other family members.
- Alcohol or other drugs may be used by other family members to handle stress or solve problems.
- Family members may feel comfortable only during a crisis and may create crisis in order to establish emotional closeness.
- Family members may lack clear behavioral expectations of other members.
- Parents may have low expectations for children’s success.
- Privacy may not be valued or respected.
- There may be a strong sense of loyalty between family members.
Children of Substance Abusers

Children of alcoholics (COAs) face special problems as a result of living in a home disrupted by alcohol problems. An estimated 6.6 million children under the age of 18 live in households with at least one alcoholic parent. For our purposes we will use COA to address children growing up in families where any psychoactive substances are being abused, not just alcohol.

What are characteristics of the typical COA? A mistake often made by prevention practitioners is to cluster all COAs into rigid behavioral categories. However, each child's personality and reaction to parental alcohol dependence is unique. One child may fail classes, while another may escape stress by studying for perfect grades. Some rebel, while others are overly compliant. In addition, factors at home such as marital conflict or severity of parental drinking, can influence acting-out behaviors.

While certain tendencies are found more commonly in COAs, they can also describe children raised in other types of dysfunctional families. Young COAs may exhibit more symptoms of depression and anxiety, including crying, bed-wetting, social isolation, fear of school, or nightmares. Older youths may isolate themselves for long periods of time, claiming they have "no one to talk to." COAs may have difficulty relating to teachers, other students, and school. Teenagers may be perfectionists, hoarders, excessively self-conscious, or prone to phobias. They often believe that they are failures, even if they do well academically.

Most COAs do not develop serious problems coping with life. One study found that 59 percent of COAs had not developed serious coping problems by age 18. Researchers have found that maintaining consistency around important family activities such as vacations, mealtimes, or holidays, are protective factors for some families with parental alcoholism. Children can also have some protection if the active alcoholic is confronted and seeks help, if family rituals or traditions are maintained, if consistent significant others are around, and if there is moderate to high religious observance.

Although there is a genetic component to vulnerability for alcohol dependence, COA issues are not related primarily to alcohol use and problems, but instead to social and psychological dysfunction that may result from growing up in an alcoholic home. Most COAs do not develop alcohol problems. In research samples, two-thirds of alcoholics did not have one or more alcoholic parents. Still, COAs are two to four times more likely to develop alcohol problems than others. That they are at higher than average risk of developing problems merits the attention of prevention practitioners.

It is not always possible to identify COAs and provide intervention services. If the parent is receiving treatment, preventive services, such as mentoring, can be provided for the child. Prevention activities can include information on alcoholism and resources so that older COAs can seek out assistance through schools or community agencies.
Children of substance abusers (COSAs) are often put in parenting situations with younger siblings and need help in learning just to be a child. COSAs will often blame themselves before they will blame their parents. COSAs often think they are responsible for their parents’ substance abuse. Lying is often common for all members of the family. COSAs may need help in learning that it is ok to tell the truth. COSAs often don’t feel they have a right to their feelings because their parents denied or minimized feelings. COSAs may look for approval by being compulsively helpful and may need help in understanding they have value all on their own. COSAs have been verbally abused. It is highly likely they have been neglected and physically and/or sexually abused; touching of any kind may be threatening. Expressions of strong feelings such as love may have occurred only during periods of parental AOD use; children, especially adolescents, may seek expressions of feeling through the use of chemicals.

Resiliency in Children of Substance Abusers

The following factors can help build resiliency in children of substance abusers:
- a relationship with a caring adult role model
- self-esteem and internal locus of control
- a sense of purpose and future
- a sense of one’s own identity and the ability to act independently and exert some control over one’s environment
- problem solving skills and the ability to plan
- a sense of humor and the ability to play
- a conscience and the ability to sacrifice for others
- the ability to adapt to new situations
- social competence and the ability to recruit and attach to adults or parent surrogates in positive ways

Adult Children of Addicts as Parents

Adult children of addicts (ACOAs) often have painful memories associated with disrupted family holidays and traditions. These painful memories may get in the way of their forming healthy traditions and relationships in their adult families:
- ACOAs often have no concept of what normal is, they see normal as “perfect” and will often become perfectionist parents.
- ACOAs often have no frame of reference for setting appropriate boundaries and therefore are unable to set appropriate limits for their children.
- ACOAs often find it difficult to play because they have only seen out-of-control adults who were drinking or using drugs. They fear that spontaneity will lead to chaos.
- ACOAs will often be hypervigilent parent who smother their children with concern or fear.
- ACOAs have often been inappropriately touched as children and may be ambivalent about showing physical affection.
- ACOAs have difficulty with grieving because of the many unresolved losses in their lives
and may have problems being emotionally available to their children’s sadness.

- ACOAs may have been parental children and may expect their children to take care of them as they took care of their parents.
- ACOAs may minimize their children’s feelings because was their experience as children.
- ACOAs are often heavily invested in their work because that is a source of self-esteem.
- ACOAs may feel incompetent as parents.
- ACOAs may harbor deep seated feelings of shame for their parents and have overwhelming feelings of failure for recreating the addiction cycle if they use drugs.
- ACOAs may associate the ability to express emotion with drinking or being out of control and may not know healthy ways to express strong feelings without fear.

Five Styles of Managing Anxiety

Harriet Lerner (1997 *The Dance of Anger*) described five styles or roles of managing anxiety: underachievers, overfunctioners, blamers, pursuers, and distancers. Anxiety about substance abuse in the family often leads to these coping roles.

**Underachievers**
- Tend to have several areas where they just can’t get organized.
- Become less competent under stress, thus inviting others to take over.
- Tend to develop physical or emotional symptoms when stress is high in either the family or the work situation.
- Earn such labels the “patient one,” the “frail-one,” the “sick one,” the “problem,” the “irresponsible one.”
- Have difficulty showing their strong, competent side to intimate others.

**Overfunctioners**
- Know what’s best not only for themselves but for others as well.
- Move in quickly to advise, rescue, and take over when stress hits.
- Have difficulty staying out and allowing others to struggle with their own problems.
- Avoid worrying about their own personal goals and problems by focusing on others.
- Have difficulty sharing their own vulnerable, under functioning side, especially with those people who are viewed as having problems.
- May be labeled the person who is “always reliable” or “always together.”

**Blamers**
- Respond to anxiety with emotional intensity and fighting
- Have a short fuse.
- Expend high levels of energy trying to change someone who does not want to change
- Engage in repetitive cycles of fighting that relieve tension but perpetuate the old patterns.
- Hold another person responsible for one’s own feelings and actions.
- Sees others as the sole obstacle to making changes.

**Pursuers**
- React to anxiety by seeking greater togetherness in a relationship.
Place a high value on talking things out and expressing feelings, and believe others should do the same.

Feel rejected and take it personally when someone close to them wants more time and space alone or away form the relationship.

Tend to pursue harder and then coldly withdraw when and important person seeks distance.

May negatively label themselves as “too dependent” or “too demanding” in a relationship.

Tend to criticize their partner as someone who can’t handle feelings or tolerate closeness.

**Distancers**

- Seek emotional distance or physical space when stress is high.
- Consider themselves to be self-reliant and private persons – more “do-it-yourselfers” than help-seekers.
- Have difficulty showing their needy, vulnerable and dependent sides.
- Receive such labels as “emotionally unavailable,” “withholding,” “unable to deal with feelings,” from significant others.
- Manage anxiety in personal relationships by intensifying work-related projects.
- May cut off a relationship entirely when things get intense, rather than hanging in and working it out.
- Open up most freely when they are not pushed or pursued.

**Enabling Behavior**

In an attempt to avoid recognizing problems, the family enables the continued use of alcohol/drugs and other dysfunctional behaviors. Enabling behavior has been defined as taking responsibility for someone else’s lack of responsibility, or softening the consequences for someone’s irresponsibility. Enablers are under the delusion that no one knows about the problems and they can continue to cover them up. The reality is that others are aware of the problems and are directly and indirectly letting the family know they need help. Only the family maintains this denial to the real dimensions of the problem.

Charles Nelson (1988 *Treating Cocaine Dependency*) identified the following four styles of enabling behavior:

**Avoiding and Shielding**

Avoiding and shielding constitute any behavior by a family member that covers up or prevents the user or the family member from experiencing the full impact of the harmful consequences of the drug use. These behaviors include:

- Making up excuses to avoid social contact during drinking and drugging periods.
- Side-stepping or avoiding participation in discussions about drugs.
- Taking alcohol, sedatives, and/or other drugs to try to lower one’s own anxiety to stress about a family member’s problems with drugs.
- Not standing up for one’s a right in fear of the family member going into a binge cycle of drug use.
Cleaning up the family member’s vomit after an alcohol/drug episode.

- Staying away from home as much as possible to get away from the situation.
- Shielding the addict from a crisis that could send them to treatment.
- Telling the addict to leave until they quit but then immediately going out looking for them.
- Helping the addict keep up appearances or cover up around relatives, friends, neighbors or their employer.

**Attempting to Control**

Attempting to control is any behavior by a family member that is performed with the intent of taking personal control over the addict’s use of the drug. These behaviors include:

- Trying to buy things that might divert the addict from drug use (sports equipment, tools, car, house, etc.)
- Spending the night at a hotel or motel to get the user to quit.
- Spending the night at a friend’s house to get the user to quit.
- Screaming, yelling, swearing, or crying in an attempt to get a family member to stop drinking or drugging.
- Threatening to hurt oneself in an attempt to get a family member to quit.
- Threatening physical violence to get the user to quit.
- Checking or measuring the addict’s drug stash to determine how much they have been using.
- Encouraging the addict to do the drug at home to avoid more problems away from home.
- Using or withholding sex as a way to control a partner’s drug use.
- Throwing away, hiding, or destroying the family member’s stash or paraphernalia.

**Taking Over Responsibilities**

Taking over responsibilities is any behavior by the family member designed to take over the users personal responsibilities (e.g., finances, household chores, or employment). These behaviors include:

- Cleaning the family member’s drug paraphernalia when left out.
- Waking the addict in time for work.
- Reminding the user to eat at times.
- Staying home from work to take care of the family member’s problems resulting from their use.
- Preaching to the addict about their failures as a warning about the personal effects of drug/alcohol use.
- Doing the family member’s chores.
- Waiting hand and foot on the family member.
- Paying all the bills.
- Taking a second job to cover the bills piling up after money has been diverted to alcohol and drugs.
- Covering the alcoholic/addict’s bad checks.
Rationalizing and Accepting

Rationalizing and accepting are any behavior by the family member that conveys a rationalization or acceptance of the alcoholic/addict’s use of the drug. These behaviors include:

- Believing and/or communicating that the family member’s episodes of drug use were only isolated instances and not patterns of use.
- Believing and/or communicating that the use of the drugs were safe.
- Believing and/or communicating that the family member’s use of drugs increased that person’s self-confidence.

Enabling behavior is not the domain of just one family member. Usually all members of the addicted family demonstrate some level of enabling behaviors.

Stages in Family Adjustment to Substance-Abuse Problems

The following seven stage model describes the family’s adjustment to substance abuse problems:

- Denial and minimizing
- Tension and isolation
- Frustration and disorganization
- Attempts to reorganize, shifts in family member alliances
- Separation in roles, escape
- Reorganization without the alcoholic/addict
- Recovery and reorganization with the alcoholic/addict

Five Stages of Grief and Loss

At some point in our lives, each of us faces the loss of someone or something dear to us. The grief that follows such a loss can seem unbearable, but grief is actually a healing process. Grief is the emotional suffering we feel after a loss of some kind. The death of a loved one, loss of a limb, loss of a relationship, even intense disappointment can cause grief. Dr. Elisabeth Kubler-Ross has named five stages of grief people go through following a serious loss. Sometimes people get stuck in one of the first four stages. Their lives can be painful until they move to the fifth stage - acceptance.

- Denial and Isolation: At first, we tend to deny the loss has taken place, and may withdraw from our usual social contacts. This stage may last a few moments, or longer.
- Anger: The grieving person may then be furious at the person who inflicted the hurt (even if she's dead), or at the world, for letting it happen. He may be angry with himself for letting the event take place, even if, realistically, nothing could have stopped it.
- Bargaining: Now the grieving person may make bargains with God, asking, "If I do this, will you take away the loss?"
- Depression: The person feels numb, although anger and sadness may remain underneath.
- Acceptance: This is when the anger, sadness and mourning have tapered off. The person simply accepts the reality of the loss.
The concepts of a cycle of grief and loss are important in working with addicts and their families. Let’s look at this more deeply.

**Denial** plays a significant role in the development of an addiction not just on the part of the addict but the family as well. Denial may mask itself in feelings of embarrassment, humiliation and shame. The most common defenses used to sustain denial are minimization and rationalization. Often others around the family such as friends and other relatives will help to maintain the denial in the early stages.

**Anger** is an effective defense to keep family members from talking about issues and feelings that might indicate an alcohol/drug problem in the family. Anger can be expressed as verbal, physical, emotional, and/or sexual threats, abuse, and/or violations. Anger can also take on the form of actual or threatened abandonment. The alcoholic/addict may use anger to blame and shame other family members as inadequate and responsible for their predicament. In reality, anger is a way for the alcoholic/addict to avoid feelings of shame, to control others in the family, and to deny any responsibility for problems in the family system.

The combined effect of members of the family and the alcoholic/addict using anger is an unsafe, unpredictable family system with underlying feelings of confusion, fear, anxiety, and shame and sometimes immobilizing trauma. The most common feelings associated with this stage are confusion, fear and anxiety. The defenses most often used are “raging and ragging” control to chaos through trial and error. Often the family begins the search for some magical solution, some way to quickly fix what is wrong; but in reality all that is really happening is a cover-up of the real issues and feelings.

The **Bargaining** stage is usually preceded by a major crisis. The family can no longer deny or ignore the problem and cannot cover up the feelings of frustration and anger. The family is still not ready to effect change in the system; instead, the goal is to strike some arrangement or bargain. Perhaps the only real value to come out of this stage is the beginning of some realization that there is a problem and something must be done about it. Unfortunately the “something” has little real effect on the underlying problem and serves only to delude both the family members and the alcoholic/addict of the nature of the real issue.

During the Depression stage, family members can no longer deny, cover up with anger, or bargain their feelings away. Many feelings come to the surface and are easily accessed. Family members might cry at the slightest provocation, anxious to the point of being hypervigilent, and in some cases feeling immobilized. These feelings are undeniable and can force the family to seek help.

At the Acceptance stage, the family has recognized that they have a problem. They are ready to do the work necessary to heal and develop healthier ways of relating. Recognizing that all the family members are suffering, they have the courage to get help. At this stage, the alcoholic/addict and the family members have begun to work on the problem. This is when treatment and recovery begin, perhaps spurring another cycle of grieving.
Patterns of Codependency

By Steve Frisch, PsyD

What is Codependency?

These patterns and characteristics are offered as a tool to aid in self evaluation. They may be particularly helpful to newcomers as they begin to understand codependency and may aid those who have been in recovery a while determining what traits still need attention and transformation.

Denial Patterns:

- I have difficulty identifying what I am feeling.
- I minimize, alter, or deny how I truly feel.
- I perceive myself as completely unselfish and dedicated to the well being of others.

Low Self Esteem Patterns:

- I have difficulty making decisions.
- I judge everything I think, say, or do harshly, as never "good enough."
- I am embarrassed to receive recognition and praise or gifts.
- I do not ask others to meet my needs or desires.
- I value other's approval of my thinking, feelings, and behaviors over my own.
- I do not perceive myself as a lovable or worthwhile person.

Compliance Patterns:

- I compromise my own values and integrity to avoid rejection or others' anger.
- I am very sensitive to how others are feeling and feel the same.
- I am extremely loyal, remaining in harmful situations too long.
- I value others' opinions and feelings more than my own and am often afraid to express differing opinions and feelings of my own.
- I put aside my own interests and hobbies in order to do what others want.
- I accept sex when I want love.

Control Patterns:

- I believe most other people are incapable of taking care of themselves.
- I attempt to convince others of what they "should" think and how they "truly" feel.
- I become resentful when others will not let me help them.
- I freely offer others advice and directions without being asked.
- I lavish gifts and favors on those I care about.
- I use sex to gain approval and acceptance.
- I have to be "needed" in order to have a relationship with others.
Characteristics of Codependent People

- We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves. This in turn enabled us not to look too closely at our faults.
- We "stuff" our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts too much.
- We are isolated from and afraid of people and authority figures.
- We have become approval seekers and have lost our identity in the process.
- We are frightened by angry people and any personal criticism.
- We live from the viewpoint of victims and are attacked by that weakness in our love and friendship relationships.
- We judge ourselves harshly and have a low sense of self-esteem.
- We are dependent personalities who are terrified of abandonment. We will do anything to hold onto a relationship in order not to experience painful abandonment feelings which we received from living with people who were never there emotionally for us.
- We experience guilt feelings when we stand up for ourselves instead of giving in to others.
- We confuse love and pity and tend to "love" people we can pity and rescue.
- We have either become chemically dependent, married one or both, or found another compulsive personality, such a workaholic to fulfill our own compulsive needs.
- We have become addicted to excitement.
- We are reactors in life rather than actors.

Signs and Symptoms of Codependency

Codependency involves a habitual system of thinking, feeling, and behaving toward ourselves and others that can cause pain. Codependent behaviors or habits are self-destructive.

We frequently react to people who are destroying themselves; we react by learning to destroy ourselves. These habits can lead us into, or keep us in, destructive relationships that don't work. These behaviors can sabotage relationships that may otherwise have worked. These behaviors can prevent us from finding peace and happiness with the most important person in our lives...ourselves. These behaviors belong to the only person we can change...ourselves. These are our problems.

The following are characteristics of codependent persons: (We started to do these things out of necessity to protect ourselves and meet our needs.)

Care Taking Codependents may:

- Think and feel responsible for other people---for other people's feelings, thoughts, actions, choices, wants, needs, well-being, lack of well-being, and ultimate destiny.
- Feel anxiety, pity, and guilt when other people have a problem.
- Feel compelled - almost forced - to help that person solve the problem, such as offering unwanted advice, giving a rapid-fire series of suggestions, or fixing feelings.
- Feel angry when their help isn't effective.
- Anticipate other people's needs.
- Wonder why others don't do the same for them.
- Don't really want to be doing, doing more than their fair share of the work, and doing things other people are capable of doing for themselves.
- Not knowing what they want and need, or if they do, tell themselves what they want and need is not important.
- Try to please others instead of themselves.
- Find it easier to feel and express anger about injustices done to others rather than injustices done to them.
- Feel safest when giving.
- Feel insecure and guilty when somebody gives to them.
- Feel sad because they spend their whole lives giving to other people and nobody gives to them.
- Find them attracted to needy people.
- Find needy people attracted to them.
- Feel bored, empty, and worthless if they don't have a crisis in their lives, a problem to solve, or someone to help.
- Abandon their routine to respond to or do something for somebody else.
- Over commit themselves.
- Feel harried and pressured.
- Believe deep inside other people are somehow responsible for them.
- Blame others for the spot the codependents are in.
- Say other people make the codependents feel the way they do.
- Believe other people are making them crazy.
- Feel angry, victimized, unappreciated, and used.
- Find other people become impatient or angry with them for all of the preceding characteristics.

**Low Self Worth** Codependents tend to:

- Come from troubled, repressed, or dysfunctional families.
- Deny their family was troubled, repressed or dysfunctional.
- Blame themselves for everything.
- Pick on themselves for everything, including the way they think, feel, look, act, and behave.
- Get angry, defensive, self-righteous, and indigent when others blame and criticize the codependents -- something codependents regularly do to themselves.
- Reject compliments or praise.
- Get depressed from a lack of compliments and praise (stroke deprivation).
- Feel different from the rest of the world.
- Think they're not quite good enough.
- Feel guilty about spending money on themselves or doing unnecessary or fun things for themselves.
- Fear rejection.
- Take things personally.
Have been victims of sexual, physical, or emotional abuse, neglect, abandonment, or alcoholism.
- Feel like victims.
- Tell themselves they can't do anything right.
- Afraid of making mistakes.
- Wonder why they have a tough time making decisions.
- Have a lot of "shoulds".
- Feel a lot of guilt.
- Feel ashamed of who they are.
- Think their lives are not worth living.
- Try to help other people live their lives instead.
- Get artificial feelings of self-worth from helping others.
- Get strong feelings of low self-worth - embarrassment, failure, etc... from other people's failures and problems.
- Wish good things would happen to them.
- Believe good things never will happen.
- Believe they don't deserve good things and happiness.
- Wish others would like and love them.
- Believe other people couldn't possibly like and love them.
- Try to prove they're good enough for other people.
- Settle for being needed.

Repression Many Codependents:
- Push their thoughts and feelings out of their awareness because of fear and guilt.
- Become afraid to let themselves be who they are.
- Appear rigid and controlled.

Obsession Codependents tend to:
- Feel terribly anxious about problems and people.
- Worry about the silliest things.
- Think and talk a lot about other people.
- Lose sleep over problems or other people's behavior.
- Worry.
- Never find answers.
- Check on people.
- Try to catch people in acts of misbehavior.
- Feel unable to quit talking, thinking, and worrying about other people or problems.
- Abandon their routine because they are so upset about somebody or something.
- Focus all their energy on other people and problems.
- Wonder why they never have any energy.
- Wonder why they can't get things done.

Controlling Many codependents:
Have lived through events and with people that were out of control, causing the
codependents sorrow and disappointment.
Become afraid to let other people be who they are and allow events to happen naturally.
Don't see or deal with their fear of loss of control.
Think they know best how things should turn out and how people should behave.
Try to control events and people through helplessness, guilt, coercion, threats, advice-giving, manipulation, or domination.
Eventually fail in their efforts or provoke people's anger.
Get frustrated and angry.
Feel controlled by events and people.

**Denial** Codependents tend to:
- Ignore problems or pretend they aren't happening.
- Pretend circumstances aren't as bad as they are.
- Tell themselves things will be better tomorrow.
- Stay busy so they don't have to think about things.
- Get confused.
- Get depressed or sick.
- Go to doctors and get tranquilizers.
- Become workaholics.
- Spend money compulsively.
- Overeat.
- Pretend those things aren't happening either.
- Watch problems get worse.
- Believe lies.
- Lie to themselves.
- Wonder why they feel like they're going crazy.

**Dependency** Many codependents:
- Don't feel happy, content, or peaceful with themselves.
- Look for happiness outside themselves.
- Latch onto whomever or whatever they think can provide happiness.
- Feel terribly threatened by the loss of any thing or person they think proves their happiness.
- Didn't feel love and approval from their parents.
- Don't love themselves.
- Believe other people can't or don't love them.
- Desperately seek love and approval.
- Often seek love from people incapable of loving.
- Believe other people are never there for them.
- Equate love with pain.
- Feel they need people more than they want them.
- Try to prove they're good enough to be loved.
- Don't take time to see if other people are good for them.
Worry whether other people love or like them.
Don't take time to figure out if they love or like other people.
Center their lives on other people.
Look for relationships to provide all their good feelings.
Lost interest in their own lives when they love.
Worry other people will leave them.
Don't believe they can take care of themselves.
Stay in relationships that don't work.
Tolerate abuse to keep people loving them.
Feel trapped in relationships.
Wonder if they will ever find love.

**Poor Communication** Codependents frequently:

- Blame.
- Threaten.
- Coerce.
- Beg.
- Bribe.
- Advise.
- Don't say what they mean.
- Don't mean what they say.
- Don't know what they mean.
- Don't take themselves seriously.
- Think other people don't take the codependents seriously.
- Take themselves too seriously.
- Ask for what they want and need indirectly - sighing, for example.
- Find it difficult to get to the point.
- Aren't sure what the point is.
- Gauge their words carefully to achieve a desired effect.
- Try to say what they think will please people.
- Try to say what they think will provoke people.
- Try to say what they hop will make people do what they want them to do.
- Eliminate the word NO from their vocabulary.
- Talk too much.
- Talk about other people.
- Avoid talking about themselves, their problems, feelings, and thoughts.
- Say everything is their fault.
- Say nothing is their fault.
- Believe their opinions don't matter.
- Want to express their opinions until they know other people's opinions.
- Lie to protect and cover up for people they love.
- Have a difficult time asserting their rights.
- Have a difficult time expressing their emotions honestly, openly, and appropriately.
- Think most of what they have to say is unimportant.
- Begin to talk in Cynical, self-degrading, or hostile ways.
Apologize for bothering people.

**Weak Boundaries** Codependents frequently:

- Say they won't tolerate certain behaviors from other people.
- Gradually increase their tolerance until they can tolerate and do things they said they would never do.
- Let others hurt them.
- Keep letting others hurt them.
- Wonder why they hurt so badly.
- Complain, blame, and try to control while they continue to stand there.
- Finally get angry.
- Become totally intolerant.

**Lack of Trust** Codependents:

- Don't trust themselves.
- Don't trust their feelings.
- Don't trust their decisions.
- Don't trust other people.
- Try to trust untrustworthy people.
- Think God has abandoned them.
- Lose faith and trust in God.

**Anger** Many Codependents:

- Feel very scared, hurt, and angry.
- Live with people who are very scared, hurt, and angry.
- Are afraid of their own anger.
- Are frightened of other people's anger.
- Think people will go away if anger enters the picture.
- Feel controlled by other people's anger.
- Repress their angry feelings.
- Think other people make them feel angry.
- Are afraid to make other people feel anger.
- Cry a lot, get depressed, overact, and get sick, do mean and nasty things to get even, act hostile, or have violent temper outbursts.
- Punish other people for making the codependents angry.
- Have been shamed for feeling angry.
- Place guilt and shame on themselves for feeling angry.
- Feel increasing amounts of anger, resentment, and bitterness.
- Feel safer with their anger than hurt feelings.
- Wonder if they'll ever not be angry.
Sex Problems Some codependents:

- Are caretakers in the bedroom?
- Have sex when they don't want to.
- Have sex when they'd rather be held, nurtured, and loved.
- Try to have sex when they're angry or hurt.
- Refuse to enjoy sex because they're so angry at their partner.
- Are afraid of losing control.
- Have a difficult time asking for what they need in bed.
- Withdraw emotionally from their partner.
- Feel sexual revulsion toward their partner.
- Don't talk about it.
- Force themselves to have sex, anyway.
- Reduce sex to a technical act.
- Wonder why they don't enjoy sex.
- Lose interest in sex.
- Make up reasons to abstain.
- Wish their sex partner would die, go away, or sense the codependent's feelings.
- Have strong sexual fantasies about other people.
- Consider or have an extramarital affair.

Miscellaneous Codependents tend to:

- Be extremely responsible.
- Be extremely irresponsible.
- Become martyrs, sacrificing their happiness and that of others for causes that don't require sacrifice.
- Find it difficult to feel close to people.
- Find it difficult to have fun and be spontaneous.
- Have an overall passive response to codependency - crying, hurt, helplessness.
- Have an overall aggressive response to codependency - violence, anger, dominance.
- Combine passive and aggressive responses.
- Vacillate in decisions and emotions.
- Laugh when they feel like crying.
- Stay loyal to their compulsions and people even when it hurts.
- Be ashamed about family, personal, or relationship problems.
- Be confused about the nature of the problem.
- Cover up, lie, and protect the problem.
- Not seek help because they tell themselves the problem isn't bad enough, or they aren't important enough.
- Wonder why the problem doesn't go away.

Progressive In the later stages of codependency, codependents may:

- Feel lethargic.
- Feel depressed.
• Become withdrawn and isolated.
• Experience a complete loss of daily routine and structure.
• Abuse or neglect their children and other responsibilities.
• Feel hopeless.
• Begin to plan their escape from a relationship they feel trapped in.
• Think about suicide.
• Become violent.
• Become seriously emotionally, mentally, or physically ill.
• Experience an eating disorder (over - or under eating).
• Become addicted to alcohol or other drugs.

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Be sure to look over the list of defense mechanism which can be found as an attachment to this module.