

THE EFFECT OF CODEPENDENCY AND ADULT CHILDREN SYNDROME ON TREATMENT

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CONSIDER.

50% of ACOA's marry alcoholics

70% of ACOA's develop compulsive behaviors as adults

ACOA's are 4 times more likely than any in the general population to develop their own addictions.

55% of all family violence occurs in families with alcohol/drug addictions.

HOW DOES DYSFUNCTIONAL FAMILIES LEAD TO CODEPENDENCE &ACOA SYNDROME

A dysfunctional family is one in which members suffer from fear, anger, pain or shame that is ignored or denied.

Underlying problems may include any of the following: An addiction by a family member to drugs, alcohol, relationships, work, food, sex, or gambling. The existence of physical, emotional, or sexual abuse, The presence of a family member suffering from a chronic mental or physical illness.

They do not acknowledge that problems exist. They don't talk about them or confront them.

Attention and energy focus on the family member who is ill or addicted. The co-dependent person typically sacrifices his or her needs to take care of a person who is sick. When co-dependents place other people's health, welfare and safety before their own, they can lose contact with their own needs, desires, and sense of self.

AS A RESULT.

As a result, family members learn to repress emotion and disregard their own needs. They become "survivors." They develop behaviors that help them deny, ignore, or avoid difficult emotions. They detach themselves. They don't talk. They don't touch. They don't confront. They don't feel. They don't trust. The identity and emotional development of the members of a dysfunctional family are often inhibited

CODEPENDENCE

Co-dependency is a learned behavior that can be passed down from one generation to another.

It is an emotional and behavioral condition that affects an individual's ability to have a healthy, mutually satisfying relationship.

It is also known as "relationship addiction" because people with codependency often form or maintain relationships that are one-sided, emotionally destructive and/or abusive.

Co-dependent behavior is learned by watching and imitating other family members who display this type of behavior.

You can get a pretty good idea about how codependent a client is with the Friel – or to see how many characteristics you can see in them – re: Handout

CODEPENDENCE

- *Stuart Smalley....*
- 2721 3254

TREATING CODEPENDENCE

Treatment often involves exploration into early childhood issues and their relationship to current destructive behavior patterns.

Treatment includes education, experiential groups, and individual and group therapy through which co-dependents rediscover themselves and identify self-defeating behavior patterns.

Treatment also focuses on helping patients get in touch with feelings that have been buried during childhood and on reconstructing family dynamics.

The goal is to allow them to experience their full range of feelings again.



CODEPENDENCY'S EVIL TWIN COUNTERDEPENDENCE

When someone projects self-confidence, success, and power on the outside, but on the inside they are unsure of themselves, suffering from a poor self-image and low self-esteem. Their picture-perfect exterior hides an inner persona that is needy, scared, and lacking.

Counter-dependents take every possible measure to ensure that they are not dependent on others for anything. They tend to accomplish this with passive-aggressive behavior and/or rebelling against authority figures. Counter-dependents can often be quite disruptive and defiant, masking an underlying sense of loneliness and alienation.

COUNTER-DEPENDENTS ARE.

Counter-dependents are generally high-achievers in the professional, scholastic or athletic arenas, but failures in their personal relationships.

Counter-dependency can frequently be linked to love avoidance, intimacy, anorexia, and approach-avoidance conflicts, all conditions in which the person fears intimacy.

Counter-dependents generally take every measure to protect their hidden vulnerabilities from being exposed.

It is important to counter-dependents that others see them as successful, independent, and self-contained.

For this reason, counter-dependents often battle perfectionism on some level.

Sadly, the results of counter-dependency are very real, as they cause those suffering from the condition to push away the love, intimacy and support they so desperately crave.

CAUSES OF COUNTERDEPENDENCE

The root of counterdependency is generally a result of emotionally, sexually, or physically abusive behavior during childhood.

More specifically, experts believe that counter-dependency results from a lack of bonding in early childhood. In the first 2-3 years of life, it can be very damaging for a child not to feel protected, loved and trusting toward his or her caregivers.

It is during this time that a basic trust in humanity and the world is established—a child either learns that the world is or isn't a safe place.

For this bonding to occur, there must be hugs, nurturing, physical closeness, reassurance, and all the things that love includes.

HEALING COUNTERDEPENDENCY

To experience true intimacy, a counter-dependent has to put down his or her protective walls – opening themselves up to true intimacy (a tight-knit, familiar relationship that is typically romantic or loving in nature. Intimacy means letting your guard down, sharing your deepest feelings, letting someone else into your inner world, and saying (and showing), “I love you.”)

Talking about their childhood experiences with a trusted individual - friend or counselor can be a good starting point.

As the counter-dependent and his or her involved co-dependent progress in their relationship, they will struggle over what is the acceptable level of intimacy. Because true intimacy is based on authentically sharing yourself with your partner, healing requires looking honestly at oneself, getting to know who you truly are deep down.

Loving yourself is another huge component; it can be the key to escaping the dependent relationship cycle. If you’re not depending on the other for love but primarily getting it from yourself, then you will truly be free and capable of coming into a relationship for sharing your lives instead of fulfilling each other’s needs.

When We're Very, Very Scared...

The thinking, or language part of the brain shuts down so that the human organism has no interference in its powerful urge to either fight and defend itself or flee from danger. Therefore, it's our most frightening experiences that often times don't get translated into words, thought about and put into a context. They live instead within us as fragmented and un-integrated "pieces" of personal experience, they dance on the edges of our conscious awareness or they lay below the surface, submerged in the deep waters of our unconscious.

Even loving and well-meaning parents can be frightening to a small child who is racing every movement of their face for signs of anger. Kids are so small vis a vis their parents, so subject to the mood of the household and the state of mind of those in charge of their young lives. Add parental alcohol or drug abuse, depression or anxiety to this family equation and you have a potent cocktail for kids feeling scared and even traumatized by what's going on in the home.

Dr. TIAN DAYTON)

THIS IS WHY THE ACOA SYNDROME A POST TRAUMATIC STRESS DISORDER PTS

Long after the "stressor" is removed, the ACOA lives as if it is still present. Long after they have left home, gotten jobs, married and had children, their unresolved pain from childhood still lives inside of them, waiting to be triggered to the surface through events that mirror the situations that hurt them to begin with. Like, for example, their own family relationships. Beneath the level of their awareness, ACOAs get scared all over again. Their natural neediness makes them feel vulnerable, they wait for the proverbial roof to cave in the way that it did when they were kids, for life and love to hurt and betray them all over again. Ghosts from their past dance around their present. Unconsciously they see chaos, humiliating scenes and out-of-control behavior lurking just around the corner, that mocks and mimics their early childhood experience. In fact, they may be so convinced that distress is looming, that they may actually feel mistrustful and suspicious, if problems are solved too smoothly. They may even push a situation in a sort of convoluted attempt at self protection, trying to ferret out potential danger until, through their relentless efforts to avoid it, they actually create it. And so the pattern of emotional closeness and dependence leading to chaos, rage and tears is once again reinforced and passed along. **Dr. Tian Dayton**

ADULT CHILD TRAUMA SYNDROME

adult children of alcoholics guess at what normal behavior is.

The home of an alcoholic or addict is not "normal." Life revolves around the addict and most family members must learn to keep their family going, as they know it. Children of alcoholic or drug-addicted parents do not live the same life as their "normal" peers. Therefore, the child and later the adult must simply do their best at maintaining normalcy, as observed from friends, television, or simply guessing.

Adult children of alcoholics have difficulty following a project through from beginning to end.

In the home of an addict, daily living is frequently interrupted due to misbehavior or unpredictable actions of the addict. For example, the family may start playing a game, but then dad comes home and everyone must stop playing. Or maybe mom promised to help work on a school project, but then passes out and never follows through. When project completion and follow-through are not consistently modeled, it is a hard skill for the adult child of an alcoholic to learn.

Adult children of alcoholics lie when it would be just as easy to tell the truth.

As a child of an alcoholic or addict, one must constantly lie and make up excuses for the addicted parent. The child also hears the parent and everyone else in the family lie and make up stories constantly. This behavior is a necessity to keep the addict family intact, and therefore becomes a natural trait. Once the child acquires this behavior, it tends to stay with the adult child.

These lies are not always malicious or harmful. Something as simple as the route the ACOA took home, or what type of fruit they like is fair game for lies. Unless the child or adult receives enough consequences (either internal, like guilt or anxiety; or external, like getting in trouble with someone), the ACOA may begin to practice the art of telling the truth more.

Adult children of alcoholics judge themselves without mercy.

No matter what the child of an alcoholic or addict does, they cannot "fix" their parent or their family. They may be able to take care of the addict or other members of the family, but they are unable to fix the root of the problem: the addiction and relating family dysfunction. No matter how well the child does is soccer, how high their school grades, no matter how clean they keep the house, how "good" they are, they still can't fix the addict. Everything they do falls short.

Additionally, the child of an alcoholic or addict may blame him/herself for bad things that happen in the family, and are frequently guilt-ridden for reasons beyond their control. Perfectionism is very common in ACOAs.

Adult children of alcoholics have difficulty having fun.

Growing up with an addicted parent is not fun. Kids are not allowed to be kids. When the kids are not given this joy, the adult usually does not know how to simply enjoy life. The ACOA is constantly worrying about their addicted parent, or is in trouble for things they should not be responsible for, or compensating in some other way for the addict. The usually carefree, fun time of being a child often does not exist if the parent is an addict.

The addict is the "child" in the relationship. Because of this, the child does not know how to be a child.

Adult children of alcoholics take themselves very seriously.

Due to the gravity of their roles in their families growing up, adult children of alcoholics take themselves very seriously. The weight of the family, and thus the world, is on their shoulders.

Adult children of alcoholics have difficulty with intimate relationships.

Having never known a "normal" relationship or family roles, the ACOA does not know how to have one. The adult child of an addict does not trust others. The ACOA has learned that people are not trustworthy or reliable, and has had their heart broken from such an early age.

New [relationships](#) must be handled with caution, too, because the child of an alcoholic doesn't want others to find out *their secret*. Adult children of alcoholics have learned to shut themselves off from others to protect their feelings, as well as to protect their family.

Adult children of alcoholics overreact to changes over which they have no control.

The child of an alcoholic/addict lacks control over their lives much of the time. They cannot control when their parent is drunk, or that the parent is an addict to begin with. S/he cannot always predict what will happen from one day to the next, and this is very anxiety producing. A child needs to feel safe. Because of this lack of control as a child, the adult child of an alcoholic/addict craves control. They need to know what is going to happen, how it is going to happen, and when.

Of course, this control and predictability is not always possible. If plans are changed, or somebody does something that the ACOA doesn't like or feel comfortable with, all the insecurity of their childhood may come back to them, and the adult child may over-react, leaving the other party stunned or confused.

Adult children of alcoholics constantly seek approval and affirmation.

Similar to ACOA characteristic number four, children of alcoholics and addicts are used to continuously seeking approval or praise from their parent or other valued person. They probably did not grow up with a regular and consistent rules and expectations, and could never make their addicted parent happy.

Not knowing what is "normal" or expected, adult children of alcoholics need someone to tell them what they are doing is right. They are often indecisive and unsure of themselves.

Adult children of alcoholics usually feel that they are different from other people.

Another overlap with other characteristics, children of alcoholics sometimes know from an early age that their home is not normal. Children from addicted families may or may not know *what* is different, and sometimes don't completely "get it" until they visit friend's houses and observe their parents. 'Hey... Janie's mom makes her do her homework until she is finished, and they have dinner at this time, and then they have to go to bed at 9. *Every night!*' This consistency may be shocking, and either attacks or appalls the child who is not used to such structure.

Adult children of alcoholics are super responsible or super irresponsible.

Once the child from an addicted family gets older and forms their own identity, the ACOA may either strictly follow a schedule and wants everything in order, controlled- perfect. These adult children often struggle with anxiety, OCD, perfectionism, and eating disorders.

The opposite result is the ACOA who is a party animal. This adult child may develop an alcohol, drug, or other behavioral addiction. This ACOA may live a life very much like their addicted parent, or they may "shape up" and get their life together, with appropriate support.

Adult children of alcoholics are extremely loyal, even in the face of evidence that the loyalty is undeserved.

"Why do you put up with him?" Adult children of alcoholics/addicts are used to dealing with just that- an addict. They are used to either taking care of an addict or seeing others take care of an addict. Drunken fights and broken promises is normal to the ACOA. Growing up, the child of an alcoholic was probably told "it isn't his fault" or "he didn't mean it, he was drunk."

Because of these lowered expectations, an adult child of an alcoholic/addict frequently ends up in a relationship with another addict, abusive partners, or otherwise unhealthy relationships.

Adult children of alcoholics are impulsive. They tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsively leads to confusion, self-loathing and loss of control over their environment. In addition, they spend an excessive amount of energy cleaning up the mess.

The last trait is fairly self descriptive. The ACOA will struggle with falling into unhealthy patterns of behavior, in whatever form it might take.

An adult child of an alcoholic began life in unstable, insecure environment. The ACOA did not get everything they needed from their addicted parent. These 13 ACOA characteristics may seem daunting, but they are simply a profile, description, and explanation of possible existing traits.

IMPLICATIONS FOR TREATMENT

People who were abused as children are more likely than others to attempt and reattempt suicide, as noted earlier. Alcohol and drug counselors, therefore, must watch for signs of suicidal ideation. Counselors should work to help clients ease the emotional burdens of past abuse in order to diminish the likelihood of suicide.

Counselors have to help clients overcome the emotional pain of childhood in order to help eliminate need for alcohol or substances.

By addressing child abuse issues, the risk of relapse among clients who were abused as children might actually drop below that of their nonabused peers. Preliminary evidence suggests that people with childhood abuse histories use substances as a means of "chemical dissociation." Once trauma issues are resolved, substance use may clear substantially ([Roesler and Dafler, 1993](#)).

People who were severely sexually or physically abused as children often develop PTSD ([Rowan et al., 1994](#); [Wolfe et al., 1994](#)), and this disorder increases their risk of relapse because it engenders intrusive memories and attempts to avoid those memories through self-medication ([Kuyken and Brewin, 1994](#)). Therefore, clients suffering from abuse-related PTSD are likely to have endured the most severe forms of abuse. Counselors should be aware of this and know how to help such clients.

low self-esteem ([Briere and Runtz, 1990b](#)) and depression ([Braver et al., 1999](#)) are relatively common among college students who were emotionally abused. In fact, they are more common among those who were emotionally abused than they are among those who were physically abused ([Gross and Keller, 1992](#); [Ney et al., 1993](#)).

Counselors would do well to become familiar with the many ways in which childhood abuse and neglect issues can manifest themselves during clients' treatment. At the same time, they must remain open and ready for any possibility, realizing that disclosure does not always happen as one might expect. All clients need to work at their own pace. This is especially true for those with a history of childhood abuse or neglect, for whom disclosure of the abuse may take years.

THE SOLUTION

As ACA becomes a safe place for you, you will find freedom to express all the hurts and fears you have kept inside and to free yourself from the shame and blame that are carryovers from the past. You will become an adult who is imprisoned no longer by childhood reactions. You will recover the child within you, learning to accept and love yourself.

The healing begins when we risk moving out of isolation. Feelings and buried memories will return. By gradually releasing the burden of unexpressed grief, we slowly move out of the past. We learn to re-parent ourselves with gentleness, humor and respect.

This process allows us to see our biological parents as the instruments of our existence. Our actual parent is a Higher Power whom some of us choose to call God. Although we had alcoholic or dysfunctional parents, our Higher Power gave us the Twelve Steps of Recovery.

This is the action and work that heals us: we use the Steps; we use the meetings; we use the telephone. We share our experience, strength, and hope with each other. We learn to restructure our sick thinking one day at a time. When we release our parents from responsibility for our actions today, we become free to make healthful decisions as actors, not reactors. We progress from hurting, to healing, to helping. We awaken to a sense of wholeness we never knew was possible.

By attending these meetings on a regular basis, you will come to see parental alcoholism or family dysfunction for what it is: a disease that infected you as a child and continues to affect you as an adult. You will learn to keep the focus on yourself in the here and now. You will take responsibility for your own life and supply your own parenting.

You will not do this alone. Look around you and you will see others who know how you feel. We will love and encourage you no matter what. We ask you to accept us just as we accept you.

This is a spiritual program based on action coming from love. We are sure that as the love grows inside you, you will see beautiful changes in all your relationships, especially with God, yourself, and your parents.

THE ACOA TRAUMA SYNDROME

http://www.amazon.com/The-ACOA-Trauma-Syndrome-Relationships/dp/0757316441/ref=sr_1_1?ie=UTF8&qid=1395623748&sr=8-1&keywords=acoa+trauma