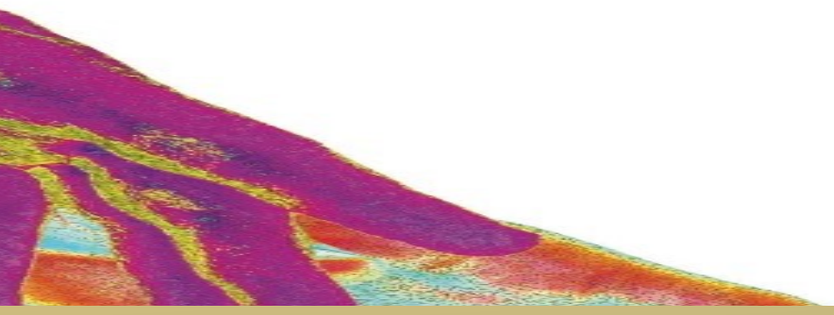
PRODEPENDENCE



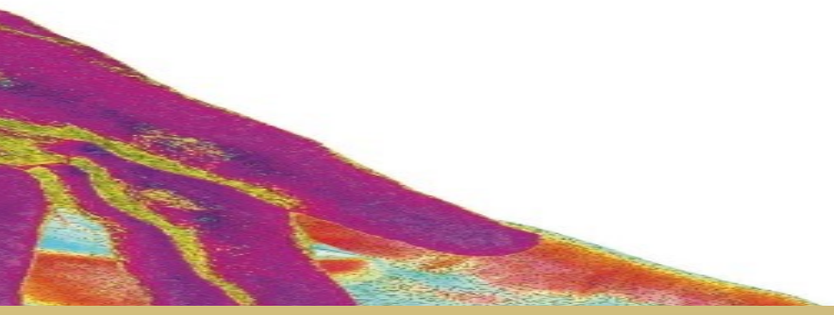
Moving Beyond Codependency

Codependency Turns 40! Should We Celebrate, Adapt or Simply Reconsider?

www.sexandrelationshiphealing.com
www.seekingintegrity.com
@robweissmsw on twitter
@robweissmsw on facebook

SEEKING INTEGRITY

PRODEPENDENCE



Moving Beyond Codependency

Robert Weiss PhD, LCSW

Sexologist/ Author/ Educator

www.prodependence.com

www.sexandrelationshiphealing.com
www.seekingintegrity.com
@robweissmsw on twitter
@robweissmsw on facebook

SEEKING INTEGRITY

Caregiving Scenario One: Medical

My spouse of 15 years is diagnosed with cancer and she is resistant to treatment. We have three kids under the age of 14 at home and the outcome is uncertain. In response to this crisis:

I go out of my way to assist her and care for my family, pushing aside my own needs and desires in the process.

I start working two jobs, stop self-care and recreational activities, start to gain weight, stop exercise, lose sleep and worry all the time.

I feel sick, overwhelmed, hyper-vigilant and afraid much of the time

- *How do my friends, family members, my therapist, and my employer react to this?*
- *How do they advise and support me?*
- *Would they consider me and my family to have been, in essence, victimized by this sad situation?*

Caregiving Scenario Two: Addiction

My spouse of 15 years is addicted to opiates, facing a third round in rehab and is resistant to treatment. We have three kids at home under the age of 14. The outcome is uncertain. In response to this crisis:

I go out of my way to assist her and care for my family, pushing aside my own needs and desires in the process.

I start working two jobs, stop self care and recreational activities, start to gain weight, stop exercise, lose sleep and worry all the time.

I feel sick, overwhelmed, hyper-vigilant and afraid much of the time

- ***How do my friends, family members, my therapist, and my employer react to this?***
- ***How do they advise and support me?***
- ***Would they consider me and my family to have been, in essence, victimized by this sad situation?***

Why the Difference?

Addiction is stigmatized always!

Caregivers are stigmatized too. But not so in the physical health world, where caregivers are appreciated.

Caregivers (female gender roles) are both stigmatized and devalued!

We have a documented history in the addiction (and mental health fields) of blaming, hurting, angry, fearful, beloved family and spouses.

Mental health is stigmatized too, but that world no longer embraces a codependency/detachment based method.

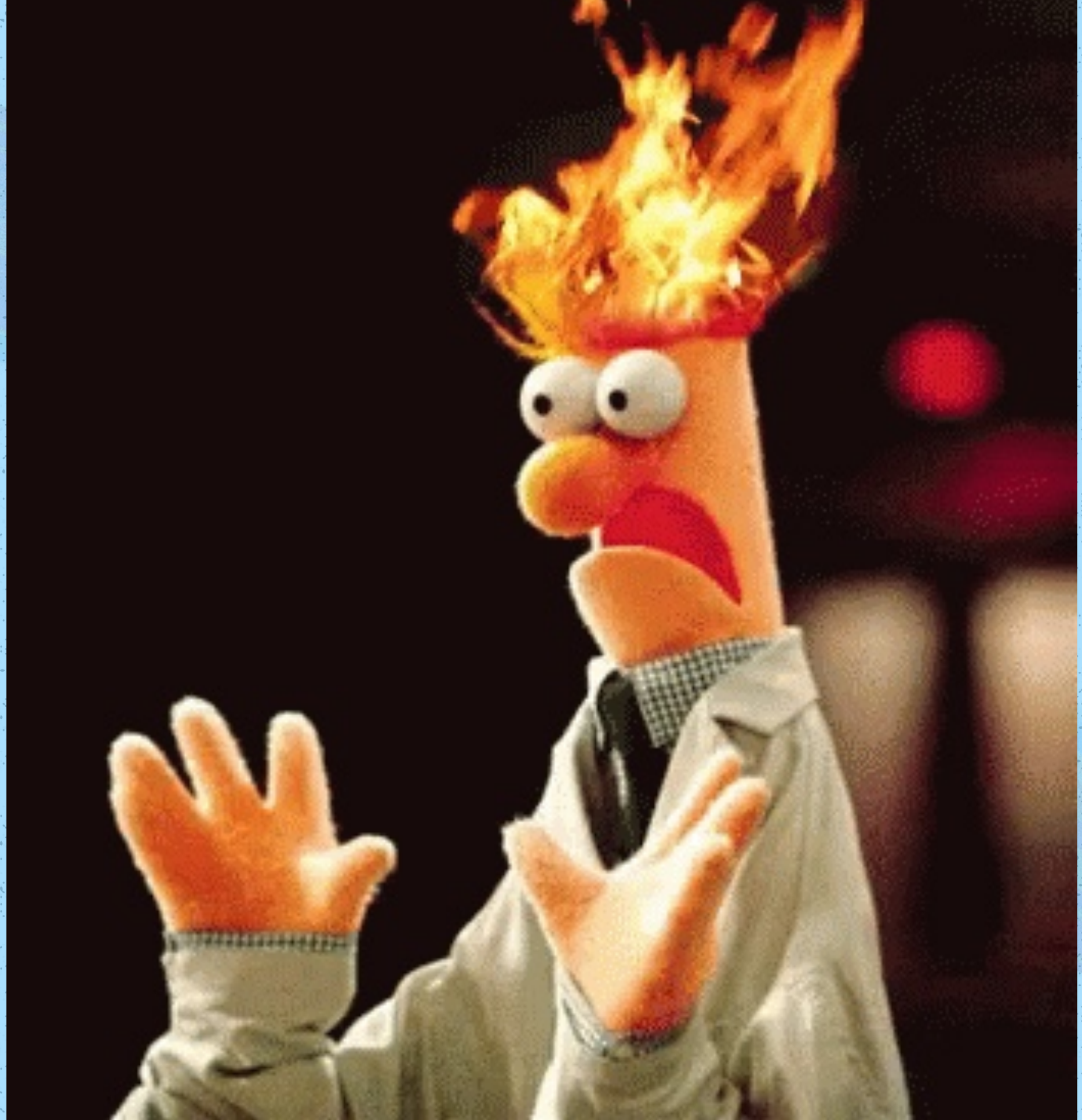
Mental Health Note: In the 1980s and 1990s detachment and self-actualization (on the part of the family members) was also a primary focus in mental health work. But the concept failed that world miserably, leading to families disowning mentally ill loved ones and homelessness.

Shaming Female Caregivers is Nothing New

“The general view of the alcoholic wife depicted in the early AA and psychotherapy literature was that of a woman who was neurotic, sexually repressed, dependent, man-hating, domineering, mothering, guilty and masochistic, and/or hostile and nagging.

The typical therapists view of the wife of an alcoholic at that time generally was one of, “I’d drink too if I were married to her!”

William White- substance abuse historian



Over the past 35 years we have seen multiple new treatment models developed for addicts…

When it comes to formal, research based, models for the treatment of family, loved ones and spouses, we have only one …

CODEPENDENCY

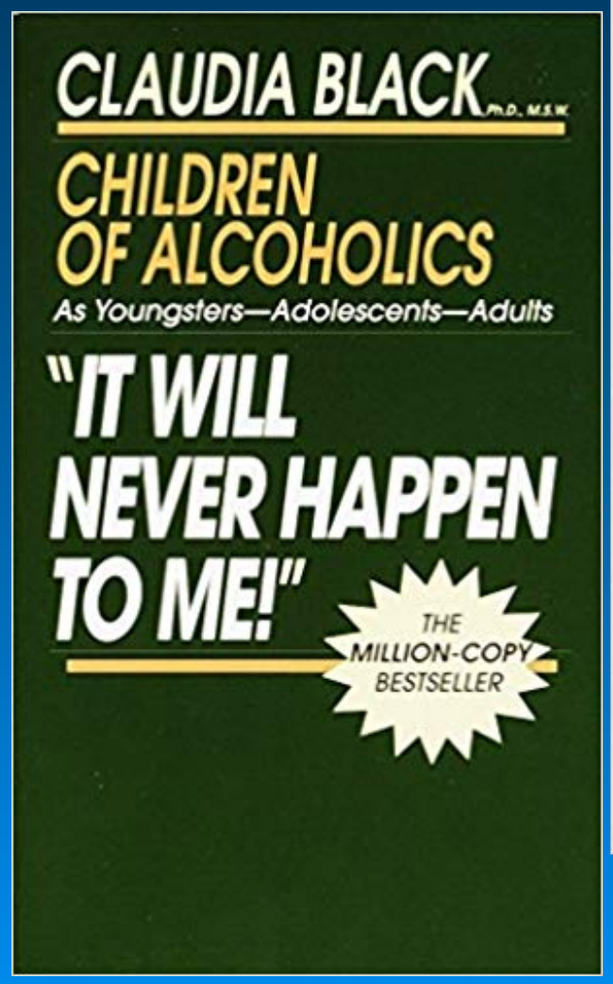
The Codependency Model, even when evolved, restructured, advanced and stretched to meet changing views of addiction, is still the codependency model. We have no new, fully articulated models for the treatment of spouses and loved ones of addicts and the mentally ill.

How We Got Here

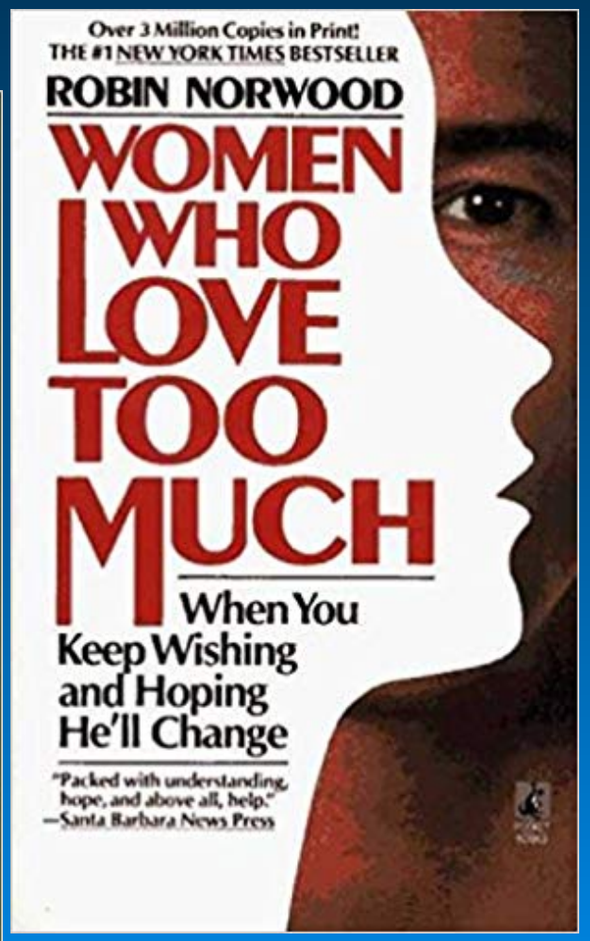
1. ***The Minnesota Model:*** ***The Family Disease of Addiction lead us out of seeing addiction as a moral failing. 1940-1960's***
2. ***Systems Theory Meets the Minnesota Model:*** ***In the 1970s = The Family Disease of Addiction***
3. ***Humanistic Psychotherapy:*** ***With its focus on individual self-actualization- even at the cost of interpersonal connection. But gave us somatic, gestalt, art therapy etc,***
4. ***Trauma theory:*** ***Then focused on emotional activation and abreaction. LACKING a balance of containment and self-regulation (as in DBT or Cog Bx).***
5. ***The Women's Movement:*** ***Codependency was the right message to women of the time-"Individuate and self actualize! Don't depend on men, don't look to men for approval, do it yourself." (1962-1982)***

The Big Four

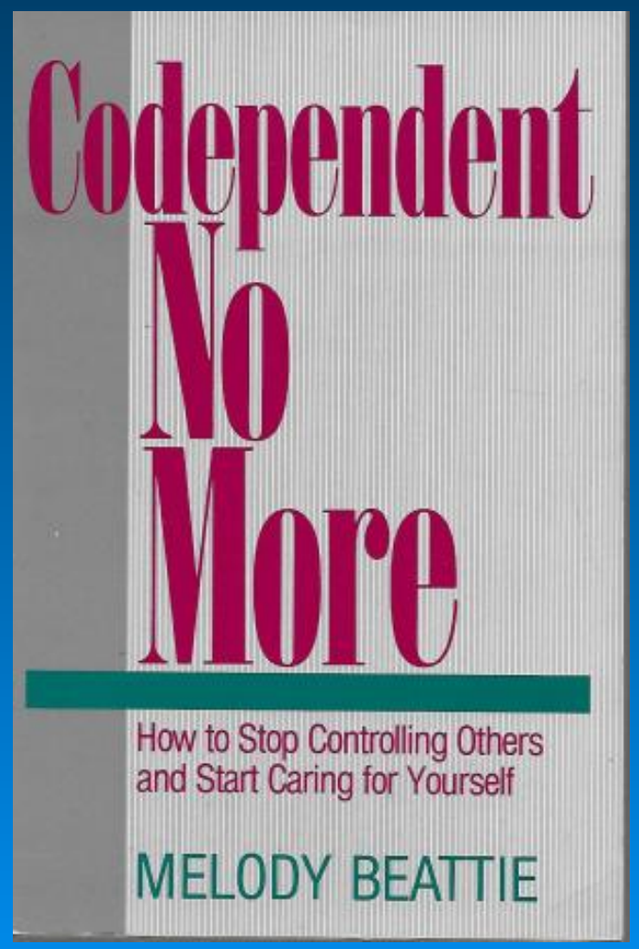
These four books defined and dominated the field and the concept of Codependence in the 1980's. They laid out the underlying concepts of the model, which remain unchanged (by definition) since publication.



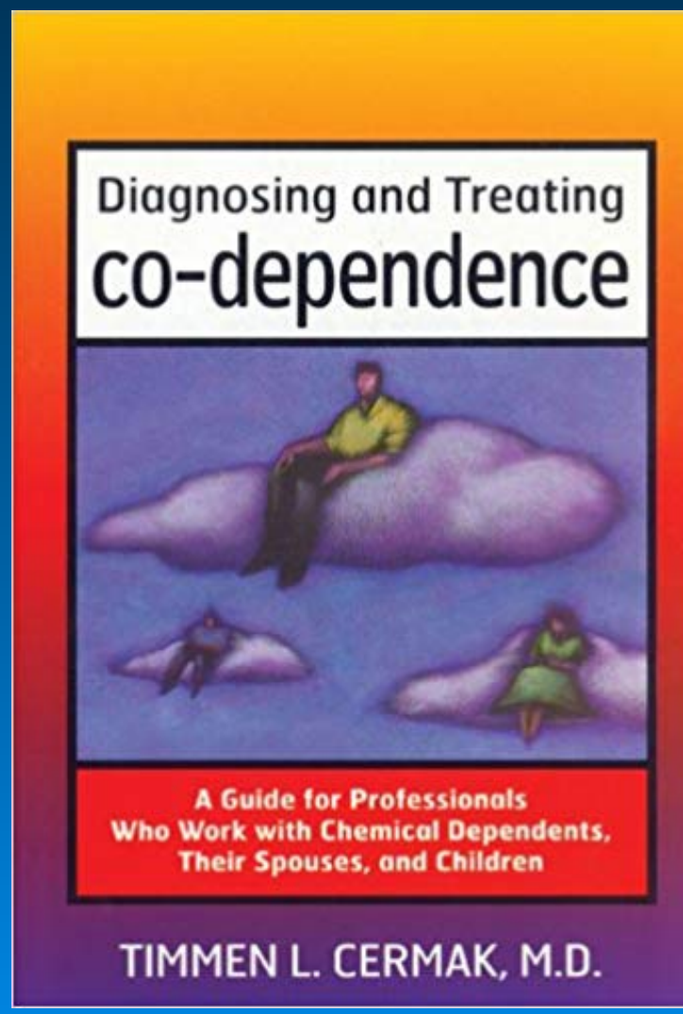
1982



1985



1986



1986

Codependency Statistics

- *Codependent No More sold over 11 million copies and was translated into16 languages.*

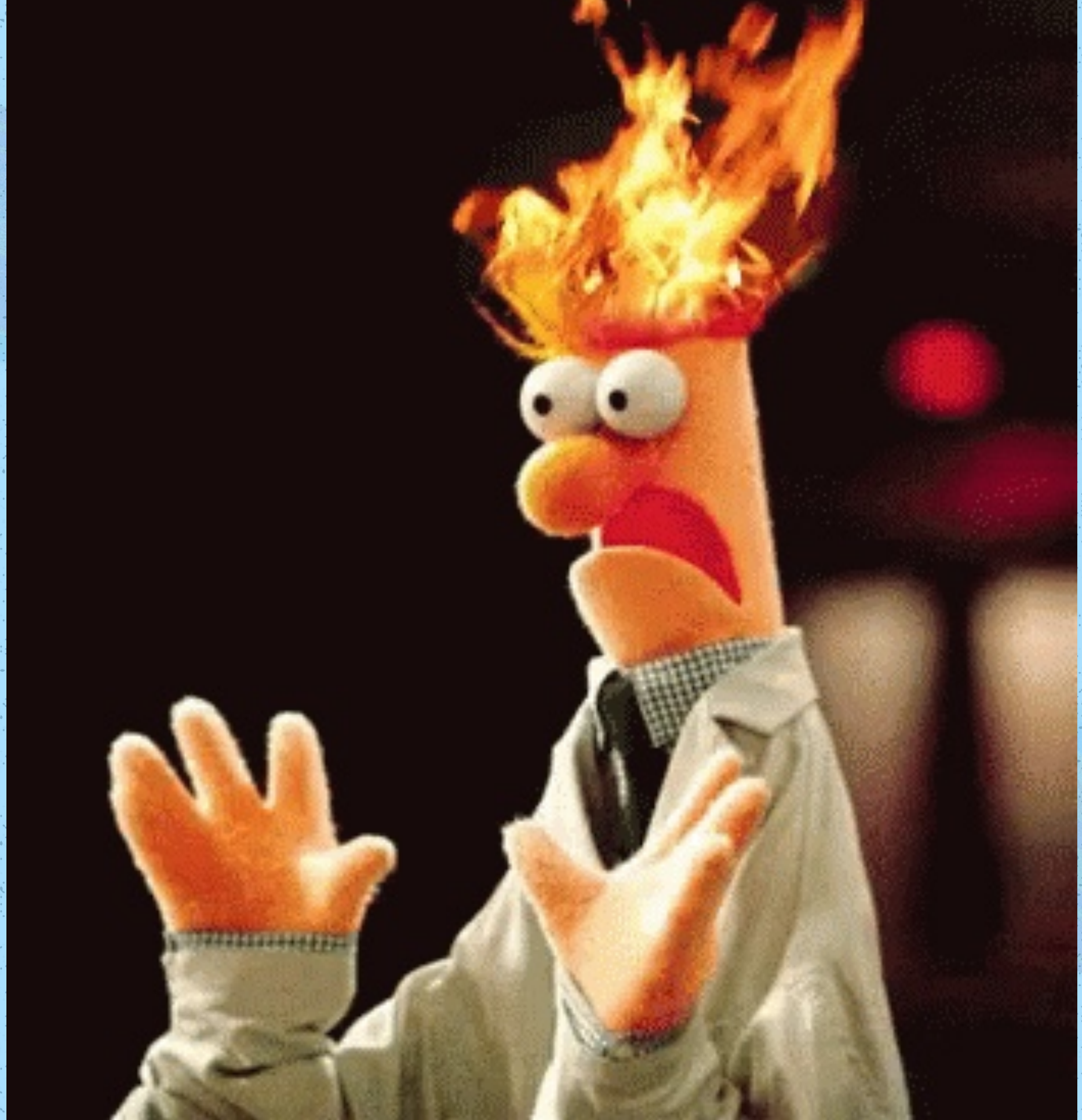
- *Women bought 95% of these (and all self-help) titles at the time and they continue to do so today.*

- *As of 1990 there were 102 books with some form of the word Codependency in the title.*

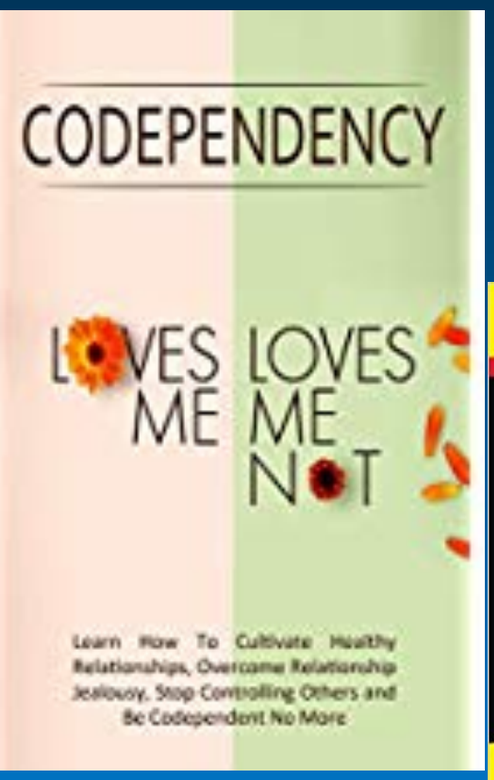
- *As of 2018 there have been over 340 books with some form of codependency in the title.*

- *Neither Codependence nor Codependency have ever been a DSM or ICD criteria based diagnosis. Despite much pressure at the time (1980's and 1990's) the research never clinically validated these hypothetical beliefs.*

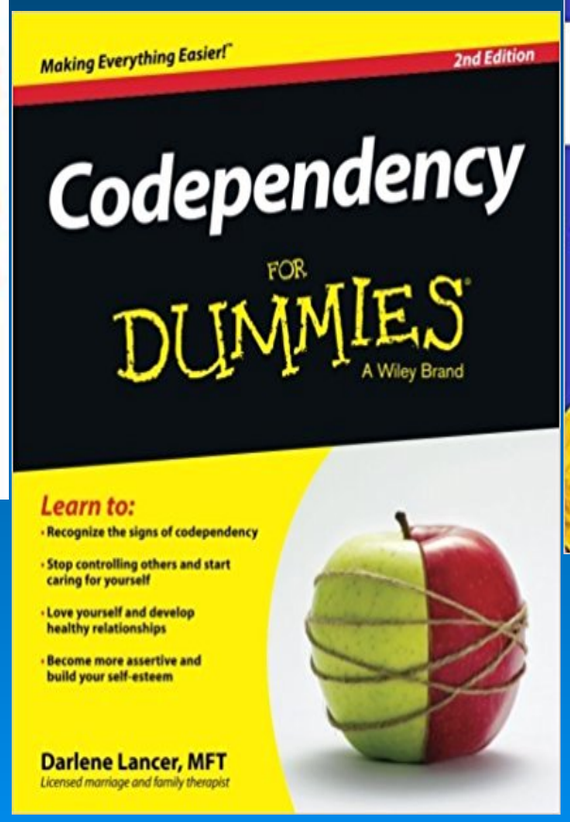
- *Pathological Dependency has always been in the DSM and the ICD as Dependent Personality Disorder. It remains the diagnosis for people who are profoundly dysfunctional due to relationship over-dependency.*



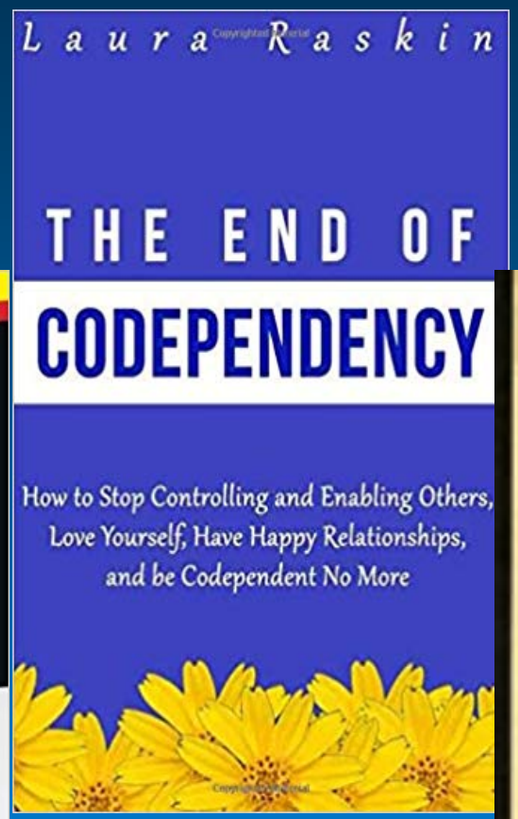
Here are titles number #338, #339 and #340.
Honestly, what has not been said here??



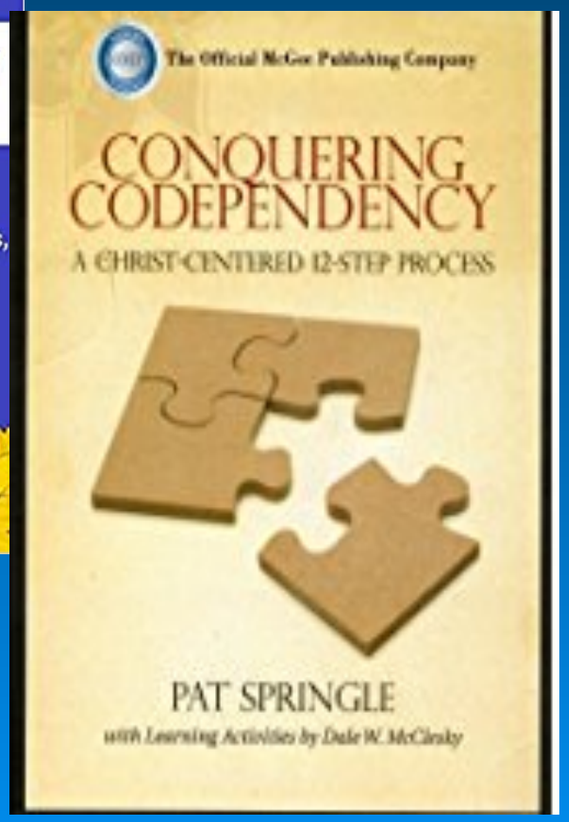
Sept. 2014



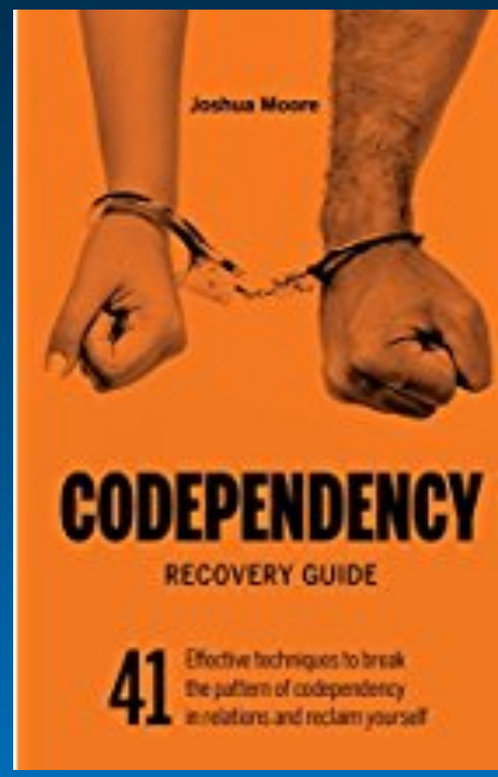
Feb 2015



June, 2016



August 2016



May, 2018

Understanding Codependence

Codependence is a trauma-based theory of human relationship dependency which, by definition, states that those who partner with someone who becomes an addict do so as a form of trauma repetition. Here are the basics:

- **Codependent people unconsciously attach in relationships where the other person's need's will eventually exceed and overwhelm their own, leading to a repetition their own early trauma.**
- **These caregivers, by definition are simply acting out their own early trauma-based low self-esteem, desperate fear of abandonment and need for approval in an unconscious effort to re-address and resolve past traumas in this new (but all too familiar) situation.**
- **The word itself, codependency, evolved from the earlier phrase (Claudia Black-1979) "co-addiction". By removing the word "addiction" the concept of unhealthy dependency became accessible to the general public. Now anyone could be a "Co!" More to the point, the concept itself was born out of the authors experiences. Never confirmed.**

Melody Beattie
Codependent No More (1986)

"Stop centering and focusing on other people. Settle down and in ourselves. Stop seeking so much approval and validation from others, we don't need the approval of everyone and anyone, we only need our own approval.
We have all the same sources for happiness and making choices inside of us that others do so find and develop your own internal supply of peace, well-being and self-esteem.
Relationships help, but they cannot be our source."

Was this message <u>for men</u> in the mid-1980's?
This message was a siren song to women of the period.
While men watched Top Gun, Women watched 9 to 5!
Sadly it is not is not interdependence, it is anti-dependence!

What Has Changed Since 1982? Attachment!

Our focus on healing in mental heath and addiction since the 1980's has turned from self actualization as a measure of health/success to our health being viewed in terms of the strength of our attachments, relationships, peer and community bonds. Today we are as strong as our connections. Today I don't have to become the best "me" I can be (which can lean toward both narcissism and individualism), but rather I can help grow and maintain become the best family, the best workplace, the best community we can be!

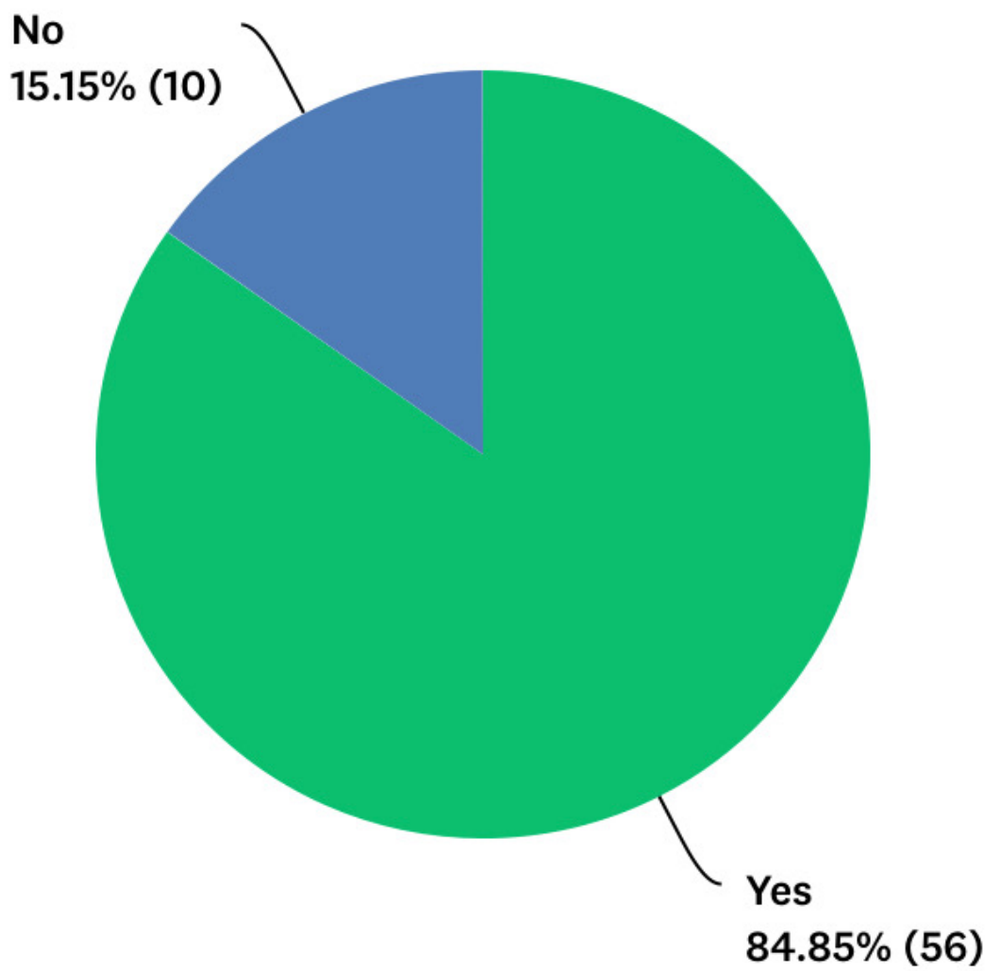
The "me" generation has moved on…and so should our counseling methods!

What's *wrong* with codependence?

- The analytic, exploratory nature of early assessment and treatment required under this model tends to alienate the loved ones of addicts by exacerbating their fears that somehow they are responsible for the addict's problem (their feelings being quite human and non-pathological).
- This process tends to anger loved ones by leaving them wondering why so much attention is being placed on their "dysfunction" when they are the ones who have been functional all along.
- The codependency model's early focus on quickly engaging such struggling people in a deep exploration of their past, their part, their history and their problems can be counterproductive to keeping that loved one actively engaged in the treatment process.
- It requires a clinical frame that holds loving partners (likely just doing their best) into "enabling, and difficult people" whose own problems are getting in the way of addiction healing.

Have you recieved clinically supervised training in the treatment of addiction?

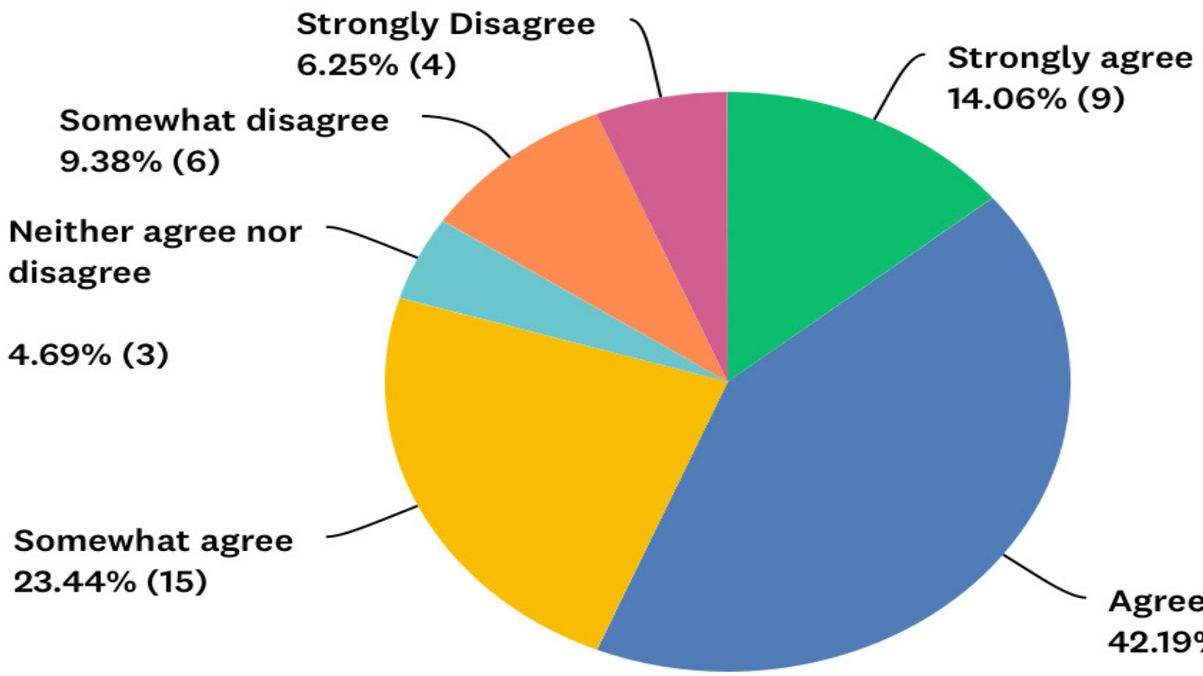
Answered: 66 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	84.85%	56
No	15.15%	10
TOTAL		66

To what degree do you feel you have had to "make up" your own model of treatment, or "adapt" a related treatment model, to most effectively work with the loved ones and spouses of addicts?

Answered: 64 Skipped: 4



ANSWER CHOICES	RESPONSES	
Strongly agree	14.06%	9
Agree	42.19%	27
Somewhat agree	23.44%	15
Neither agree nor disagree	4.69%	3
Somewhat disagree	9.38%	6
Disagree	0.00%	0
Strongly Disagree	6.25%	4
TOTAL		64

Addict(ion) treatment in 15 seconds or less…

1. Explore the problem, help the client understand their part
2. Confront denial and distortions
3. Clearly define the problem with the client
4. Provide a behavioral container for the problem
5. Confront all acting out of the problem
6. Build peer support for accountability, structure, role model and normalizing.
7. Repeat!

Does the addiction model above also serve families and loved ones?
No! And this is the core of the problem with codependency!

OBSESSION WITH SAVING A LOVED ONE ISN'T AN ADDICTION!
IT'S HEALTHY!

Applied Codependency Treatment

Treatment for loved ones of addicts (codependent by definition) requires such people as they enter our care to…

1. Understand their own trauma history, how it relates to why they chose this person and why they stayed with this person.
2. Understand the unproductive ways in which that trauma history has been playing out in their current relationship, and thus inadvertently helping to "enable the addiction."
3. Acknowledge the ways they are "acting out" their own unresolved issues today, thereby making the (addiction) problem worse via enabling, enmeshing, raging, threatening, nagging, etc.
4. Acknowledge and act on the idea that their own unmet childhood needs are playing out in their addictive relationship.
5. Thus they need to detach, set boundaries, focus on themselves and establish clear distance from the addict.

“But Doctor Rob, nobody does codependency treatment that way now. What I do today is very different.”

Ok, so what do you call that work?
Which one of those 340 + books is the best or most useful version of that work? In what paradigm and research is that work based?

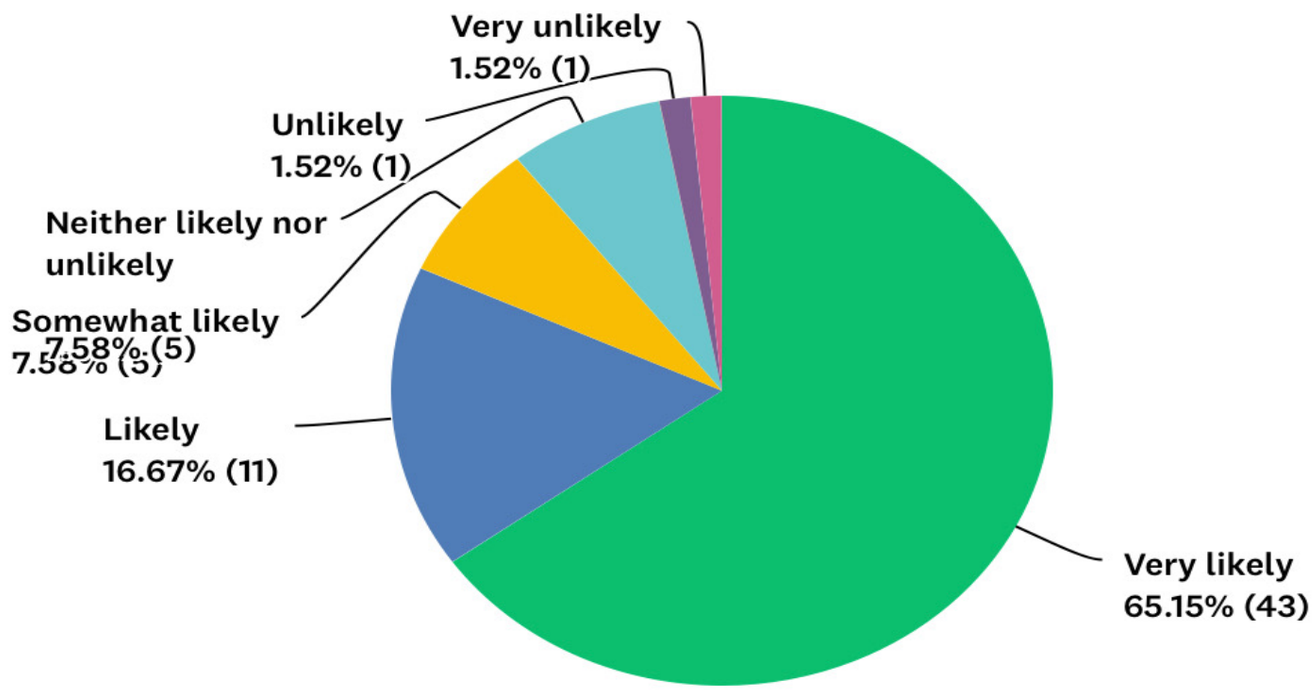
Time for a story...

Revising a formalized treatment model cannot eliminate its original intent. To change original intent you need a new model.
All of the founding codependency literature places early life trauma-repetition at the core of a loved one’s response to addiction making that the focus of early treatment. That work (regardless of how it is softened or evolved) is still codependency.

“But my work is not about early addiction...it’s about relationship over dependency.”Ok, then why not call it that? ?

To what degree do you conceptualize the partners and loved ones of addicts as being in midst of a personal crisis in their first 60 days in therapy?

Answered: 66 Skipped: 2



ANSWER CHOICES	RESPONSES	
Very likely	65.15%	43
Likely	16.67%	11
Somewhat likely	7.58%	5
Neither likely nor unlikely	7.58%	5
Somewhat unlikely	0.00%	0
Unlikely	1.52%	1
Very unlikely	1.52%	
TOTAL		66

Crisis Counseling Defined

Crisis is a state of emotional turmoil or an acute emotional reaction to a powerful stimulus or demand. There are three characteristics of crisis:

1. **The usual balance between thinking and emotions is disturbed.**
2. **The usual coping mechanisms fail.**
3. **Evidence of impairment in an individual or family.**

Crisis intervention methods are meant to provide help to individuals or groups during a period of extreme distress. This intervention is, by design, temporary, active and supportive.

The Goals of Crisis Intervention Treatment

1. Mitigate impact of the event.
2. Facilitate normal recovery and healing processes.
3. Help to restore adaptive functioning.

Over time, if possible (but not until the crisis has passed and stable functioning has returned), might we help the client improve general functioning…or not.*

*The improvement of general functioning is part of a longer term goal for the client. But improvement of overall or general functioning is not possible or recommended until the crisis itself has passed or stabilized.

1 Two leading crisis intervention models are: Albert Roberts' Seven-Stage Crisis Intervention Model, as described in Brief Treatment and Crisis Intervention; and Mitchell's Critical Incident Stress Management intervention system, as described by the International Critical Incident Stress Foundation and International Journal of Emergency Mental Health. Other widely recognized models include Psychological First Aid, Mental Health First Aid and Stress First Aid.

Crisis intervention techniques should abide by the following six principles:

1. **Simplicity:** In a crisis, people respond best to simple procedures. Simple things have the best chance of having a positive effect.
2. **Brevity:** Psychological first aid needs to remain short, from a few minutes up to one hour.
3. **Useful Concrete Direction and Support:** Use creativity. Specific instructions may not exist for every case or circumstance.
4. **Pragmatism and Validation:** Keep it practical. Impractical suggestions can cause the person to feel more frustrated and out of control. Encourage healthy functioning.
5. **Work in the Here and Now:** Clients in a crisis don't have the psychological sophistication to engage in in-depth clinical evaluations or discussions of the past. Remain focused on the problems at hand.
6. **Offer hope:** Set up expectations of a reasonable positive outcome. Encourage the person in crisis to recognize that help is present, there is hope and the situation is manageable. Normalize their experience.

adapted from Crisis Management by Dr. Jeffery https://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf

A New Paradigm: Prodependence

1. When the spouse or loved one of an active addict walks into my office, I see them as a person in a profound life crisis not of their own making, one that anybody would have little ability to solve on their own.
2. By definition they have been victimized and betrayed by the active addict, most often someone with whom they shared a deep, trusting bond.
3. Such trust is broken not so much by addictive behavior itself, but by the lying, manipulation, seduction and gaslighting that nearly all addicts employ in order to keep using or acting-out unabated.

People in the midst of a profound life crisis need crisis counseling methods, not analytic or exploratory treatment evaluation or interventions, as those experiences feel blaming, intrusive, painful, counterintuitive and distracting.

Let's stop romanticizing paradigms that don't work today and move on to those that do!

What if loved ones of addicts aren't so difficult to treat?
What if "the problem" lies more in how we conceptualize them?
What if our primary model for treating spouses and loved ones has misunderstood and marginalized them in ways that simultaneously confuse them and cause them to feel unnecessarily blamed and shamed?
Why prejudge loved ones of addicts as codependent and therefore as drivers a dysfunctional family system?
What happens if that "diagnosis" and related treatment pushes them into feeling misunderstood and thus becoming defensive?
Why not focus on their strengths, while also "being where they are" from day one?

What about <u>their</u> trauma history? Here's an idea…*let it wait.*

There's plenty of trauma to go around (here and now) if you love an active addict!

Why not give these clients the grace to come to us when they are ready (if ever) to self-explore and self-examine.

To do so otherwise is intrusive.

We can help these people without lengthy explorations of their own painful (often unconscious) challenges!

Why not confront the loved one about their history, their behaviors and their "part in the problem"?

Its abusive to confront someone in a crisis.
There are other ways to redirect them.
These people are NOT addicts!
They are not acting out an addiction!
They are in grief and crisis therefore they require different treatment
It's not our job to force self-actualization on anyone.

* People experiencing a profound loss are going to feel remorse. Remorse is part of grief. When someone dies, remorse sounds like this: "I wish I had said this or that, I wish we had done this or that", etc.

But when your child or spouse is an active addict, remorse sounds more like this: "If only I had been this or been that, maybe they would have stopped drinking or using."

Why add to this pain? How does that help anyone?

Prodependence: A New Way Forward

Prodependence is an attachment-based theory of human dependency which states that those who partner with an active addict are no more and no less than loving people caught up in circumstances beyond their ability to healthfully cope.

Moreover, their desire to help the addict and all related actions toward helping the addict (useful and not useful) demonstrate nothing more than a normal and healthy attempt to remain connected to a failing loved one (meaningful attachment), while simultaneously facing extraordinarily difficult circumstances.

Prodependence is a treatment concept, not a label or pathology

Prodependence reframes those nasty problem “codependent behaviors” as strengths!
Thus shifting our language to view all attempts to “rescue, save, and heal” as healthy and normal.

Codependent (deficit based)

1. **Enmeshed**
2. **Externally focused**
3. **Enabling**
4. **Fearful**
5. **Lacking healthy boundaries**
6. **Can’t stop fixing**
7. **Obsessed with the addict**
8. **Living in denial**
9. **Angry**
10. **Controlling/nagging**
11. **Hypervigilant**

Prodependent (strength based)

1. **Deeply involved**
2. **Focused on the problem itself**
3. **Supporting**
4. **Concerned**
5. **Eager to care for a loved one**
6. **Does whatever they can to help**
7. **Determined to protect the family**
8. **Unwilling to give up on loved one**
9. **Fearful of out-of-control losses**
10. **Trying to effect change**
11. **Anticipating problems**

Shame, Labeling and Blame are Minimized using Prodependence

To treat loved ones of addicts using prodependence, we need not find that something is "wrong with them". We can simply acknowledge the trauma and inherent dysfunction that comes from living with an active addict.

Prodependence recognizes that when a caregiver's actions run off the rails and become counterproductive, measures can be taken to put the relationship back on track.

Prodependence does not imply that a caregiver's dysfunctional behaviors arise out of any past or present trauma or pathology.

Instead, prodependence views these actions as an attempt to maintain or restore healthy attachment.

Applied Prodependence

Prodependence treatment means therapists should <u>avoid</u>:

Exploring the client's role in the addiction and the family's problems.

Extensive assessments of the client's childhood and family history are avoided as are any references to the client making the addiction worse.

Assessments of the couple/family and spouse beyond the acute problem.

Diagnosing the client PERIOD! (as codependent, bipolar, borderline, <u>or anything else</u> as a way of explaining their distress.)

Why? Because we cannot accurately diagnose people who are in an active crisis.

Applied Prodependence

***Prodependent* treatment for loved ones of addicts:**

1. ***Assess for mental health pathology (depression, anxiety, PTSD, mood disorders, and the like) and safety of all concerned.***
2. ***Validate and celebrate prior attempts to rescue, save, heal, and otherwise help the addict.***
3. ***Educate about the nature of addiction and the stress it can place on loved ones.***
4. ***Provide ongoing support and encourage group support.***
5. ***Identify times and situations where a loved one's actions have led to a less than ideal outcome and redirect toward more effective assistance.***
6. ***Work to improve the client's efforts at self-care; exercise, recreation, spirituality, peer support, creativity, etc.***
7. ***If, over time, the client seeks deeper understanding of his or her trauma history, that door can be opened, but only after the crisis stage has passed and the client's life is stabilized.***

What Codependency got right, we need to keep doing

- **Self care**
- **Boundaries**
- **Picking the right battles**
- **How to assert anger**
- **How to love and hate at the same time**
- **How to avoid violence and verbal abuse**
- **Where and who can help**
- **Encouraging and providing a cohort of peer support**
- **Education**
- **Insight**
- **Processing grief**
- **Restore healthy coping**

Without giving them any reason to doubt themselves.
Without examining the past in detail but remaining here & now.
Same end-goals as codependency viewed through a different lens.

WHEN DID LOVE BECOME PATHOLOGY?

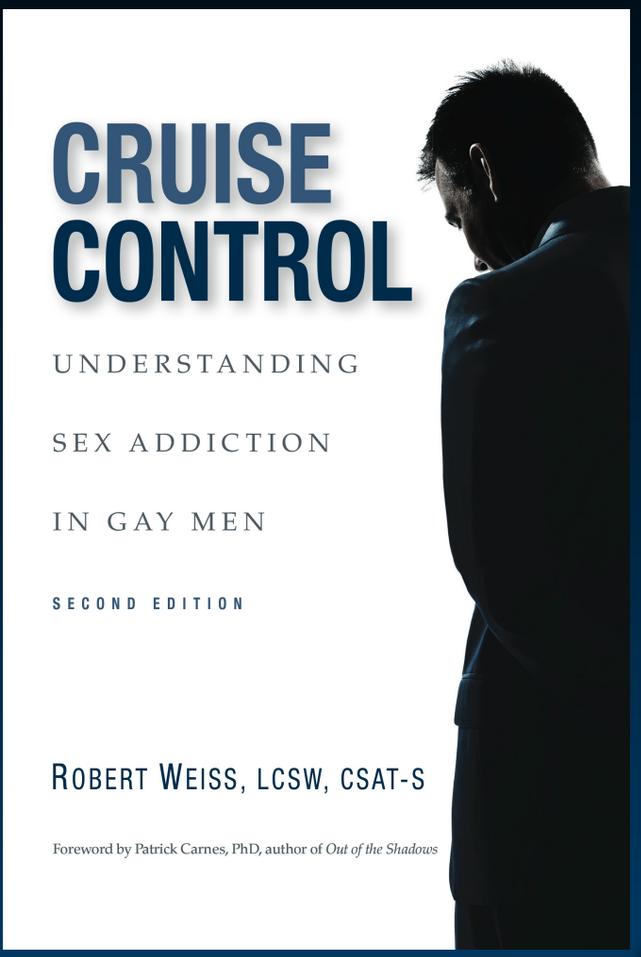
No one can "love too much" and if you do "love too much" please come by my house because I want you in my life as much as possible!

We can:

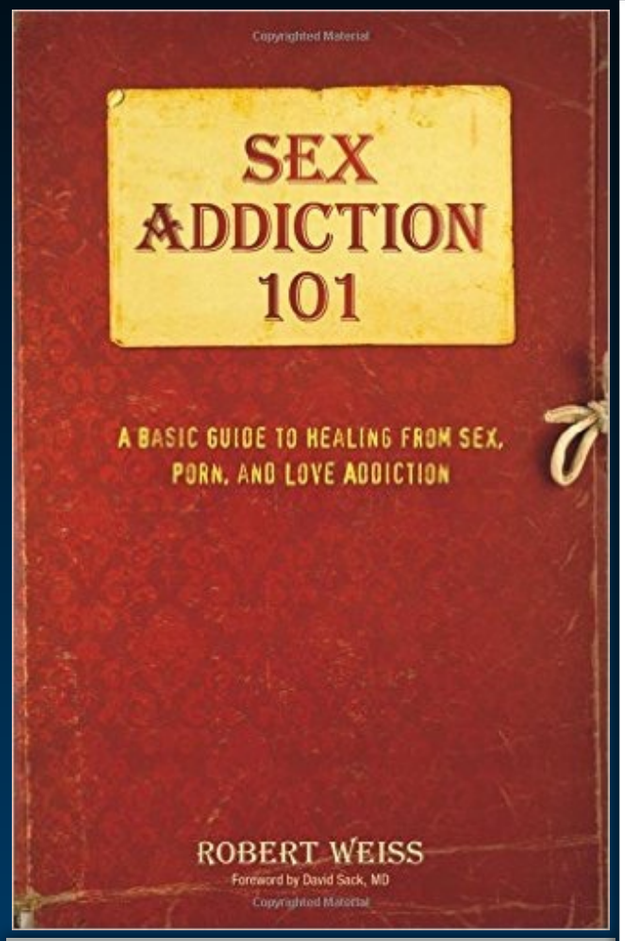
- **Love inadequately**
- **Love where no love is earned or offered back**
- **Love in ways that are unproductive to self, other and relationships**
- **Love in ways that mirror past problems/trauma**
- **Love the wrong people**
- **Love in ways that (unknowingly) cause more harm than good**
- **Love people who cannot or do not love us back**

But we Can Never Love Too Much!

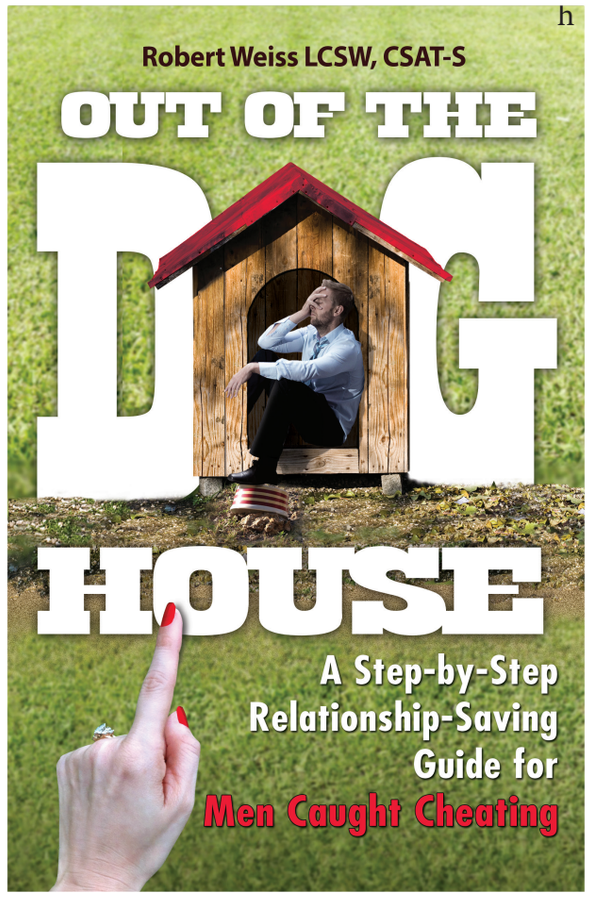
Books Books Books Books Books Book



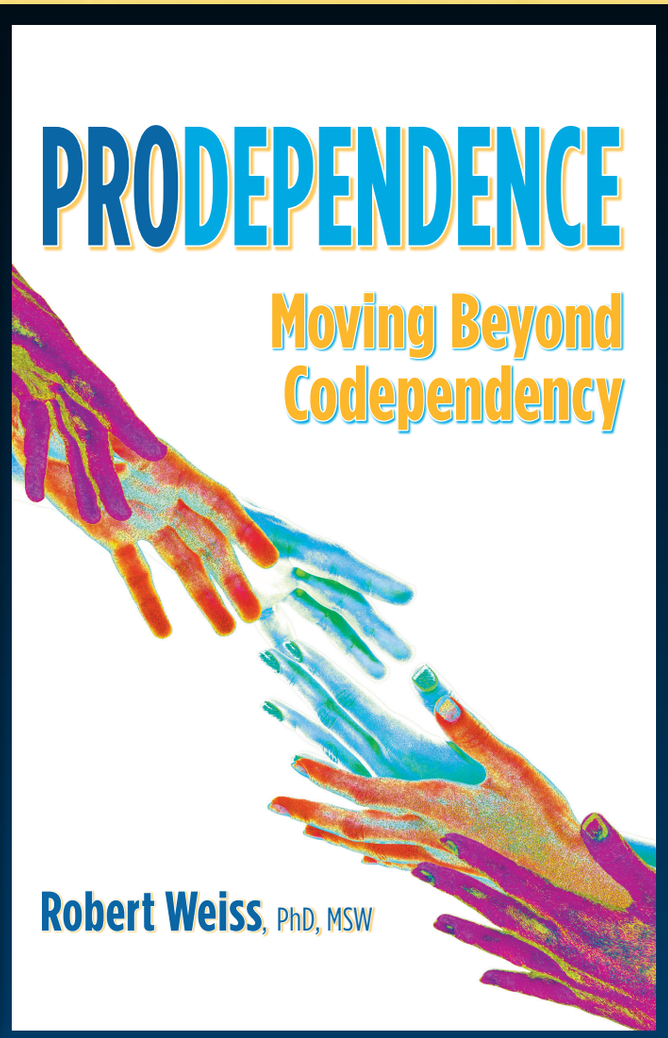
Sex Addiction in Gay Men 2005, (rev. 2013)



A Basic Client Primer & Workbook Sexual Addiction/ Compulsivity (2015)



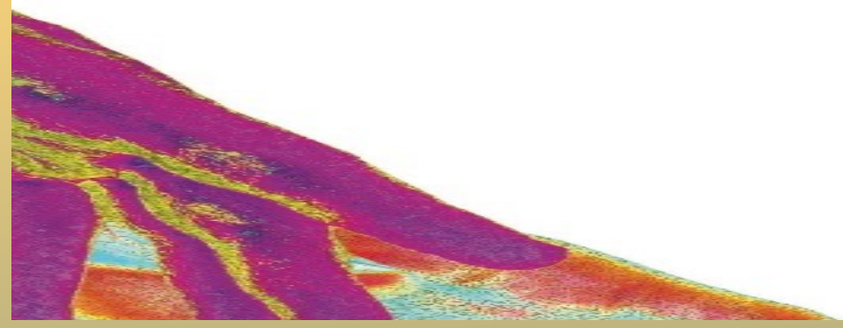
A Cheating Man's Guide to Partner Empathy (2016) Christian Version (2017)



PRODEPENDENCE Moving Beyond Codependency (2018)

PRODEPENDENCE

Moving Beyond Codependency



Robert Weiss PhD, MSW

Sexologist/ Author/ Educator

www.prodependence.com

www.sexandrelationshiphealing.com

www.seekingintegrity.com

@robweissmsw on twitter

@robweissmsw on facebook

SEEKING INTEGRITY