

CODEPENDENCE

John Rowan reviews a clutch of books on addiction

When parents love too much: What happens when parents won't let go, Ashner, Laurie & Meyerson, Mitch. Century London, 1991, 312pp, £14.99 Hb

Healing the shame that binds you, John Bradshaw. Health Communications, Deerfield Beach, 1988, 245pp, £9.95 Pb.

Home coming: Reclaiming and championing your inner child, John Bradshaw. Piatkus, London, 1991, 288pp, £7.95 Pb.

The chosen child syndrome: What to do when a parent's love rules your life, Patricia Love with Jo Robinson. Piatkus, London, 1991, 285pp, £7.99 Pb.

Facing codependence, Pia Mellody. Harper & Row, San Francisco, 1989, 222pp, £8.99 Pb.

Breaking free: A recovery workbook for Facing Codependence, Pia Mellody & Andrea Wells Miller. Harper & Row, San Francisco, 1989, 423pp, £12.99 Pb.

When society becomes an addict, Anne Wilson Schaef. Harper & Row, San Francisco, 1987, 152pp, £8.95 Pb.

The feast of books about addiction, codependence and the dysfunctional family is fast becoming an overdose, but all these books are worthy of consideration.

I suppose the best communicator of them all is John Bradshaw. I have seen him on TV in the States, putting across humanistic messages like a Baptist preacher, so that instead of Heaven we get Self-actualisation, and instead of John the Baptist we get Eric Erikson. His message is that what is wrong with the addict (or alcoholic, or substance abuser, or whatever the proper name for it is these days), and what is wrong with the co-dependent (the person supporting the addict) is toxic shame.

Toxic shame, the shame that binds you, is experienced as the all-pervasive sense that I am flawed and defective as a human being. Toxic shame is no longer an emotion that signals our limits, it is a state of being, a core identity. Toxic shame gives you a sense of worthlessness, a sense of failing and falling short as a human being. Toxic shame is a rupture of the self with the self. It is like internal bleeding. Exposure to oneself lies at the heart of toxic shame. A shame-based person will guard against exposing his inner self to others, but more significantly, he will guard against exposing himself to himself. Toxic shame is so excruciating because it is the painful exposure of the believed failure of self to the self. In toxic shame the self becomes an object of its own concept, an object that can't be trusted.

What this means in practice is that the person from a dysfunctional family (and we shall see in a minute that this is a pretty wide-ranging phenomenon) is going to be afflicted with this in some form. To be shame-bound, according to Bradshaw, is to feel ashamed whenever any feeling, need or drive is experienced.

So what is a dysfunctional family? Well, at first it meant a family in which there was an alcoholic and one or more codependents. Usually in such families there was physical abuse and sexual abuse, and a lot of family secrets. But as people studied such families (and I think Anne Wilson Schaef, who I heard speak at Stanford in 1989, is clearest about this) they found that families without an actual alcoholic or any overt abuse could exhibit all the same symptoms, and nowadays the word is used (by Pia Mellody and others) to mean any family where most of the actions directed toward children are less than nurturing.

This means that we can now speak (the Ashner & Meyerson book and the Love & Robinson book) of emotional incest. This is where one of the (or even both) parents treats a child as a surrogate spouse - that is, treats the child as an equal and as a substitute for the wife or husband. I liked the Love & Robinson book better, because the Ashner & Meyerson book kept on giving long distracting case histories instead of getting on with the story - but if you like short stories you might love this book.

Coming back to Bradshaw now, he goes on to say that because the exposure of self to self lies at the heart of neurotic shame, escape from the self is necessary. The escape from self is accomplished by creating a false self. The false self is always more or less than human. This seems to link in then with object relations theory and many other theories (Janov, Perls, Laing, Jung, etc.) which speak of the false self in one way or another.

And Mellody then points out that this is the basis of the extraordinary ability of codependents to stay with an addict: they seem to be locked into a joint sickness with the addict. She says:

The family members' continuing to stay in a relationship despite harmful consequences (abuse) paralleled the addict's continuing to drink despite harmful consequences. Thus it became clear that as the alcoholic depended on alcohol to handle the overwhelming feelings of his or her disease, the family depended on the alcoholic in a sick and similarly addictive way. In other words, the alcoholic and codependent were trying to solve identical basic symptoms of the same disease - the addict with alcohol or drugs and the codependent with the addictive relationship.

It seems clear that what has been identified here is something very important, and very widespread. If as Mellody asserts we can take the word "abuse" and "dysfunctional" as equivalent to "less than nurturing", then not many families would qualify as healthy, functional and nonabusive.

Schaef takes this up more strongly than any of the others. She says that codependence relates to abusive family systems in the first place, and to abusive social systems in the second place. The particular abusive system we live in is

called patriarchy, which Schaeff sometimes calls the White Male System and sometimes the Addictive System. She suggests that psychotherapists and counsellors often act as codependent to this system, secretly supporting it while apparently trying to cure it. None of the others go this far.

But what they all say is that psychotherapy is not enough to deal with this malaise. As with alcoholism, the self-help approach, based on an admission of total inability to control one's own life, is necessary. And as with alcoholism, one is never cured, only recovering. One can be a recovering alcoholic, a recovering codependent. (This is the basis of the Minnesota approach, which is becoming more popular in this country at the moment, and which seems to have a higher success rate than any other approach.) Schaeff describes herself as a recovering therapist.

But again, what they have all found is that, while progressing (hopefully) through the twelve steps of the AA programme (or some equivalent of that) it is useful to do some other things as well. Melody has the most elaborate approach to this comprising three areas where psychotherapy can be useful (working on childhood traumas, working through shame core issues, and confronting disordered thinking processes) and four areas where self-help is useful in examining: the scope of the problem (childhood trauma); how one adopted one "solution" to this problem; how this "solution" shows itself in action at the moment; and what changes are being made now.

Bradshaw has a different way. He, too, advocates the twelve-step programme as basic, but wants to add work on the wounded child within. In his introduction to this work he mentions Alice Miller and numerous other people (including Harvey Jackins) but walks all round the work of Janov without ever mentioning him. The actual exercises he uses to access the inner child who was abused seem to me incredibly superficial - using conscious memory, using affirmations, using a guided fantasy - no indication at all that the body might be buried quite deep in the unconscious. He does mention a therapist every now and then, so perhaps like Melody he really wants to use anything and everything that might conceivably be useful alongside the twelve-step programme.

Love & Robinson seem to think that family therapy is the best plan, along the lines suggested by Minuchin. Ashner & Meyerson seem to rely mainly on good advice.

Of all of these, Schaeff is the most radical. But Melody seems to me in the end the most practically useful. I just wished someone would have mentioned primal work, which still seems to me the main form of therapy which gets back into some of the most sensitive and difficult areas involved here.