



SUMMER 2002

# cuttingEDGE

A Publication For Professionals

“Healthy self-esteem is created within an individual who knows that he has inherent worth that is equal to others’.”



**Pia Mellody, RN, ABCAC**

A Senior Fellow of The Meadows Institute, Pia Mellody is a major force behind the treatment philosophy of The Meadows. She is internationally known for her lectures and workshops on codependence, addictive relationships and spirituality. Pia is the author of several books, including *Facing Codependence*, *Facing Love Addiction* and *Breaking Free*. Pia’s understanding of codependence differs from many traditional definitions; she describes it as the loss of self or an undeveloped relationship with self created by dysfunctional, less-than-nurturing, abusive family systems.

For more about Pia Mellody, her books and videos, go to [www.themeadows.org](http://www.themeadows.org)

## Codependence

By Pia Mellody, RN, ABCAC

In our culture, many practices that have commonly been associated with "normal" parenting actually impair the growth and development of children. This impairment can lead to developmental immaturity, which I call codependence. Codependence has five primary symptoms.

### THE 5 CORE SYMPTOMS

Based on an article from SageTimes. The full article is available at [www.sagetimes.com](http://www.sagetimes.com)

#### Difficulty Experiencing Appropriate Levels of Self-Esteem

Healthy self-esteem is created within an individual who knows that he has inherent worth that is equal to others’. It cannot be altered by his failings or strengths, which I call a person’s humanity. Parents who are able to affirm, nurture and set limits for their children without disempowering or falsely empowering them create children who can functionally esteem themselves.

The codependent individual relies on others to determine his worth or gets it from comparing himself to others, so his self-esteem fluctuates between feeling worthless and better than. When negative events occur, a person with healthy self-esteem does not question his or her own worth or value. Children reared in a loving, nurturing environment learn to esteem themselves by being functionally esteemed by their parents/caregivers.

The other extreme is arrogance and grandiosity. The person believes that he or she is above or better than other people. In some family systems, children are taught to see others’ mistakes and to find fault with others. They tend to believe that they are superior to others. They may also be excessively shamed by their caregivers but learn that feeling superior to others helps them to feel better about themselves.

A third type of dysfunctional family that significantly affects self-esteem teaches children that they are superior to other people, giving them a false sense of power.

Continued on Page 2

### INSIDE THIS ISSUE

International Notes . . . . .	page 3
Therapists Face Vicarious Trauma . . . . .	page 4
Brain Pathways: An Inside View . . . . .	page 5
Psychiatry Provides Higher Level of Treatment . . . . .	page 6



# THE 5 CORE SYMPTOMS

Continued from Page 1

In these families, the children are treated as if they can do no wrong.

Regardless of the type of esteem that codependents display, it is not self-esteem. It is better defined as other-esteem. It is based on external things – how they look, who they know, how large their salary is, how well their children perform, the degrees they have earned or how well they perform activities. The codependent person becomes a human doing rather than a human being. His or her esteem is not self-based. It is based on the opinions of others.

The difficulty with other-esteem is that its source is outside of the person and thus vulnerable to changes beyond the codependent's control. Other-esteem is fragile and undependable.

## Difficulty Setting Functional Boundaries

A personal boundary system is an internal mechanism that both protects as well as contains an individual's body, mind, emotions and behavior. It has three purposes:

- 1) To help an individual prevent himself from being victimized
- 2) To prevent an individual from being an offender
- 3) To give an individual a sense of self

Boundary systems are both external and internal. Our external boundary is divided into two parts, physical and sexual.

The physical part of our external boundary controls our distance from others and whether or not we choose to be touched. This is our personal space. As we ask others to acknowledge and respect our physical boundaries, we know to ask permission to touch other people.

In a similar way, our sexual boundary controls sexual distance and touch. We are able to choose how, when, where and with whom we are sexual.

Our internal boundary protects our thinking, feelings and behaviors and keeps them functional. When we are using our internal boundary, we take responsibility for our thoughts and actions. We stop blaming others for what we think, feel and do.

---

*“A codependent with nonexistent boundaries moves through other people's boundaries, unaware that he or she is doing something inappropriate.”*

---

Our internal boundary also allows us to stop taking responsibility for the thoughts, feelings and behaviors of others. Children are born without boundaries. They possess no internal way of protecting themselves from abuse or to avoid being abusive towards others. Boundaries must be taught.

People with non-existent boundaries not only lack protection, but also have no ability to recognize another person's right to have boundaries. A codependent with nonexistent boundaries moves through other people's boundaries, unaware that he or she is doing something inappropriate. Damaged boundaries may cause a person to take responsibility for someone else's feelings, thoughts or behaviors.

## Difficulty Owning Our Own Reality

People who are codependent do not know who they are. They have difficulty recognizing and defining their own reality. Reality is defined as the following four aspects:

- 1) The body - How we look and how our bodies are operating
- 2) Thinking - How we give meaning to incoming data
- 3) Feelings - Appropriate expression of our emotions
- 4) Behavior - What we do or don't do

Not being able to own our reality is experienced on two levels: I know my reality and I won't share

it, or I don't know what my reality is. Codependents then must make up a personal identity and reality out of what they think they should be. Those who struggle with this core symptom have difficulty making decisions that positively impact their lives. They have an altered sense of appropriateness.

## Difficulty Acknowledging and Meeting Our Own Wants and Needs

Everyone has basic needs and individual wants. Children must have their needs met initially by their major caregiver. Then they must be taught to satisfy those needs themselves. Adults are responsible for addressing their own needs and asking for help when it is necessary.

People who have difficulty with this core symptom can fall into these four categories:

- 1) Too dependent: expect others to meet our needs completely
- 2) Anti-dependent: I alone can meet my needs
- 3) Needless/wantless: I am not aware of my needs or wants
- 4) Confuses wants and needs: attempts to meet needs with wants (buying clothes instead of asking for physical intimacy)

Parents who meet all of their children's needs and wants are not teaching the children to meet some of those needs themselves. The children may grow up expecting to have others meet all of their needs.

Children who are attacked for having any needs may grow up to be anti-dependent. They learn that it is unsafe to ask for any needs to be met. Children who are neglected and abandoned may grow up with issues of feeling needless/wantless. They learn at a young age to "turn off" their needs as they learn that they are not important enough to have them.

These people grow up to fill others' needs without recognizing their own. When a need is met, they often feel guilty. And finally, children whose parents were very wealthy often experience confu-



# INTERNATIONAL NOTES

## The Relationship Between Men and Women in Japan

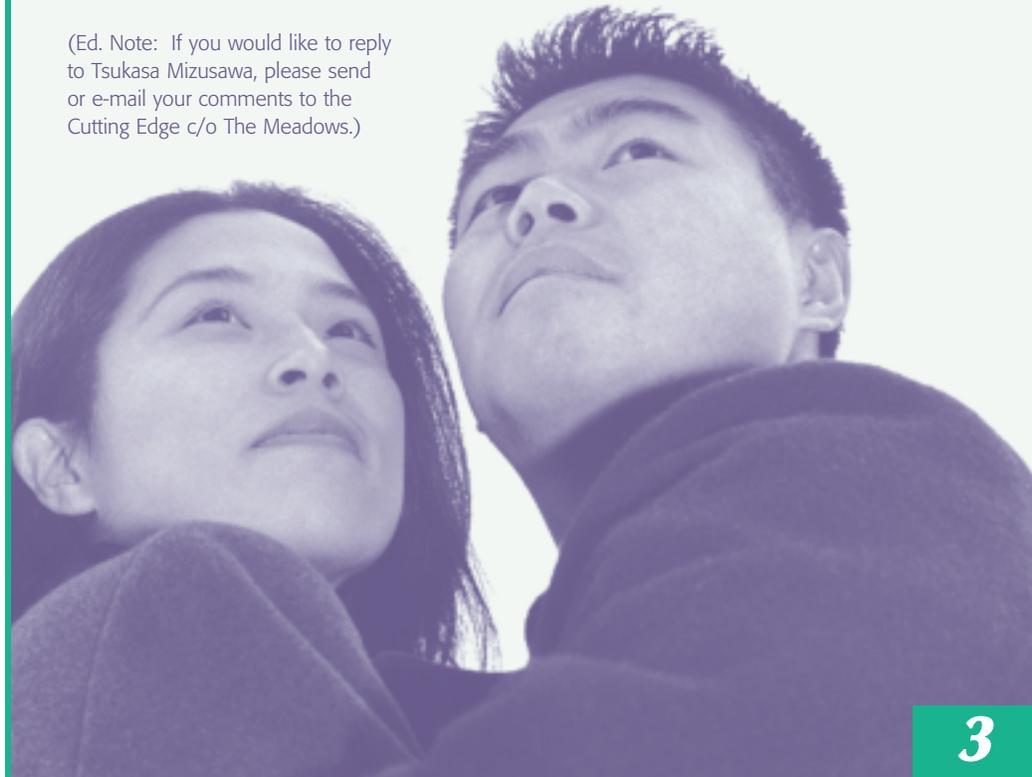
By Tsukasa Mizusawa, Director, ASK HUMAN CARE INC.

One day, a man met a woman or a woman met a man and they thought they loved one another. In reality, they fell in love with their own ideas of what the other should be. Human nature being what it is, they decided to marry. They never gave a thought to the big changes marriage would bring. They moved from a perceived love and lover to the new relationship of wife and husband. After a while, a child was born. Their parents never thought about the new roles of being a father and mother or the consequences to themselves and the child.

Many young Japanese couples are ill-prepared to become parents because so much has changed in Japan's culture in a very short time. The dynamic changes may be good for business and the gross national product but, in the fundamental institution of marriage, they tend to compromise the quality of the union. An incredible amount of time and energy is spent building careers. Little time is given to personal and marriage needs and the rearing of children.

We Japanese must ask ourselves how to keep and maintain a good, healthy relationship with our mates and children. This question is ignored because of our pace of life and ultimately reflected in the high rate of divorce in my country. The challenge we therapists face is to take a proactive rather than reactive approach to couples planning to marry. The approach must be solution-focused and provide those considering this major step with a realistic yet hopeful view of their future relationship. This requires change, and change is most difficult in current Japanese culture. How is it in the U.S.A.? §

(Ed. Note: If you would like to reply to Tsukasa Mizusawa, please send or e-mail your comments to the Cutting Edge c/o The Meadows.)



sion of want and need. Instead of getting the guidance and support they needed, perhaps they were bought something.

In adulthood they may be craving real relationships and intimacy, but instead they buy something to fill that void.

### Difficulty Experiencing and Expressing Our Reality Moderately

This symptom is usually most visible to other people. Codependents usually have no middle ground and appear to be extreme with their bodies, thoughts and feelings.

Codependents tend to care for their bodies in the extreme. They may dress very flamboyantly or very dowdily and blandly. They might be very thin or very fat. They may also have extreme habits for self-care or no habits at all. Codependents' thinking is not in moderation. They may think "good/bad" or "black/white." They see only one answer, and it is either theirs or yours.

People who live in extremes have witnessed their parents or major caregivers act out of moderation or, if they did not like their parents' behavior, they do the opposite. A child who was severely disciplined by his or her parents may grow up to not discipline his or her own children at all.

Moderation is essentially a self-containment issue and is related to both boundary and reality issues. When an individual contains himself with a wall, he tends to shut down and wall others out. In this process, he loses control of being in control of himself and others.

When an individual has no boundaries with which to contain himself, he will do whatever he wants to do, disregarding his impact on others. In this process, he will be in control of being out of control and others will have difficulty being rational with him.

Like any path to recovery, rehabilitation from codependency is not easy, but the results are life-enhancing and sometimes even lifesaving. §