

# **CO-DEPENDENCY GROUPS**

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## Introduction

Co-dependency affects the lives of many people. It can be defined as "a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically) on a person or object. Eventually, this dependence on another person becomes a pathological condition that affects the co-dependent in all other relationships." (Wegscheider-Cruse, 1985) Co-dependency hinders marriages, friendships and healthy family functioning. It destroys trust and the ability to have honest and open communication. It blunts a person's feelings and impedes his or her judgment about reality. These things happen because co-dependents put their own needs aside, aren't assertive, often attempt to control others and outcomes of events, and are often unaware of their feelings.

One of the most effective ways of treating codependence is with group therapy (Cermak, 1986). Through the group process, a co-dependent's interactional problems are triggered; at the same time, peer validation, feedback, modeling of new behaviors, and healing can occur.

Twelve-step groups such as Al-Anon and Co-Dependents Anonymous (CoDA) are important adjuncts to a co-dependency group. Although there are big differences between a 12-step program and a psychotherapy group, a 12-step program offers invaluable ongoing support long after the therapy group

has terminated.

As Cermak (1986) points out, co-dependency can be approached in three different ways: as a didactic tool, a psychological concept, and a disease entity. Utilizing these three views, in addition to the adjunct of a 12-step program, creates a dynamic framework within which group psychotherapy can be highly effective.

## **Selection and Screening**

Several characteristics create a secure foundation for the group and help ensure success. The following issues are best screened for in an individual pre-group interview:

- Consistent attendance is of utmost importance. Potential absences are best discussed ahead of time, so group cohesion is not affected and the individual
- has an opportunity to explore the double message "I want to be in group and I can't come to group."
- This group is designed for beginners, people who have had little exposure to the clinical issues of co-dependency and have not been in long-term therapy groups focused on co-dependency. This group would be too basic for individuals who have had such experience and exposure.

- It's best to limit the group to adults, although mature older teens can fit in well. In such a case, assess whether the teen will be able to relate to adults in a group milieu. Most co-dependent teens relate easily to adults, but this is not always so.
- It's also important to rule out clients with the following characteristics:
  - Those who are actively chemically dependent. If needed, numerous evaluation instruments are available, including AA's "Twenty Questions" and the Michigan Alcoholism Screening Test. Recovery of at least one year is advisable for chemical dependents before pursuing a group such as this.
  - Those who are actively psychotic or on heavy psychotropic medications.
  - Those who have little insight into their own motivations and behavior and are unwilling to develop introspective skills.
  - Individuals who are related or in a significant relationship with one another.

Keeping in mind the above considerations, meet with each potential group member individually. Explain the scope of the group, its goals, the expectations, and the cost. Be clear and concise. Being open to questions and concerns is very important. During this session, identify and rule out people with hostile, aggressive, or serious borderline characteristics. Careful



selection in the beginning saves much aggravation and disruption later. This material, although it sounds simple, is very charged. Witnessing a group member decompensate or become verbally abusive is an experience other group members (and you) don't need to have.

## **Time and Duration**

The group runs for 12 weeks and is 1 ½ hours long.

## **Structure**

This group is designed to be a closed group. Group members develop skills and insights in a cumulative manner from week to week. For this reason, attendance of all 12 sessions is essential. Of course, if a client is ill or an emergency arises, all is not lost. However, the returning client may feel out of sync with the group and have a feeling of having "missed out."

The optimal size for the group is eight to ten people. It can be run alone or with a co-therapist. Pay attention to the room in which the group meets. Chairs should be placed in a circle so that everyone has a clear view of everyone else. Gently invite members to "join us in the group" if they are hiding behind others outside the circle, behind posts, or in doorways. A room with adequate ventilation and satisfactory lighting is also important, since many co-dependents have anxiety symptoms.

It's important to start and stop on time and to have a good understanding of the material being covered. Having these things under control, in addition to being relaxed and emotionally present, gives group members a sense of security. Members often enter group feeling anxious, fearful, and full of anticipation, wondering how they will be required to carry conversations, take care of others, or monitor you. A demonstration of good boundaries on your part, aptly modeled from the beginning, is necessary. A thorough discussion of boundaries can be found in Vannicelli (1989).

## Goals

The goals are very straightforward:

1. Help clients understand what exactly co-dependency is and how it negatively affects them.
2. Improve boundaries for clients by helping individuals own their feelings and identify their own needs and wants.
3. Increase self-esteem as manifested by better assertiveness, more self-nurturing behavior, and a decrease in self-critical thoughts.
4. Help the client identify and begin to appropriately express feelings.

The behavioral skills taught during the group address the above goals. This in turn reduces the discomfort, fear, and depression with which co-

dependents present. As they see that they are not alone, their problem is not unique, and that there is an ongoing outside support (peers, 12-step groups, and so on), a sense of relief and healthy control develops. This allows clients to make healthier choices in their lives and choose more appropriate outlets for their feelings.

Such group experiences can be the catalyst for existential awakenings, or what 12-step programs term "spiritual awakenings." AA literature goes into this phenomenon very adequately, as do the writings of Victor Frankl and many others. If you don't feel comfortable with this concept, it's imperative not to invalidate what a client reports, but to refer the person to someone well versed in this area.

## Ground Rules

Confidentiality, timeliness, and attendance are mentioned in the first session, in addition to issues of no dating or sex with other group members. People with poor boundaries may confuse frank, open talk with sexual availability. This issue must be brought up. Don't reserve this information just for mixed-sex groups; it pertains to all-male and all-female groups, too. Also mention mandatory child and elder abuse reporting laws.

These are somber issues. To balance the heaviness, approach the group with an attitude of hopefulness and a sense of "this is the place where healing

occurs." Modeling honesty and openness is imperative.

## **Description of Group Process**

Each session begins with a brief check-in (except the first session, in which each client makes a brief introduction). Next, the didactic material scheduled for that week is presented. Lastly, the group processes that material and begins incorporating it into the body of knowledge each member is accumulating. Specific exercises are suggested for this portion of the group.

## **Starting the Group**

You might begin in the following way:

"Hello everyone! I'd like to welcome you to our 12-week group. As you all know, I'm \_\_\_\_\_. Let me begin by going over some ground rules so we all have the same understanding of what this group's about and how it's run.

"As we've talked about before, it's really important that you attend every group meeting. Each week builds on the previous week, and it's easier if we all go through this process together. Also, please be on time. Come a few minutes early, because I start at 7:00 p.m. sharp. Please be sitting down and ready to go at that time. Anyone have any questions about this? I'll be making sure that we not only start on time, but that we end promptly at 8:30, too.

"In order for the group to work we must honor everyone's confidentiality. In other words, what's said in this group stays in this group. This is so important. Does anyone have any questions about this? Do we all agree to honor this rule? The only exception is if I believe that you or someone in your life is in a potentially life-threatening or abusive situation.

"It's each person's responsibility to let me know when they'd like to have some group time—so please speak up. I can't always tell if you need to speak; it's up to you. Also, only one person talks at a time. Otherwise I can't clearly follow what's being said, and we all miss each person's contribution.

"Then there's the issue of relationships between people in this group. It probably sounds odd to you, but I must ask that you not date or have sex with any other member of this group. Of course, after our 12 weeks together are up, what you do is your own business; but in the meantime, let's just come together for group therapy and not muddy the waters with socializing and sex.

"Okay, enough about ground rules. Now, what are we here to do? We're going to look at co-dependency—not only the issue in general, but how it relates to you specifically. We're going to look at how to change situations or behaviors that don't benefit you anymore. Oh, I know they probably worked great at one time in your life; but as life progresses, things change—

sometimes we're stuck with old behaviors in new situations and the end result is pain...or fear...or self-defeating behaviors...or problems in relationships.

"This is probably a good time to get started with introductions. You all know me already. [Note: you may *briefly* self-disclose your interest and history with codependency at this point if you wish. This is optional.] Maybe each of you can take two or three minutes to tell us your name and then say what brings you to a codependency group."

Don't allow people to go over their time limit. Gently remind them that their time is up and that they will have opportunities later to talk in more depth.

## **Main Concept and Skills**

### **A. Concept: How Co-Dependency Operates**

"Co-dependency was first identified in work with alcoholic families. More recently it became clear that people can become co-dependent when no chemical addiction exists in the family. Some people believe that co-dependency is a disease, some that it's a personality disorder, and others claim it to be a spiritual deficit. What anyone believes really doesn't matter in this group. Let's just say that the condition of codependence develops from

living in a dysfunctional, less-than-nurturing, or abusive family. John Bradshaw says, "Co-dependence is a loss of one's inner reality and an addiction to outer reality." (Bradshaw, 1988) Pia Mellody (1989) says that co-dependents have difficulty

1. Experiencing appropriate levels of self-esteem.
2. Setting functional boundaries.
3. Owning and expressing their own reality.
4. Taking care of their adult needs and wants.
5. Experiencing and expressing their reality *moderately*.

"Dysfunctional parenting can turn the natural characteristics of a child into codependent traits. This is not to say that your parents are bad or 'wrong-headed' people. In fact, they probably did the best they knew how. Co-dependency is transmitted from one generation to the next. Your parents passed on to you what was done to them."

## **B. Skill: Identifying Your Own Co-Dependency**

"Codependence is passed on as long as there is no consciousness or awareness of it. As soon as you become aware, beginning to examine and question, the cycle is disrupted. So the first step in breaking the cycle is to

become aware of your own co-dependent behaviors and thoughts.

### **C. Concept: Changing the Pattern That Maintains the Turmoil**

"Constant and exclusive focus on another person or a behavior as the BIG PROBLEM keeps people stuck feeling anxious, worried, and powerless. Tensions rise, health suffers, relationships are hindered, and the BIG PROBLEM doesn't get better. Moreover, this focus gets in the way of appropriately and responsibly addressing one's own issues.

"Tensions are greatly reduced by taking the focus off the BIG PROBLEM and putting it on yourself. By broadening your perspective, you can begin to see how you and others in your life actually contribute to keeping turmoil going. Of course, you do this unwittingly; but, nonetheless, such behaviors as fighting, arguing, distancing, getting sick, and blaming keep tensions high.

"When you begin to focus on yourself, you automatically shift from a position of blaming others for your situation to one in which you take more responsibility. You can begin to be responsible for your health, mental well-being, and personal growth; you can then allow others to be responsible for themselves and their own issues. It's a form of detaching compassionately: disengaging from others' problems without simply cutting off; thinking about your needs and wants rather than reacting to theirs; and being assertive rather than passive or manipulative.



"As individuals begin taking better care of themselves, tensions in the system reduce and the system's overall health improves. The lower the levels of anxiety and tension in a system, the fewer living problems the members of the system are likely to experience.

Some achievable, moderate ways of putting the focus back on yourself are regular exercise, meditation, laughter, having meaningful friendships outside the primary relationship, and engaging in good communication."

#### **D. Concept: Control**

"When the focus is off the BIG PROBLEM and on you, several things become apparent:

You really can't change anyone else.

Trying to do so makes life difficult or unmanageable.

Over the years, the need to control people's behavior, feelings, and thoughts, and the outcomes of situations, has become important—even though it doesn't work.

"The negative effects of attempting to control others are twofold. Attention to your inner reality is lost. When you're attempting to control others, your focus is on the outside: what others do, say, or think; the effect you're trying to make; the way events turn out. You lose touch with your

inner life. A major symptom of this is not being able to adequately process your feelings. They get denied, sidetracked, stuffed, or overexpressed (as in overreacting). The second negative effect is that you're trying to control something that is not controllable by you. This failure at successful control becomes food for shame and increases the need to control. Your self-esteem begins to depend on your controlling behavior. It's a vicious cycle with a no-win ending.

"No matter how adept at controlling you are, something always goes awry. Someone is late, you burn the eggs, you forget an appointment, an emergency comes up. Life is unpredictable.

"Having some control is a good, recommendable thing. You are not being told to lie down and give up. It's trying to control things that are beyond your control and not your business that's negative. It's important to know what is in your range of control and what is not."

### **E. Skill: Differentiating Between What You Can and Can't Control**

*(Adapted from Hall and Cohn, Self-Esteem: Tools for Recovery)*

"Problems fall into two categories: those that can be controlled and those that can't. As a first example, let's consider an incest survivor. She can't control this past event. It happened. However, she can try to change her

feelings about it. She has two options: one, she can resist, wish it hadn't happened, and try to forget and ignore the physical and mental side effects of the experience. Of course, this option most likely leaves her feeling rotten about herself. The second option is to accept the fact that the incest happened. She can take steps to overcome the effects of this devastating event. By exploring more about the events, their impact on her life, her feelings about the abuser and herself, she can begin to feel better about herself and to heal.

"Now let's consider a man with an eating disorder. This is a problem that can be controlled. The man has three options. One, he can attempt change and seek help to tackle the eating disorder. Entering recovery helps a person feel good about himself. Two, he can resist change and simply wish things were different. He can find excuses to support not changing. This leads to poor self-esteem. The third option involves accepting that the problem can be changed but realizing that he's not quite ready to do so. The man can understand how his eating disorder serves him and can accept the consequences. The small steps involved in this acceptance can lead to his feeling better about himself, and can eventually lead to tackling the problem."

#### **F. Concept: Compassionate Detachment Versus Caretaking**

"Caretaking is another form of control. It means not only taking care of

others but also taking responsibility for them (and from them). Caretaking implies getting so deeply involved in other people's lives that you prevent them from growing and experiencing the natural consequences of their behaviors. Many times caretaking begins with love and concern. An example of this is an overprotective mother who loves and cares for her son but is blind to his need for independence. He is always her "good boy" and she gives him all the money he needs. When he incurs drug debts, she rescues him by paying the debts, giving him a place to stay, and telling lies on the phone for him.

"Another example is a man who constantly monitors his mate's feelings. He is constantly worried about her reactions, carefully watches what he says, and 'walks on eggs.' He worries about whether she's happy or not, and carefully controls his own actions in an attempt to ensure her happiness.

"Compassionate detachment means detaching from the problem, but not cutting yourself off from the person. Detaching in this way involves not controlling another's life yet remaining emotionally present to him or her. It means being there as a friend, listening and responding. It does not mean giving solutions, fixing the problem yourself, criticizing, or judging.

"All individuals have the right to be free, to have and to solve their own problems. When you don't allow others their personal freedom of choice, then

you are being possessive. Solving their problems or being responsible for their feelings is also a form of possessiveness. Possessiveness is not love. Compassionate detachment allows us to love our friends and ourselves."

### **G. Skill: Identifying Feelings**

"One of the major problems of co-dependency is not being in touch with your feelings. Most dysfunctional families either overtly deny your right to your feelings or covertly denigrate them. As you grow up, you teach yourself to either override, become numb, or overreact to your feelings. The exact method depends on what you had to do to survive in your family.

"This may have worked in your family of origin, but it can cause problems in adulthood and stand in the way of healthy relationships.

"Feelings are very important. We all have the potential to experience a wide variety of feelings. When they remain unexpressed or are stuffed down, they begin to cause emotional or physical trouble for us. They can show themselves inappropriately, become overwhelming or confusing, or become transformed into physical symptoms like high blood pressure and ulcers.

"A good way to start identifying your feelings is by using a very basic list:

---

Mad

Hurt

Sad

Ashamed

Glad

Afraid

---

Of course there are many more feelings than this, but the list is a good starting place.

"Remember, feelings are just feelings. Accepting them as they are is the key. You are experiencing the feelings you are experiencing. This doesn't mean you have to act on them. It doesn't mean you're good or bad because you have them. Feelings are not concrete facts in the outer world. Once you identify a feeling, then you have the choice to act on it or not."

#### **H. Skill: Communicating Feelings**

"Learning to talk about your feelings is the next step. It sounds so simple, yet in reality can be quite difficult, especially when you've been taught that your feelings are inappropriate. However, expressing feelings can enhance trust, improve your self-esteem, deepen intimacy, and reduce the need to control.

"A good way to start is to use this formula:

I feel \_\_\_\_\_ (your feeling)

when you \_\_\_\_\_ (an action)

because \_\_\_\_\_ (your reason).

## **I. Skill: Dealing With Difficult Feelings—Fear, Shame, and Resentment**

"Fear, shame, and resentment are very powerful emotions. Not dealing with them can keep you trapped.

### *Fear*

"It is often said that fear is a lack of faith. Instead of a higher power running the universe, you feel as if you're personally in charge. Therefore, control plays a big part in struggling with fear. You may attempt to control people or outcomes rather than looking at the underlying, or root, causes of your fear.

"Root causes of fear may be rejection, abuse, the need for approval, hurt, suppressed anger, or ignorance about taking risks or knowing how to change. These things elicit fear because they seem overwhelming. You haven't learned how to address these feelings. Possibly your family of origin punished you in some way for having these feelings. As a result, you have a feeling, you don't know how to deal with it, and it turns into fear. It's easier to project fear outside of yourself than to see that it springs from your not knowing how to deal with a feeling or situation in a healthy way. And how do you deal with fear that is projected onto someone or something else? By controlling that

person or thing. This is a vicious cycle that never addresses the underlying cause of fear.

"This, of course, doesn't refer to reality-based fears, such as being afraid of a mugger with a gun; or afraid of abandoned, dark alleys; or riding with a drunk driver. Such reality-based fears are matters of survival and protection. They keep us out of trouble."

### *Shame*

"Shame and good self-esteem are never found together. Shame is used in dysfunctional families to control people and keep secrets. Guilt differs from shame in that whereas guilt implies that your behavior was not okay, shame implies that *you* are not okay. 'Shame on you!' means not only 'What you did isn't okay,' it also says, 'Who you are isn't okay, and nothing you do will change that.' (Beattie, 1989)

"Shame implies that what you did is a direct reflection of who you are. We become ashamed of our bodies, sexuality, feelings, mistakes, and even our thoughts."

### *Resentment*

"Resentment is commonly identified with anger. However, the roots of



the word mean to 're-feel.' Resentment can involve the re-feeling of most feelings: anger, hurt, grief, jealousy, fear, shame, and so on.

"As long as you feel resentment, you hold on to a feeling. This feeling grows and changes. It causes physical side effects. Pretty soon the original event or feeling is obscured by out-of-proportion resentment.

"The cure for resentment, as for fear and shame, is to look at the underlying cause and address it. In time, talking about the initial event or feeling and the resulting feelings and difficulties can alleviate the resentment. Acceptance starts to creep in and resentment diminishes."

#### **J. Concept: Boundaries**

"Boundary problems are common in co-dependency. Boundaries refer roughly to where you end and someone else starts. A boundary is a matter of knowledge, an internal line that marks off *me*. There is a sense of respect for 'me' and 'my space.' Only selected people are invited in. Boundaries have to do with what you feel comfortable doing and with whom.

"Boundaries are developed in your family of origin. Parents who have poor boundaries can be intrusive and disrespectful of their children's boundaries. They teach children how to have unhealthy boundaries. This is done by shaming, abusing, and controlling. When your boundaries aren't

clear and healthy, you don't know where your responsibilities begin and someone else's end. The same goes for your feelings and even your life. You feel mixed up with other people.

"When you have poor boundaries in a relationship, you often end up taking on someone else's life at the expense of your own. A current joke asks what the codependent person sees as she's drowning. The answer is that someone else's life flashes before her eyes. Of course, such focus can seem like love or caring. But this obviously leads to controlling and, ultimately, trouble. At the other extreme, if you've walled yourself off (a form of poor boundary definition called rigid boundaries), relationships are very difficult to have because you can't let someone get close enough to be intimate.

"The ideal is flexible boundaries. To be able to give support and accept it. To respect your own and others' feelings, needs and wants, and to be clear about their separateness. To be able to talk and have fun with each other, while allowing each person to be responsible for herself or himself.

"As our boundaries become defined, our self-esteem improves. Melody Beattie (1989) sites the following facts about boundaries:

- Setting boundaries means learning to take care of ourselves.
- Defining what we deserve means developing boundaries.

- Knowing what our needs, wants, and likes are helps boundaries develop.
- Boundaries develop as we define our personal rights, and define who we are.
- Boundaries emerge as we honor and value ourselves."

### **K. Skill: Setting Limits**

"Limit setting builds on what you learned to do with 'feeling scripts' (I feel \_\_\_\_\_ when you \_\_\_\_\_ because \_\_\_\_\_.) by adding two important additional components:

1. *Your limit.* This should be stated specifically and behaviorally: 'I don't want you to shout at me when you're upset.' Or 'I don't want to have to do the dishes every night; I'd like us to do them on alternate nights.'
2. *Consequences of noncompliance.* This is your plan for how you will take care of yourself if the other person doesn't accept your limit. Don't make it sound attacking or punishing, just matter-of-fact. 'If you shout, I'll leave immediately and we'll talk about it only after you've calmed down.' Or 'If you won't do the dishes, I'm planning to start eating on paper plates.'

"Here's how to put it all together:

I feel frightened and hurt when you shout during our conflicts because it

reminds me of growing up with my family. I don't want you to shout at me when you're upset (limit). If you shout, I'll leave immediately and we'll talk about it only after you've calmed down (consequence). I feel frustrated and irritated, Sis, when I come to pick you up and you're not ready. I get concerned about rushing through traffic and being late to work. Please be ready when I get here (limit). I'm afraid I'll have to stop carpooling with you if this isn't possible (consequence)."

## **L. Concept: Honesty, Openness, and Willingness—"HOW" To Recover**

"Recovery is about change. Changing the way we are inappropriately involved in others' lives. Changing the way we handle our feelings. Improving our communication and feeling better about ourselves.

"Three things that help keep recovery going are honesty, openness, and willingness."

### *Honesty*

"Honesty is simply a matter of being truthful about your feelings, your needs, or whatever is going on for you. Many co-dependents lie. Honesty is an act of honoring yourself. Because you honor your feelings, you don't lie about them. They deserve to be valued."

### *Openness*

"Openness refers to being emotionally present and available. You are

able to put aside preconceived notions and feelings and really listen and hear what another person is saying. Openness means being flexible instead of rigid with demands and expectations. You are able to hear what is being said to you and reflect back. You are open to new options or different ways of approaching things."

### *Willingness*

"Are you willing to do things another way? Hearing and being open is the first step, being willing is the next. Are you willing to actually try different approaches to living? Willingness takes great personal courage. It also opens the doors to change."

### **M. Skill: Congruity**

"Congruity means that the way you look, the message you are giving, and the way you feel all match up. Incongruity is common in codependence. How many times have you asked a glassy-eyed, disheveled, exhausted woman how she is and received the response, 'Oh, just fine!' Or how about the man with fire in his eyes, clenched jaw, and red face exclaiming, 'I am NOT mad!'

"We learn to be incongruent in families in which having feelings is not okay. Some families cannot tolerate anger, so the children learn to cover up and deny their feelings. Some families cannot tolerate grief, so the children

learn never to cry or show sadness. Those feelings are pushed down. Unfortunately, feelings don't just go away because they're ignored. Usually they are revealed nonverbally in body language, leading to the kind of incongruity just described."

## **N. Concept: Self-Esteem**

"Mellody (1989) says this about self-esteem:

Healthy self-esteem is the internal experience of one's own preciousness and value as a person. It comes from inside a person and is reflected outward into relationships. Healthy people know that they are valuable and precious even when they make a mistake, are confronted by an angry person, are cheated or lied to or are rejected by a lover, friend, parent, child, or boss.... Healthy individuals may feel other emotions such as guilt, fear, anger, and pain in these circumstances, but the sense of self-esteem remains intact.'

Self-esteem is about honoring your internal reality. Externally based self-esteem means your worth is dependent on who you are married to, how much money you make, what kind of fancy clothes you wear, the car you drive, where you go to be seen, and the kind of job you have. You value yourself only as you are reflected by external circumstances.

This kind of self-worth is very vulnerable because at any time these things can be taken away. It becomes important to try and control things that maintain your sense of worth and, as mentioned before, the world doesn't always function by your plans. When you lose something, your self-worth goes down.

Honoring your inner self is achieved by: focusing on yourself, controlling only that which is controllable, being compassionately detached, honoring and talking about your feelings, having healthy and flexible boundaries,

being honest and open, and being congruent.

Healthy self-esteem can be manifested by actively working on accepting yourself as you are rather than constantly criticizing or berating yourself, responsibly taking care of yourself rather than putting your own needs and wants aside in favor of another's, and honoring your value as a unique individual on this earth, rather than trying to mold yourself to be like someone else.

### **O. Skill: Examining Your Self-Esteem**

"How do you feel about yourself? This is an important question. You can't change until you know where you're starting from. With a starting point in mind, you can then set goals for yourself."

### **P. Skill: Assessing Wants and Needs**

"Co-dependents are notorious for not taking proper care of themselves. One way this is seen is through the tendency to overindulge oneself. The person who does this has poor self-esteem but attempts to mask it with extravagance, little regard for others, and what seems to be a self-serving lifestyle.

"Another way of not taking proper care of oneself is more blatant. It's demonstrated by the person in obviously poor physical condition and shaky mental condition, who eats poorly and doesn't get proper medical care. She has 'friends' who all take and don't give; her intimate relationships are in

trouble or nonexistent. She may dress poorly and doesn't have time or energy to have fun. This person doesn't know what she needs or wants, and therefore rarely asserts herself.

"It is nearly impossible to have a healthy relationship with someone like this. Because they're so out of touch with their needs and wants, they can't be emotionally present in a relationship.

"Pia Mellody (1989) lists four categories of difficulty in meeting wants and needs. They include:

1. *Being too dependent.* You know your needs and wants, but don't meet them because you expect others to do so.
2. *Being anti-dependent.* You know your needs and wants, but insist on trying to meet them yourself. You're unable to accept help, and feel too vulnerable to ask.
3. *Being needless and wantless.* You are unaware of having any needs or wants.
4. *Needs and wants are confused.* You know what you want and you get it, but you don't know what you need. For example, you buy everything you want and you use this to 'cure' needs that aren't being met (maybe you're not even aware of them).

"Needs as opposed to wants, are necessities. Some examples of human



needs are food, shelter, love, affection, nurturance, a sense of belonging, and medical care.

"Wants are things we'd like to have or do. They might include such things as: wanting to own a Corvette, wanting to go to Hawaii, wanting to learn to windsurf, wanting to get married, wanting to call a friend."

### **Q. Skill: Expressing Wants and Needs**

"You can express wants or needs by using a very simple assertive script. It has three basic parts:

1. *The situation.* Just describe the facts—no blaming, no attacking, no pejorative language. Be as careful as you can to be objective and straightforward.
2. *Your feelings.* Use *I*-statements. This means you say 'I feel hurt' or 'I feel scared' or 'I feel overwhelmed'; not 'You hurt me' or 'You're scaring me' or 'You're overwhelming me.' Those are *you*-statements. They convey blame. They make people feel attacked and defensive, and less likely to respond to your needs.
3. *Your wants.* Be specific—what, when, and where. People have trouble remembering or responding to general requests. Ask for behavioral rather than attitudinal change. People can alter what they do a lot more effectively than change their beliefs.

"Here's how you can put the three parts together into a coherent assertive statement. Let's say, for example, that your best friend keeps borrowing money—\$5 here, \$10 there—but never pays it back.

"Two or three times a week you borrow money for lunch or cabfare. But you often forget to pay it back [situation]. I feel irritated and frustrated sometimes when I don't get the money back [feelings]. I would like you to keep track of the tab and try to pay me back by the end of each week [wants]."

"Notice that the situation is described without using aggressive language, the feelings are *I*-statements, and the last part asks for a specific behavior change."

## **R. Skill: Self-Care**

"You're learning to identify your needs and wants. The next step is to put them into practice and live in a self-caring way. To be self-caring means to honor and value yourself, your needs, and your wants. It means to live for you, not for others. You may—and hopefully will—choose to have others in your life; but they're not the sole reason for your living or dying.

"Self-care means moderation. Too much or too little involves denying your needs. For instance, impoverishment is a mask just as much as excess is.

"Self-care means self-discipline. You are like a flower garden that needs to be tended, watered, and cared for on an ongoing basis, a little every day. It's easy to start something and give up in a few days or weeks. Loving yourself enough to follow through and commit a bit of time *just for you* is a mark of good self-esteem.

"Self-care means that the focus is on you. Learning to control the things you can rather than trying to control what you can't. The focus is off the other person, place, or thing.

"Self-care means acceptance, accepting that you need to care for yourself. It means accepting yourself just as you are now and working with this body and soul to keep them running well.

"Self-care also means thoughtfulness. You have to contemplate your needs and wants and then determine how you can best care for yourself."

### **S. Concept: Tying It All Together**

"Maybe you've noticed that all the issues we've covered in this group are somehow interrelated. For example, controllers have boundary problems and they have trouble detaching. People who are confused about their boundaries don't know how they feel, nor can they communicate well. They don't take good care of themselves, reflecting their poor self-esteem.

"Recovery from codependence begins with becoming conscious of what you're doing. Your focus must be redirected onto yourself.

"Learning to live with yourself in mind is the first step toward increasing your self-esteem. You cannot feel high self-esteem and shame at the same time. Honoring and valuing yourself means accepting yourself as you are in reality. You must take responsibility for yourself and work toward positive change. This is what recovery is—one day at a time."

## **Main Interventions**

### *Week 1*

#### **Introduction**

See Getting Started.

#### **A. Concept: How Co-Dependency Operates**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 2: Mini-Evaluation*

After the didactic presentation, evaluate quickly how group members are responding to the material. The reason for this is

1. To determine which issues can be addressed during the group process
2. To quickly assess how individual group members are coping with the material

Sometimes the pulse of the group is calm, at other times a few clients might be upset, confused, or angry. Make a mental note of how various individuals are reacting, and weave this into later group process work if at all possible.

The best way to do a mini-evaluation is to briefly entertain questions (no more than 5 to 10 minutes) after the didactic part of the session. Observe each person and note the sorts of questions being asked.

### *Example*

*Leader:* Okay, are there any questions about the way co-dependency operates?

*Chris: (agitated)* I don't know. This sure seems like laying all the blame on my parents. I'm an adult. I came from a nice family.

*Leader:* Yeah, it's difficult to understand this at first. We're not blaming your parents. Co-dependency is multigenerational and it happens to lots of nice families who just aren't aware of it. [Explain "multigenerational" if necessary.] But you're aware now, and because of your courage, the pattern won't have to repeat itself.

Note that Chris is experiencing difficulty admitting and accepting that

his family of origin was dysfunctional. Consider focusing on or highlighting denial as a defense during an appropriate portion of the group process.

## **B. Skill: Identifying Your Own Co-Dependency**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 3: Soliciting Examples From Clients*

Clients often have trouble in the beginning verbalizing their symptoms. Trust has not yet been established within the group; this is also a new behavior. Gently guide clients along.

### *Example*

*Leader:* I'd like to take a minute or two and see if you can identify any of your own co-dependent behaviors or thoughts. Let's go around the room and have everyone give at least one example.

*Dale:* Well, I know that at times I just can't say no.

*Leader:* To whom, Dale? Can you give an example?

*Dale:* Oh, sure. My daughter. I just love her so much that when she's in trouble and seems to be really sorry, I just give in.

*Leader:* So that's an example of a boundary issue. Thanks, Dale. Anyone else?

*Sandy:* I can't come up with anything.

*Leader:* Think about why you came to group.

*Sandy:* I'm very unhappy at home. My life has been going down the tubes since all my kids left home.

*Leader:* It sounds like your focus—whether you know it or not—has been on your kids more than it's been on you. Maybe your own needs aren't being met. What do you think?

*Sandy:* I never thought that I focused too much on my kids, but I guess I did.

#### *Intervention 4: Group Process*

After everyone has given examples, engage the group members in a discussion concerning their co-dependent behaviors, how they feel about these, and what it's like hearing others talk about their co-dependency.

### **Homework**

At the end of group, hand out the "Coping With Turmoil" worksheet located at the end of this chapter. Have clients bring these to group next week.

## **Week 2**

### **Check-in**

### **C. Concept: Changing the Pattern That Maintains the Turmoil**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

Share homework.

*Intervention 2: Mini-Evaluation*

Briefly entertain questions.

*Intervention 5: Family Sculpting*

The goal of family sculpting is to give clients a transformational experience of what it looks and feels like to be caught in a turbulent situation. Since it's often difficult for clients to verbalize family turmoil, sculpting allows them to reveal their private views of invisible but meaningful boundaries, alliances, triangles, roles, and so on. Clients do this by translating their thoughts and feelings about family into physical positions in space. You then are able to simply comment on or point out the dynamics in the sculpture.

Instruct individuals in the group to imagine their family as if they were going to pose them for a three-dimensional family portrait. This can show any stage of the family's life together. The important thing is that this pose be representational of the client's example of family turmoil from the previous week's homework assignment. A client chooses other individuals in the group to represent family members. The client positions each person and explains who he or she is playing. The whole sculpture is then observed by the group. The "sculptors" are asked to explain their creations. People representing



parts of the sculpture may be called upon to comment on how they feel being in their specific stance.

Once the ice has been broken with the first sculpture, other clients are usually more than enthusiastic about having their turn at sculpting. For complete information regarding family sculpture, refer to Satir (1972) and Duhl, Kantor, and Duhl (1973).

Make sure there's time to process everyone's feelings before group ends.

*Intervention 4: Group Process*

**Homework**

At the end of group, hand out the "Control Within the Family System" worksheet found at the end of this chapter. Have clients complete the worksheet and bring it to group next week.

***Week 3***

**D. Check-in D. Concept: Control**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

## E. Skill: Differentiating Between What You Can and Can't Control

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 3: Soliciting Examples From Clients (Use homework)*

### *Example*

*Leader:* I'd like everyone to look at their homework—the worksheet I passed out last week. I'd like everyone to share one example of what you can control and another example of something you can't. [*Note:* When they get to the latter example, ask them if their manner in attempting control is passive, aggressive, destructive, or some other style.]

*Frank:* My first example is that I can do something about my mental health—I'm going to therapy and this group. I can't control my wife's personality. She loves to travel; and every time she talks about it, I worry that she's unhappy here in our home.

*Leader:* So what do you do?

*Frank:* Sometimes I just keep it in and then get overly mad about something else. Sometimes I get on her case for not being happy at home. It eats me up.

*Leader:* Does that work?

*Frank:* No! She just gets mad at me and we end up fighting. It never works.

*Leader:* It sounds like neither the passive nor the aggressive approach works. Now, I'd like to talk about the last statement on the sheet: ways in which feelings aren't dealt with adequately. When we don't adequately address our feelings, then we tend to get into controlling behaviors. Would someone like to share an example?

*Loren:* I've always had trouble with hurt. I just push it down and hope it goes away. Then I get resentful at the person who hurt me, and I avoid him. I've drunk a lot because of hurt.

## **Week 4**

### **Check-in**

#### **F. Concept: Compassionate Detachment Versus Caretaking**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 2: Mini-Evaluation*

Briefly entertain questions.

*Intervention 3: Soliciting Examples From Clients*

At this juncture, tie in the concept of detaching with that of letting go of control. Point out that detachment does not mean cutting someone or something out; it's not a rigid reaction. The key is to tie the skill of differentiating what can and can't be controlled (Concept E) to the concept of detachment (Concept F). Have everyone come up with an example of caretaking from his or own life.

*Intervention 6: Problem Solving*

This intervention focuses on how clients are failing to fulfill their needs. When faced with a problem, they handle it in old ways that are no longer adequate. After this process is clarified, clients can then formulate new options that serve them and the problem better.

### *Example*

*Leader:* Let's take a look at this caretaking behavior and see if you can't come up with some different options, behaviors based on compassionate detachment: letting others be responsible for their own problems, you for yours.

*Alexis:* I used to make excuses for my partner's drinking. I'd minimize how much he drank; I'd say he was under pressure. Down deep inside I didn't believe it—but I wanted to.

*Leader:* What might be a way of compassionately detaching?

*Alexis:* Next time I'm not going to make excuses for him. He has to be responsible for his own drinking. I love him, but next time someone says something to me, I'm not going to bad-mouth him; but I won't cover up for him or excuse him either. Maybe I'll just shrug in agreement.

*Leader:* How do you feel about changing your behavior this way?

*Alexis:* Well, it's kinda scary. What if I can't do it?

*Leader:* If you don't succeed, don't give up. Just try it again the next time the situation comes up. Changing a way of responding is difficult, particularly when it involves letting someone you care about cope with their own problems—and floundering sometimes.

### *Intervention 4: Group Process*

## Week 5

### Check-in

#### G. Skill: Identifying Feelings

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 2: Mini-Evaluation*

Briefly entertain questions.

#### H. Skills: Communicating Feelings

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 3: Soliciting Examples From Clients*

Use the formula given in the Concepts and Skills section (I feel \_\_\_\_, etc.). Have clients think of something that happened recently and have them fill in the formula with the appropriate feelings, actions, and reasons.

Then have group members recall an incident in which they were in a caretaking role with someone. Have them reflect on their feelings about the person's behavior, and then use the formula to express themselves. This is an introduction to the idea that expressing feelings is a healthy alternative to

controlling or co-dependent behavior.

### *Example 1*

*Leader:* Who would like to give an example using the feeling formula?

*Luke:* I feel sad when I come to group because I hear all these things I identify with, and it makes me remember lots of things from the past that I had forgotten.

*Leader:* Okay. Now can someone use the formula at a time when you've been in a caretaking role?

*Stacy:* This one is for my boyfriend Roger. "I feel angry when you don't show up when you say you will, because I get all worried and obsessed with where you are. I go looking for you all over town. I guess I feel like you don't care about me and that I must be pretty worthless."

### *Intervention 4: Group Process Homework*

"Prepare at least three 'feeling scripts' (I feel \_\_\_\_ when you \_\_\_\_ because \_\_\_\_) regarding people you care about. Attempt to say at least one of them out loud."

## **Week 6**

### **Check-in**

Have group members give examples from their homework.

## **Shame, and Resentment**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 2: Mini-Evaluation*

Briefly entertain questions.

*Intervention 4: Group Process*

Group process at this juncture should focus on people's experiences of fear, shame, and resentment. Keep these three goals in mind:

1. Have them use the feeling formula for expressing these three feelings.
2. Whenever appropriate, point out how these feelings keep people stuck (not growing emotionally and psychologically).
3. Aid clients in searching for and examining underlying feelings and past events.

*Intervention 6: Problem Solving*

Group members have discussed how fear, shame, and resentment get in their way and how they don't adequately deal with these feelings. Now have them brainstorm new ways of coping.

## Homework

"Keeping in mind what you said and heard in the group, think of one way in which you can deal differently with fear, shame, or resentment."

## *Week 7*

### Check-in

Explore group members' plans to cope differently with fear, shame, or resentment.

### **J. Concept: Boundaries**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 2: Mini-Evaluation*

Briefly entertain questions.

*Intervention 5: Family Sculpting*

"Boundaries help you to be in a relationship by defining who you are. That way you can always be with someone without losing the sense of who you are, what you like, and what you need. This sense of self is necessary for intimacy.



"Over-closeness or enmeshment is not intimacy. You are so entangled with someone that neither of you can stand on your own. Leaning on that other person is so much a part of you that if he or she leaves, then your balance is thrown off. With good boundaries, two people stand side by side, connected by mutual desire but each firmly balanced on his or her own.

"With this in mind, let's sculpt some enmeshed relationships. Let's use examples from your own life." As clients sculpt enmeshment, have them get a good feel for, and view of, the entanglements.

"Next, let's have some sculpting examples of relationships with good, healthy boundaries." Healthy boundaries are quickly sculpted.

## **K. Skill: Setting Limits**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 7: Role-playing*

Role-playing is used to help clients practice setting boundaries in an enmeshed situation. You can use the situations illustrated by their sculptures.

*Example*

*Leader: (after observing Nell's sculpture) I see you're feeling trapped and dragged down by your husband. You were talking earlier about his resistance to*

your working. Do you have any ideas what it would sound like for you to set some boundaries?

*Nell:* No.

*Leader:* John, play Nell's husband and tell her you don't like her working. Nell, verbalize to your husband how you feel. Use the script: "I feel when you because."

*John: (playing husband)* Nell, I want you home with the kids. I need you to be here with us. You're my wife and that's your role.

*Nell:* John, I feel humiliated when you order me around like that because it makes me into a helpless child.

*John:* But I love you. I know what's best for you!

*Leader: (coaching)* Okay, Nell—now's the time to set some limits.

*Nell:* Well, John, you may love me and I love you—but it's my life and the decision to go to work part time is mine. That's what I'm doing.

*John:* But the kids! Me! We need you.

*Nell:* I'm not turning my back on you. I'm not leaving my family. I need to do this for me so I can be happier here at home.

*Leader:* Good job, Nell. How did that feel?

*Nell:* Wow! Really different! I feel as if I can stand up tall and breathe!

Repeat this process with a number of enmeshed situations. Be sure to practice asserting consequences where appropriate.

#### *Intervention 4: Group Process*

If there's time, you may want to process what this brings up for group members. This intervention is optional, depending mainly on how much time is left.

#### **Homework**

"Identify at least one situation in which you need to protect your boundaries with someone close to you. Prepare a limit-setting statement. You can either practice setting the limit or get support from the group next week to do so.

### ***Week 8***

#### **Check-in**

Discuss limit-setting homework.

#### **L. Concept: Honesty, Openness, and Willingness: "HOW" To Recover**

##### *Intervention 1: Didactic Presentation (See Concepts and Skills section)*

The concept of willingness to trust in a Higher Power may be added here. Given that some people have difficulty accepting this concept, it's best

presented as an optional resource. For example, "Many people find the concept of a Higher Power useful in their path to recovery. This concept involves the notion that there is a power greater than you in the universe. This power, not you, runs the universe. In order to live by this concept, you must be willing to let go of control and then be open to and accepting of whatever happens."

### **M. Skill: Congruity**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 3: Soliciting Examples From Clients*

"Let's go around the room and have each of you give an example of congruent behavior." Clients do so. "And now, can you think of a time recently when you behaved in an incongruent manner?" Have clients give examples. Those who are stuck can get help from other group members who have possibly noticed their incongruent behavior in the group, or might remind them of incongruent behavior they've reported.

*Intervention 4: Group Process*

Process should assimilate concepts of HOW (honesty, openness, willingness) and congruity.

## Week 9

### Check-in

#### N. Concept: Self-Esteem

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 2: Mini-Evaluation*

#### O. Skill: Examining Your Self-Esteem

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 4: Group Process*

Have each group member list five strengths. Then have them list three weaknesses. The next step is to tie the weaknesses to their strengths.

#### *Example*

*Bob:* My strengths are that I'm strong, hard-working, insightful, sensitive, and caring. My weaknesses are that I overwork, I get easily disappointed, and I'm impatient.

*Leader:* Can you relate your weaknesses to the strengths you have, even those strengths that you haven't mentioned?

*Bob:* My overworking comes from my being a hard worker! I get disappointed

easily because I'm sensitive, and my impatience comes from my ability to see the big picture and from my intelligence.

Spend the rest of the group session processing this material and any other related issues that may come up.

## *Week 10*

### **Check-in**

#### **P. Skill: Assessing Wants and Needs**

##### *Intervention 1: Didactic Presentation (See Concepts and Skills section)*

Make sure that everyone understands the difference between wants and needs. Also go over the four categories of difficulty in meeting wants and needs. Writing them on a board may be helpful. Refer to Mellody (1989) for a complete explanation.

Also mention that moderation is an important issue here. In co-dependency, we tend toward too much or too little. Moderation needs to be cultivated.

##### *Intervention 6: Problem Solving*

Divide everyone into groups of two or three. The assignment is for each

person to talk about his or her wants. Then each person is to identify his or her needs. If a client gets stuck, the others are to help. Advise group members to jot down their personal lists. These will be used later.

#### *Intervention 4: Group Process*

##### *Example*

*Leader:* What did you discover about your wants and needs?

*Carmen:* I had a very hard time with my needs. I know what I want, but I've never thought about what I need.

*Luke:* I had the opposite problem—hat do I want? I know my needs.

*Leader:* What did you come up with?

*Luke:* I'll have to think some more, but I'm pretty sure that I want a mate. I'm so independent and I have lots of friends; but I think I'd like to get married. Also, I'd like to branch out in my consulting business, take advantage of my Navy background. Do something different in my work.

*Carmen:* Safety in my home. I realize how unsafe I feel where I live. I also want to have more fun. My life is so serious!

At this point, discussing moderation may be in order. Use a group discussion format if necessary.

## **Homework**

"Continue working on a complete list of wants and needs."

## **Week 11**

### **Check-in**

#### **Q. Skill: Expressing Wants and Needs**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 7: Role-playing*

Here the emphasis is on practicing a brief assertive script.

#### *Example*

*Leader:* Think of something that you want in relation to someone you know pretty well. How could you express your desire, using the three-part assertive script: situation, feeling, want?

*Miranda:* My mother's always calling me up and giving me advice on how to take care of my kids. I end up feeling incredibly criticized.

*Leader:* Okay, what do you want in the situation?

*Miranda:* Support, not criticism.

*Leader:* Fine, but try to be more concrete about what you mean by support. How could your mother act supportively?

*Miranda:* Just say what she appreciates about what I'm doing as a parent. And if



she's worried about something, fine. But also tell me what I'm doing right.

*Leader:* How does her advice or criticism make you feel?

*Miranda:* Stupid, a failure, angry.

*Leader:* Can you try putting it together into an assertive script?

*Miranda:* "Mom, often you point out problems and give me advice with the kids. But I don't hear what you appreciate about me as a mother. I end up feeling stupid, like I'm not doing it right. And sometimes angry at you. Could you talk more about the things I do as a parent that you appreciate? About what I do right? And balance the advice out with what you see that you like?"

*Leader:* That really worked. The situation, feelings, and wants were very clearly expressed.

Try to role-play one assertive request with each person in the group. Emphasize that the situation should be described in non-blaming terms. Feelings should be expressed in terms of I-Statements. Wants should be specific rather than general, and behavioral rather than attitudinal.

## **R. Skill: Self-Care**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 3: Soliciting Examples From Clients*

Have group members give examples of self-care. As with last week, include the concept of moderation when necessary.

#### *Intervention 4: Group Process Homework*

Using your list of wants and needs from last week, come up with a list of ways to care for yourself. Try and expand on your current repertoire of self-care behaviors. In addition, practice expressing a want or need to at least one person, using the three-part assertive script.

### **Week 12**

#### **Check-in**

Homework review.

#### **S. Concept: Tying It All Together**

*Intervention 1: Didactic Presentation (See Concepts and Skills section)*

*Intervention 4: Group Process*

Start group with Robert Schuller's quote, "The 'I am' determines the 'I can.'" The leader can use this quote to emphasize how self-esteem ("I am") underlies everything we do. The better you feel about yourself, the more you believe you can achieve, and therefore do achieve. This group integrates all the information covered in weeks 1 through 11. Ask group members to briefly review what they've gotten from the group. Finally, bid everyone farewell and

good luck. Don't be surprised if you get requests for another group.

## Criteria for Measuring Change

The main criteria for measuring change are

1. A growing understanding of co-dependency terminology and concepts, as indicated by correct usage of terms during group and self-report of change in co-dependent behavior.
2. An increase in the ability to identify and communicate feelings.
3. An increase in self-esteem as manifested by improved assertiveness, more self-nurturing behavior, improved boundaries, and an increase in self-acceptance.
4. An understanding and improvement in boundary issues, such as knowing likes and dislikes, and an identifying of unacceptable behaviors.
5. The development of trust among group members.

## Problems Specific to the Group

Nonparticipation is more prevalent during the first few sessions. This can be addressed by gently saying, "We haven't heard from all the group members. How about someone else contributing?" If someone is particularly silent, it's advisable to comment on it: "George, you've been so quiet tonight.

What's going on for you? Could you share some of it with us?"

Another problem can be caused by one member who tends to dominate the group. Usually the signs of this tendency are visible early. The best strategy is to address the imbalance as soon as possible, before it becomes a chronic pattern. For example, "Thanks for being so open. I'm going to have to ask that we let someone else have their turn now. It's great that you can talk so freely—but with only an hour and a half for group, we have to make sure there's time for others to share as well."

## **Relapse Prevention**

Since this is a beginning group, relapse simply means returning to a previous level of problematic functioning. Once clients are educated on the topic of co-dependency, a return to ignorance is impossible. Relapse behavior usually means that the client chooses to return to old behaviors for one reason or another. It's a conscious choice. Therefore, the only prevention is to predict in the group that such behavior is possible. The choice ultimately belongs to the client.

## **Resistance**

Resistance is not usually a problem. Sometimes a certain topic is difficult for clients to accept or begin acting on. This is not resistance; it's

usually fear. Work from the fear perspective and the trouble eventually dissolves, because you have aligned with your clients and they feel supported and understood in their trouble.

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## Coping With Turmoil

1. What situation of unrest can I identify in my life or family?
2. How have I reacted to this unrest?
3. How has my way of reacting affected my emotional health? Physical health? Work situations?
4. What are some modest, thoughtful options for me to take?

## Control Within the Family System

1. Define control. Give an example of a situation requiring control within your life or family.
2. Who has the most control in your life or family? The least control?
3. Do you want more control? If so, how can you gain it?
4. Is your manner of exercising control passive or aggressive? It is effective?
5. Is your manner of exercising control healthy or destructive? Give examples of each.
6. Give examples of ways in which you don't adequately deal with anger.
  - resentment
  - envy
  - fear
  - grief
  - shame
  - guilt
  - hurt