

Commentary on Calderwood and Rajesparam (2014)

Where Codependency Takes Us: A Commentary

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In their article “Applying the codependency concept to significant others of problem gamblers: Words of caution”, Calderwood and Rajesparam critique the codependency concept and highlight its problems when applied to problem gambling treatment. In this commentary I will show how codependency falls short of true family systems thinking and raise some questions concerning clinical work that includes concerned significant others (CSOs).

Language Matters

Once a concept such as codependency has gained traction through wide circulation in popular and addiction recovery culture, it acquires a taken-for-granted meaning that seldom gets scrutinized. It is to the authors’ credit that they take up this concept for examination. They suggest that codependency has become short-hand for connoting that CSOs are problematic, and characterized as “external focusing,” “self-sacrificing,” “attempting to control,” “suppressors of their own emotions,” “needing to be needed,” “victims” and “partners-in-crime.” Cast in this negative light, partners are stigmatized and accusatorily treated by professionals.

Language shapes perception. Because of these ingrained negative connotations, it is best that the terms codependent and codependency be avoided. Further, codependency as a concept needs to be deconstructed.

The authors suggest that codependency is influenced by *family systems theory*. They equated the “expert,” “confrontational and accusatory” style of a therapist they observed with the family systems approach of Minuchin. In reality, codependency that assigns blame to the partner falls short of systems thinking. Rather than ascribing pathology to an individual in the family, family systems therapists look for the patterns of interaction that are circular and recursive and thereby result in symptom development. Moreover, there are many schools of family therapy, and family therapists are among the first in the mental health field to raise sensitivity to how language is used – notable are the contributions of Michael White in narrative therapy, of Jay Haley in the Ericksonian tradition (which later gave rise to

solution-focused therapy), and of Virginia Satir in her deeply humanistic approach (and who avoided the “dirty language” that labels and pathologizes).

In family therapy, the description of patterns is preferred over the labeling of individual pathologies and the use of psychiatric diagnosis. Narratives of exceptional positive outcomes that foreground strengths and resources are privileged in therapeutic conversations by many family therapists. In the second wave of family therapy, the therapist is seen as a co-creator rather than an expert in the therapeutic process. The authors need to be careful not to paint the diverse and evolving field of family therapy with a broad brush. The negative assignment of blame and neediness to the partners in “codependency” is a bastardization of family therapy’s way of conceptualization and problem formulation.

End the Relationship or End the Problem?

Calderwood and Rajesparam display an individualistic bias to helping partners of addicted individuals, and they espouse a stress-coping model for spouses. They view spouses as a family support in treatment, implying their secondary role in the addiction picture. Viewing and treating the spouse and addicted individual as independent of each other risks polarizing the partners in a relationship and creates a tendency to assign blame to one or the other. The authors defend the CSO while obscuring the role of the addicted individual and the couple’s dynamics. A complete picture of the relationship issues in addiction is therefore missing.

A phenomenological study of partners of substance abusers (Naylor & Lee, 2011) revealed that a shift from controlling a substance abuser’s behaviour to a focus on their own life with emotional and social outlets is conducive to their partner’s healing process. However, the effect of a partner’s change has mixed effects on the substance abuser and does not necessarily lead to their concomitant recovery. When undertaken individually, the journeys of the women partners with substance abusing men are arduous and lonely (Naylor & Lee, 2011). A partner’s recovery does not necessarily entail the substance abuser’s recovery, nor does it mean that the relationship will endure. An individualistic framework could lead to the outcome of terminating the relationship to end the problem because both partners do not progress in tandem.

Individual work with partners of addicted individuals apart from the couple relationship is potentially a lost opportunity for concurrent growth and healing for both partners and the couple relationship. The primary couple relational context plays a crucial role in sustained recovery in addiction. The relational resilience afforded by positive couplehood is a strong protective factor against relapse, according to empirical findings from several studies (Lee, 2002, 2012a, 2012b; Lee & Awosoga, 2014; Lee & Rovers, 2008). Findings indicate that these couples learnt to balance bonding with differentiation, empathy with autonomy, and honouring of

self with honouring of other. Ending the problem through terminating the relationship is only a partial solution. Couple therapy offers the possibility of stopping the problem but keeping the couple relationship in a more supportive dynamic. Couple work puts both partners' recoveries in synchrony. Working with couples within a systems paradigm helps preserve the asset of a regenerated relationship and eases the strains of a recovery journey undertaken alone and independently.

Framing the Addiction Story

The authors of the codependency critique bring to the fore how insidiously a notion such as codependency can shape perception, identity, languaging, meaning-making and interventions in the culture of addiction recovery. Despite the empirical advances we have made in problem gambling research in the last decade, we are short on discussions of how to frame the addiction story that we use with our clients, and to what effect. If the codependency narrative is inadequate and potentially damaging, then what are the alternatives?

Recent research has borne out the significance of childhood trauma in the background of problem gamblers (Hodgins et al., 2010; Petry & Steinberg, 2005). Nowhere is the impact of childhood trauma played out more prominently than in couple relationships, in the form of emotional dysregulation, communication breakdowns, distorted perceptions, and the replication of trauma within the intensity of interaction in that relationship (Lee, 2012a).

Compared to problem gamblers, the clinical profiles and histories of their partners have been an under-examined area in substance abuse and problem gambling research. Preliminary evidence suggests a high incidence of traumatic childhood history among partners of problem gamblers (Lee, 2002, Lee & Awosoga, 2014). The disclosure and discovery of a partner's problem gambling and its aftermath may in itself be traumatic for the CSO (McComb, Lee & Sprenkle, 2009). Reactions to this trauma could be also amplified by unresolved earlier life trauma (Lee, 2012a). CSOs likely need more in-depth healing than learning stress-coping skills. It is also important to note the dynamic interplay of their reactions with those of problem gamblers in systemic fashion, without assigning blame to either but simply exposing the entrenched, recursive and destructive patterns.

Calderwood and Rajesparam rightly recommended that the needs of CSOs seeking formal treatment be further studied. The crisis of addiction could well provide a prime opportunity to disrupt trauma patterns established inter-generationally. The merits of a systemic relational framework that includes inter-generational patterns of trauma for framing addiction is worth investigating because it acknowledges the role of trauma in the development of addiction (McComb et al., 2009; Lee, 2012a; Lee 2012b). Assessing the impact of various ways of framing addiction, with codependency being one example, and how they are internalized and appropriated

by clients and professionals, and with what effects, would make intriguing future studies.

Training of Addiction Professionals

Calderwood and Rajesparam also caution against hiring addiction service-providers “solely for their 12-step and personal experience without any formal academic training that might introduce them to evidence-based approaches.” They also note that “typically, service providers in the addictions field are not family therapists.” Further, they quoted from other research “that recovery from pathological gambling is impossible without a spouse in that fellowship [GamAnon].”

Language and framing are important when it comes to problem formulation and treatment interventions. The problem with the codependency concept is that it has individualized and pathologized the CSO in addiction, instead of situating the CSO within the systemic interplay of couple and inter-generational patterns. Couple patterns can be descriptively presented without blame, undergirded by a belief in the partner’s potential for change and growth. Addiction can then be viewed as an opportunity and signal to instigate growth and healing. Utilizing a couples format for CSOs and the identified client creates a platform to address their entanglements. Calderwood and Rajesparam recommend that research and training “not be limited to the stress-coping model.” Couple therapy – as an under-utilized and under-examined modality in addiction conceptualization and treatment – could well be a critical missing component to the addiction provider’s toolkit.

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