HEALING THROUGH LANGUAGE: LINGUISTIC ANTHROPOLOGY AND THE RECOVERY PROCESS OF CODEPENDENCY

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> Words and magic were in the beginning one and the same thing, and even today words retain much of their original power.
>
> Sigmund Freud

There are an estimated twenty-eight million Americans today suffering from the disease of chemical dependency. Their behavior, either while under the influence or in a state of deprivation, adversely affects another 75 million, the bulk of whom are family members (Bradshaw 1989: 18). More disheartening is the fact that many are children, who did not have a choice of what family they would like to be born into or raised by. Through their socialization they will learn to lie about their thoughts and feelings, to deny to themselves and others the truth and to protect the family at all costs, which for many will include their physical and emotional well-being (Black 1981 :22-26; English 1988:43; Bradshaw 1989: 18-9). Their parent who is not addicted- (if they have one) most often will also deny to themselves the reality of the situation, hoping against hope that things will change. Frequently, they too are were the child of a chemically dependent person, or grew up in a dysfunctional family themselves (Bradshaw 1988:18-9; Kohr 1988:44). Therapists and other mental health workers have discovered that these victims exhibit thinking, feeling and behavioral patterns that mirror the chemical dependents and are progressive, becoming further entrenched with time (English 1988:43). They call them codependents. The goal of this paper is to illuminate the contemporary views within the therapeutic community on this illness and, in particular, how language (or the lack of it) contributes to the disease and the recovery process.

Long and Wolin define a codependent as

> an individual who develops relationships where they

> becomeover-responsible for the welfare of others (especially the alcoholic) and emotionally bound to the point of dysfunction. (1989:41)

This over-responsibility and dysfunction contributes to a myriad of problems such as depression, anxiety, immaturity and insecurity. The Syracuse Post Standard (1990: 1) published an article containing the results of a study conducted by the American Psychiatric Association that found women to be twice as likely to suffer from depression in their lifetime than men. Dependent relationships were cited as one of the contributing factors for this phenomena. The point is that this dependence on the other, whether for security, sex, validation or acceptance has become in some way pathological, locking the sufferer into a reaction-response system that functions to separate him/her from what it is they are seeking; namely emotional support. They have been taught often from youth that it is only through familial loyalty that they can receive this support.

Codependence is a disease that is chronic, progressive and potentially fatal (Connell 1989:44). When referring to the disease and it's victims I am primarily focusing on the continuing research and treatment of Adult Children of Alcoholics (ACOA's), Grandchildren of Alcoholics (GCOA's) and the spouses or mates of chemical dependents. Janet Woititz (1983:3-29) identifies a number of characteristics that codependents share; two of which are pertinent to this discourse. First, codependents are unable to effectively communicate what it is they feel, think or desire, either because they simply don't know how or are unable to due to the internalization of parental messages encouraging them not to. Secondly is the widespread prevalence of the "no talk" rule employed to save the family disgrace (Black 1981:24). The ability to speak openly and with integrity, even in the face of fear is one of the primary objectives of treatment. Woititz (1983:3) discovered through working with groups of adult children of alcoholics that most suffered from a poor self-image and lacked the self-esteem that their peers enjoyed. Her research illuminated that this phenomena was in fact due to internalization of messages they received while growing up.

It has been only within the last twenty years or so that any significant attention has been paid to their plight (Bradshaw 1989:18). Since then, groups have been developing across the

country providing the codependent with the support they require for recovery. Because the nature of the illness is to deny to themselves and others the reality of their life with a chemical dependent, many require external help to pierce through their denial system and a place where they can candidly share their feelings. A structured "safe house" such as a therapists office (who is familiar with the disease and it's treatment) or an inpatient treatment facility can offer significant help to guide them on their way towards health. As of yet, however, the DSM-IIIR has not recognized codependence as a illness in and of itself. Frequently the diagnosis is "personality disorder." An understanding of the problem and solution arose, in part, out of the work of Virginia Satir, a pioneer in family therapy. In her book Peoplemaking (1972) Satir was aware of the correlation between those families who were having problems and their inability to verbally communicate their desires, wants and opinions to the other. She went on to discover that in these nuclear families, (often plagued by the chemical dependence of a member), there existed unwritten "laws" governing "appropriate" transmission of information regarding the family. This pattern was also prevalent throughout much of the extended kin system as well. From her work she came to believe that not only were the family members learning and teaching self-defeating communication patterns, but also acquiring and transmitting poor self-worth. Her conclusion was that only through honest communication can a individual expect to gain self-esteem and in these families the members were unconsciously denying themselves that opportunity.

Satir went on to identify and label another type of language, she called it "the internal dialogue" (1972:34). This linguistic phenomena, she argued, was acquired during socialization, yet rarely given verbal expression. It is the talking that we engage in with ourselves throughout much of the day. Usually this form of "speaking" is not harmful in and of itself, but as Woititz (1983:27-8) notes, it frequently is carried over from childhood and tends to be critical and demeaning rather than affirming among ACOA's. They repeat to themselves, over and over, that they are "no good", "failures" and "bad" promoting thought patterns that when expressed in behavior often become a self-fulfilling prophecy. Louise Hay (1984) in her beok You Can Heal

Your Life believes that the failure of an individual to change their negative belief system and the messages they tell themselves will ultimately result in somatic illness. Clearly this problem has vast psychological and social ramifications for the codependent in addition to physical discomfort. The internal dialogue constantly attacks the codependent's self-esteem and self-worth that they first learned from a chemically dependent person or dysfunctional family system[1]. It also perpetuates the anxiety and fear that the individual initially experienced by symbolically recreating the situation over and over through the use of specific words. Voice tones set in psychologically similar social contexts trigger images or feelings of experiences incurred while living in a home affected by chemical dependence or dysfunction. To the victim they still exist.

Some of the family norms that Satir identified specifically pertained to "appropriate communication" as deemed by the family powers, particularly the parents. Family problems were often denied. These "no-talk" rules as Woititz (1983) found operate among; ACOA's too and function to isolate the codependent further from their true feelings regarding a situation; to talk is to violate the family and the codependent learns that it is "best" no to do that. Some may suffer physical punishment, but primarily it is the emotional abandonment that most fear. To understand the intensity by which this "rule" operates, Black describes this phenomena in the context oLa family of five with the father suffering from the disease of alcoholism:

> . . . All three children live in the home, the girls are in the first two years of college. . .The 13 year-old boy told me he thought he was the only one who knew his father was alcoholic, . . . He described his father crawling across the floor drunk, "he was throwing up on the living room floor but everyone acted as if it wasn't happening. My mom didn't talk about it, nor did my two older sisters. I thought that I was going nuts." (1981:24)

Echoing Satir, Black points out that in her clinical experience she has found that children learn early on the rules of what they can and cannot talk about, either directly via verbal warnings, punitive reprisals or through modeling.

Bradshaw (1989:19) points out that shame is the primary emotion experienced in the family and others are not to be expressed. In my own Irish-Catholic familial background[2], the expression of anger, verbal or behavioral, was not proper, especially if my parents happened to

be the target, and I became very adept at "stuffing it") to the point of not being able to recognize it. Children are taught to be less than honest when speaking to hedge in their vocalizations and to refrain from telling the truth especially if it might reveal embarrassing family secrets.[4] Other happenings that are frequently kept secret include sexual, emotional and physical abuse, incest and neglect. What happens is that after a period of time this inability as they which begins to manifest itself as physical illness. The inability to honestly linguistically engage with another human has physical ramifications, implying that out innate linguistic ability serves as a possibly more vital function then purely communication; it also functions as a cathartic. Some voices in the therapeutic community would go so far to say that a significant percentage of childhood illness can be linked to this censorship of free expression. Recent research on gender-related issues reinforces this correlation between verbal expression of emotion and health. In a study reported by National Public Radio this past December, researchers found that men who deny themselves verbal expression of their anger run a 400% increased chance of dying earlier than their more loquacious counterparts.

The recovery process from codependency thus hinges on changing the "internal voice" that gives rise to the faulty belief system and cultivating a new form of linguistic response rooted in honesty. This phase of the recovery process is ongoing,[5] although once the new pattern is established the codependent becomes better prepared to generate changes. The Spair-Wharf "hypothesis" comes to mind and this phase seemingly corresponds with their proposal that the language we use defines our "world view", our outlook on reality. This has immediate applications for the codependent attempting to change old ways. Rock'n'roll star Neil young sums up the plight of the recovering person in one of his more recent songs"...old ways...their like a ball-and-chain." After years of internalizing messages that destroy their self-worth, they find themselves, as one person put it "talking to and treating myself worse than I would to my enemy."

Verbalized statements that focus on the positive attributes of the individual are termed affirmations. Their recurrent theme is growth through acceptance of their plight combined with

faith in a solution that is both practical and spiritual. They are employed to change the belief system that lurks behind the words. Below is an example:

> I WILL USE WORDS WHICH EMANATE POWER,
> STRONG WORDS TO GUIDE ME
>
> My words today will be strong and powerful
> I will choose words that convey a sense of
> mastery, competence and ability. I can. I will
> I am. I do.
>
> Rokelle Lerner (1985:24)

Repetition is the mechanism through which these devices work. Lerner (1985:1) points out that affirmations, when used persistently, will help alter the self-dialogue and have a positive effect on the codependent's behavior and emotional well-being. To obtain the greatest effect she recommends that one read the statement out loud slowly and repeat it over and again throughout the day in a fashion similar to a mantra. Louise Hay (1984) advocates a similar practice of changing the words we use. She suggests eliminating key words such as "should" and "must" or any other absolute, because if the person does not "do what he should", familiar feelings of guilt and shame are not encouraged or aroused. Mary Lee Zawadski, former clinical director at Suncoast Hospital's Chemical and Codependency Recovery Center in Largo, Florida and now at Self-Discovery, an inpatient treatment facility in northern Alabama, places heavy emphasis on word usage and voice level for the codependent. She has her patients replacing words such as "can't", with "won't" and "try" with "am doing" because they can unconsciously "lock" the individual's growth.[6]

In recovery7 codependents learn that they choose what to say and that they alone possess the power to begin to change their reactions to life by simply becoming conscious of and changing the words they use. It is not that the words themselves possess some sort of power over the individual but the meaning they attach to these symbols. Certainly this is only the beginning of this healing process but, all journeys begin with the first step. these symbolic expressions of thought and their subsequent verbal externalizations require conscious effort to become effective; the very physical expression of these thoughts is vital for recovery. Michael

Drowin, former clinical director at St. Joseph's Rehabilitation Center in Sar:mac Lake, drives home how crucial this need for honest expression is in the recovery process. Now employed by the New York State Division of Alcohol & Substance Abuse, Drowin believes that

> Talking is the most important action in the recovery process from dependency, chemical or co.. For so long these individuals have been shut up either due to drugs, family rules, and the like that it is imperative that they know that they do have worth. [n order to come to know this they need to share with others how they are truly feeling. This does not remove responsibility from them. In fact they become more responsible because they now know what to do.

Hay recommends repeating of the following phrase

> I am willing to release the need to be unworthy
> I now lovingly allow myself to accept it. (1984:65)

over and over until the new pattern is established. She suggests that by three years old a child has been programmed with their initial internal dialogue. If not changed, the child will continue to speak: to themselves in the same way they were spoken to at three. For codependents who happen to be a ACOA or GCOA this pattern fits well, for the remarks they tell themselves is often self-criticizing.

Don Gerstch, senior counselor at St. Joseph's Rehabilitation Center stresses the importance of group therapy in the codependent's recovery. He views it as a testing ground where the individual take the risk of honest communication with a group of people they here-to-fore have not known, eventually discovering that it is possible to trust and express their thoughts and feelings to others without any penalties. It teaches them that there do exist safe places in the world for them to be honest and not guard what they say. Woititz urges the codependent to find at least one person with

> …whom you do not have to worry about how stupid you sOlmd. (1983:59)

To the codependent who already has low self-worth, the fear of sounding stupid becomes another stumbling block to health and the typical symptoms of repressed feelings and thoughts exacerbate their condition (Kohr 1988:44).

Failure to participate in this critical stage has a variety of ramifications including a

relapse into old patterns of behavior. Breaking through the linguistic barriers that contribute to the condition is the essential first step; all else hinges on it. Successful relationsh'.ps, either intimate, vocational or codependent continues to remain true to patterns of speech that stifle growth and creativity they waste their lives.

Bradshaw (1988: 19) agrees with Drowin, believing that in order to heal the toxic shame that spawns the disease, the individual needs to linguistically engage with another openly. This, he maintains, is absolutely necessary in order for the recovery process to successfully continue. Reinforcing this is the pertinent cliche heard among people involved in recovery circles" *You're only as sick as the secrets you keep."* The focus is placed on the importance of honest expression implying that by neglecting to exercise their linguistic abilities, a codependent's illness will remain intact. Kohr (1988:44), cited research of one hundred GCOA's came to a similar conclusion as Bradshaw. The study found that 90% of grandchildren of alcoholics/addicts, like their earlier generation counterparts, expressed difficulties asking for help because they were ashamed. **It** was also discovered that these GCOA's tended to be secretive "thinking they would cause trouble if they talk to anyone about how they feel."

A program designed to intervene as early as possible in a persons lifespan elucidated that the disease of codependence follows a progression similar to chemical dependency that if left untreated can ultimately end in death. Typically the earlier the intervention the easier the beginning stages of recovery, particularly breaking through the denial.[8] This suggests that the longer one is enmeshed in this pathologic lifestyle the longer it may take for them to begin to open up and share. Trust has been absent for so long for many and they need to be taught how to employ their innate linguistic abilities to help themselves heal. Black (1981: 25) found that children develop the coping mechanism of denying themselves verbal expression because it serves a function; **it** allows them to carry on in the world "properly" but at a high price.

In the recovery process codependents become aware that they are responsible for the words they use and that they alone possess the power to change. They choose who they engage in conversation with, who they confide in and are urged to be careful that they are not following

the same pattern they did growing up. Zawadski stresses the importance of the codependent becoming aware of their social context when speaking. She teaches them how to act as an observer, to research [themselves], paying attention to what it is they are hiding from whom and where they are being invalidated when speaking. She also recommends the keeping of a journal where the person can write out their feelings and often gain a new perspective regarding their situation. During her tenure at Suncoast Zawadski impressed upon her patients that their emotions and the verbal and behavioral expression of them was their "right." Experiential therapy was employed in the therapeutic process, creating "lifelike" situations for the patient to practice their new skills with impunity. Men, who in twentieth century American culture have often been socialized into believing that "men don't cry" and "men don't talk about their feelings" were encouraged to find new role models that reject those "linguistic norms" and receive emotional benefits including improved self-esteem.

Despite the progress many make some refuse to continue to use their new tools, to connect with support groups and to make the changes that are necessary to continue in their recovery. They will avoid using affirmations, return to the familiar albeit self.·restricting life-style. Why this is so is not clear. Like chemical dependency, codependency is a disease that is characterized by relapse and denial. Codependents need love, sometimes "tough-love", they require a "safe" place to learn how to speak to themselves and others, to know that they can change the rules (real or imagined) that governs their speech and like anyone they need to be treated with compassion and dignity. The good news is that all of this and more is available, as any recovering codependent will testify. The bad news is that not all will choose to grasp the chance to heal through language.

End Notes

1. For more information regarding dysfunctional family systems and the effects of alcoholism and addiction on family systems refer to John Bradshaw's "Healing the Shame that Binds You."

2. This is merely a sUbjective viewpoint and is not intended to stereotype any particular ethnic group. Codependence is not choosy.

3. Term used among the therapeutic community referring to the act of not expressing a feeling, especially anger and sadness.

4. Examples usually given pertain to a loved ones tragic behavior and family members reaction to [sic]. Often but not always alcohol and/or other drugs are directly involved. See Janet Woititz's Adult Children of Alcoholics (1983).

5. Codependency, like alcoholism and addiction, is a lifelong illness characterized by relapse and denial. As of yet there has been no cure discovered for any of them. Linguistic responses, however, particularly of emotions is regarded as a necessary component to remain in the recovery process.

6. This practice seems to extrapolate from the Sapir and Wharf by providing practical applications.

7. Referring to ACOA, GCOA, CODA (Codependents Anonymous) and the therapeutic community.

8. While this is generally true one must take into account that we are discussing individuals and their acceptance of their disease is dependent on a number of factors including whether they are chemically dependent themselves and the severity of the dysfunction in their family of origin.

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