

THE EQUIVOCATION OF CODEPENDENCY CONSTRUCT

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The purpose of the article is to learn about the concept of codependency in professional works and the ambiguity of the term «codependency» owing to the connotation with the concept «dependency». Codependence as a relational problem that often, but not necessarily always, occurs in conjunction with addiction or disease. This theme highlights the fact that codependency is defined as a dysfunctional pattern of relating to others, present in relatives of those with different problems. Among them are people in relationships with irresponsible people and chronically ill people; people in relationships with emotionally or mentally disturbed persons; parents of children with behavior problems, professionals of helping professions (nurses, social workers and others).

The researches have shown that various factors resulting from repeating stressful circumstances experienced in childhood or adulthood may contribute to this relation. It is characterized by emotional dependence, extreme focus in the other person, and self-neglect. The common characteristics (self-esteem, dependency, depression and anxiety, anger, relationship difficulties, and stress-related physical symptomatology), types of codependency (aggressive and passive ones) and stages of it are presented in the article.

Regardless of the reason why people become codependent, the negative effects brought about by this cannot be taken for granted. It is essential to know how to handle situations like this, as the inability to overcome and adapt to these problems and other changes may restrain the person from progressing both emotionally and psychologically.

It is important that a codependent must gain knowledge on how to effectively get rid of distressful feelings and become bold in the expression of his emotions. Thus, being rejected by society and failing to adjust from predicaments have the ability to interfere individuals from moving forward in their life. These people have a very strong sense of responsibility towards others and even get to the point where they blame themselves for the sufferings of others. Their lives are dependent on that of others and their decisions are influenced by the judgment of others, but not their own opinions.

Key words: Codependent, Codependence, Self-neglect, Disease, Addiction, Dysfunctional family.

Introduction. During the past decade, the concept of codependency has become firmly established in the psychological health field. Numerous articles describing the concept and its clinical, theoretical, and training implications have been published.

The term «codependent» has become a descriptive adjective that is used broadly and freely in the lexicon to describe social interactions and to identify oneself and others.

The meaning of codependency has changed considerably for the last time and this change has taken place in two dimensions. First, the number of potential codependents has increased along with the growing quantity of purportedly addictive behaviors. One could become the codependent partner of a workaholic, a shopaholic, a sex addict, a compulsive eater or gambler, or any of the approximately new additions that have already appeared. Second, in some branches, the importance of close association with an addict began to reduce and codependency became a primary disease (Norwood, 1985: 206).

While some researchers retain the addicted pattern behavior, others concentrate on the state of one's «true» self or «inner child». The numbers of definitions do not seem to create the problem for further professional researches.

Above all, codependency rhetoric has maintained his focus on the quality of relationships especially pay attention to the importance of the fact how one person should act with another. Hence, it is important to study the existing terminology of codependency, the main characteristics of it and the conditions that promote its becoming.

Currently, an exact definition of codependency term remains evasive. At first this notion originated with anobviously established referent but later it spread its borders.

The purpose of the article is to learn about concept of codependency in professional works and the ambiguity of the term «codependency» owing to the connotation with the concept «dependency».

There are many definitions of codependency in different theories. A sample of definitional equivocation is illustrated by the next points:

«Codependency is a recognizable pattern of personality traits predictably found within most members of chemically dependent families, which are capable of creating sufficient dysfunction to warrant the diagnosis of Mixed Personality Disorder as outlined in DSM III» (Cermak, 1986: 1).

«Codependency is a primary disease and a disease within every member of an alcoholic family» S. Wegscheider-Cruse, cited in A.W. Schaeff (Schaeff, 1986: 14).

«A codependent person is one who has let another person's behavior affect him or her and who is obsessed with controlling that person's behavior» (Beattie, 1987: 31).

«I define codependency as a primary condition that results from the debilitating physiological stress produced by living in a committed relationship with an alcoholic or drug dependent person» (Mendenhall, 2013: 6).

«Codependency is...any suffering and dysfunction that is associated with a results from focusing on the needs and behavior of others» (Whitfield, 1989: 19).

«A co-dependent is an individual who has been significantly affected in specific ways by current or past involvement in an alcoholic, chemically dependent or other long-term, highly stressful family environment. Specific effects include: fear; shame/guilt; prolonged despair; anger; denial; rigidity; impaired identity development; and confusion» (Potter-Efron, 1989: 14).

In spite of bounded empirical facts, contemporary authors have got interested in the concept and have tried to get right into numerous data to propose an exact definition of codependency. Nevertheless, none of this has been universally agreed.

Discussion. On the one hand, some professionals (Hemfelt, Minirth and Meier as cited in Bacon) (Bacon, 2014) have attempted to provide the first notion of codependency which approves that co-alcoholism is a condition that produces psychological stress caused by living with an alcoholic or a drug-dependent person. They neglect themselves without realizing that it already produces a negative display. On the other hand, other writers (Fischer, Spann and Crawford (Fischer, 1991: 87-99) have described this term as a «dysfunctional pattern of relating to others with an extreme focus outside of oneself, lack of expression to feelings and a personal meaning derived from relationships with others» (Fischer, 1991: 86-100). It involves the reaction of people toward their relationship with others, regardless of what their condition is: alcoholic, gambler, addict or even a normal person (Beattie as cited in Abadi, Vand&Aghae (Abadi, 2015). Through further research on the concept of codependency, C. Whitfield provides facts that codependency can exist without being associated with an alcoholic (Whitfield as cited in Calderwood (Calderwood, 2014: 1-16). Researchers have found that the results of other problems to the members of the family such as drug addiction, sexual addiction, gambling or any family stressor, are similar with those in alcoholism (Potter & Efron as cited in Cullen & Carr (Cullen, 1999: 505-526).

Consequently, it is not only the partners of alcoholics have symptoms of codependency. M. Beattie (Beattie, 1987) says about other groups of people who could also have codependency, including, «parents of children with behavior problems, people in relationships with irresponsible people and chronically ill people; adult children of alcoholics; people in relationships with emotionally or mentally disturbed

persons; professionals such as nurses, social workers and others in helping professions» (Beattie, 1987: 34). A.W.Schaefer cites that the «most mental health professionals are untreated codependents who are actively practising their disease in their work» (Schaefer, 1986: 8). Codependents find satisfaction in serving others and turn out sacrificing their own needs and wants.

Such quantities of codependency concepts show disagreement in both the etiology and symptomatology of codependency. Nevertheless, there are two themes that appear many times in the definitions mentioned above. Among them are notions of caretaking and responsibility for others and disorder which is associated with chemically dependent persons. Probably the ruinous result of such definitional confusion may be caused by globalization of codependency problem (Krestan, 1990: 216-232).

In a way, the definition of codependency began to expand and professionals began to understand the depth of the concept.

Moreover many ordinary people started to compare themselves with codependency traits. As a result, they can reinterpret their identities in terms of deficits and dysfunction.

Codependency and disease

This theory appeared from the moment when the alcoholic behavior was classified as a disease. Some scientists say that «the disease of alcoholism and the disease of codependency is, in essence, the same disease» (Schaefer, 1986: 13). W. Mendenhall supports the idea that «the codependent is sicker than the alcoholic» (Mendenhall, 1989: 13).

The authors also describe the similarity between the physical illness and codependency. The last one become more progressive and people begin to respond more and more strongly, in sum, even small worry may cause «isolation, depression, emotional or physical illness, or suicidal fantasies» (Beattie, 1987: 34).

This behavior is repeated without thinking, codependent people remain in unhealthy relationships and, finally, codependency causes pain. Codependency is regarded as a specific system of thinking, feeling, behaving. It leads a codependency person to be glued together to another one with a destructive behavior. Thus, such a lifestyle destroys a codependency person too.

Several authors consider the victim role a common characteristic of both the physical sickness and codependency. A person in this role is as person «a person who is powerless over his disease and has no responsibility for its onset» (Katz, 1991: 4).

In addition, codependency has been recommended to be included in the next version of the Diagnostic and Statistical Manual to formalize codependency disease status (Van Wormer, 1989: 51-63), (Cermak, 1986:1).

Disease features attributed to a behavior stereotype are not harmful as long as that pattern is clearly specified and each individual case is carefully studied to guarantee its relevance for classification. The behavior stereotype of codependency is uncertain and many theories vie for the final definition.

Codependency and dependency

The third direction in codependency concept is its analogy to the construct «dependency». Many authors have studied a dependent personality and focused on the negative correlations between codependency and dependency. There are several interpersonal correlations of dependency in the scientific literature: agreement with others, help-seeking, suggestibility, performance anxiety, and affiliation when faced with stress (Bornstein, 1992: 3-23). Furthermore, researchers have discussed the relationship between dependency and psychopathology. Most of the studies also show the correlations between dependency and depression, alcoholism, tobacco addiction, obesity. They affirm the predominance view that dependency is associated with unacceptable features as well as a risk for psychological disorders. In this context codependency might carry the same negative associations as the dependency because of their identical terminology.

Codependency and addiction

Codependency is connected with the field of addictions as its notion appeared in the process of treatment of alcoholics. Supposedly, just as an alcoholic is addicted to alcohol, thus a codependent person is addicted to relationships. Both of them are generally characterized by self-destructive behavior with rawness and people in need (Beattie, 1987), (Fisher, 1988).

It is believed that an alcoholic's wife needed to marry an alcoholic to be happy, and she needed him drinking to feel fulfilled with emotions (Krestan, 1990: 216-232). Scientists have underscored similarities between chemical dependency and interpersonal dependency and they have pointed to the hopelessness of codependency by remarking «Having been unloved, neglected, abused creates a need for human warmth, caring, and touch that is often beyond fulfillment» (Coleman, 1987: 39-59).

Many researchers have pointed out that codependency involves relationship stereotypes with people meeting each other's needs in dysfunctional ways (O'Brien, 1992). Other authors claim that a notion of codependency is similar to «addictive love in a relationship» (Wright, 1991). At the same time there is another definition «learned helplessness» in the scientific work (O'Gorman, 1993). This notion will make codependents feel comfortable enough to seek treatment, as codependency is learned and can be treated. The writers also view codependency as a «dysfunctional pattern of relating to others with an extreme focus outside of oneself, lack of expression of feelings, and personal meaning derived from relationships with others» (Fisher, 1988: 87-99).

These kinds of analogies cause discussions. Several authors point out that a codependent person does not achieve euphoria from addictive behavior (Beattie, 1987: 32), (Haaken, 1990). Due to the medical definition of addiction, the result of addictive behavior is death. However, addictive relationships will not lead to death.

According to this aim the most effective method of recovery from codependency is a Twelve Step program. It means that codependent people have to admit powerlessness in their relationships and seek for separation. At the same time this method ignores such human nature traits as offering protection and aid to others.

Characteristics of codependency and its types

In spite of the fact that the definitional of codependency is absent, the literature is full of the varied characteristics (symptoms) of codependency.

One of the first descriptions of codependency involves the following characteristics: refusal of belief in codependency, overprotectiveness of the alcoholic, embarrassment; sex-role switches; guilt; obsession; fear; lying; false hope; sexual difficulty; anger; somatization; self-pity; despair (Woitz, 1979).

S. Wegscheider-Cruse enumerates the next characteristics: delusions, compulsions, frozen affect, low self-esteem and psychosomatic illness. She claims that the specialists should be alert to the possible presence of codependency at any time people present with signs such as super-responsibility, hypochondriasis, self-blame, pseudo-fragility and feelings of powerlessness (Wegscheider-Cruse, 1985), (Wegscheider-Cruse, 1984). Other researchers have identified general problems in codependents difficulty in identifying or expressing feelings; difficulty in forming or supporting relationships; inflexibility behavior and difficulty in correcting to change; perfectionism; hesitation; feeling of powerlessness; shame; low self-esteem; avoidance of conflict (Subby, 1984).

According to J. Greenleaf (Greenleaf, 1984) the main characteristics of codependency are depression, denial, grandiosity, and lack of trust, a tendency to blame, lying, and solitariness. Another one focuses on control, perfectionism, low self-esteem, and sexual dysfunction.

As one concludes from the review, there remains disagreement what forms the codependency. In such a way, the most commonly characteristics include reduction self-esteem, dependency, depression and anxiety, anger, relationship difficulties, and stress-related physical symptomatology.

As we can see, low self-esteem is the core symptom of codependency (Wegscheider-Cruse, 1984), (Zerwekh, 1989).

Self-esteem can be defined as an individual's awareness of person's own value and that it is valuable for who it is rather than for what it does (Beattie, 1987), (Cauthorne-Lindstrom, 1990).

Low self-worth is frequently connected to much of what the individual does or does not do (Beattie, 1987). It also leads to many of the connected problems, such as (1) an inability to set boundaries, (2) lack of awareness of own needs, (3) an inadequate perception of reality, and an inability to function in moderation. Codependents spend most of their energies seeking approval of others because they receive their self-esteem by focusing on how others perceive them (Fagan-Pryor, 1992), (Snow, 1993), (Summers, 1992).

Little attention is paid to care for the self but instead of it the focus is to care for and control others which leads to lack of self-identity (Cauthorne-Lindstrom, 1990), (Snow, 1993). Moods and reactions reflect the moods and reactions of others and the emotional system determines the well-being of the self (Snow, 1993).

Furthermore, based on the description of characteristics, there are two types of codependency in the literature: aggressive and passive ones. The aggressive type is characterized by feelings of hate and disgust, sex refusal, fantasies of the partner's death, avoidance of communication, illness, separation and divorce. The passive type, on the contrary, characterized by hiding feelings, immerse in work or children, develop anxiety disorders, illness, or other characteristics to remove focus from an addict person (Whitfield, 1989).

Later, two types were suggested depending on the fact if the person, who is codependent, was raised in families of origin with or without parental dependency. Consequently, codependents from the first group were sectioned into four types: caretaker codependents, rebel codependents, passive codependents and youthful codependents.

Caretaker codependents, who are usually the eldest children in the family, want to change the dependent person. They try to be peacemakers, to normalize the situation at home, to get approval and a sense of self-worth from what they do for others.

Arguelles suggested that such characteristics of a codependent person as the caretaking and enabling are considered agents in maintaining the unhealthy behavior of the other person (Arguelles, 2014). But for these people, their behaviors are their own coping mechanisms and ways of surviving the complexity of their lives. They feel better when they others control them. Interaction with other people becomes distressing and inappropriate when humans always seek for the others' approval in anything they do, and if other people's simple absence causes them a feeling of discomfort.

Rebel codependents use anger as a survival mechanism that was learned in their childhood. They also attempt to control others through anger and impatience, using shame and blame to convince the dependent person to give up drinking.

Passive codependents are seen as lacking in self-worth and confidence and have such a feeling as if they have no control events in lives. They, as a rule, are

passive, hesitant and manipulative in order to make others take responsibility for them.

The last one type, youthful codependent, looks like as lacking a sense of responsibility and self-discipline. They attempt to laugh off their deep sense of insecurity and lack of self-worth (Shutt, 1984).

Also noteworthy is the fact that codependents could be different depending on age of onset. The following types are distinguished: early onset codependents who raised in a dysfunctional family and late onset codependents who had a normal family of origin but after getting marriage develop codependent symptomology (Subby, 1987).

Every codependent has a different experience with codependency and there are several factors that could have contributed to its existence. Based on a study made by Fuller and Warner (Fuller and Warner, 2000) it was evidenced that the major role in the existence of codependency play family stressors such as a sick, alcoholic, unemployed or financially unstable family member. The family background and environmental factors contribute to how a person becomes codependent (Fisher, 1988). For the above reasons, a person tends to become codependent when raised in a dysfunctional family (Janet Kizziar cited in Senthil, Vidyarthi & Kiran (Senthil, 2014).

Dysfunctional families can be classified into four types depending on the kind of problem a family has:

- a) an alcoholic or chemically dependent family system;
- b) an emotionally or psychologically disturbed family system;
- c) a physically or sexually abusing family system;
- d) a religious fundamentalist or rigidly dogmatic family system.

In addition, J. Kizziar also states that an alcoholic or chemically dependent family system creates the most negative impact to the relationship and well-being of each family member which make them more sensitive for being codependents. Scientists (Mannelli, 2013), (O'Gorman, 1993) suggested that codependent behaviors can be learned from the habits of the family and are passed down from generation to generation.

The literature describes three stages of development of codependency. The first one is characterized by an increased tolerance of emotional and psychological pain with a repression of normal thoughts and feelings. The second stage is marked by compulsive behavior and projection in an effort to fight with emotional pain. After that the third phase begins and is called the chronic one. On this level, psychosomatic symptomatology arises, compulsive behavior patterns become obsessive, and depression and suicidal ideations appear (Subby, 1987).

Conclusion. Regardless of the reason why people become codependent, the negative effects brought about by this cannot be taken for granted. It is essential to

know how to handle situations like this, as the inability to overcome and adapt to these problems and other changes may restrain the person from progressing both emotionally and psychologically.

It is important that a codependent must gain knowledge on how to effectively get rid of distressful feelings and become bold in the expression of his emotions. Thus, being rejected by society and failing to adjust from predicaments have the ability to interfere individuals from moving forward in their life. These people have a very strong sense of responsibility towards others and even get to the point where they blame themselves for the sufferings of others. Their lives are dependent on that of others and their decisions are influenced by the judgment of others, but not their own opinions.

References

1. Abadi, F.K. A., Vand, M.M., & Aghaee, H. (2015). Models and interventions of codependency treatment, systematic review. *Journal UMP Social Sciences and Technology Management*, 3 (2), 572-583.
2. Arguelles, A. (2014). Codependents of recovering addicts: Exploring their level of depression and self-esteem. *Asia Pacific Journal of Multidisciplinary Research*, Volume 2, Number 2, 2014, 66-72.
3. Bacon, Ingrid G. F. I. (2014). An exploration of the experience of codependency through interpretative phenomenological analysis. College of Health and Life Sciences, Brunel University.
4. Beattie, M. (1987). *Codependent no more*. San Francisco: HarperCollins.
5. Bornstein, R.F. (1992). The dependent personality: Development, social, and clinical perspectives. *Psychological Bulletin*, 112, 3-23.
6. Calderwood, K.A., & Rajesparam, A. (2014). Applying the codependency concept to concerned significant others of problem gamblers: words of caution. *Journal of Gambling Issues*, 29, 1-16.
7. Cauthorne-Lindstrom, C., & Hrabe, D. (1990). Codependent behaviors in managers: A script for failure. *Nursing Management*, 21 (2), 34-39.
8. Cermak, T. (1986) *Diagnosing and treating co-dependence*. Minneapolis: Johnson Institute.
9. Cermak, T.L., Hunt, T., Keene, B., & Thomas, W. (1984). Codependency: More than a catchword. *Patient Care*, August, 131-150.
10. Coleman, E. (1987). Marital and relationships. *Journal of Chemical Dependency Treatment*, 1, 39-59.
11. Cullen, J. & Carr, A. (1999). Co-dependency: An empirical study from a systemic perspective. *Contemporary Family Therapy*, 21, 505-526.

12. Fagan-Pryor, E. C., & Haber, L. C. (1992). Codependency: Another name for Bowen's undifferentiated self. *Perspectives in Psychiatric Care*, 28 (4), 24-28.
13. Fischer, J. L. Spann, L., and Crawford, D.W. (1991). Measuring codependency. *Alcoholism Treatment Quarterly*, 8, 87-99.
14. Fischer, J.L., Spann, L., & Crawford, D. (1991). Measuring codependency. *Alcoholism Treatment Quarterly*, 8(1), 86-100.
15. Fisher, R., and Scott, B. (1988). *Getting Together*. Boston: Houghton Mifflin Co.
16. Fuller, J.A., & Warner, R.M., (2000). Family stressors as predictors of codependency. *Genetic, Social, and General Psychology Monographs*, 126 (1), 5-22.
17. Greenleaf, J. (1984). Co-alcoholic/para-alcoholic. Who's who and what's the difference: In: *Codependency, an Emerging Issue*. Pompano Beach, Florida: Health communication, 15.
18. Haaken, J. (1990). A critical analysis of the codependence construct. *Psychiatry*, 53, 396-406.
19. Katz, S.J. and Liu, A.E. (1991). *The codependency conspiracy*. New York: Warner Books, 4.
20. Krestan, J. and Bepko, C. (1990). Codependency: The social reconstruction of female experience. *Smith College Studies in Social Work*, 60, 216-232.
21. Mannelli, P. (2013). The burden of caring: Drug users & their families. *Indian J Med Res* 137(4), 636-638.
22. Mendenhall, W. (1989). Co-dependency definition and dynamics. In B. Carruth and W. Mendenhall (Eds.) *Co-dependency: Issues in Treatment and Recovery* (pp.3-18) / New York: Haworth Press.
23. Norwood, R. (1985). *Women who love too much*. New York: Pocket books.
24. O'Brien, P. and Gaborit, M. (1992). Codependency: A disorder separate from chemical dependency. *Journal of Clinical Psychology*, 48, 129-136.
25. O'Gorman, P. (1993). Codependency explored: A social movement in search of definition and treatment. *Psychiatric Quarterly*, 64, 199-212.
26. *Potter-Efron, R.T. and Potter-Efron, P.S.* (1989). Assessment of co-dependency with individuals from alcoholic and chemically dependent families. In B. Carruth and W. Mendenhall (Eds.) *Co-dependency: Issues in Treatment and Recovery* (pp.19-36) / New York: Haworth Press.
27. Schaeff, A.W. (1986). *Co-dependence: Misunderstood-mistreated*. Minneapolis: Winston Press.
28. Senthil, M., Vidyarthi, S., & Kiran, M. (2014). Family interaction pattern and family environment among spouses of alcohol dependence patients and normal control. *International Journal of Humanities and Social Science Invention*, 3(9), 26-32.

29. Shutt, M. (1984). *Wives of Alcoholics: From Co-dependency to Recovery*. Pompano Beach, Florida: Health communication.
30. Snow D. M. (1993). *Codependency: Application of the nursing process to addictions*. In B. Schoen Johnson (Ed.), *Psychiatric-mental health nursing: Adaptation and growth* (3rd ed.), Chapter 32, (pp.573-585). Philadelphia: Lippincott.
31. Snow, C. & Willard, D. (1989). *I'm dying to take care of you: Nurses and code penden cebreaking the cycles*. Red mond: Professional Counsel or Books.
32. Subby, R. (1987). *Lost in the Shuffle: The Co-dependent Reality*. Pompano Beach, Fla: Health Communications.
33. Subby, R. and Friel, J. (1984). *Co-dependency: A paradoxical dependency*. In: *Codependency, an Emerging Issue*(pp. 31-44). Pompano Beach, Florida: Health communication.
34. Subby, R. (1984). *Codependency: An emerging issue*. Deerfield Beach: Health Communications.
35. Summers, C. (1992). *Caregiver, caretaker: From dysfunctional to authentic service in nursing*. Shasta: Commune-A-Key.
36. Van Wormer, K. (1989). *Co-dependency: Implications for women and therapy*. *Women and Therapy*, 8(4), 51-63.
37. Wegscheider-Cruse, S. (1985). *Choice-making for codependents, adults, children, and spirituality seekers*. Deerfield Beach: Health Communications.
38. Wegscheider-Cruse, S (1984). *Co-dependency: The therapeutic void*. In: *Codependency, an Emerging Issue*. Pompano Beach, Florida: Health communications.
39. Whitfield, C.L. (1989). *Co-dependence: Our most common addiction – Some physical, mental, emotional and spiritual perspectives*. In B. Curruth and W. Mendenhall (Eds.). *Co-dependency: Issues in Treatment and Recovery* (pp.19-36) / New York: Haworth Press.
40. Woititz, J. (1979). *Marriage on the Rock*. New York: Delacorte.
41. Wright, P.H. and Wright, K.D. (1991). *Codependency: Addictive love, adjective relating, or both?* *Contemporary Family Therapy*, 13, 435-454.
42. Zerwekh, J., & Michaels, B. (1989). *Codependency: Assessment and recovery*. *Nursing Clinics of North America*, 24, 109-120.

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НЕОДНОЗНАЧНІСТЬ ТЕРМІНУ «СПІВЗАЛЕЖНІСТЬ»

У статті висвітлено стан проблеми співзалежності в професійній літературі і виявлена неоднозначність поняття «співзалежність» внаслідок конотації із поняттям «залежність». Співзалежність розглядається як проблема взаємовідносин, яка не завжди пов'язана з адикцією або

захворюванням. Акцентовано увагу на тому, що співзалежність виникає у осіб, які перебувають у відносинах з людьми з різними труднощами. Серед них: особи у відносинах з безвідповідальними та хронічно хворими, з емоційними або психічними проблемами; батьки дітей з проблемами поведінки, спеціалісти допоміжних професій (медсестри, соціальні працівники, психологи тощо).

Дослідження доводять, що виникненню співзалежності сприяють різноманітні фактори, в результаті постійних стресових ситуацій у дитинстві чи у дорослому житті. Співзалежність характеризується емоційною залежністю, надмірною орієнтацією стосовно іншої людини і зневажанням себе. Представлені основні характеристики співзалежності (низька самооцінка, залежність, депресія та тривога, гнів, труднощі у відносинах та фізична симптоматика), типологія співзалежності (агресивний тип та пасивний, стадії її розвитку тощо).

Незалежно від причини, чому люди стають залежними, негативні наслідки, викликані цим, не можна сприймати як належне. Важливо знати, як вирішувати подібні ситуації, оскільки неможливість подолати та адаптуватися до цих проблем та інших змін може стримувати людину в її прогресі, як емоційному, так і психологічному. Ці люди мають дуже сильне почуття відповідальності перед іншими і навіть доходять до того, що звинувачують себе у стражданнях інших. Їхнє життя залежить від життя інших, на їх рішення впливає судження інших, але не їх власна думка.

Важливо, щоб були наявні знання про те, як ефективно позбутися страшних почуттів і стати сміливим у вираженні своїх емоцій. Тому, будучи відкинутим суспільством і не встигаючи пристосуватися до важких ситуацій, спотворюється рух вперед у житті.

Ключові слова: співзалежний, співзалежність, зневажання себе, хвороба, адикція, дисфункційна сім'я.

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