FAMILY SYSTEMS THEORY: A UNIFYING FRAMEWORK FOR CODEPENDENCE

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According to an increasing number of experts on addictions, untold millions of people in our society are codependent. Yet, the construct of codependence is variously defined, undermining its clinical and research utility. In addition, the relationship between the various symptoms (e.g., addictions), the dynamics of dysfunctional families, and codependence has not been fully developed. This paper offers a critical review and synthesis of the codependency literature, along with an intergenerational family systems framework for conceptualizing the relationship of the dysfunctional family to the construct of codependence. The paper presents a theoretical basis for systemic clinical work and research.

There are over 10 million alcoholics in the United States (Ackerman, 1983). The compulsive and addictive behavioral patterns in which these people are engaged seriously affect the lives of three to five people with whom they are closely associated (Whitfield, 1984). Our society also includes eight million binge eaters (Pope & Hudson, 1984), millions of obese compulsive overeaters (Hollis, 1985), and thousands who develop anorexia nervosa (Steirlin & Weber, 1989). Twenty-five percent of teens at some time experience an eating disorder (Maloney & Klyklo, 1983). There are also untold numbers of compulsive gamblers (Brown, 1987), sexual addicts (Carnes, 1983), and "women who love too much" (Norwood, 1985). Many of these variously addictive or compulsive individuals marry and raise "dysfunctional" families (Friel & Friel, 1988). For example, it has been reported that the United States contains 28–40 million

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children of alcoholics who experience an identifiable cluster of emotional, psychological, and relational problems (Black et al., 1986; Woititz, 1983).

Individuals in all of these seemingly diverse groups have been identified as being codependent (Cermak, 1986; Mendenhall, 1989). Indicating that codependence is an even more widespread phenomenon, Whitfield (1984) suggested that it is rampant within institutional and political systems, including hospitals, health insurance corporations, mental health delivery systems, the criminal justice process, and schools. Later he stated that codependence is the most common addiction people develop" (1989, p. 21). Making an even more sweeping statement about the epidemiological proportions of codependence, Shaef (1986) said we live in a codependent *society*.

Despite these authors' claims, it is unclear just how pervasive this phenomenon is. This lack of clarity presents difficulties for theory building, research, and treatment that are fundamentally related to the lack of clarity regarding precisely *what* is represented by codependence. The development of the construct of codependence is in its infancy, so much so that a clear and generally accepted definition and framework have not yet been reached, not to mention researched empirically. Partially as a result of the diversity of opinion about codependence, formal assessment has barely begun. This, in turn, perpetuates the lack of clarity about what is meant by the term. In addition, it is unclear how the construct of codependence may lend itself to the practice of systemic therapy.

Perhaps because of this lack of clarity, the concept of codependence has been called into question. Gierymski and Williams (1986) expressed skepticism concerning the validity of the concept, wondering if "the term codependence has not been given connotations far exceeding justification" (p. 7), and stating that it has unclear criteria, vague boundaries, and a constellation of characteristics that have not been distinguished from those of family members from other families with chronic disease or stressors. These criticisms have also been expressed by others (e.g., Mendenhall, 1989).

It is the purpose of this paper to outline a theoretical framework for understanding the nature and etiology of codependence. The paper is not yet another attempt to describe the *characteristics* of *individuals* who are codependent, but to describe the characteristics of the *systems* within which the codependent evolves. The paper develops a framework that explains the development and transmission of what has come to be called codependence, and its various manifestations. This framework clarifies the utility of the term for family therapists and others who practice systemic therapy.

This goal will be accomplished by first briefly reviewing the evolution of codependency theories. Subsequently, the paper will utilize intergenerational family systems theory (Bowen, 1978) as a framework which brings coherence to the diversity of manifestations of the dysfunctional systemic processes that are increasingly linked to the construct of codependence. Finally, an intergenerational family systems model of codependence upon which research and treatment strategies may be based will be outlined.

THE EVOLVING MEANING OF CODEPENDENCE

The concept of codependence grew out of early work with alcoholics. The initial "disease model" constructions identified codependence as a set of personality traits that developed as a result of long-term exposure to the alcoholism of a significant other (Whitfield, 1984). Once it became clear that alcohol abuse and alcoholism affected more than just the identified patient, researchers and clinicians began investigating the experience of family members, as well as their involvement (e.g., enabling behaviors, family rules and roles) in the patterns involving the behaviors of the alcoholic (Wegscheider, 1981). While explicitly maintaining an intrapersonal focus on a disease process within the individual, these ideas implicitly suggested the important role played by family-of-origin experiences in the development of codependence.

Greenleaf (1984) made distinctions between the experiences of spouses and those of children in alcoholic homes. According to Greenleaf, spouses are most often "co-alcoholic," responding to alcoholic behavior by assisting in "maintaining social and economic equilibrium" (p. 6). The spouse responds to the alcoholic behavior with overresponsibility and attempts to control. Children, on the other hand, were defined as "para-alcoholics," becoming "like" the alcoholic as they learn behaviors from the parents (Greenleaf, 1984). The implication is that the etiology of co-alcoholism is different from para-alcoholism on the basis of volition and mobility. The children are trapped within the family and have no other choice than to assimilate within the alcoholic context, whereas spouses are presumably "free" to make other choices or to leave. Greenleaf defined (codependency) in the spouse as a present-tense reaction, even though the "co-alcoholic" may have grown up in an alcoholic family and already have been a "para-alcoholic" prior to the marriage (see Cermak, 1986).

While Greenleaf's distinction is an important one because it describes the etiology and the experience of codependency in children as potentially different from the adults in the family, it is at this point that it seems to break down. Rather than being qualitatively different, para-alcoholism and co-alcoholism may have the same underlying etiology—a dysfunctional intergenerational system of emotional and behavioral patterns. As is suggested by Whitfield (1989), "While we can become codependent anytime in our lives, most of us learn it from birth" (p. 23). In fact, some clinical and empirical research suggest this is the case (e.g., Friel & Friel, 1986; Prest & Storm, 1988; Woodside, 1983).

An important question then arises: Is codependence a primary or secondary phenomenon in various systems? Which comes first—dysfunctional system dynamics, an addiction (e.g., alcoholism, drug abuse, eating disorder), or the codependence? Does the "addicted person" (alcoholic, drug addict, compulsive overeater, etc.) create codependence in the spouse? Or, do underlying family-of-origin and other system issues generate codependence, and subsequently different manifestations of codependence, in each of those involved? The ideas regarding codependence seem to be evolving away from codependence as a reaction in an

individual spouse or child to the dysfunction in an individual alcoholic, to being reactions of family members to the dysfunctional characteristics of the system(s) in which they live.

Wegscheider-Cruse (1984) altered her original definition (Wegscheider, 1981) to describe codependence as a primary disease within every member of an alcoholic family, which is an adaptive response to a "sick family system" that seeks to protect and enable the alcoholic (p. 2). Similarly, Subby (1984) defined codependence as a causal condition, which exists long before an adult's experience with active alcoholism, and as "an emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive [family-of-origin] rules" (p. 26), and which is manifested by a variety of symptoms. Although Cermak (1986) made a primary distinction between chemical dependence and codependence, he asserted that chemical dependence and codependence overlap. He suggested a reciprocal relationship between the two within the family-of-origin context. Given these evolving notions regarding codependence and addiction, it becomes inconsistent to talk about the two as somehow being qualitatively different. The varying symptomatology may mask a common systemic phenomenon (Friel & Friel, 1988; Whitfield, 1989).

Congruently, Subby (1984) and Prest and Storm (1988) suggest it is important to conceptualize both codependence and various compulsive/addictive behaviors in terms of family-of-origin history and relationships, as well as present experiences—not either/or, but both/and. This is a logical and consistent conclusion of conceptualizing seemingly different spouses as having brought with them to the marriage similar dysfunctional relationship rules, patterns of interaction, and methods of coping with stress and anxiety (Kerr & Bowen, 1987).

Looking toward the "future of codependence," Cermak (1986) suggested that we must view it not as a simple concept, but one that is "more complex than most psychological concepts . . . and . . . arises from the fact that codependence simultaneously refers both to intrapsychic and to interpersonal dynamics" (p. 102). Thus, it seems that a definition must be based on a conceptualization of codependence as due to both family-of-origin and current system dysfunction. The definition must also consider that codependence is manifested both intrapersonally and interactionally. However, the link between these two levels and the systemic, intergenerational nature of codependence have not been fully developed.

Friel and Friel (1988) provide the avenue for the shift to a more comprehensive perspective. In addition to viewing codependence as developing due to family-of-origin dysfunction and being perpetuated by similar patterns being re-created in contemporary relationships, their Iceberg Model (Friel & Friel, 1988) conceptualizes codependence as a condition that mediates between surface symptoms (e.g., chemical dependency, eating disorders, depression, relationship "addiction") and the underlying guilt, shame, and fear of abandonment that develop in people who live in dysfunctional families and a dysfunctional society. Similar to Cermak (1986), they view the surface symptoms as responses to emotional

pain, as attempts to medicate negative feelings. The Friels' iceberg model unites diverse clinical and research experiences, and is supported by Whitfield's (1989) most recent conceptualization of codependence. He stated that codependence in the family-of-origin is "the base out of which all our addictions and compulsions emerge . . . [which lies underneath] nearly every addiction and compulsion" (p. 23).

CODEPENDENCE IN THE FAMILY SYSTEM: A THEORETICAL FRAMEWORK

Gierymski and Williams (1986) stated that the term codependency "represents an effort to integrate family systems thinking with the more traditional intrapersonal dynamics that emphasize the symptomatology of the individual and ignore interactions with the complex social environment." The *intergenerational* family system is the context which is most congruent with the current theorizing about the nature of codependence (e.g., Friel & Friel, 1988; Whitfield, 1989). Therefore, in order to create the appropriate context within which to understand codependence from an intergenerational view, it is first helpful to review the relevant constructs most clearly developed within Bowen's intergenerational family systems theory (FST). Several that seem most appropriately applicable to codependence include: the emotional system, individuation or differentiation of self, fusion, the intergenerational transmission process, interlocking triangles, and personal authority. These are briefly described below and integrated with related constructs in order to outline an Intergenerational Family Systems Model of Codependence.

FST rests on several basic premises: 1) relational patterns are learned and passed down through the generations; 2) current individual and family behavior is a result of these patterns; and 3) the family system is homeostatic (Bray & Williamson, 1987). The family is viewed as a set of interrelated parts wherein a change in one part of the system affects the rest of the system. The primary aim is achieving a balance of individuality of each member with the togetherness of the family system as a whole; the ultimate stability of the system is the goal, even as it grows and changes to adapt to the changing needs of the individual over his or her lifespan.

Each member of the system exists as an individual, but is integrally connected with the other members of his or her family. In FST, the foundation of this connection is the emotional nature of individuals and the family system. The *emotional system* contains the basic life force that guides or drives the family members' cooperative finding and obtaining of food and shelter, propagation and preservation of life, and other aspects of social relations (Kerr & Bowen, 1987). The extent to which the person exists as an emotionally independent individual (more or less affected by the emotional processes in the family) is dependent upon the balance between the individual's feeling and intellectual systems, as well as the level of differentiation he/she has been able to achieve from the family emotional system, and his/her skills for coping with life (Kerr &

Bowen, 1987). It also depends on the level of anxiety, and both internal and external developmental and situational stressors.

Differentiation of self, or *individuation* (the opposite of which is fusion), refers to two processes that occur within people and in the individual's relationships with other people. These processes operate on two parallel continua, including both an interpersonal and an intrapersonal aspect. Interpersonally, the level of differentiation is the person's ability to see oneself as separate and autonomous, and to discriminate between thoughts and emotions. Intrapersonally, differentiation or individuation refers to the degree to which a person operates in an autonomous manner, especially in the presence of high anxiety. "A differentiated person is able to function optimally around important others without feeling responsible for them, controlled by them, or impaired by them" (Bray & Williamson, 1987, p. 3). The opposite pole from differentiation of self is *fusion*. This concept refers to how emotionally "stuck together" persons are in relationships. "People who have a high level of fusion do not have a clear sense of self as individuals, operate from more emotionally reactive basis, are more likely to develop symptoms in the face of stress" (Bray & Williamson, 1987, p. 3).

When seeking a mate or spouse, the individual unconsciously seeks someone at a comparable level of differentiation or fusion (Kerr & Bowen, 1987). This is one of the primary mechanisms by which the level of family-of-origin functioning (including level of codependence) is transmitted to each succeeding generation. Contrary to early theorizing (e.g., Whitfield, 1984), according to Bowen's theory (Bowen, 1978), it is incorrect to assume that the person with the overt dysfunction or problem (e.g., alcoholic or addict) is unhealthy, while his/her competent (overfunctioning) spouse is the healthy one. Both spouses are likely at similar levels of differentiation (Kerr & Bowen, 1987). Thus, the caretaking (or "codependent") spouse (e.g., Norwood, 1985) and more obviously addicted or compulsive "identified patient" are more similar than different in terms of the emotional system rules according to which they function.

The individuals in the dyadic relationships within the unstable emotional system develop idiosyncratic methods for binding intrapersonal and interpersonal anxiety. These patterns are taken with them through their developmental life cycle and may change or fluctuate due to changing circumstances and levels of anxiety. However, since the basic level of differentiation of the individual remains fairly constant (Bowen, 1978), he or she will utilize similar patterns in the context of the newly developed nuclear family emotional system. The spouse's behavioral complementarity and similarity in level of differentiation help to ensure the perpetuation of these patterns.

The *triangle* is basic to all processes within human systems in general, and families in particular, and has been described by Bowen (1978) as consisting of three individuals within a significant system. Because each dyadic relationship within a system is inherently unstable (much as is a two-legged stool), the basic and most stable building block of the family and the larger society in which we live is the triangle. The triangle is not

necessarily dysfunctional, but becomes so when the level of anxiety within the emotional system is too high (chronically or periodically) (Kerr & Bowen, 1987).

The anxiety in a family's intergenerational emotional system is generated when the interpersonal needs of the family members for a balance between intimacy and distance, and differentiation and fusion, are challenged by internal and/or external situational and developmental stressors. When anxiety in a dyadic interaction builds to the system's idiosyncratic threshold, a third member (or substance, activity, etc.) is brought into the interactional field in order to serve (like a stool's third leg) to stabilize the relationship. This third person, activity, or substance is used to bind the anxiety in the family emotional system and can be called an *anxiety binding mechanism* (Kerr & Bowen, 1987).

In instances when the family members are not well differentiated interpersonally and intrapersonally, another person, activity, or substance will be used as an anxiety-binding mechanism. Eventually the triangle itself becomes pathological, resulting in decreased differentiation or fusion, as well as one or more of the members developing a symptom (e.g., alcoholism, eating disorder, somatic symptoms, workaholism)(Kerr & Bowen, 1987). Thus, the variety of addictive and compulsive phenomena may be seen as manifestations of the family emotional process. It is this process, involving difficulties in developing intimacy and identity, that is being called codependence (Cermak, 1986; Friel & Friel, 1988).

FST is further elaborated by integrating the notion of triangles with that of the Intergenerational Transmission Process (ITP). Family systems are not just nuclear families with parent(s) and child(ren), but generations of family members connected to one another by strong emotional ties conceptualized as the ITP. When members of a subsequent generation become participants in the family's patterns of individuation, fusion, and anxiety binding in relationships, they are being initiated into the system's processes of interlocking triangles for managing anxiety. These patterns are passed on to future generations when the separating young adult seeks a mate in order to form another nuclear family. According to FST (Kerr & Bowen, 1987), individuals unconsciously seek out partners who are at a similar level of differentiation and who manifest complementary relationship patterns.

Personal authority in the family system (PAFS) is defined "as a pattern of abilities to do the following: to order one's own thoughts and opinions; to choose to express or not express one's thoughts and opinions regardless of social pressures; to make and respect one's personal judgments, to the point of regarding these judgments as justification for action; to take responsibility for the totality of one's experience in life; to initiate or receive (or to decline to receive) intimacy voluntarily; to experience and relate to all other persons without exception, including parents, as peers in the experience of being human" (Bray et al., 1984). This construct relates to the boundary confusion and decision-making ability often attributed to codependence (e.g., Subby, 1984). In the stress-filled intergenerational family emotional system, emotional survival often "depends" on subjugation of the individual's needs to those of the (alcoholic)

(Woititz, 1983). According to more recent writings on codependence, the process can be seen as reciprocal wherein the "identified patient" *and* other family members subjugate needs for the sake of system "stability" (Friel & Friel, 1988; Subby, 1984). This dynamic perpetuates the anxiety-binding processes of triangulation of other people, substances, and activities throughout the intergenerational family system. Within these triangles, it is increasingly difficult for the individual to assert his or her personal authority.

Based on constructs from Bowen's intergenerational family systems theory (FST) as outlined above, the following description of the etiology of codependence is proposed. Codependence emerges from dysfunctional relationship patterns that are primarily rooted in the intergenerational family emotional system. These patterns include: anxiety-binding mechanisms in the form of triangulation, fusion, compulsive or addictive behaviors; lack of awareness of feelings while focusing externally on another person, activity, or substance; a lack of intergenerational individuation; difficulty with establishing desired levels of interpersonal intimacy or distance; and diminished sense of personal identity and authority. The intergenerational processes are reinforced and transmitted through current relationship functioning.

This broad framework is helpful in accounting for the wide range of people who experience the symptoms associated with codependence, the variety of families-of-origin from which they come, the recognition that the IP and spouse often both suffer from difficulties, and both the intrapsychic and interactional qualities of the codependent system. It may also be a useful guide for helping clinicians increase their understanding of the systemic elements of codependent processes, as well as providing clarification and theoretical basis for clinical interventions. This framework lends itself to empirical testing with instruments theoretically congruent with intergenerational theory, e.g., Personal Authority in the Family System (PAFS) (Bray et al., 1984). Increasingly called for (e.g., Mendenhall, 1989), empirical research that examines differences between various clinically identified groups of codependents, between clinical and "control" groups, and between spouses in each group may be an important contribution to understanding codependence, intergenerational transmission processes, and family systems theory as well.

REFERENCES

Ackerman, R. J. (1983). *Children of alcoholics*. Holmes Beach, FL: Learning Publications.

Black, C., Bucky, S., & Wilder-Padilla, S. (1986). The interpersonal and emotional consequences of being an adult child of an alcoholic. *The International Journal of the Addictions, 21*(2), 213–231.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Bray, J. H., & Williamson, D. S. (1987). Assessment of intergenerational family relationships. In A. J. Horestadt & M. Fine (Eds.), *Family of origin therapy: Applications in clinical practice*. Rockville, MD: Aspen Press.

Bray, J. H., Williamson, D. S., & Malone, P. E. (1984). Personal authority in the family system: Development of a questionnaire to measure personal authority in intergenerational family processes. *Journal of Marital and Family Therapy, 10*(2), 167–178.

Brown, R. I. F. (1987). Models of gambling and gambling addictions as perceptual filters. *Journal of Gambling Behavior, 3*(4), 224–236.

Carnes, P. (1983). *Out of the shadows: Understanding sexual addiction.* Minnesota, MN: Compcare Publications.

Cermak, T. L. (1986). *Diagnosing and treating codependence.* Minneapolis, MN: Johnson Institute Books.

Friel, J. C., & Friel, L. (1986, September/October). Family stress and recovery. *Focus on Family,* 12–14.

Friel, J. C., & Friel, L. (1988). *Adult children: The secrets of dysfunctional families.* Deerfield Beach, FL: Health Communications.

Gierymski, T., & Williams, T. (1986). Codependency. Special issue: Drug dependency and the family. *Journal of Psychoactive Drugs, 18*(1), 7–13.

Greenleaf, J. (1984). Co-alcoholism/para-alcoholism: Who's who? In US Journal of Drug & Alcohol Dependency (Eds.), *Codependency* (pp. 5–17). Deerfield Beach, FL: Health Communications.

Hollis, J. (1985). *Fat is a family affair.* New York: Doubleday.

Kerr, M. E., & Bowen, M. (1987). *Family evaluation: An approach based on Bowen theory.* New York: W. W. Norton.

Maloney, M. J., & Klyklo, W. M. (1983). An overview of anorexia nervosa, bulimia and obesity in childhood and adolescence. *Journal of the Academy of Child Psychiatry, 22*(2), 99–107.

Mendenhall, W. (1989). Codependency definitions and dynamics. Special issue: Codependency: Issues from treatment and recovery. *Alcoholism Treatment Quarterly, 6*(1), 3–17.

Norwood, R. (1985). *Women who love too much: When you keep wishing he'll change.* Los Angeles, CA: Jeremy P. Tarcher.

Pope, H. G., Hudson J. I. (1984). Bulimia treated with imipramine: A placebo-controlled, double-blind study. *American Journal of Psychiatry, 140*(5), 554–558.

Prest, L. A., & Storm, C. (1988). The codependent relationships of compulsive eaters and drinkers: Drawing parallels. *American Journal of Family Therapy, 16*(4), 339–350.

Schaef, A. (1986). *Codependency: Mistreated and misunderstood.* Minneapolis, MN: Winston Press.

Steirlin, H., & Weber, G. (1989). *Unlocking the family door: A systemic approach to the understanding and treatment of anorexia nervosa.* New York: Brunner/Mazel.

Subby, R. (1984). Inside the chemically dependent marriage. In U.S. Journal of Drug & Alcohol Dependency (Eds.), *Codependency,* (25–29). Deerfield Beach, FL: Health Communications.

Wegscheider, S. (1981). *Another chance: Hope and health for the alcoholic family.* Palo Alto, CA: Science & Behavior Books.

Wegscheider-Cruse, S. (1984). Codependency: The therapeutic void. In US Journal of Drug & Alcohol Dependency (Eds.), *Codependency* (pp. 1–4). Deerfield Beach, FL: Health Communications.

Whitfield, C. (1984). Co-alcoholism: Recognizing a treatable illness. *Family and Health Communications, 7*(2), 16–27.

Whitfield, C. (1989). Codependence: Our most common addiction: Some physical, mental, emotional, and spiritual perspectives. *Alcoholism Treatment Quarterly, 6*(1), 19–36.

Woititz, J. (1983). *Adult children of alcoholics.* Hollywood, FL: Health Communications.

Woodside, M. (1983). Children of alcoholic parents: Inherited and psychosocial influences. *Journal of Psychiatric Treatment and Evaluation, 5,* 531–537.

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