

# PRODEPENDENCE

**Moving Beyond  
Codependency**

**Robert Weiss PhD, LCSW**  
**Sexologist/ Author/ Educator**

**[www.prodependence.com](http://www.prodependence.com)**

**Support: [Sexandrelationshiphealing.com](http://Sexandrelationshiphealing.com)**

**Treatment: [SeekingIntegrity.com](http://SeekingIntegrity.com)**

**@robweissmsw on twitter**

**@robweissmsw on facebook**



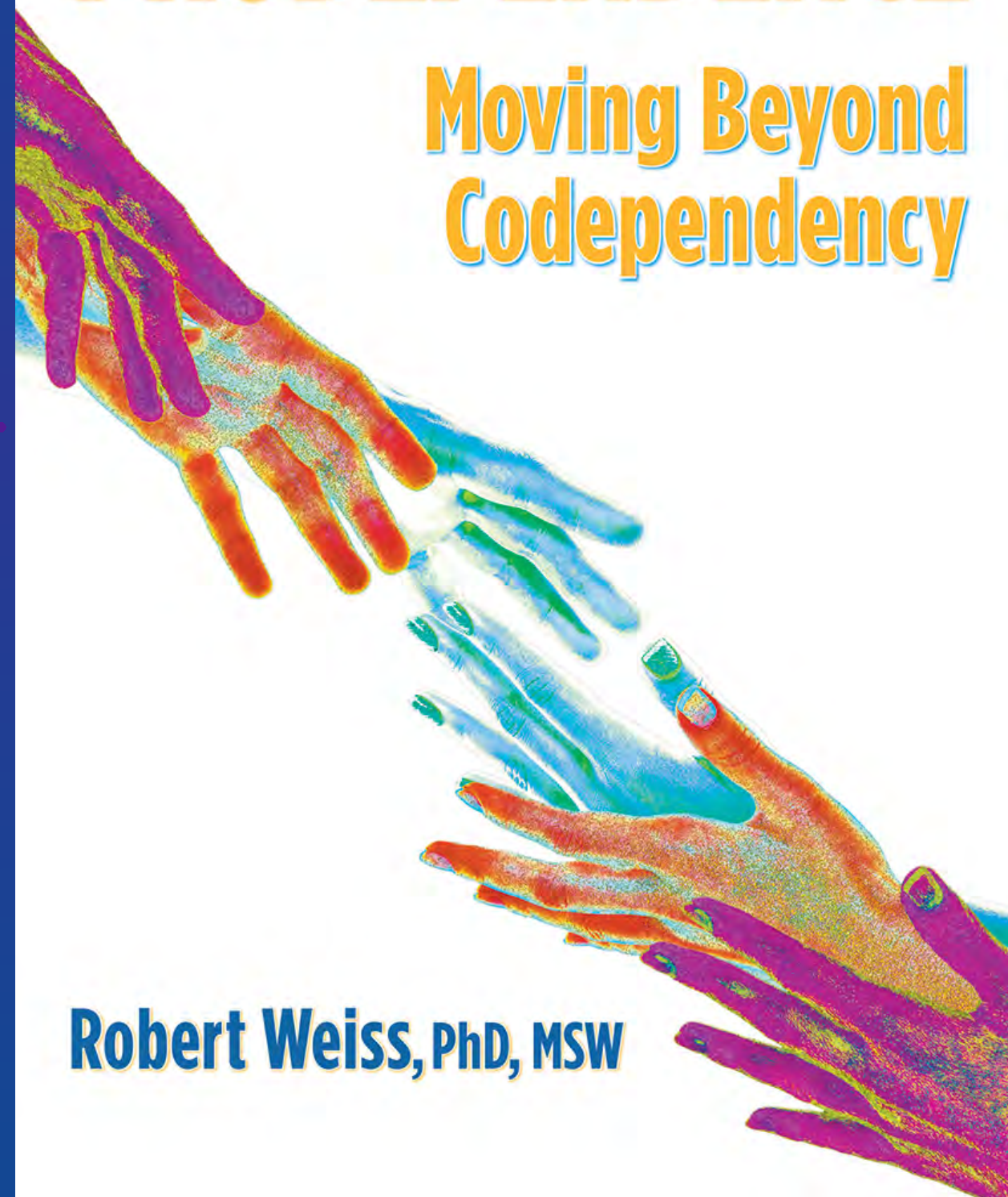
Available Now  
on Amazon &  
Everywhere

*Clinical Guide and  
Workbook with Dr. Weiss  
& Dr Kim Buck  
Coming - 2019*

**EARLY ADOPTER?  
WANT TO LEARN MORE?  
WRITE ME AT  
[PRODEPENDENCE.COM](http://PRODEPENDENCE.COM)**

# PRODEPENDENCE

**Moving Beyond  
Codependency**



**Robert Weiss, PhD, MSW**



# Caregiving Scenario One: Medical

**My spouse of 15 years is diagnosed with cancer and she is resistant to treatment. We have three kids under the age 14 at home and the outcome is uncertain. In response to this crisis**

**I go out of my way to assist her and care for my family, pushing aside my own needs and desires in the process.**

**I start working two jobs, stop self care and recreational activities, start to gain weight, stop exercise, lose sleep and worry all the time.**

**I feel sick, overwhelmed, hyper-vigilant and afraid much of the time**

**How do my friends, family members, my therapist, and my employer react to this?**

**How do they advise and support me?**

**Would they consider me and my family to have been, in essence, victimized by this sad situation?**



# Caregiving Scenario Two: Addiction

**My spouse of 15 years is addicted to opiates and is resistant to treatment. We have three kids at home under the age of 14. The outcome is uncertain. In response to this crisis:**

**I go out of my way to assist her and care for my family, pushing aside my own needs and desires in the process.**

**I start working two jobs, stop self care and recreational activities, start to gain weight, stop exercise, lose sleep and worry all the time.**

**I feel sick, overwhelmed, hyper-vigilant and afraid much of the time**

**How do my friends, family members, my therapist, and my employer react to this?**

**How do they advise and support me?**

**Would they consider me and my family to have been, in essence, victimized by this sad situation?**



# Why the Difference?

1. **Addiction is stigmatized always!**
2. **Medical caregivers are stigmatized too, but not so in the physical health world where caregivers are appreciated.**
3. **Caregivers (female gender roles) overall tend to be both stigmatized and devalued!**
4. **We have a documented history in the addiction (and mental health fields) of blaming, hurting, angry, fearful, beloved family and spouses.**
5. **Mental health is stigmatized too, but that world no longer embraces a codependency/detachment based method.**



# Shaming Female Caregivers is Nothing New

“The general view of the alcoholic wife depicted in the early AA and psychotherapy literature was that of a woman who was neurotic, sexually repressed, dependent, man-hating, domineering, mothering, guilty and masochistic, and/or hostile and nagging.

The typical therapists view of the wife of an alcoholic at that time generally was one of, “I’d drink too if I were married to her!”

William White- substance abuse historian

Codependency today, is merely an extension of caregiver shaming

There’s nothing new here. Author





***Over the past 35 years we have seen multiple new treatment models developed for addicts ...***

***But when it comes to formal, research based, models for the treatment of family, loved ones and spouses, we have only one ...***

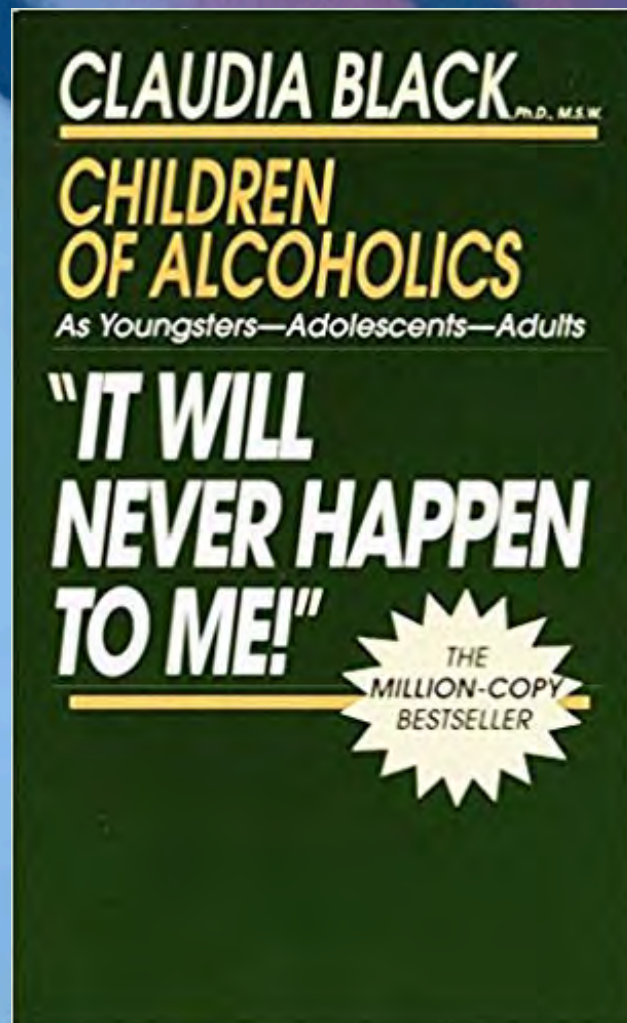
## ***CODEPENDENCY***

***The Codependency Model, even when evolved, restructured, advanced and stretched to meet changing views of addiction, is still the codependency model. Thus we have no new, fully articulated models for the treatment of spouses and loved ones of addicts.***

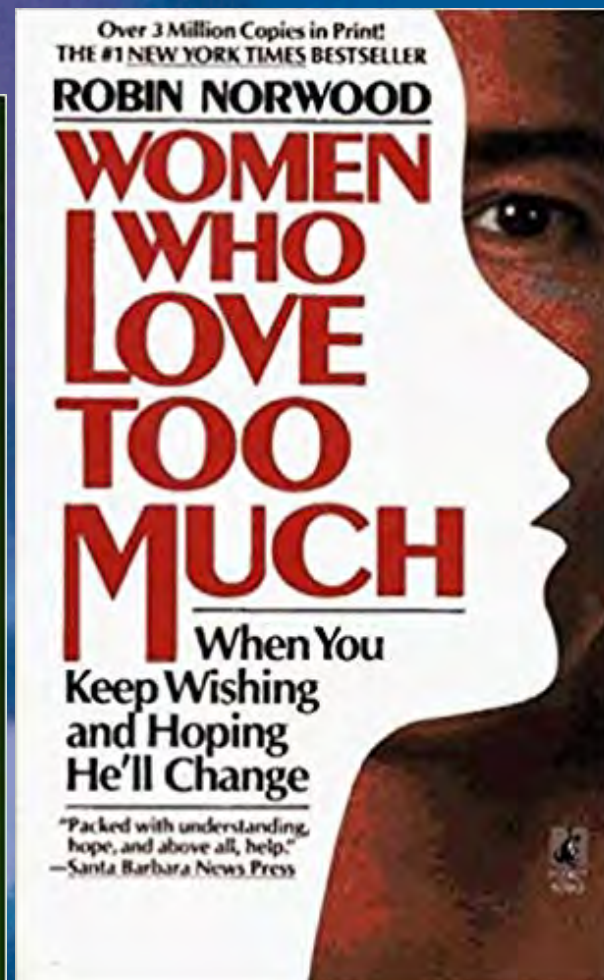


# Codependency's Big Four

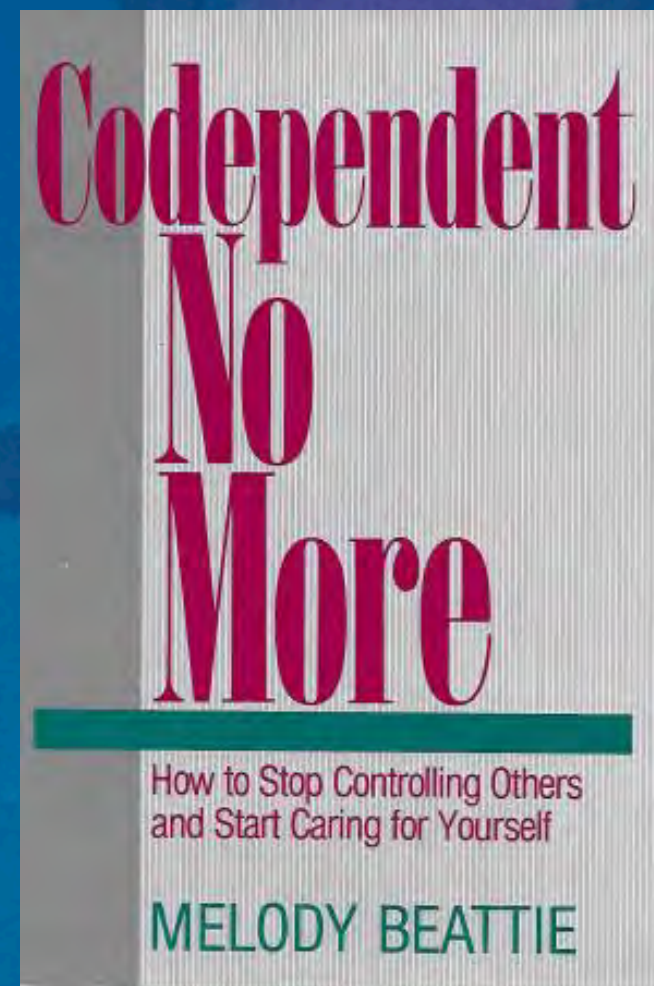
These four books defined and dominated the field and the concept of Codependence in the 1980's. They laid out the underlying concepts of the model, which remain unchanged (by definition) since publication.



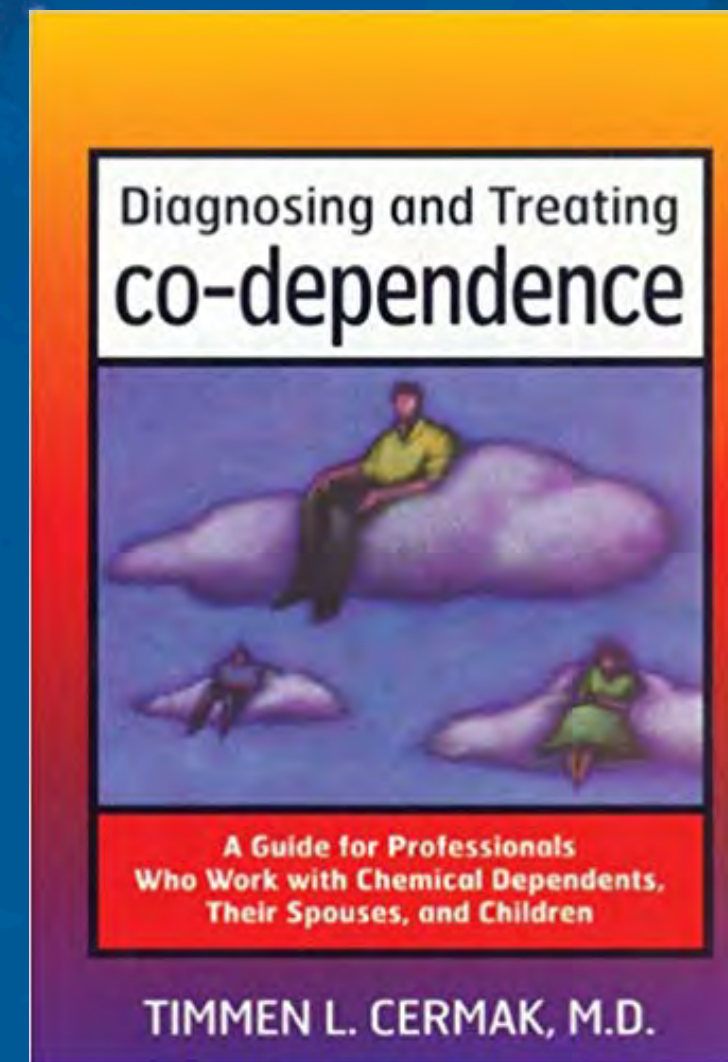
1982



1985



1986



1986



# Statistics

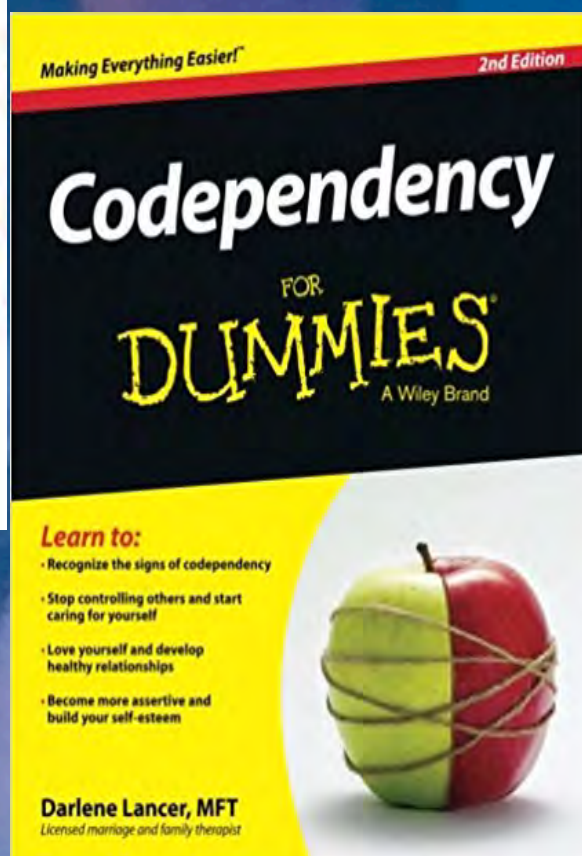
- **Codependent No More** sold over 11 million copies and was translated into 16 languages.
- Women bought 95% of these (and all self-help) titles at the time and they continue to do so today.
- As of 1990 there were 102 books with some form of the word Codependency in the title.
- As of 2018 there have been over 340 books with some form of codependency in the title.
- Neither Codependence nor Codependency have ever been a DSM or ICD criteria based diagnosis. Despite much pressure at the time (1980's and 1990's) the research never clinically validated these hypothetical beliefs.
- Pathological Dependency has always been in the DSM and the ICD as Dependent Personality Disorder. It is and was the existing designation for people who are profoundly dysfunctional due to relationship over-dependency.



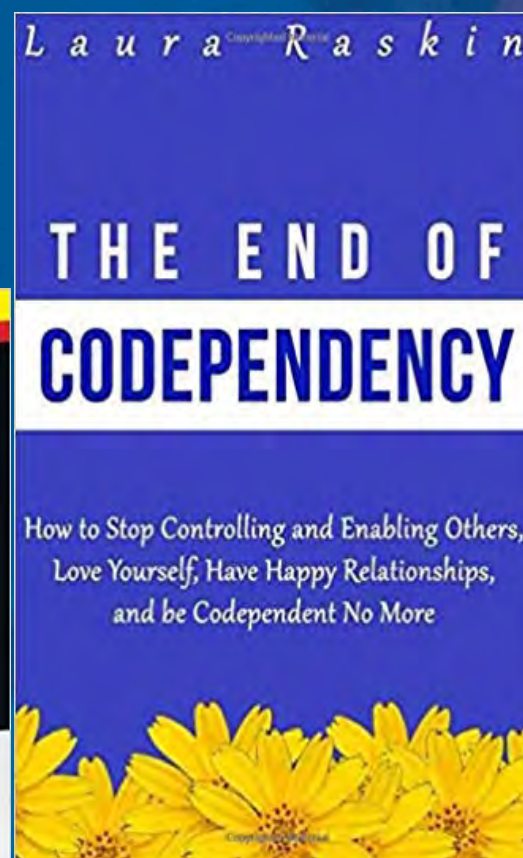
*So tell me honestly, what has not yet been said here?  
Note below books number #338, #339 and #340.*



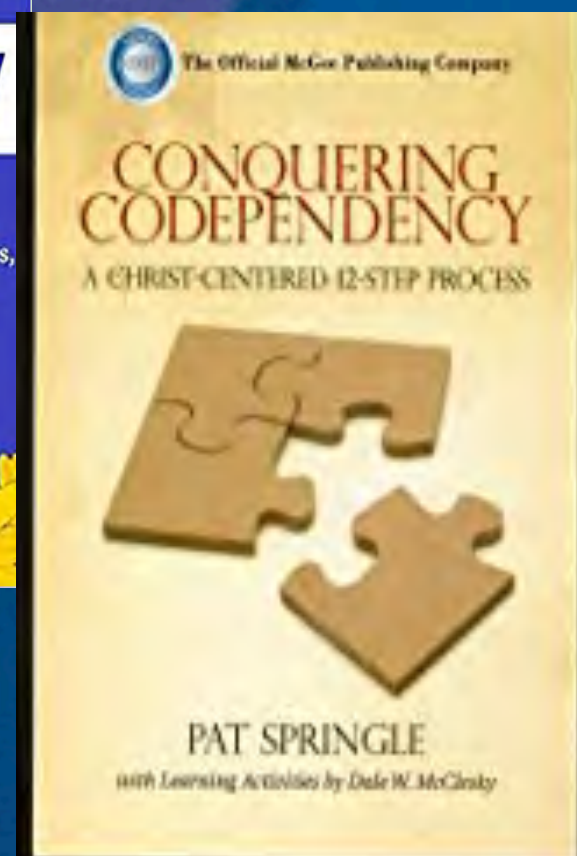
Sept. 2014



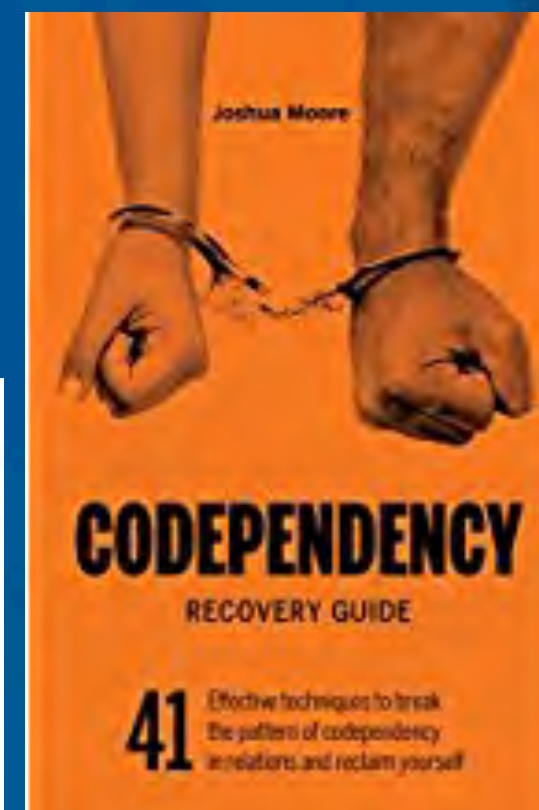
Feb 2015



June, 2016



August 2016



May, 2018







# CODEPENDENCY DEFINED

Codependence is a trauma-based theory of human relationship dependency which, by definition, states that those who partner with someone who becomes an addict do so as a form of trauma repetition. Here are the basics:

- Codependent people unconsciously attach in relationships where the other person's needs will eventually exceed and overwhelm their own, leading to a repetition of their own early trauma.
- These caregivers, by definition, are seen to be acting out their own early trauma-based low self-esteem, desperate fear of abandonment and need for approval. Thus their 'caregiving for a troubled other' is perceived as a trauma-related character flaw.
- The word itself, codependency, evolved from the earlier phrase (Claudia Black -1979) "co-addiction". By removing the word "addiction" the concept of unhealthy dependency became accessible to the general public. Now anyone could be a "Co!"



# What's wrong with codependence?

- The analytic, exploratory nature of early assessment and treatment required under this model tends to alienate the loved ones of addicts by exacerbating their fears that somehow they are responsible for the addict's problem (their feelings being quite human and non-pathological).
- This process tends to anger loved ones by leaving them wondering why so much attention is being placed on their “dysfunction” when they are the ones who have been functional all along. These clients feel more judged and then understood!
- The codependency model's early focus on quickly engaging such struggling people in a deep exploration of their past, their part, their history and their problems can be counterproductive to keeping them actively engaged in treatment.
- It requires a clinical frame that holds loving partners (likely just doing their best) into “enabling, and difficult people” whose own problems are getting in the way of addiction healing.
- It assumes that the client will have many sessions and much time to consider, journal, reflect and learn about themselves. Most people do not have the finances, the insurance, the interest, the motivation and the ability to attend long-term therapy -



# How We Got Here ...

1. **Early Trauma Theory**- 1980's
2. **Humanistic Psychotherapy**: with its focus on individual self-actualization- even at the cost of interpersonal connection. (est., LifeSpring, Insight etc.) (1962-2000)- me generation
3. **The Women's Movement** -Codependency was the right message to women of the time-“Individuate and self actualize! Don't depend on men, don't look to men for approval, do it yourself.” (1962-1982)



**Melody Beattie**  
***Codependent No More (1986)***

**“Stop centering and focusing on other people. Settle down and in ourselves. Stop seeking so much approval and validation from others, we don’t need the approval of everyone and anyone, we only need our own approval**

**We have all the same sources for happiness and making choices inside of us that others do so find and develop your own internal supply of peace, well-being and self-esteem.**

**Relationships help, but they cannot be our source.”**

**A message for men in the mid-1980’s? Not likely TOP GUN!**

**This was a siren song to women of the period.**

**Think of the movie 9 to 5 in 1980.**

**Sadly, this not interdependence, it is anti-dependence!**



# What Has Changed Since 1982?

## Attachment!

Our focus on healing in mental health and addiction since the 1980's has turned from self actualization as a measure of health/success to our health being viewed in terms of the strength of our attachments, relationships, peer and community bonds.

Today we are as strong as our connections. Today I don't have to become the best "me" I can be (which can lean toward both narcissism and individualism), but rather I can help grow and maintain become the best family, the best workplace, the best community we can be!

***The "me" generation has moved on ... and so should our counseling methods!***



# *Applied Codependency Treatment*

*Treatment for loved ones of addicts (codependent by definition) requires such people as they enter our care to ...*

1. Understand their own trauma history, how it relates to why they chose this person and why they stayed with this person.
2. Understand the unproductive ways in which that trauma history has been playing out in their current relationship, and thus inadvertently helping to “enable the addiction.”
3. Acknowledge the ways they are “acting out” their own unresolved issues today, thereby making the (addiction) problem worse via enabling, enmeshing, raging, threatening, nagging, etc.
4. Acknowledge and actively explore the idea that their own unmet childhood needs are playing out in their addictive relationship.
5. Thus they need to detach, set boundaries, focus on themselves and establish clear distance from the addict.



**“But Doctor Rob, nobody does  
codependency treatment that way now.  
What I do today is very different.”**

**What do you call that work?**

**Which one of those 340 + books is the best or most useful version of  
that work because it has not been formalized.**

**In what paradigm and research is that work based?**

**A rose is just a rose by any other name...**

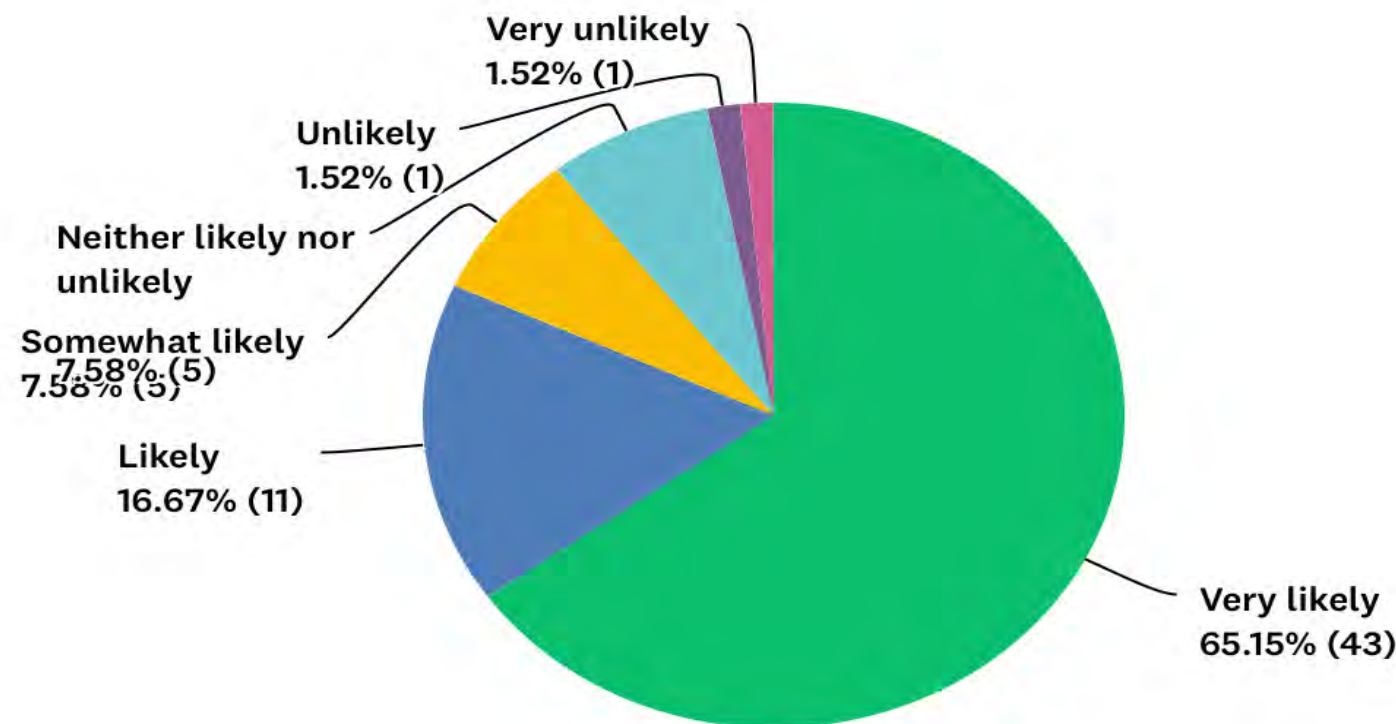
**Revisions or adaptations to previously formalized treatment models  
cannot eliminate their original intent. To change original intent you  
need a new model.**

**All of the founding codependency literature places trauma-repetition  
at the core of a loved one's response to addiction and therefore asks  
that to be the focus of their early treatment. That work (regardless of  
how it is softened or evolved) is still codependency.**



To what degree do you conceptualize the partners and loved ones of addicts as being in midst of a personal crisis in their first 60 days in therapy?

Answered: 66 Skipped: 2



ANSWER CHOICES	RESPONSES	
Very likely	65.15%	43
Likely	16.67%	11
Somewhat likely	7.58%	5
Neither likely nor unlikely	7.58%	5
Somewhat unlikely	0.00%	0
Unlikely	1.52%	1
Very unlikely	1.52%	1
TOTAL	66	





# **Crisis Counseling Defined**

**Crisis is a state of emotional turmoil or an acute emotional reaction to a powerful stimulus or demand.**

**There are three characteristics of crisis:**

- 1. The usual balance between thinking and emotions is disturbed.**
- 2. The usual coping mechanisms fail.**
- 3. Evidence of impairment in an individual or family.**

**Crisis intervention methods are meant to provide help to individuals or groups during a period of extreme distress.**

**This intervention is, by design, temporary, active and supportive.**



# Crisis intervention techniques should abide by the following six principles:

1. *Simplicity: In a crisis, people respond best to simple procedures. Simple things have the best chance of having a positive effect.*

2. *Be Brief and Clear: Psychological first aid needs to remain short.*

3. *Offer Useful, Concrete Direction and Support: Use creativity. Pragmatism and Validation: Keep it practical. Impractical suggestions can cause the person to feel more frustrated and out of control.*

4. *Work in the Here and Now: Clients in a crisis don't have the psychological sophistication to engage in in-depth clinical evaluations or discussions of the past. Remain focused on the problems at hand.*

5. *Offer Hope!*



# The Goals of Crisis Intervention Treatment

1. Mitigate impact of the event.
2. Facilitate normal recovery and healing processes.
3. Help to restore adaptive functioning

<sup>1</sup> Two leading crisis intervention models are: Albert Roberts' Seven-Stage Crisis Intervention Model, as described in Brief Treatment and Crisis Intervention; and Mitchell's Critical Incident Stress Management intervention system, as described by the International Critical Incident Stress Foundation and International Journal of Emergency Mental Health. Other widely recognized models include Psychological First Aid, Mental Health First Aid and Stress First Aid.



# **A New Paradigm: Prodependence**

- 1. When the spouse or loved one of an active addict walks into my office, I see them as a person in a profound life crisis not of their own making, one that anybody would have little ability to solve on their own.**
- 2. By definition they have been victimized and betrayed by the active addict, most often someone with whom they shared a deep, trusting bond.**
- 3. Such trust is broken not so much by addictive behavior itself, but by the lying, manipulation, seduction and gaslighting that nearly all addicts employ in order to keep using or acting-out unabated.**

**People in the midst of a profound life crisis need crisis counseling methods, not analytic or exploratory treatment evaluation or interventions, as those experiences feel blaming, intrusive, painful, counterintuitive and distracting.**



# Prodependence: A New Treatment Model

Prodependence is an attachment-based theory of human dependency which states that those who partner with an active addict are no more and no less than loving people caught up in circumstances beyond their ability to healthfully cope.

Moreover, their desire to help the addict and all related actions engaged toward helping the addict (useful and not useful) demonstrate nothing more than a normal and healthy attempt to remain attached to a failing loved one, while simultaneously facing extraordinarily difficult circumstances.

Prodependence is a treatment lens through which we can more compassionately view loved deeply attached loved ones.

Prodependence is not a label and it is not a pathology, it's relationship theory.

Prodependence recognizes that when a caregiver's actions run off the rails and become counterproductive, measures can be taken to put the relationship back on track.

Prodependence does not imply that a caregiver's dysfunctional behaviors arise out of any past or present trauma or pathology.

To treat loved ones of addicts using prodependence, we need not find that something is "wrong with them". We simply acknowledge the trauma and inherent dysfunction that comes from living with an active addict over time.



# Prodependence: A New Treatment Model

Why not confront the loved one about their history, their behaviors and their part in the problem?

- It's abusive to confront someone who is in a crisis.
- There are other ways to redirect them.
- These people are NOT addicts!
- They are not acting out an addiction!
- They are in grief and crisis therefore they require different treatment
- It's not our job to force self-actualization on anyone.

## But What About Their Codependency?

Isn't he or she going to end up repeating the same thing with someone else?  
What happens when they return to enabling and perpetuating the addiction.?

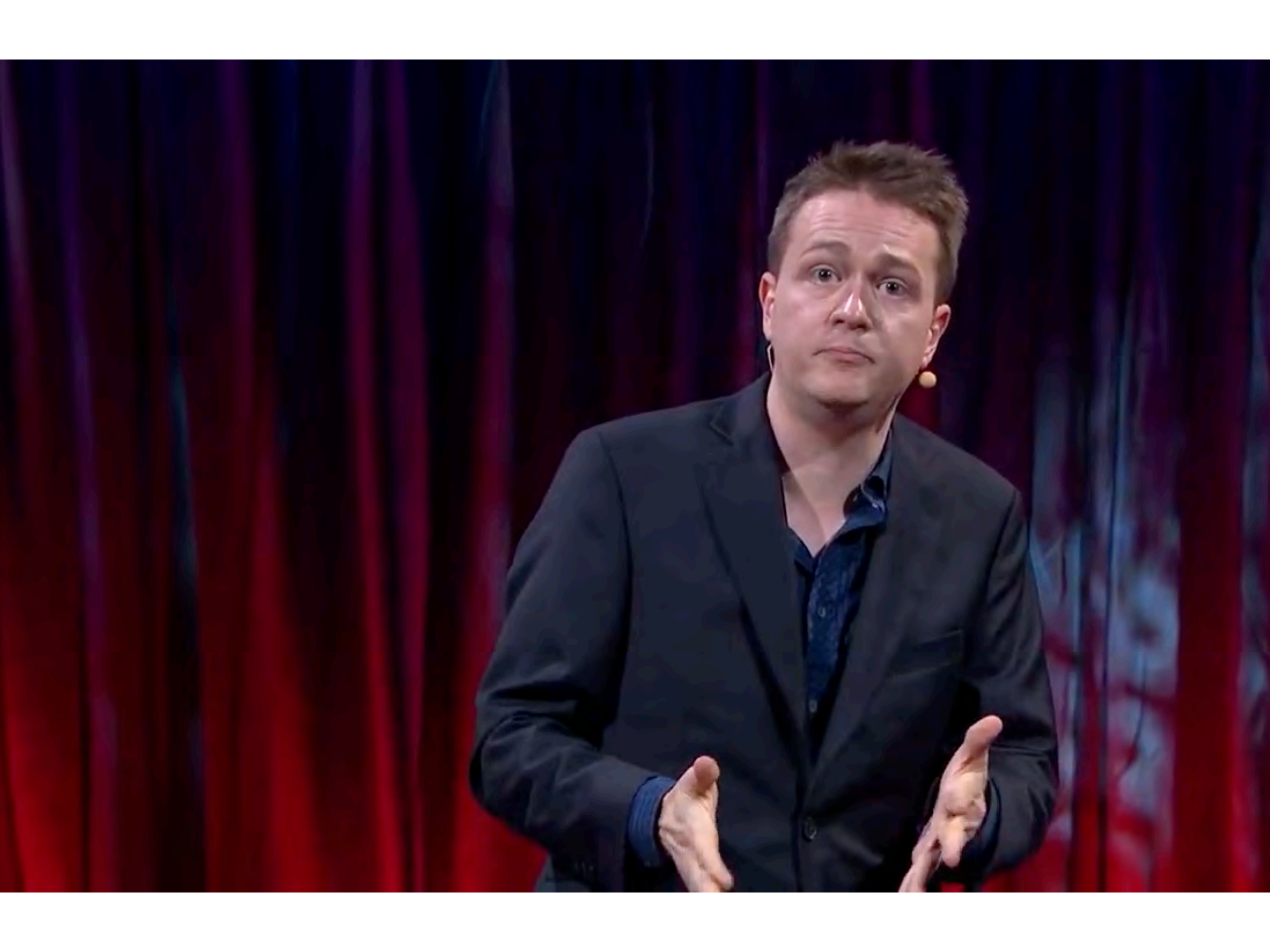
How about this- people can grow! ‘

Thus the solution is not detachment, the solution is to stay connected and to continue caregiving, but do that more effectively.

I say, “Love yes. Absolutely!”

But love more effectively with help.







# What about their trauma history?

## Here's an idea ... *let it wait.*

There's plenty of trauma to go around (here and now) if you love an active addict!

Why not give these clients the grace to come to us when they are ready (if ever) to self-explore and self-examine.

To do so otherwise is intrusive.

We can help these people without lengthy explorations of their own painful (often unconscious) challenges!



# Therapist Heal Thyself!

“That mom is sicker than her kid, she won’t let him go”.

“I worry about her going home w/her brother, he’s a born rescuer.”

“That wife is so focused on his drinking, she won’t see her part.

**What if** loved ones of addicts aren’t so difficult to treat and “the problem” lies more in how we conceptualize them?

**What if** our primary/sole family therapy model has left such clients feeling misunderstood, marginalized, confused and more ashamed?

**Why** leave these people doubting themselves at all?

**Why** prejudge loved ones of as codependent or in any way “as drivers a dysfunctional family system?”

**What** happens if that “diagnosis” and treatment pushes them into feeling misunderstood and thus becoming defensive?

**Why** not focus on their strengths, while also “being where they are” from day one?



# Why Not Reframe their Problem Behaviors ***AS STRENGTHS from day one?***

## Codependent (Deficit)

1. Enmeshed
2. Externally focused
3. Enabling
4. Fearful
5. No healthy boundaries
6. Can't stop fixing
7. Obsessed w/the addict
8. Living in denial
9. Angry
10. Controlling/nagging
11. Hypervigilant

## Prodependent (Strength Based)

1. Deeply involved
2. Focused on the problem itself
3. Supporting
4. Concerned
5. Eager to care for a loved one
6. Does whatever they can to help
7. Determined to protect the family
8. Unwilling to give up on loved one
9. Fearful of out-of-control losses
10. Trying to effect change
11. Anticipating problems



# Applied Prodependence

Prodependent treatment for loved ones of addicts:

1. Assess for mental health pathology (depression, anxiety, PTSD, mood disorders, and the like) and safety of all concerned.
2. Validate and celebrate prior attempts to rescue, save, heal, and otherwise help the addict.
3. Educate about the nature of addiction and the stress it can place on loved ones.
4. Provide ongoing support and encourage group support.
5. Identify times and situations where a loved one's actions have led to a less than ideal outcome and redirect toward more effective assistance.
6. Work to improve the client's efforts at self-care; exercise, recreation, spirituality, peer support, creativity, etc.
7. Avoid lengthy exploration of early family or couples history - **KEEP YOUR FOCUS ON THE PROBLEM AT HAND**



# SELF CARE SELF CARE SELF CARE SELF CARE SELF CARE

- Self care
- Boundaries
- Picking the right battles
- Asserting healthy anger
- How to love and hate at the same time
- Avoiding violence and verbal abuse
- Identifying help
- Peer support
- Education
- Insight
- Processing grief
- Restore healthy coping
- Managing fear, entitlement and rage

SELF CARE SELF CARE SELF CARE SELF CARE SELF CARE SELF CARE  
SELF CARE SELF CARE SELF CARE SELF CARE SELF CARE SELF CARE  
SELF CARE SELF CARE SELF CARE



# ***When Did Love Become a Pathology?***

**If you “love too much” then please come by my house  
because I want you in my life as much as possible!**

**Now We Can ...**

- **Love inadequately**
- **Choose partners based more based in emotion than thought**
- **Love where no love is earned or offered back**
- **Love in ways that are unproductive to self, other and relationships**
- **Love in ways that mirror past problems/trauma**
- **Love the wrong people**
- **Love in ways that (unknowingly) cause more harm than good**
- **Love people who cannot or do not love us back**

***But We Can Never Love Too Much.***



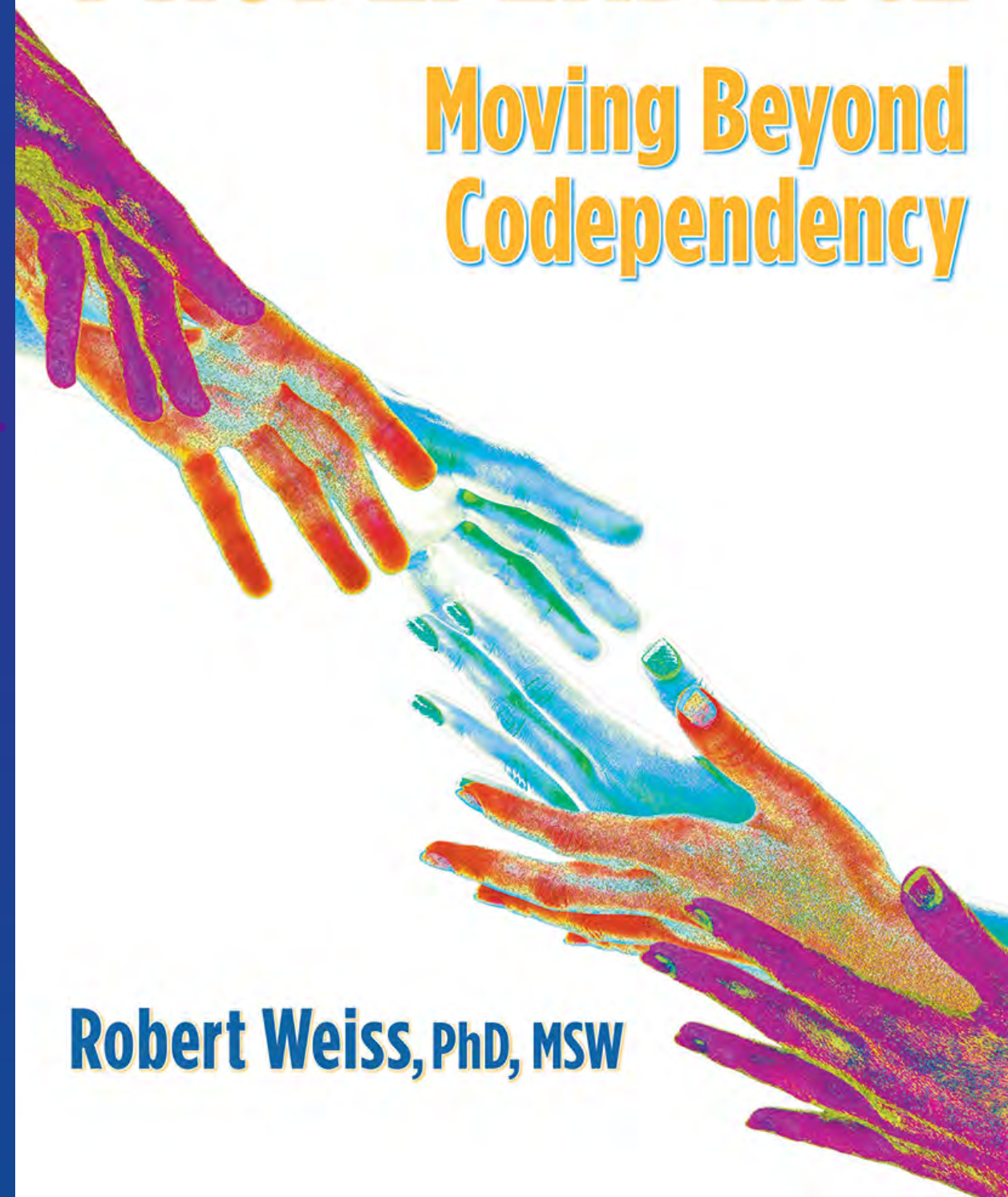
Available Now  
on Amazon &  
Everywhere

*Clinical Guide and  
Workbook with Dr. Weiss  
& Dr Kim Buck  
Coming - 2019*

**EARLY ADOPTER?  
WANT TO LEARN MORE?  
WRITE ME AT  
[PRODEPENDENCE.COM](http://PRODEPENDENCE.COM)**

# PRODEPENDENCE

**Moving Beyond  
Codependency**



**Robert Weiss, PhD, MSW**



# PRODEPENDENCE

**Moving Beyond  
Codependency**

**Robert Weiss PhD, LCSW  
Sexologist/ Author/ Educator**

**[www.prodependence.com](http://www.prodependence.com)**

**Support: [Sexandrelationshiphealing.com](http://Sexandrelationshiphealing.com)**

**Treatment: [SeekingIntegrity.com](http://SeekingIntegrity.com)**

**@robweissmsw on twitter**

**@robweissmsw on facebook**

