

Codependence: A Transgenerational Script

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Abstract

An epidemiological study, based on transactional analysis theory, was conducted in Mexico City with a sample of 830 women. Codependence is presented in this study as a disorder in the area of interpersonal relationships, and specifically, in the well-documented family situation in which one or more members are addicted to alcohol and/or other drugs. In this research, the codependence script is presented as an example of a script (individual, familial, gender, and cultural) that can be transmitted from one generation to the next (Noriega, 2002).

Life scripts can be transmitted from one generation to the next. Examples of this script genealogy can be seen clearly in the adult children of alcoholics (ACOAs) literature (Kritsberg, 1985). Members of a family in which one or more members are alcoholics follow certain injunctions like unspoken rules; these include “Don’t talk,” “Don’t trust,” and “Don’t feel” (Black, 1981). They may also play certain rigid roles within the family (Wegscheider-Cruse, 1981).

From the perspective of family therapy, codependence—like alcoholism—is a problem that runs in families. This generational transmission of script often happens with one child in the family becoming an alcoholic and another a codependent who is married to an alcoholic or drug addict (Brown, 1996).

Some years ago, Berne (1972/1974) explained how scripts could be transmitted from grandparents and parents to their children. James (1984) reviewed Berne’s concepts regarding the script influences of grandparents and presented additional observations on multi-generational family processes and surrogate grandparents as marital partners. More recently, Ancelin Shützenberger (1993/1998), from a psychoanalytic and psychodramatic perspective, traced the roots of script transmission

back to Freud, Dolto, Abraham, Jung, Boszormenyi-Nagy, and Moreno. Ancelin Shützenberger described how Moreno “raised the complex question of transgenerational transmission of unresolved conflicts, of hatred, revenge, vendettas, of secrets, of what is ‘unspoken,’ as well as premature deaths and choice of profession” (p. 7). She quoted Berne as stating, “The individual is subjected to injunctions both of external expectations and internalized obligations. . . . The parent—mother or father—in us” (p. 29). However, in what she calls her “author’s genealogy” (background), Ancelin Shützenberger never mentions Berne’s theory about script transmission. Likewise, in Germany, Hellinger (2000/2001) developed family constellations therapy, which is a method for treating unresolved transgenerational issues; however, he mentions only briefly the influence of Berne on his work.

One of my goals in the study described here is to highlight the script ideas of Eric Berne (1972/1974), who, in the early 1970s, made an original and useful theoretical contribution that has today become part of the general domain in psychology and psychotherapy. The concurrent development of the transgenerational transmission concept by other authors may be a coincidence, a synchronous phenomenon, or an example of yet another transactional analysis concept that has been appropriated by other schools.

My interest in this subject comes from my clinical practice some years ago when I observed clients who were unconsciously reenacting—either in a positive or a negative way, in an intimate relationship or on the job—the life story of one of their grandparents.

The concept of codependency was selected for this study because it represents an example of women’s scripts transmitted from one generation to the next. Codependence has been used to describe the psychological problem experienced by people who live with an alcoholic, but this study, and others done recently, explains

codependence as a multidimensional problem associated with other stressful experiences as well (Fuller & Warner, 2000; Gotham & Sher, 1996; Meyer & Russel, 1998).

The concept of codependence has also been studied from a transactional analysis perspective. Schaeffer (1987), without using the term "codependence," explained the difference between love and addictive love using the concept of power games. Weiss and Weiss (1989) presented a systematic treatment approach for codependency based on the diagnosis of developmental dysfunctions in the inner Child. Chang (1996) described the consequences of emotional abuse in women, including symptoms similar to those described in the codependency literature. The results of the present study show a strong association between codependence and domestic violence (physical, emotional, and sexual abuse), and it is important to highlight that emotional abuse is also present when physical and sexual abuse occurs.

Codependence has been studied from the following theoretical perspectives:

1. *As a personality disorder*: Proposed by Cermak (1986) for inclusion in the *Diagnostic and Statistical Manual (DSM-III-R)* (American Psychiatric Association, 1993). The proposal was not accepted by the APA committee due to the lack of validation of the empirical studies presented (Cieply, 1995; Miller, 1994; Zetterling, 1999).

2. *As a group of common personality features developed by adult children of alcoholics (ACOAs)*: This proposal was based in the clinical observations of family therapists (Black, 1981; Kritsberg, 1985; Wegscheider-Cruse, 1981; Woititz, 1983/1998). However, subsequent studies did not validate this hypothesis (Brown, 1996; Havey, Boswell, & Romans, 1995).

3. *As a dysfunctional relationship pattern based on specific behaviors* (Lyon & Greenberg, 1991; Spann & Fisher, 1990; Williams, Bissel, & Sullivan, 1991). Through several studies, Wright and Wright (1990, 1991, 1992, 1995, 1999) validated this idea; they consider codependency similar to addictive love (Norwood, 1985). They (Wright & Wright, 1995, 1999) describe two types of codependence:

endogenous and exogenous. The former refers to a vulnerability in some people for developing codependence and, when they have a family history of alcoholism, for becoming involved with a partner who abuses alcohol. The latter is related to an ongoing reaction developed by people who are coping with an alcoholic partner regardless of whether they have a background of alcoholism in their family of origin.

My study was based on the third of these perspectives; it used transactional analysis script theory to explain the development of those relationship patterns.

There has been considerable controversy surrounding the concept of codependency for two main reasons: (1) the lack of a common definition of codependence due to different theoretical perspectives and (2) a feminist reaction by some who view codependency as a label imposed on women in a male-oriented society. However, both because of such problems and criticism and to argue in favor of the concept, a number of researchers and academics continued investigating codependency as a way to denounce a frequent health problem affecting women in our society, a problem that is often seen as "natural," even by women themselves.

For the purposes of my study,

Codependence was defined as: a relationship disorder, characterized by a strong dependency toward a problematic partner, shown by an emotional dissatisfaction and personal suffering, where the woman focuses her attention in taking care of her partner's and other people's needs while discounting her own. It is associated with a denial mechanism, an incomplete development of identity, emotional repression, and a rescuer orientation toward others. (Noriega, 2002, p. 120)

This study shows the association between codependence and the following stress factors: (1) early affective loss (represented by death, neglect, separation or divorce, abandonment by parents, and/or chronic illness of a family member, all before the age of 12); (2) domestic violence in the family of origin (physical, sexual, or emotional abuse); (3) a family history of alcoholism (in grandparents, parents, and siblings); (4) a partner with problems with

alcoholism; (5) an abusive partner (physical, sexual, or emotional violence); and (6) submissive feminine behavior with the partner.

From a transactional analysis perspective, codependence can be seen as a script. It is more frequent in women and is introjected into her personality (ego states) as well as inserted into the culture as a passivity syndrome (Schiff et al., 1975). It manifests as submissive behavior and is unconsciously focused on trying to fulfill her needs from early affective losses. This script reinforces an unresolved symbiosis, thus preventing the development of the woman's own identity. It presents as a rescuer game toward others while maintaining emotional repression. This script is demonstrated by following "passive behaviors" (passive because they avoid the resolution of the codependence problem): doing nothing (denial mechanism), overadaptation (rescuer game), agitation (emotional repression), and incapacity and violence (internal by means of psychosomatic disorders or external by not setting limits on the abusive behaviors of others).

Unconscious communication plays a key role in the transmission of the codependence script from one generation to the next. One way transmission occurs is by transference transactions, as in endogenous codependence when a woman becomes involved with a partner who is abusive and/or has problems with alcohol and/or presents another serious psychological problem. In such circumstances, the woman replays the original situation lived in her childhood family with one or both parents. Another way transmission takes place is by means of projective identification; this is often the case with exogenous codependence when the woman "takes on" the emotional experiences of her partner as if they were her own.

Following Berne's script theory, Steiner (1974/1982) developed the concept of gender scripts. Codependence, shown as submissive behavior in relationships, is both a cultural and a gender script for women. Mexican culture is profoundly affected by gender scripts. The script that has dominated in men is "machismo"—a cult of virility the main attributes of which are an exaggerated aggressiveness and intransigence among males as well as an arrogant

sexual attitude toward women. For women, the script involves a cult of superior feminine spirituality over males aligned to submission, with female value awarded according to the amount they suffer. This results in a strong ambivalence toward females, who are simultaneously worshiped as "saints" and devalued and given a secondary role (Medina-Mora, 1994).

At the 2003 ITAA/ALAT/MEXAT conference in Oaxaca, we who were there listened to Marina Castañeda (2002) talk about machismo in the Mexican culture—a problem that also exists in other countries. From a cultural perspective, I see machismo and codependence as two sides of the same coin; in other words, they involve a social symbiosis in which one role is complementary of the other. Codependence is one of the problems related to gender issues that affect the mental health of women as a result of the inequity of power in relationships with the opposite sex.

The Codependence Script

It is important to make a nosologic distinction between dependent personality disorder as defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1994) and codependency since they appear to involve similar problems. The former refers to a person who always relies on someone else due to a lack of self-confidence. The codependent person is just the opposite; she is overly responsible and works hard while doing many things for many people; she is someone who always tries to be helpful and to organize and control the lives of people around her. Codependents are frequently the oldest children, the ones who take control in the family. Such an individual usually reverses roles with her needy or childish parents as a way of controlling crisis situations in the family, thus discounting herself (Whitfield, 1991) while developing a second-order symbiosis (Schiff et al., 1975). The passivity syndrome described by Schiff et al. can be observed clearly in codependent relationships. Passive behaviors—such as doing nothing, overadapting, becoming agitated or incapacitated or violent—as well as the four levels of discounting for resolving a problem (existence,

significance, possibility of change, and personal abilities)—are usually present in codependent relationships. That is why codependency has been compared to passive-aggressive or dependent personality disorder—because passivity takes place as part of the unresolved symbiosis, ready to be reenacted in current life relationships.

Codependence is a combination of four types of scripts: individual, familial, gender, and cultural. Script messages are transmitted by unconscious communication between the ego states of family members from one generation to the next; it occurs from the P_1 of mother or father to the P_1 of the child. In this way, the transmission of the script messages may run through several generations—going back to grandparents, great-grandparents, great-great-grandparents—and forward to children, grandchildren, great-grandchildren, and beyond.

Transmission of Life Script Across Generations

In *Principles of Group Treatment*, Berne (1966) defined life script as “an unconscious life plan” (p. 228). Later, in *What do You Say After You Say Hello?* (Berne, 1972/1974), he gave a more extensive definition: “[A script is] a life plan based on a decision made in childhood, reinforced by the parents, justified by subsequent events, and culminating in a chosen alternative” (p. 488). In the same book, Berne (p. 83) explained a process for script transmission and suggested asking patients the following question in order to obtain information about their script’s ancestral influences: What kind of life did your grandparents live? He said that patients usually have three types of answers to this question: ancestral pride, idealization, and rivalry.

James (1984) extended Berne’s explanations and made some additions to the theory. He stated that these answers are ways for people to follow in their grandparents’ footsteps: “Just as children use their parents as models, they also identify with and model themselves after their grandparents” (p. 22).

1. *Ancestral pride*: Grandchildren feel proud about their grandparents’ lives. While talking about their ancestors’ feats, grandchildren

imagine sharing similar personality characteristics.

2. *Idealization*: Frequently grandchildren idealize a grandparent because he or she was more tender and sensitive than the child’s own parents. James (1984) wrote, “For some people their relationship with a grandparent was so important that they unconsciously seek out a spouse with characteristics similar to their favored grandparent and try to replicate this relationship in their marriage” (p. 25).

3. *Rivalry*: This may occur when a grandchild competes with one of her or his parents, diminishing the parent’s value by comparing him or her with an idealized grandparent.

Berne (1972/1974) also described four basic ways in which scripts are passed from grandparents to succeeding generations: (1) in an undifferentiated fashion, (2) when linked by the same injunction, (3) when scripts alternate between sexes, and (4) when scripts skip generations.

1. A script is passed on in an undifferentiated fashion when grandparents treat all their children in the same way and each receives similar messages. It might be the grandmother telling all her daughters, “Be careful with men, they are all the same,” something she decided based on her experience with her disloyal husband. At the same time, she may be telling their sons, “Be careful, don’t give women either all your love or all your money.” When these children become adults, they repeat the same messages to their children, thus fostering distrust between the sexes and potential conflicts in couple relationships among her descendants.

2. Scripts can be linked by the same injunction and passed on from generation to generation. This may happen when children are treated in a different way based on a specific characteristic. An example would be parents with low income who enable a Don’t Think injunction in their daughters by restricting opportunities for professional education to men.

3. Sometimes scripts alternate between sexes. An example of this was a female patient who felt very angry after her sister died. Analyzing her script, she remembered having heard that her paternal grandmother committed suicide.

Through therapy she became aware that her father, an alcoholic, had always been depressed and showed a lack of interest in life. On asking her mother, the patient discovered that her sister died of an overdose of the father's antidepressant pills.

4. At other times, scripts skip generations. For example, Jane's grandmother always said she was a widow. Jane came to therapy feeling confused because her mother strongly rejected Jane after finding out she was pregnant. Jane's boyfriend was a married man. Trying to rescue Jane, the grandmother, full of shame, finally disclosed her lifelong family secret: She never married, and Jane's mother was rejected by her father, who was a married man. Unconsciously, Jane was expressing the family secret by repeating her grandmother's script.

Transmission of Script Mechanisms

Berne (1972/1974) wrote, "The most intricate part of script analysis in clinical practice is tracing back the influences of the grandparents" (p. 318). As happens with other life scripts, the codependence script may be transmitted to subsequent generations. This occurs through some specific mechanisms based on a process of unconscious communication.

Novellino (1990), quoting Malan, described unconscious communication as "an apparently irrelevant episode that parallels another significant situation that the patient wants to express without realizing it" (p. 171). Novellino says that in treatment these hidden messages can be decoded by the patient with the help of interpretations offered by the psychotherapist.

Unconscious communication also occurs in families. In everyday life, through verbal and nonverbal input, parents give messages to their children that parallel other significant situations from their own experience and history, frequently related to familial script issues. These hidden messages usually appear in the children's adult lives as repetitive behaviors or relationship patterns that might be difficult to understand. These messages can also be decoded during a therapy process.

Based on my research and clinical experience, I suggest four main mechanisms for understanding unconscious transmission of script

from generation to generation: ulterior transactions, psychological games, transference psychodynamics, and projective identification. The analysis of these mechanisms in the client-therapist relationship can be useful for decoding the hidden messages and breaking the generational chain, thus preventing the transmission of the same script to the next generation.

1. *Ulterior transactions*: According to Berne (1961), ulterior transactions occur at two levels simultaneously: the social and the psychological. His third rule of communication states that the behavioral outcome of an ulterior transaction is determined at the psychological not the social level. Through these transactions, script messages are passed unconsciously from parents to their children, the latter of whom end up acting out the hidden psychological message. In alcoholic families, it is common to find one of the children adopting a rescuer role as a way to respond to the unspoken needs of his or her parents.

Another example of unconscious transmission of script involves shameful situations from the lives of previous generations that are usually kept as secrets. These family secrets are commonly transmitted nonverbally by means of ulterior transactions—tone of voice, gestures, attitudes, and facial expressions—although sometimes they are transmitted with words or silences intended to approve or disapprove of specific behaviors.

Bradshaw (1995) affirms that families are as sick as their secrets. Family secrets refer to "unknown knowledge," something people know without awareness because they are hooked into the unresolved emotions encoded in the family communication through ulterior transactions. The family code determines the range of merits, advantages, obligations, responsibilities, debts, guilts, and resentments as learned reactions grounded in the family history. The way to express this "knowledge" is by acting out the family script behavior, as in the case of families in which several generations of single teenage girls become pregnant.

Gender scripts that show ways of thinking, feeling, and behaving—such as "machismo" and codependence—are also encoded in the cultural

script. Ancelin Schützenberger (1993/1998) recalled Margaret Mead saying, “The basic things in any culture and family go without saying. The most important things are taken for granted, never clearly stated, leaving you to guess them through ways of life, hints, or non-verbal communication” (p. 18).

2. *Psychological games*: Berne (1966) defined a game as “a series of ulterior transactions with a gimmick, leading to a well-defined payoff” (p. 364). Ancelin Schützenberger (1993/1988) affirms that “all psychological relational events are motivated by the double structure upon which they are built: the manifest behavioral structure and the hidden obligation structure” (p. 27). This is exactly what transactional analysts mean by games. Psychological games contain a hidden message, an unconscious wish to understand or give meaning to an unresolved issue from the past, even when the intention of the social transaction appears as something different.

For the codependent individual, the typical game is “I’m Only Trying to Help You.” This game serves as a way to continue repeating rescuer script behavior that is used to avoid feelings of guilt related to the “obligation” of being the responsible person in a chaotic situation. As in every game, the roles eventually change so that the codependent person ends up playing Persecutor at some times and usually ends as a Victim while alternating these roles with her partner.

3. *Transference psychodynamics*: In *Transactional Analysis in Psychotherapy*, Berne (1961) affirmed that “scripts belong in the realm of transference phenomena” (p. 116). Moiso (1985) defined a transference relationship as “a relationship in which the patient, in order to reexperience parent-child or primitive object relationships projects onto the therapist his own Parental Ego States” (p. 194).

Transference is not restricted to psychotherapeutic relationships; it also occurs in other close relationships in which the emotional bonds are strong, such as a couple relationship. The transference relationship contains the emotional tone involved in the original psychodynamic relationship experienced with parents in childhood. This way, through a series of

transference relationships, family stories are repeated from one generation to the next.

4. *Projective identification*: Projective identification is a defense mechanism described by Melanie Klein (1957/1994). Laplanche and Pontalis (1968/1987) defined it as a mechanism translated by fantasies in which the person introduces his or her self, totally or in part, onto the object (other person) for purposes of hurting, possessing, or controlling (p. 189). By means of this process, a person projects onto another person his or her unpleasant and unacceptable feelings, thus provoking in the other an experience of those same feelings. As a result, the former can blame or devalue the latter.

This mechanism occurs frequently in codependent relationships without the awareness of the participants. It functions similarly to the transmission of certain viruses, like some venereal diseases, where the bearer does not show symptoms and the couple only manifests it after becoming infected.

Clarkson (1993), quoting Hinshelwood, described projective identification as “a complex clinical event of an interpersonal type: one person disowns his feelings and manipulatively induces the other into experiencing them” (p. 180).

Based on the outcome of ulterior transactions, Conway and Clarkson (1987) discussed the importance of the psychological level in communications. They suggested that ulterior messages may have the force of hypnotic inductions when the person’s Adult is decommissioned. An example of this process involves women who repetitively choose partners who, after a while, change their loving behavior and start rejecting them, just like the woman’s father did in childhood. Another example is a woman who over and over begins a relationship with a man who eventually becomes a problematic partner.

Schore (1994, p. 465) used the work of Melanie Klein to explain the importance of understanding projective identification in psychotherapy with individuals presenting developmental disorders. He described this mechanism as an interactive process in the mother-child relationship where mother’s unconscious information is projected onto her children.

Projective identification seems to be the main way scripts are transmitted from parents to children, and it is involved in all the other mechanisms described earlier: ulterior transactions, games, and transference relationships. It functions as a vehicle for transmitting repressed feelings through several generations, especially feelings related to a history of abuse, neglect, or abandonment in the family. This process frequently involves feelings of shame, and Bradshaw (1988) affirmed that internalized shame is the essence of codependence.

Erskine (1994) defined shame as “a self-protective process used to avoid the affects that result from humiliation and vulnerability to loss of contact-in-relationship with another person” (p. 90). Following a long discussion about the meaning of shame, Hyams (1994) said, “Shame is the deep feeling in the body, mind, and soul tied to physical or psychological abuse and lack of bonding in early childhood” (p. 256).

It thus makes sense that repressed feelings of shame are common in codependent relationships and that they are a vehicle for script transmission as was shown in the cases of family secrets described earlier. The secret is usually disclosed by the patient’s acting out the shameful script story.

English (1969) described the “hot-potato” game to explain the process of passing an episcrypt back and forth. An episcrypt is the transmission of a hamartic script (individual, familiar, social, or cultural) from one person to another, a process in which the defense mechanism of projective identification may be involved.

Description of the Study

The study described here was divided into two phases. The first phase was the construction and validity of the Codependence Instrument (ICOD) for Mexican women (Noriega & Ramos, 2002). This is a screening test of 30 items with responses ranging from 0 (none) to 3 (a lot). The Kappa statistic of .8409 demonstrated a significant level of agreement between the diagnosis by two psychotherapists and the test results. As for testing the validity of the external criteria, the following values were identified: a sensitivity of 76% and a specificity of 69.05%. The preceding statistics were

obtained in order to clarify the score that would identify probable from nonprobable cases of codependency; a cut-off point of 32 or more was established for detecting cases of codependency within a couple relationship. (For details on the complex research methodology used in this study, see Noriega & Ramos, 2002).

A factor analysis with varimax rotation was applied, which produced four factors that were congruent with the conceptual dimensions I observed in my clinical practice: (1) denial mechanism (discounting), (2) incomplete identity development (unresolved secondary symbiosis), (3) emotional repression (Don’t Exist, Don’t Feel, Don’t Think, and Don’t Be a Child in-junctions), and (4) rescuer orientation (Rescuer role in psychological games). Testing for internal consistency of this instrument showed a Cronbach Total Alpha of .9201, which means a high internal consistency.

The second phase of the study was performed with a random sample of women ($N = 830$) who attended a first-level consultation in a health center in Mexico City (Noriega, 2002). Prevalence of codependence was obtained by way of an epidemiology cross-sectional study. Further analysis was conducted using an Odds Ratio (OR) as a measure of association between the following factors (risk factors) in relation to codependence: (1) early affective losses, determined by the following situations during childhood: death of or abandonment by a parent, divorce or separation of parents, neglect by parents, and/or chronic physical or mental illness of a close relative; (2) first-born daughter; (3) family history of abuse; (4) family history of alcoholism in siblings, parents, and grandparents; (5) partner with alcohol dependence or who abuses alcohol; (6) physical, sexual, and emotional abuse analyzed for the two variables related to abuse (family history of abuse and abusive partner); and (7) cultural gender scripts subdivided as feminine scripts (positive) and submissive scripts (negative).

Results

The demographic data showed that women in the study had a mean age of 31 years while their partners had a mean age of 34.42. They had been married or living with their partner

for an average of 10.15 years and had an average of 2.13 children. The prevalence of codependency was estimated at 25%, which means that one in four women were/are affected by codependency.

Significant results were obtained from a multivariate models analysis. This is an epidemiological technique that allows control for confounding and evaluation of interactions for a host of variables with great statistical efficiency. The following results were obtained from the analysis of the aforementioned risk factors in relation to codependence: early affective losses (OR = 2.6); history of emotional abuse (OR = 2.3); father with alcohol problems (OR = 1.9); alcohol dependence in the partner (OR = 4.7); physical abuse by the partner (OR = 3.6); sexual abuse by the partner (OR = 4.2); scripts of submission (OR = 7.6); and the woman's illiteracy (OR = 3.7). Women with a level of schooling equal to or superior to completed secondary school presented a protection factor (OR = 0.544).

An elevated correlation was also found between "scripts of submission" and all the other variables in the study. It was observed that a large majority of women who had a submissive script had suffered early childhood losses (70.4%), a higher frequency than for those without these scripts (59.2%). The correlation between the alcohol variables and scripts of submission was also interesting. It was found that women with submissive scripts showed a higher frequency of having a father with alcohol problems (68.6%) than those without such scripts (61.7%). In addition, submissive women more frequently reported having a partner who abused alcohol or was probably alcohol dependant (51.2%) compared with those who were not submissive (38.8%).

Regarding the independent variables related to abuse problems, within the submissive group, more women were found with an abusive partner (85.9%) compared with those without this script (74.1%). In the same way, the submissive women reported a greater history of emotional abuse (32.7%) than those who were not submissive (19.7%). By means of this correlation, it was also possible to observe that within the submissive group, almost half of the

women were cases of codependency (47.8%), a much larger percentage than in the group of women who were not submissive (10.0%).

Discussion

The data produced by means of this analysis showed an urgent need to continue studying the codependence disorder. This disorder is a problem related to a cultural script that promotes inequality of power between genders; it affects both men and women because it prevents the establishment of healthy couple relationships. This research is the first attempt to develop a scientific line (i.e., a group of people following up on a specific research subject) in Mexico for the study of codependence. The results show that one in four women is affected by codependence, an alarming figure given the fact that this problem is not yet recognized as a mental disorder.

Transactional analysis theory proved to be a useful tool for understanding the psychodynamics underlying codependence. Berne's theoretical concepts of scripts, script transmission, games, ego states, and transactions have been recognized by the scientific community in Mexico as providing both an in-depth and a pragmatic way to understand personality development and human relationships.

The epidemiological design used in this research required that variables be rigorously selected and controlled in order to produce hard quantitative data. After completing the first steps of the research, significant data had been gathered to demonstrate the transmission across generations of the codependence script: 43.7% of the women who were identified as codependents had grandparents with problems of alcohol abuse. This represented a 1.3 (OR) higher risk for developing codependence than for women whose grandparents did not have that problem. However, the design of the study prevented a more in-depth inquiry into the family history of the women interviewed. Nevertheless, evidence of a history of alcohol abuse in grandparents and parents of the women who scored higher than 30 on the screening test was observed. For future research about transmission of the script from parents and grandparents to their children, I recommend

designing a qualitative study that would utilize in-depth interviews, focus groups, and a smaller sample.

As I said earlier, a family history of alcoholism was the variable used to study the transmission of the codependence script from one generation to the next with codependence as the object of study. The data obtained in this study showed that women with a father who abused alcohol have twice (OR = 1.9) the risk of developing codependence over those who do not have an alcoholic father. It is interesting to note that 76.8% of the women with a father who abused alcohol also had grandparents who were alcohol abusers. Nevertheless, the grandparents' variables did not show significant results in the multivariate analysis. This might be due to a memory bias in the women who were interviewed, or perhaps the questionnaires used were not in-depth enough to gather the necessary data for going deeper into the problem.

As the study showed, the higher risk factor for developing codependence was a "submissive feminine script." The results in the multivariate analysis showed that women with a traditional negative feminine script have a 7.6 times higher risk for developing codependence than those without this kind of programming. This variable also correlated with all the other risk factors. This result is important because it raises questions about the common belief that "to be a woman" is, in itself, a risk factor for codependence. The variable "traditional feminine positive script" did not show any significant risk, which shows that the real problem associated with codependence is a negative female cultural script that leads women to play a submissive role in society.

Women with early losses in childhood—such as death, separation, abandonment, or neglect from mother, father, or both, or the chronic illness of a close relative—emerged as a risk factor for codependence that was 2.6 times higher than for those who had not suffered those losses.

The variable "first-born daughter" was studied to see if there was a relationship between birth order, codependence, and the "Don't Be a Child" injunction. The results obtained in the

multivariate analysis were not significant for the first-born child factor, but the questionnaires from the entire sample of codependent women showed a risk 3.8 times higher for presenting behaviors related to this injunction (OR = 3.8). This means that for codependent women, a coping defense in childhood was "growing up fast," which implies exchanging roles with one or both parents. This leads to an alteration in normal childhood development, a problem that can affect not only the first-born child, but any children in the family.

The women with partners who were alcoholic, as opposed to alcohol abusers, showed a risk 4.7 times higher for codependence than those who did not have an alcoholic partner. It is interesting the way these data coincide with the type of partners described by the members of Alanon groups.

Women with a family history of emotional abuse showed a risk 2.6 times higher for developing codependence than those who were not abused in childhood. It is important to note that the variables of a history of physical abuse and a history of sexual abuse did not lead to significant data in the multivariate analysis. This explains the relationship among the three kinds of abuse, where the emotional abuse is always present and therefore adds greater weight.

Women with an abusive partner—both sexually abusive (OR = 4.3) and physically abusive (OR = 3.6)—showed a higher risk for codependence. In these cases, the emotional abuse was not significant; this could explain why adults are less vulnerable than children to emotional abuse. However, this information needs to be researched further, because other studies show severe emotional damage in women exposed to emotional abuse (Chang, 1996).

Analyzing the demographic variables, only "illiterate women"—which meant they did not know how to read or write—showed a risk 3.7 times higher for codependence. The variable "education," which referred to those women who had finished at least high school, showed a protective factor (.544). This data confirms that a lack of education produces major vulnerability for abuse; it also suggests that education is a protective factor for the prevention of codependency.

Conclusions

Codependency is not just a problem associated with alcoholism. It is a relationship disorder also associated with other stressful factors. Codependence is an individual, familial, social, and cultural script that affects mostly women and is continually transmitted from parents to children. The research described in this article reaffirms the need to deepen the study of codependence in Mexico and to collaborate with international organizations from other countries that are doing research on this topic. My hope is that the scientific community will continue to research codependence in depth; it is a mental health problem that, despite the damage that it causes, has come to be considered “normal” in many families and societies and even among many of the women who suffer from it.

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