

# Adult Children of Alcoholics WORKBOOK

Healing Adult Children of Relational Trauma,  
cPTSD and Adverse Childhood Experiences



## Tian Dayton PhD

“Dr. Tian Dayton picked up where Janet Woititz left off in her seminal book *Adult Children of Alcoholics* that literally began the ACoA movement.”

**Gary Seidler, Co-publisher of *Adult Children of Alcoholics* (HCI Books)**



# Foreword

The ACoA (Adult Children of Alcoholics) movement of the 1980s made an enormous contribution to our understanding of addiction as a disease that affects the whole family. Tian Dayton wrote *The ACoA Trauma Syndrome* in 2012 furthering that body of knowledge and deepening our understanding of the family of origin that surrounds addiction, making its treatment relevant once again. In that important and fascinating book, Dr. Tian Dayton picked up where Janet Woititz left off in her seminal book *Adult Children of Alcoholics* that literally began the ACoA movement. Dr. Dayton provided a clear understanding of the body of research on trauma that has become so significant since the ACoA movement began. And she made the connection for the reader between the ACoA syndrome and post-traumatic stress disorder (PTSD) often experienced by children who grew up in addicted families long after they have left their families of origin. She answered their haunting question: “Why am I feeling the pain from my childhood now, as an adult, when I am no longer even living at home?” After the success of that book, she has followed it up with a book that is much more than a book, it actually helps you heal.

We are in the midst of another movement whose time has come, one that has been brought into a new level of intelligence and understanding through the research on neuroscience, attachment, and Adverse Childhood Experiences that has opened the floodgates for millions who experienced

the kind of relational trauma in childhood, that's impacting their physical and/or mental health as adults. More than ever we need to hear the silent scream of the ACOA's, those who were trapped, through no fault of their own, living within the debilitating effects of the disease of addiction. And their forgotten and silenced inner child, who still shadowboxes with the past, burdening their relationships today with the weight of unresolved pain from yesterday. Tian walks the reader/participant through a process of healing that is life-altering, moving the reader from pain to presence.

Having spent my entire professional life creating platforms for some of the major voices of self-help and recovery, I know just how important, joyful, and life-altering this odyssey is.

Over the years of our friendship, I have shared a story with Tian about a chance meeting that became a movement that she has asked me to share as an illustration of how the ACoA movement was an idea whose time had come and how when that's the case, the universe lends a hand in helping it to take shape.

It was spring of 1978 when I met Janet Woititz, waiting at the luggage carousel at Seattle SeaTac airport. My bags didn't make it; neither did Janet's. As we stood side-by-side at the baggage service counter, looking over pictures of luggage and trying to identify our own, something else began to take shape that would change my life forever. We realized we were both heading to the same conference downtown: the annual meeting of the National Council on Alcoholism. We decided to share a cab.

Eighteen months earlier, my partner Peter Vegso and I had traveled from Toronto, Canada, to Miami, Florida, with all of our worldly possessions in my VW bug to begin a new life and a new business in a new country. As young publishing/marketing execs, we had both worked for seven years at the world renowned Alcoholism and Drug Addiction Research Foundation

of Ontario where we established the *ARF Journal*, the first trade newspaper publication designed for professionals in the field of addiction. Now we were striking out on our own to create the US Journal of Drug and Alcohol Dependence, and Health Communication Inc. (HCI), which at that time boasted three pamphlets.

My ears perked up when Janet told me about her follow-up research on ACoAs since I well recalled an elderly social worker in Toronto named Margaret Cork who we had witnessed working with a heretofore silent and unacknowledged group, children of alcoholics (COAs). Week upon week, we looked on as a group of young COAs filed past our offices to meet with Margaret Cork who wrote what was the first (OR groundbreaking) book on the subject, *The Forgotten Children*.

Janet was attending the NCA conference in Seattle to look for a publisher. I suggested HCI—and the rest as they say, is (publishing) history. I read her paper and found it captivating—clear and concise and something truly unique. I shared the information with Peter, and both he and I resonated with what we recognized as a landmark work, not only because of our familiarity with Margaret Cork’s study but also because we both identified as adult grandchildren of alcoholics. So, like so many in this field, our professional and personal interests were overlapping. We surmised that the vast majority of people—especially lay readers—had no knowledge of this term. This was a watershed moment; we knew the world needed to hear Janet Woititz’s message, and we were the messengers.

*Adult Children of Alcoholics* was published by HCI in the fall of 1979. I typeset the book, and Peter printed the first copies, all 112 pages, on our first tiny press. It took two years before the book made it to the New York Times bestseller list in February 1982. It was number one for fifty-four consecutive weeks. Time magazine called it a “publishing phenomenon.”

How could a no-name publisher in Florida with no sales force produce a *New York Times* bestseller? This is the magic of “word-of-mouth” advertising and a movement whose time has come. ACoA support groups, an outgrowth of Alanon, were forming all over the country, and they, in bookstores, found the book, making it a bible for ACoAs.

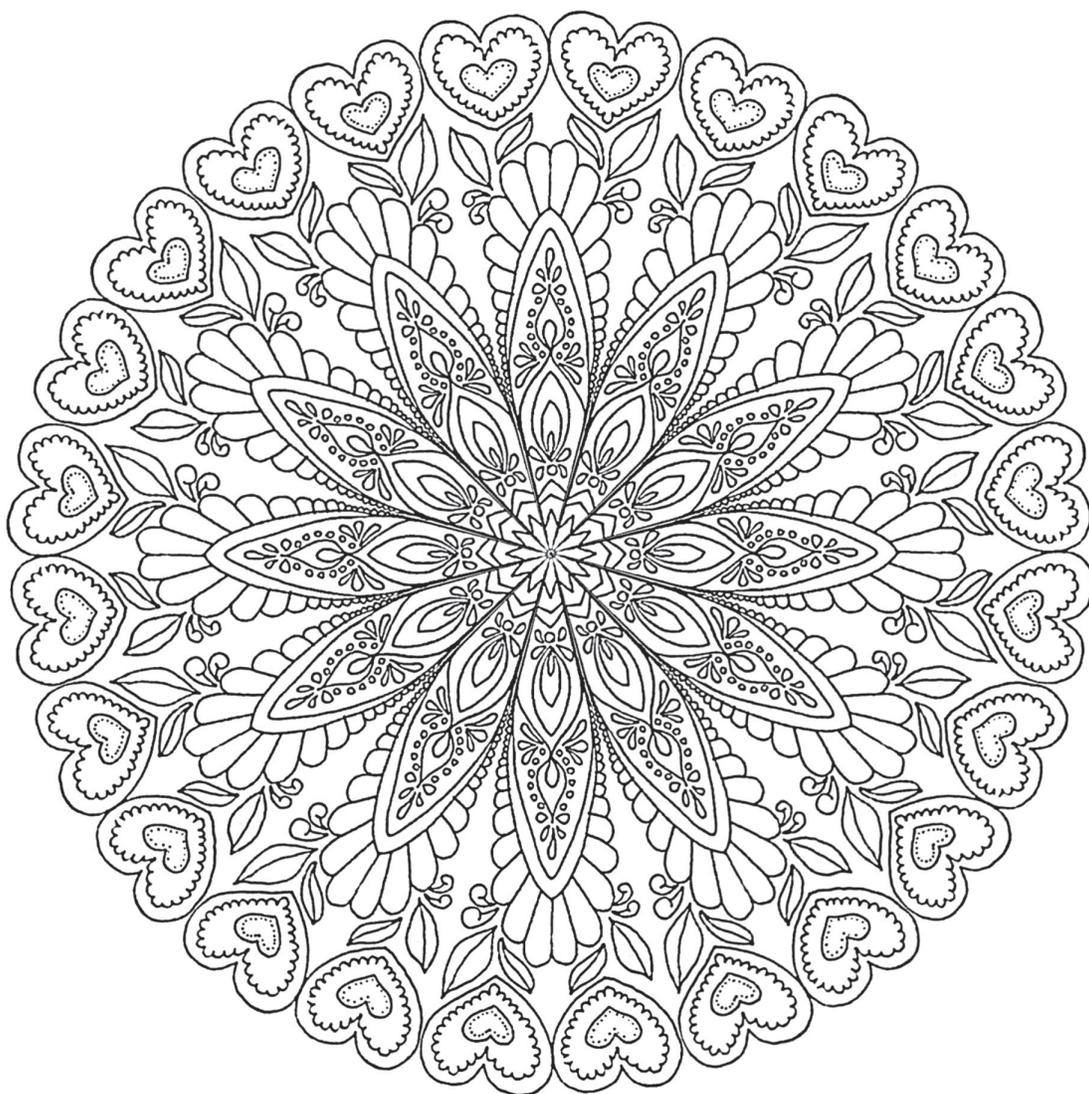
Take this journey with Dr. Dayton—it will change your life.

**Gary Seidler**

*Co-founder Health Communications Inc and U.S. Journal of Drug & Alcohol Dependence*

## CHAPTER 2

# A New Laundry List for ACA's and Adult Children of Relational Trauma



## ***A Laundry List for Adult Children of Alcoholics***

1. *Guess at what normal is.*
2. *Have difficulty in following a project through from beginning to end.*
3. *Lie when it would be just as easy to tell the truth.*
4. *Judge themselves without mercy.*
5. *Have difficulty having fun.*
6. *Take themselves very seriously.*
7. *Have difficulty with intimate relationships.*
8. *Overreact to changes over which they have no control.*
9. *Constantly seek approval and affirmation.*
10. *Feel that they are different from other people.*
11. *Are either super responsible or super irresponsible.*
12. *Are extremely loyal, even in the face of evidence that loyalty is undeserved.*
13. *Tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsivity leads to confusion, self loathing, and loss of control of their environment. As a result, they spend tremendous amounts of time cleaning up the mess.*

Janet Woititz PhD

Our families are our first classroom on relationships. Were we close to our parents? Did home feel safe? When we felt anxious or sad, was there someone we could go to for support and reassurance? Or did we feel we had to manage those vulnerable emotions on our own? Were we comfortable with intimate connection or did we feel a need to build up defensive walls to hide our real feelings because we didn't feel safe sharing them?

If we experienced repeated relational pain and/or rupture growing up, we may carry a fear of deep connection with us into our partnering and parenting. Then the relationships we create as grown-ups can become the arenas in which we reenact our hidden childhood wounds. Frozen pain from the past that is felt over and over again as if it belongs to the present, can be part of a post traumatic reaction. The trauma engendering experiences may be over, but they don't feel over. That old pain keeps getting stirred up by and acted out in new relationships. However more often than not, we don't identify what's going on.

ACA's often talk about a "place they go inside" when they get triggered, they describe it as "being both activated and shut down at the same time, wanting to shut down and flee simultaneously". It's like hitting the gas and the breaks simultaneously. When we're in this kind of state, it's hard to think clearly. All too often we mistake the person or situation triggering us with the full cause of our pain. We don't understand how our history is playing out in our present, how childhood pain is being restimulated and acted out in adulthood.

## How Does Pain from Our Past, Get Recreated and Reenacted in Our Present

All children experience hurt and rupture in their relationships growing up, it's a normal part of life. However, if the rupture is never repaired, if no one sees it or helps us reconnect with the feelings we shut down to stay safe, those unprocessed wounds can remain hidden not only from other people, but from ourselves as well. Then, when these unhealed wounds from the past get triggered, we're at risk for becoming that hurt kid all over again. The very feelings of closeness and vulnerability that are a natural and important part of partnering and parenting can act as triggers restimulating how we experienced closeness and vulnerability as kids.

Because we don't see what's going on, we make the feelings of insecurity, anger, and hurt that are stirring inside of us about the person who triggered them. We see *them* as the problem *them* as the person who is creating all of the pain inside of us. If only *they'd* change, we wouldn't have to feel this way. *We keep creating blind spots.*

But while part of our reaction may indeed be about that person, *our overreaction probably isn't.* Our overreaction may well belong to ghosts from our past. It's unconscious pain from our past that we're importing into our present. And until we face *those* ghosts and heal *that* pain, we may keep sabotaging our relationships in the present with pain from our past and we're unaware that we're doing it.

When we get triggered, we may get invested, stuck, intractable and we don't understand that we're reading what is coming towards us through the traumatized lens of a child. We make the same meaning when we feel rejected or criticized that we did as a child, "I must be bad, I did something

very wrong” but we equally quickly shut it down and deny that feeling within us and we move into other childlike /defensive feelings, “I hate you, you’re so mean”. We hang onto our defenses and projections with the vehemence of a child who feels frightened and wronged. We stand there in the body of an adult, using “grown-up” words, but we feel like the small, hurt and helpless child we once were. And all too often, we don’t know that’s what is happening because as soon as our pain gets triggered, *we defend against feeling it by making it about someone or something else. We go from the trigger to the defense; we avoid feeling vulnerable.*

Then we may see the solution to our pain as getting rid of one relationship and starting another one. But without seeing and right-sizing our own family of origin pain and understanding how it is playing out in our adult relationships, we’re at risk for simply repeating this cycle all over again.

In order to turn the tide a few things need to happen. We need to learn how to understand and acknowledge that when we’re suddenly triggered into an over-reaction, a nerve has been hit. And rather than go straight from being triggered to blame and projection, we have to hit the pause button. Once we pause, we can take some breaths and admit to ourselves that we’re in a triggered state and our overreaction is probably not entirely the fault of that person across from us and that if we blame them for all of our feelings, we’re entering a blame game that will be tough to resolve. However, if we can back up and feel rather than act out our pain, translate it into words and talk about what’s going on inside of us, we can begin to heal rather than recreate our past. Then we can move towards understanding and reconnection rather than blame and disconnection. This is how we use intimacy to grow from. We can separate what’s getting triggered from our past intimate relationships from what is actually

going on in our present ones, we can separate the past from the present. We're leveraging the power of our desire to stay connected in our present day relationships, towards inner growth rather than repetition and reenactment. We're changing the script.

## **The Laundry List for Adult Children of Relational Trauma and Addiction**

In 1983, Janet Woititz wrote her groundbreaking book *Adult Children of Alcoholics*. In it she shared her "laundry list" for adult children of alcoholics that literally started a movement. Another laundry list for ACA's was previously published in 1978 by Tony Allen who started the first adult children of alcoholics meetings. Simply coining the term and giving those of us who were adult children of alcoholics a group to identify with, a name to tell us that we weren't alone, and a symptom list so that we could acknowledge the impact that growing up with parental addiction had had on us that until now had been thought to not even exist, was life-altering.

But since that time the research on attachment, neuroscience, trauma, adverse childhood experiences and PTSD has flooded the mental health field and pop psychology. Throughout this time of advancement, I have been compiling another symptom list for ACA's and adult children of relational trauma. I first published this list in my book *Trauma and Addiction* in 2001 and have continued to elaborate and develop it until now.

The literature on trauma, adverse childhood experiences and neuropsychology has deepened our understanding of how the pain from childhood actually gets recorded in the mind/body and becomes part of our

body and psyche well into adulthood. That's the scary news. The good news, however, is that our neurological systems are "plastic" — they can change, adapt and grow throughout our lives. If unresolved pain is left unattended, if it stays buried and denied, it can develop a sort of psychic half-life, it seeps and leaches into our emotional, psychological any physiological underground and gives root to mental and physical conditions. If, however, we're willing to simply face, feel and share it, miraculous things happen. We learn to think about what we feel rather than run from it. And in thinking, we make sense of what felt senseless. We become whole again.

## **A New Laundry List for ACoA's and Adult Children of Relational Trauma**

**Problems with Self-Regulation:** Broad swings back and forth between feeling overwhelmed with intense emotion then shutting down or going numb, characterize the trauma response. We go from zero to ten, and ten to zero, with no speed bumps in between bypassing four, five, and six. We become uncomfortable living in the middle range and used to living on the edges. Twelve-step programs have found a colloquial expression for this cycling, referring to it as "black and white thinking" or "yo-yoing".

**Hyper Vigilance/Anxiety:** When we're hypervigilant, we tend to scan our environment and relationships for signs of potential danger or repeated relationship insults and ruptures (Van der Kolk 1985). We try to read the faces of those around us so that we can protect ourselves against perceived danger. When we're hypervigilant we're constantly bracing for danger, "waiting for the other shoe to drop," or "walking on eggs shells."

Unfortunately, this may also create problems because we may misread other people's behavior towards us fearing danger even where little exists or become overly reactive to perceived slights, making ourselves hard to be around or even driving a situation toward problems.

**Hyper-reactivity/Easily Triggered:** Living with relationship trauma can over sensitize us to stress. Consequently, we may over-respond to stressful situations blowing conflicts that could be managed calmly out of proportion; we overreact. People who are hyperreactive may become easily triggered. This hyperreactivity can emerge whether in a slow grocery line, in traffic, at work, or in relationships. Stimuli reminiscent of relationship trauma, such as feeling helpless or humiliated can trigger old vulnerability; or being around yelling, criticism; even certain facial expressions may trigger a stronger reaction than is appropriate to the situation for the ACoA.

**Rigid Thinking and Position Taking:** ACA's and ACORT's can get locked into a course of action that they cannot see alternatives to. The all-or-nothing extremes of functioning that are part of trauma, become positions they take that feel momentarily like who they are. They become stuck, frozen in place and highly defended. They have trouble being flexible.

**Emotional Constriction:** Homes that do not encourage the expression of genuine feeling along with the emotional numbing that is part of the trauma response may mean that those who have experienced relationship trauma have a restricted range of feelings that they are comfortable experiencing and expressing. (Van der Kolk 1985)

**Loss of Trust and Faith:** When our personal world and the relationships within it become very unpredictable or unreliable, we may experience a

loss of trust and faith in both relationships and in life's ability to repair and renew itself. (Van der Kolk 1985) This is why the restoration of hope is so important in recovery. It is also why having a spiritual belief system can be so helpful in personal healing.

**Unresolved Grief:** ACoAs have suffered profound losses. There has been the loss of parents to rely on, the loss of family members to addiction and possibly death, the loss of a feeling of safety, the loss of the secure family unit, the loss of trust, the loss of a stable and smooth early development. There are the losses of comfortable family events, rituals, and holidays, and the loss of normalcy and the security of knowing that parents are in the position to parent and meet needs. ACoAs often need to mourn not only what happened, but what never got a chance to happen.

**Traumatic Bonding:** Traumatic bonds are unhealthy bonding styles that tend to become created in families where there is significant fear. Traumatic bonds have a tendency to repeat themselves, that is we tend to repeat this type of bond in relationships throughout our lives, often without our awareness. Trauma bonding is an emotional and psychological response to abuse in which the person being abused forms an unhealthy bond with the person who is abusing them. It occurs primarily when there is an abuse of power or authority. (Carnes 1991)

**Learned Helplessness/Avoidance:** When we feel we can do nothing to affect or change the situation we're in, we may develop learned helplessness, we may give up and collapse on the inside. We may lose some of our ability to take actions to affect change or move a situation forward. We avoid people, places, things that threaten to trigger unresolved, past anxiety. (Seligman, Maier (1967), Dayton (2021), Van der Kolk 1985)

**Confusion:** The cognitive dissonance that results from living with the everchanging realities surrounding addiction, can cause children to doubt their own perceptions. Children sense one thing but are often told that what they see and sense is not really happening. The denial and deception of the addict and often enablers bend their reality. As a result, children can become confused, they learn to doubt their own feelings and their best thinking. Eventually, they may avoid coming to conclusions and decisions and this avoidance can grow into a defense that they slip into, a sort of zone that becomes a familiar hiding place.

**Somatic Disturbances:** Because the body processes and holds emotion we may experience our unconscious emotions as somatic disturbances. Some examples of emotional pain affecting the body are back pain, chronic headaches, muscle tightness or stiffness, stomach problems, heart pounding, headaches, shivering, and shaking. (Van der Kolk 1985)

**Tendency to Isolate:** People who have felt traumatized may have a tendency to isolate and withdraw into themselves when they are feeling vulnerable. They have learned to recoil into a personless world and take refuge in avoiding connection. Isolation is also a feature of depression. Unfortunately the more we isolate, the more out of practice we become at making connections with people, which can further isolate us.

**Cycles of Re-enactment:** The re-enactment dynamic is one of the most common ways that trauma from one generation gets passed down through subsequent generations. We tend to recreate those circumstances in our lives that feel unresolved, perhaps in an attempt to see ourself more clearly and master or resolve our pain or perhaps because we are locked in patterning that is largely unconscious. We repeat and repeat the relational patterns

that are familiar even if they do not work to get us what we really want.

**High Risk Behaviors:** Adrenaline is highly addictive to the brain and may be a powerful mood enhancer and mood lifter. Speeding, sexual acting out, spending, fighting, drugging, working too hard, or other behaviors are done in a way that puts one at risk are some examples of high risk behaviors. (Van der Kolk 1985)

**Survival Guilt:** The person who “gets out” of an unhealthy family system while others remain mired within it, may experience what is referred to as ‘survivor’s guilt’. This is a term originally used to describe what soldiers who left mates on the battlefield experienced. This person may become overly preoccupied with fixing their families because the thought of being happy when their families remain locked in dysfunctional ways of living, can be very disturbing.

**Shame:** For the person growing up in an addicted environment, shame becomes not so much a feeling that is experienced in relation to an incident or situation, but rather a basic attitude toward and about the self. Both shame and guilt can be difficult to identify because they are so pervasive, a part of the very fabric of the personality. Shame, for example, can be experienced as a lack of energy for life, an inability to accept love and care on a consistent basis, or a hesitancy to move into self-affirming roles. It may play out as impulsive decision-making, or an inability to make decisions at all.

**Aggression against Self and Others:** “Being abused as a child sharply increases the risk for later delinquency and violent criminal behavior. In one study of 87 psychiatric outpatients (Van der Kolk et al.,1991) we found

that self-mutilators invariably had severe childhood histories of abuse and/or neglect. There is good evidence that self-mutilative behavior is related to endogenous opioid changes in the CNS secondary to early traumatization.”

**Development of Rigid Psychological Defenses:** People who are consistently being wounded emotionally and are not able to address it openly and honestly may develop rigid psychological defenses to manage their fear and pain. Dissociation, denial, splitting, repression, minimization, intellectualization, projection are some examples of these defenses.

**Relationship Issues:** Those who have experienced trauma within the context of primary relationships may tend to recreate dysfunctional patterns of relating in the present that mirror unresolved issues from the past. This can occur through psychological dynamics such as projection (projecting our pain onto someone or a situation outside the self), transference (transferring old pain into new relationships), reenactment patterns (recreating dysfunctional patterns of relating over and over again).

**Depression with Feelings of Despair:** The limbic system regulates mood. When we are dysregulated in our emotional system through living with the pain and chaos that often surrounds addiction, we may have trouble regulating feelings such as anger, sadness, and fear, all of which may contribute to depression. Research both in animals and in people show that stress or trauma early in life can sensitize neurons and receptors throughout the central nervous system so that they perpetually over-respond to stress. (Van der Kolk) This dysregulation can also morph into having trouble regulating substances and behaviors, in other words it can lead to compulsive self-medication.

**Distorted Reasoning:** We make sense of situations with the developmental equipment we have at any given age. When we're young we make child-like meaning that may be laced with magical thinking or interpretations that are based on the natural egocentricity of the child who feels that the world circulates around and because of them. This kind of reasoning can be immature and distorted. When our family unit is spinning out of control, we may tell ourselves whatever is necessary to allow ourselves to stay connected. We may tell ourselves that our drunk mother has the flu or that our sexually invasive father loves us best. We may deny the truth that is right in front of us in an attempt to make more palatable meaning out of confusing, frightening, or painful experiences that feel senseless. We may carry this distorted reasoning into adult relationships.

**False Self Functioning:** We create a "false self" that is more acceptable to others rather than being our authentic self, a presentation that we imagine will work better in our family system but does not allow us to be our authentic self. The concept of false self came from D. W. Winnecott who used the term "true or real self to describe a sense of self based on spontaneous authentic experience, and a feeling of being alive". He saw the false self as a "defensive façade, lacking spontaneity and feeling dead and empty, behind a mere appearance of being real."

**Learning Difficulties:** The ability to attend in the present can be negatively impacted by trauma. Physiological hyperarousal interferes with the capacity to concentrate and to attend in the present and to make sense of, draw meaning from and learn from experience or teaching. (Van der Kolk, van der Hart, Burbridge)

**Body/Sleep Problems:** Our body sometimes does our feeling for us if we can't feel and heal it consciously. Emotion gets stored in a sensitive body part, we feel plagued by anxieties that surface during the night disturbing our rest, we may experience sleep problems, such as nightmares, or flashbacks that intrude on our relaxation. (Van der Kolk 1985)

**Loss of Ability to Take in Caring and Support from Others:** The numbing response and the mental preoccupation along with the emotional constriction that is part of the trauma response may lead to a loss of ability to take in caring and support from others. Additionally, as mistrust takes hold, our willingness to accept love and support may lessen. We're perhaps afraid that if we let our guard down if we let connection feel too good, we'll only set ourselves up for more pain when the inevitable happens and we're disappointed again and again. So, we protect ourselves as best as we know how imagining that by avoiding meaningful connection we will also avoid hurt. (Van der Kolk 1985)

**Desire to Self-Medicating:** The emotional, psychological and physiological setup that accompanies relationship trauma, can lead to self-medication; in which we seek a chemical solution for human problems. (Van der Kolk 1985) Self-medication can seem to be a solution in the immediate moment, as it really does make pain, anxiety, and physiological disturbances temporarily disappear, but in the long run, it creates many more problems than it solves. As addiction creates life complications, we reach for more and more medication to manage the increasing turmoil in our inner and outer worlds. All too often the ACoA becomes an addict, part of getting and staying sober for this person will be facing the pain and trauma they carry from growing up with addiction.

*@ Tian Dayton PhD*

## The Continuum of Childhood Trauma and PTSD

There is no one size fits all approach to how affected one becomes and in my experience, it helps not to take the list on as a whole. We're all different and as children we were not all affected in the same way. The buffering factors around us also go a long way to being protective and those are different for each person. Because I want you to personalize these symptoms according to how you experience each one, I have put them on a graph page rather than simply a list or self-test. This way you can decide how much or how little you experience any one of them.

As Pete Walker beautifully put while discussing cPTSD ."the biggest trauma is not being allowed to develop a positive relationship with yourself...." (personal communication 2023).

# ACA/ Childhood Relational Trauma Symptom List

Instructions: Rate each symptom from the list below as a percent that describes how much or how little of each manifestation of trauma you experience in your own life today.

## 1. Problems with Self-Regulation

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

## 2. Hyper-reactivity/Easily Triggered//Anxiety

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%  
%

## 3. Emotional Constriction

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%  
%

## 4. Loss of Trust and Faith

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%  
%

## 5. Unresolved Grief

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

## 6. Traumatic Bonding

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

## 7. Learned Helplessness//Collapse

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

8. Somatic Disturbances

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

9. Tendency to Isolate

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

10. Cycles of Re-enactment//Repeating Painful Relationship Dynamics

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

11. High Risk Behaviors

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

12. Survival Guilt

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

13. Shame

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

14. Aggression against Self and Others

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

15. Development of Rigid Psychological Defenses

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

16. Relationship Issues

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

17. Depression with Feelings of Despair

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

18. Distorted Reasoning

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

19. False Self Functioning

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

20. Learning Difficulties

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

21. Sleep Problems

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

22. Loss of Ability to Take in Caring and Support from Others

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

23. Desire to Self-Medicate

0% \_\_\_\_\_ 50% \_\_\_\_\_ 100%

Which symptom draws you or pops out at you as being one that you struggle with? Name it and say a bit about why you chose it.

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Are there others that you could also have named? Write them down and say a couple of sentences about why you chose them or how they show up in your life.

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Do you identify any of these issues as being very present in your family of origin? Share about that.

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Which issues do you struggle with the most?

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Do you feel that you are recreating any of these symptoms/issues in your own family or relationships today, say with spouses, children, friends or co-workers? Share about that.

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Are you passing on the pain, hurting others as you have been hurt? If so, how might you be doing that and who are you hurting ?

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Are there any of these issues that you feel helpless around, as if nothing you can do will change things for the better? If so, which are they and can you identify a moment or relational dynamic when this feeling of helplessness may have set in?

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What things might you be able to do to restore a sense of control, balance or agency? E.g. Do you need to do more to take care of yourself? Do you need to lower your expectations or give up a wish that someone will magically change?

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Do you have a sense of “survivor’s pride” around meeting some of the challenges you faced as a child? If yes, say something about that. Write down three things that you feel a sense of pride and empowerment around.

1

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2

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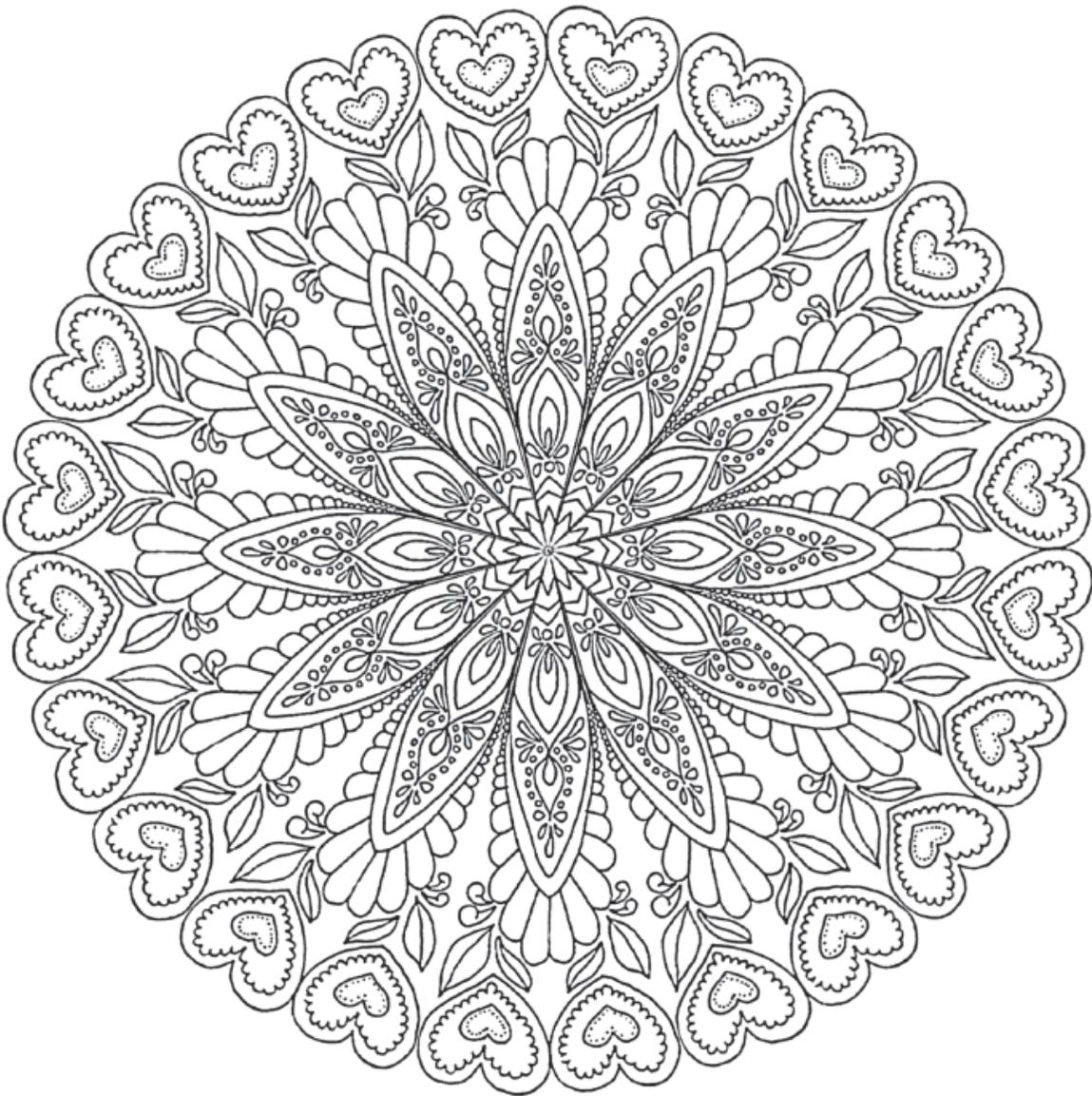
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## CHAPTER 7

# Anxiety, Fear and Codependency



*“A co-dependent person is one who has let another person’s behavior affect him or her, and who is obsessed with controlling that person’s behavior.*

*Once they [you/we] have been affected---once “it” sets in---codependency takes on a life of its own. It is similar to catching pneumonia or picking up a destructive habit. Once you’ve got it, you’ve got it. If you want to get rid of it, YOU have to do something to make it go away. It doesn’t matter whose fault it is. Your codependency becomes your problem; solving your problems is your responsibility.”*

*Melody Beattie, Codependent No More*

*“The most socially acceptable addiction is compulsive helping.”*

*Robert Lefever MD, family doctor and addiction specialist*

When we see codependency as rooted primarily in a set of behaviors, we may think that changing those behaviors will help us become less codependent; for example, that by erecting firmer boundaries we can maintain our sense of self as our own; and avoid that queasy, mind-bending experience of falling down somebody else’s rabbit hole, of conflating our insides with theirs. But until we understand our own inner world as ACA’s, we may erect boundaries that are growing out of childhood anxieties, desperation and unconscious fears. These kinds of boundaries can feel rigid to others or carry with them an active underbelly of unprocessed childhood anger, immaturity or even a tacit demand that another person has to do as we want them to do to stay close to us.

Codependency is not an intellectual fix. Its roots are deep and its healing needs to be deep; it is relational trauma healing. Although behavior changes are always a part of growth and recovery, we owe it to ourselves and the people we love to take a deeper look at what might be driving what we think of as codependent behavior, so we don’t keep passing

down the pain by mindlessly acting it out. Otherwise, our behavior changes may be “fixes” rather than reflective of an “inner transformation”. Healthy dependency is an important part of any deep relationship. If we heal our early pain, we’re more likely to be able to tell the difference between healthy closeness and codependency.

I see codependency as an outgrowth of unconscious relational trauma that still needs processing. It is pain that gets played out through what we think of as codependent attitudes and behaviors. Codependency can be a magnification or symptom of the kind of hyper-vigilance, anxiety, overwhelm and/or collapse that we experienced growing up around family chaos. It grows out of the fear of feeling overwhelmed and unsafe, it grows out of attachment trauma.

## Connection Comes First

For a child closeness to our parent is both a survival instinct and safety strategy. That’s why when we grow up with addiction and dysfunction, we do what we need to do to stay connected, even if it means placing their needs above our own. When our parents’ behavior towards us feels like it is spinning out of control, whether from abuse, neglect, fawning, drunkenness or all of the above, we move straight into action. We take on the adult role of manager, imagining with our childlike reasoning, that by making *them* feel better *we* will feel better. We take care of them *first*, so we can keep the family from capsizing, we try to parent them.

Then later when we partner we carry this dysfunctional set-up into our adult relationships. We have trouble regulating our emotions and behaviors in intimate connection. We have a hard time knowing

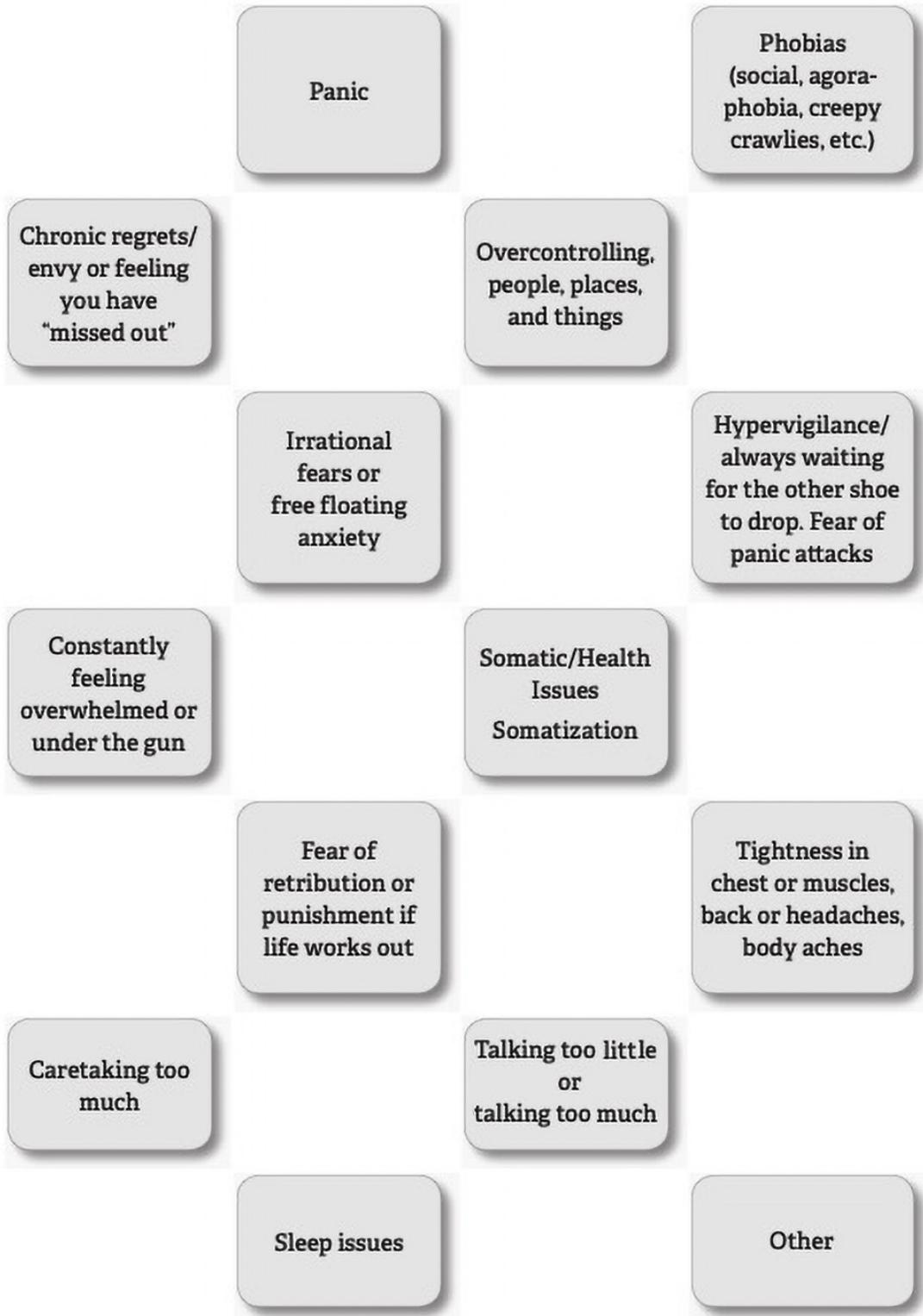
what normal is and what healthy boundaries feel like. If someone acts in a way that triggers OUR hidden or even denied childhood pain - the pain we don't "know" is there - we lose our footing. We get scared but we don't know we're scared. It's unconscious. We don't easily identify our needs and wants and feel guilty taking care of ourselves. We take care of someone else to insure our own supply of love from them; to avoid experiencing the kind of disappointment and rejection we felt as kids.

Or when we parent, we can be immature because we parent from the frozen, parentified child within us. We don't see our kids as kids and us as the parent; we have role confusion. And/or we have unmet needs for safe intimacy that we want our kids to fulfill. Rather than feel and process our fears in a mature, emotionally intelligent way so they can tell us how we feel and what we might choose to do next, we swing into action; we fix, control and placate; we get obsessed with another individual's life. We project our pain and make it about someone else, rather than feeling it, because once these old, hidden and often denied wounds get triggered, reliving them is so distressing and disequilibrating. That's why we try to manage *someone else*, so we can *calm down inside ourselves*. And that's what we call codependency.

Closeness inevitably involves an identification with and an adjustment to, another person. But for someone carrying unresolved attachment trauma it can become identity confusion and fusion, rather than functioning as two, inter-dependent selves.

The following exercise is a way for you to face your fears, to understand them better and make friends with them.

## How Do My Fears and Anxieties Manifest ?



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Glance over the squares and see what word or words draw you. Share about why you think they popped out at you.

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What part of your body do you feel this feeling in? Describe the physical sensations, if any, that accompany the feeling.

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How do you breathe at moments when you are feeling like this? Do you remind yourself to breathe? Do you stop breathing or shorten your breaths?

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What situations trigger this feeling in you? And once the feeling is triggered where do you go in your head?

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What body sensations do you experience when you get scared or anxious, how do they influence how you feel and act?

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Do you have “free-floating” anxiety that you project onto circumstances or onto others in your life? Do you make sense of anxiety that you feel by making it about someone else, getting obsessed or wanting to fix? Say a bit about that.

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Have you ever felt these kinds of anxieties, fears or something like them as a child? If so, can you talk about that?

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What can you do for yourself or say to yourself right now, that will let you feel better in this moment?

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## How to Use This Workbook

**At Home:** If you're using this at home, feel free to skip around and do whatever pages or sections call to you or help you to process where you are at any given time.

**In One-to-One Therapy:** This can be homework between one-to-one therapy sessions that can be brought in and used as a springboard for further processing or work.

**On Zoom:** The exercises in this workbook can give zoom groups some added interest. For example, *The Trauma Timeline* or *Social Atoms* can be done in group and shared one at a time or, if the group is large, shared in breakout groups. The floor checks can be done as spectrograms (see RTR-Sociometrics.com). Additionally, group members can do parts of the workbook as homework and bring it into the zoom group to share and process further.

**In Coaching/ Sober Homes or Peer Support Groups:** Group members can move through this workbook together, small sections at a time. They can also read my books *The ACoA Trauma Syndrome* and/or *Emotional Sobriety*, to gain further knowledge as they move through the process together. *Forgiving and Moving On* is an affirmations book I wrote that people also find helpful in feeling held and understood in healing from relational trauma.