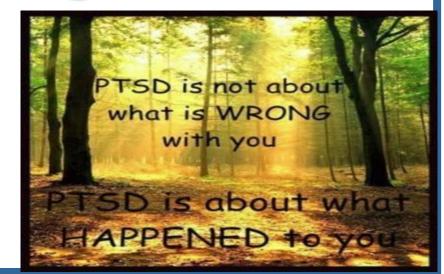


Social Construction of the Abuse Experience: Traumatic Bonding or Co-Dependency?

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Introduction

In the consultation room, counselors and clients work together in a collaborative manner to understand the client's thoughts, feelings and experience. The client is an expert in his or her experience and the counselor has expertise in human behavior and the human condition generally. Together, the client and therapist socially construct meanings that enable the client to attain well-being and personal growth. Client healing and growth is thus somewhat dependent on the counselor's understanding of the human condition and psychological disorders, as this understanding plays a role in socially constructed meaning.

What do counselors understand about why victims of intimate partner violence (IPV) become entrapped in abusive relationships?

In a preliminary study, Leedom and colleagues (2016) surveyed 598 victims of IPV who had participated in individual and/or couple therapy with their abuser. Victims discussed aspects of therapy that were helpful, unhelpful and blaming, in narrative accounts of therapy interactions. A substantial minority (20%) of victims complained that therapists blamed them for the abusive relationship by:

- 1. Stating that the tendency to want to be in the abusive relationship was part of the victims' personality (victims were labeled with the term co-dependence).
- 2. Stating that the victim "chose" to enter or remain in the relationship, in spite of the abuse.

Examples of therapist responses are given below.

Examples of Therapist Invalidating Responses

- "Pointing out all the red flags, which I myself had already identified, and asking why I didn't leave at the point of recognizing red flags, she blamed my co-dependency. Not helpful."
- "She suggested I attend 12 step meetings for Love Addiction, and/or related groups. I followed her suggestions. She suggested I may be a codependent or a love addict. I felt I had an attachment disorder, but that was my idea. She didn't clarify for me how I might improve my issues surrounding healthy/unhealthy attachment."
- "Based on my childhood, she said I was codependent and I took that as a statement that I was also to blame for my abuse."
- "I was told I was co-dependent and told to ignore what had been done to me and focus on my own co-dependent contribution to my situation."
- When I discussed the abusive behavior of my now ex-husband. I mentioned that his 3rd wife would most likely suffer the same abuse. The therapist said to me "Don't you think he could be different with a different person?" I said "Because I deserved to be abused and she does not?"

Purpose

The purpose of the present study was to explore the social construction of medical knowledge with respect to abusive relationships and co-dependence. We determined how therapists and researchers:

- 1. Define co-dependence
- 2. Make attributions regarding the cause of codependence

We then compared the co-dependence construct to other diagnostic constructs and traumatic bonding.

We ultimately hope to create educational interventions for therapists that might prevent victim blaming and the distress that accompanies that invalidation.

Hypothesis

Our hypothesis is that abuse in intimate and family relationships is associated with a bond actually strengthened by the abuse. Therapists, who are unaware of attachment and traumatic bonding, attribute client symptoms to a personality disorder (co-dependence) as opposed to the situation (the traumatic bond). The definition of co-dependence as described in the literature will reflect the effects of traumatic bonding,

Methods

An exhaustive search of Psych Info was undertaken using the terms co-dependency, co-dependent and "trauma bond". Measures of these constructs were obtained and the items contained in the measures of co-dependency were examined for themes relating to attachment, bonding and trauma related disorders.

Results

The literature search revealed 59 empirical studies of the co-dependency construct. These included 7 published quantitative rating scales for the construct:

- 1. Diagnostic Criteria for Co-Dependent Personality Disorder (Cermak, 1986).
- 2. Spann Fischer Codependency Scale (Fischer, 2009).
- 3. Holyoake Codependency Index (Dear and Roberts, 2004).
- 4. Codependent Questionnaire (Roehling and Gaumond, 1996).
- 5. Codependence Checklist (Engs and Anderson, 1987).
- 6. Adult Children of Alcoholics Instrument (La Marr et.al, 1998).

An examination of the quantitative rating scales revealed the following themes:

- -Loss of power and subordination
- -Caregiving responses
- -Hyper-focus on others needs
- -Pleasing others
- -Doing things for others
- -Neglect of self
- -Symptoms of PTSD

Results Continued

There was one empirical study of traumatic bonding in victims of domestic violence. In this study, strong bonding was associated with power imbalance and intermittent abuse (Dutton and Painter, 1993).

Two studies linked scores on co-dependence inventories to familial abuse experiences (Carson and Baker, 1994; Reyome et.al, 2010).

Idaho Co-Dependency Scale

There was also one prototype rating scale. The Idaho Co-Dependency Scale (Harkness, 2001) is a prototype scale where the clinical vignettes illustrate a continuum of severity that indicates a score of 100 correlates with a strong bond to a highly intermittently abusive person resulting feelings of loss of power.

Client is a 28 year old female married to a man who beats her regularly. She has children by a previous relationship that have been taken away by the welfare department. This woman has virtually no identity of her own. She attaches herself to a man and sticks by him no matter what She will lie for him and refuses to file charges even when seriously harmed. She even prioritizes him over her own children. She only expresses fear in crises but her emotion is flat at other times. She changes her emotions and behavior and thoughts to accommodate her man.

Discussion

The actor observer phenomenon is the "pervasive tendency for actors to attribute their actions to situational requirements, whereas observers tend to attribute the same actions to stable personal dispositions" (Morrow and Deidan, 1992). For the counselor and client, this phenomenon means that the counselor blames the client and the client blames the situation. Given the themes found throughout the co-dependency rating scales, there appears to be a relationship between codependency and traumatic bonding. Co-Dependency is a social construction that describes a traumatic bond.

When the concept of co-dependency was first developed by participants in Alcoholics Anonymous, the power of abuse/trauma to strengthen family bonds was not recognized. Interestingly, the co-dependency scales contain items diagnostic of PTSD. The highest scoring "co-dependence" prototype is a victim of domestic violence who suffers from PTSD symptoms. Of course, further research on this subject is needed to identify interventions for the therapist who works with the client who suffers from PTSD or traumatic bonding.