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THE RELATIONSHIP BETWEEN A CODEPENDENT INDIVIDUAL'S  
CURRENT PROBLEMS AND SIGNIFICANT EVENTS FROM EARLIER YEARS

by

ALICE FORLER

A Master's Research Project in Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

OTTAWA UNIVERSITY

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THE RELATIONSHIP BETWEEN A CODEPENDENT INDIVIDUAL'S  
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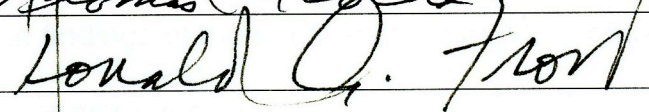
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## ABSTRACT

This research explored the problems experienced by adult codependents as a result of childhood abuse. The purpose of this study was to assess the relationship between the problems experienced by a sample of adult codependents and the experience of childhood abuse to discover if the problems experienced by adult codependents who have a history of childhood abuse differ from those experienced by adult codependents who do not have such a history.

Descriptive research was used to explain the specific problems adult survivors of childhood abuse experience, and to assess the relationship between current problems and significant events from earlier years.

The researcher administered the Wounded Inner Child questionnaire adapted from Bradshaw (1990) to 31 volunteers, 25 of whom were 12 Step Program participants and six who did not participate in any 12 Step Program. A yes answer to ten or more items indicated harm had been done to the inner child. The findings of the study showed that 20 of the 31 respondents answered yes to ten or more questions.

The purpose of the study, to show a relationship between codependency and childhood abuse, was only partially achieved, however, considering that approximately two thirds of the respondents answered ten or more questions with a yes indicates that a wounded inner child causes problems for adults with other than codependency problems.



## DEDICATION

To my husband, who has always believed in me; my daughters; trusted therapist; editor; grandchildren; trusted and greatly loved dog; patient teachers and good friends. A sincere thank you to each and every one.

# TABLE OF CONTENTS

CHAPTER 1 - THE PROBLEM	1
Introduction to the Study	1
Background	1
Statement of the Problem	2
Purpose of the Study	3
Research Question	3
Theoretical Basis for the Study	3
Significance of the Study	5
Definition of Terms	6
Assumptions and Limitations	7
Organization of the Remainder of the Study	8
CHAPTER 2 - LITERATURE REVIEW	9
Introduction	9
Historical Perspective	9
Developmental Theories	12
Personality Disorders	16
Codependency	20
Adult Survivors of Child Abuse Heal the Wounded Inner Child	22
Structural and Transactional Analysis	25
Summary	27
CHAPTER 3 - METHODOLOGY	30
Introduction	30
Identification of Research Methodology	30
Description of the Methodology	31
Sample and Population	31
Procedure	32
Instrumentation	32
Data Analysis	34
CHAPTER 4 - PRESENTATION AND ANALYSIS OF THE DATA	35

CHAPTER 5 - SUMMARY, CONCLUSIONS AND RECOMMENDATIONS . . . 39

    Summary . . . . . 39

    Conclusions . . . . . 39

    Recommendations . . . . . 42

REFERENCES . . . . . 45

APPENDIX A - WOUNDED INNER CHILD QUESTIONNAIRE . . . . . 47

## TABLE OF TABLES

Table 1 - Respondent Demographics .....	36
Table 2 - Frequency Distribution of 31 Test Scores .....	37
Table 3 - Comparison of Scales Responses .....	38

# CHAPTER 1

## THE PROBLEM

### Introduction to the Study

This study explores the effects of childhood abuse on some adult codependents to determine whether there is a relationship between developmental delay and present problems experienced by adult survivors of child abuse. The study uses a quasi-experimental design to determine if the results of an assessment instrument indicate that developmental problems experienced by codependents who were abused are similar to those who were not abused in order to decide if a developmental treatment approach could be effective with both groups.

### Background

In working with adult survivors of abuse, the researcher came to believe that therapists who treat codependents could benefit from using a developmental approach when seeking to identify deficits resulting from the abuse.

Erikson's developmental theory described the progressive unfolding of the organization of behavior (Hasselt and Hersen, 1987). Erikson's (1968) eight-stage developmental framework was used to determine if the effects of abuse can be traced backward to the origins of the symptoms.

Each of the early childhood stages provides a foundation for adult life.

Every one of these stages requires very specific kinds of physical and emotional nourishment and care at precise times and in a precise sequence. When these needs are not met at the proper time and in the proper sequence, one may become an adult with unmet dependency needs (Corsini, 1973). According to Leehan and Wilson (1985), it is believed that most of these problems can be directly traced to childhood experiences marked by frequent, continued physical or sexual abuse or neglect. Codependent adults often report these problems, but not all codependents are victims of childhood abuse. It would be helpful to therapists to understand how the problems of codependents differ if they have a history of childhood abuse.

### **Statement of the Problem**

It is assumed that when a person moves into adulthood, the effects of the abusive background disappear. Until a former abuse victim is identified as an abusive parent, the community offers them no treatment. People will not be compensated for the deficiencies they may have experienced in their developmental process unless and until they are recognized, taken seriously, and corrected (Leehan and Wilson, 1985).

Certain problems experienced in adulthood have been seen to be related to abuse in childhood. Many of these adults seek treatment for codependency; however, not all adult codependents have a history of childhood abuse. If the



problems experienced by codependents who were abused are similar to those who were not abused, then a developmental treatment approach could be effective with both groups (Frost, 1995).

## **Purpose of the Study**

The purpose of this study was to assess the relationship between the problems experienced by adult codependents and the experience of childhood abuse.

## **Research Question**

Do the problems experienced by adult codependents who have a history of childhood abuse differ from those experienced by adult codependents who do not have such a history?

## **Theoretical Basis for the Study**

The theoretical framework of this study utilizes Hugh Missildine's (1963) concept that everyone carries an "inner child of the past," namely, a set of feelings and attitudes brought from childhood that continue to exist in their adult lives. Thus, the inner child of the past influences the adult, not only in the general cultural attitudes of their parents toward food, home life, religion, education, sex and money, but particularly in the attitudes that their parents had toward them. Missildine states:



Life, as you understand it and live it, was learned in this past setting. Whatever its peculiarities, you gained from your family the feeling of being at home. It is this feeling which your inner child of the past constantly seeks. (1963, p. 40)

Missildine (1963) theorized that the fact that everyone was once a child has an important bearing on their adult life. In trying to be adults, people mistakenly try to ignore their lives as children, discount their childhood and omit it in their considerations of themselves and others.

The next foundational concept in this study is codependency. Robert Subby (1984) defines codependency as:

An emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules—rules that prevent the open expression of feeling as well as the direct discussion of personal and interpersonal problems. (p. 26)

Codependency is a term that has been widely used within the chemical dependency field over the past several years, but it is often misunderstood. Originally, codependency was used to describe the person or persons whose lives were affected as a result of being involved with someone who was chemically dependent. The codependent spouse, child or lover of someone who was chemically dependent was seen as having developed a pattern of coping with life that was not healthy, as a reaction to someone else's drug or alcohol abuse. Many professionals are coming to realize that these codependent

patterns of coping do not necessarily develop solely as a result of having lived with a chemically dependent person (Subby, 1984).

The last area on which this study is based is the effect of childhood abuse on the surviving adult. Farmer (1989) declares that no matter how else a person may have been abused, it is the effects of emotional abuse that are at the core of the problems that still plague the person as an adult. The emotional abandonment experienced as a child not only was painful but leaves a person in a constant state of internal deprivation. Gannon (1989) believes the effects of childhood abuse can explain a person's unhappiness with life as an adult. The impact of child abuse, for adult survivors burdened by the shame, fear, and betrayal of the past, is not knowing where to go for love or how to act in their own best interests (Gannon, 1989). The tragedy of child abuse is that it leaves its victims estranged from the healthiest, most resilient parts of themselves.

### **Significance of the Study**

The results of this study provide mental health workers with a conceptual framework with which to look at current behavior with an understanding of the origins and functions of symptoms based on the person's early history. This framework gives counselors a psychosocial perspective for understanding developmental issues as they appear in therapy.

Counselors who work within a developmental perspective are able to see a continuity in life and to see certain directions their clients have taken. This

perspective gives a broader picture of the client's struggle, and clients are able to discover significant connections among the various stages of their life (Corey, 1991). Those who were abused as children also need reassurance that they are not permanently maimed, that many of their efforts to cope and put their past behind them have made them strong and capable individuals (Leehan and Wilson, 1985).

## **Definition of Terms**

**Borderline Personality Disorder:** A personality disorder characterized by intense fluctuations in mood, self-image, and interpersonal relationships (Sue, Sue, & Sue, 1990, p. G-2).

**Codependency:** An emotional, psychological, and behavioral condition that develops as a result of a person's prolonged exposure to, and practice of, a set of oppressive rules which prevent the open expression of feeling as well as the direct discussion of personal and interpersonal problems (Subby, 1984, p. 26).

**Depersonification (also Appersonation):** Within a family, a serious and long-lasting distortion of the children's developing identity (McArthur, 1988).

**DSM-III-R:** The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association which contains the diagnostic categories and criteria for differential diagnosis of abnormal behavior (American Psychological Association, 1994).

**Dependent Personality Disorder:** A personality disorder characterized by extreme reliance on others and unwillingness to assume responsibility (Sue, Sue, & Sue, 1990, p. G-4).

**Evil:** A proposed new personality disorder defined by F. Scott Peck as consistent destructive behavior directed at other people, covert excessive intolerance to criticism, pronounced concern with public image and intellectual deviousness (Peck, 1983, p. 130).



Inner child: "The Child within refers to that part of each of us which is ultimately alive, energetic, creative and fulfilled. It is our real self—who we truly are." (Whitfield, 1987, p. 1).

Object Relations: Past interpersonal relations that shape and affect the individual's current interactions with people (Sue, Sue, & Sue, 1990, p. G-10).

Oedipus Complex: The process during which a male child desires sexual possession of his mother and wants to eliminate his father: eventually resolved by identification with the father (Sue, Sue, & Sue, 1990, p. G-10).

Preoedipal Period: The developmental stage preceding the Oedipus Complex, according to Freudian theory. (Sue, Sue, & Sue, 1990, p. G-10).

Wounded Inner Child: Unresolved grief from childhood resulting from abandonment, abuse in all forms, the neglect of childhood developmental dependency needs, and the enmeshments that result from family-system dysfunction (Bradshaw, 1990, p. xi).

## **Assumptions and Limitations**

A major assumption of the study was that the respondents to the questionnaire used in this study provided truthful responses despite the possibility that not all respondents were equally aware of the important role childhood plays in determining the types of problems experienced in adulthood.

The study assumes the instrument is both valid and reliable. One limitation to the use of this instrument was the forced-choice nature of the questions because the questionnaire does not have the capacity to assess degrees of variance or range in answers.

Another limitation was the sample population. The respondents were drawn from Codependents Anonymous groups of people who are in recovery for codependency. There are those in the general population who may suffer from

codependency and are not aware of it. The general population may have come from an abusive background but because of lack of awareness or a denial of their codependency there would be no way to make a correlation between childhood abuse and adult codependency. Consequently, it may not be appropriate to generalize the results of this study to the general population.

### **Organization of the Remainder of the Study**

Chapter Two presents a review of the literature, including information on the historical perspective of early deprivation in childhood, developmental theories, and personality disorders. Also included is a review of structural and transactional analysis, inner child of the past, and the wounded inner child. The last section looks at codependency, treatment of codependency, parenting and early childhood experience, and adult survivors of child abuse.

Chapter Three describes the methodology of the study, including the identification and description of the methodology, description of the sample, instrumentation, and data collection procedures.

Chapter Four presents the findings and results of the study. Chapter Five offers an overview of the study, conclusions and recommendations of the study. Appendix A contains the questionnaire used for the study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Introduction**

The purpose of this study was to assess the relationship between the problems experienced by a sample of adult codependents and the experience of childhood abuse.

This chapter includes information on the historical perspective of early deprivation in childhood, developmental theories, and personality disorders. Also included is a review of structural and transactional analysis and the wounded inner child. The last section looks at codependency, treatment of codependency, and adult survivors of child abuse. A summary briefly reviews and highlights important points from each of the topics.

#### **Historical Perspective**

The concept of the inner child residing within the adult has been a part of world culture for at least two thousand years. Carl Jung called it the "Divine Child," Emmet Fox called it the "Wonder Child," and Rokelle Lerner and others in the field of chemical dependence call it the "inner child" (Whitfield, 1987, p. 1).



Bradshaw (1990) describes a child as naturally filled with wonder and spontaneous living in the here and now. As adults, the natural child remains as the inner child.

Affectionate maternal behavior with its enduring, positive, and pleasurable contacts with the infant; watchful attention and awareness of conditions affecting the infant's activities and emotions; and tenderness (Weil, 1992) nurtures the inner child into adulthood. Bradshaw (1990) refers to the "wounded inner child" as one who reaches adulthood after suffering emotional deprivation from lack of maternal empathic care and affection during infancy.

During the past fifty years, much has been written about symptoms associated with emotional deprivation among infants. Today, the individual pieces of information contributed from numerous disciplines have been fitted together to form a dynamic picture of emerging symptoms and the connections between early deprivation of empathic care and the emergence of complex emotional symptoms during adulthood (Gannon, 1989).

Focus upon the long-term symptomatic effects of early emotional deprivation has been of particular interest during this past decade "at a time when investigators are concluding that extreme deprivation during infancy constitutes one of the most serious forms of child abuse" (Weil, 1992, p. xiii). This concept was summarized by a *New York Times* headline: "Emotional Deprivation Seen as Devastating Form of Child Abuse" (Brody, 1983, p. C1).



According to Weil (1992), historical findings were collected, organized, and summarized in a study done by two Czechoslovakian investigators, J. Langmeier and Z. Matejcek, at the Postgraduate Medical Institute in Prague. This study included an extensive bibliography of relevant sources and provided a wealth of material which otherwise would have been difficult to recover. Weil (1992) presented these case histories of deprivation in children chronologically:

1540 - Cursory interest in children who had been severely deprived during infancy arose when the case of a three-year-old Cession boy raised by wild animals was first described.

1767 - Linnaeus reported ten cases of children raised by wild animals.

1940 - Thirty-one relatively well-authenticated cases of children raised in isolation in the home or in the wild were reported. One of these children was "The Wild Boy of Aveyron" raised in the wild at the end of the eighteenth century. Kasper Hauser was recovered from a dark cellar in Nuremberg in 1829. The "Wolf Children," Amala and Kamala, who were found far from civilization in 1920.

Weil (1992) reviewed and summarized more recent case histories of eight partially or completely socially isolated children. He found these case histories to be less accurate than might be expected but offered a number of tentative conclusions, such as: (1) Social isolation was the most deprivational situation; (2) mental development of the child was grossly retarded; (3) speech had not developed at all; and (4) the child appeared to be severely retarded and were regarded as such. Even in cases where improvement occurred in intellectual development, serious personality disorders remained.

These children are at first fearful of people; later relationships are unstable, undifferentiated, strikingly obsequious, and reflect an insatiable demand for love and attention. Sexual behavior is either autoerotic or uncontrolled and indiscriminating. Emotional behavior is ... characterized by a hunger for intense stimulation ... and by a very low frustration tolerance. (Weil, 1992, p. 1-2)

These cases at the extreme end of a continuum of care are not the pattern regarded as typical, but occur far too often.

## **Developmental Theories**

Hall and Lindzey (1985) observe that Freud was the first psychological theorist to focus on personality and to stress the roles of infancy and early childhood in forming the person's character.

For Freud, the personality consists of three major systems: the id, the ego, and the superego. Roughly, the id represents uninhibited impulses, the superego the voice of conscience, and the ego rational thinking (Hall and Lindzey, 1985). According to Freud, the first few years of life are decisive in the formation of personality. As determined by Freud's model of development, between birth and the age of 5 or 6, the child passes through the oral, anal, and phallic stages. At each stage, development proceeds out of changes and growth in specific impulses and needs. During the next five or six years, the latency stage, impulses tend to be repressed. Then, sudden and considerable changes of adolescence reactivate the impulses until the person moves into the final, genital stage, the stage of maturity (Hall and Lindzey, 1985).

Corey (1991) notes that according to Freudian psychoanalytic view, the areas of personal and social development, love and trust, dealing with negative feelings, and developing a positive acceptance of sexuality, are grounded in the first six years of life. "This period is the foundation on which later personality development is built" (p. 101).

Nichols & Schwartz (1991) report on object relations theory, the roots of which lie in Freud's discovery of the Oedipus complex' influence on treatment through transference and resistance. Melanie Klein's observations of the role of aggression in infancy led her to think about object relations (Nichols & Schwartz, 1991). Klein's theory focuses on the earliest stages of life when children become aware of the difference between the self and the external world, stemming from her observations of the infant's developing relationship with the first significant object, usually the mother. Klein combined Freud's psychobiological terms and concepts with her own insights into the mental life of little children to develop psychodynamic object-relational thinking. Unlike orthodox Freudians, Klein believed that super-ego formation and oedipal conflicts begin in the first two years of life. The infant does not develop impressions of a "bad" [sic] mother from actual experience, but projects its own aggressive fantasies onto her. The child then reintrojects and internalizes those objects that cause pain, leading to a cruel super-ego and severe anxiety. Klein's theory further states that the infant never experiences real objects objectively, but rather what is experienced depends more upon its own innate



makeup than on the actual behavior of the real objects. The environment confirms but does not originate the infant's primary anxieties and inner conflicts. Klein's theory describes accompanying developmental tasks and explains the difficulties that result if these tasks are incompletely accomplished.

The roles of mothers in the psychological development of their children seem to explain the tendency of patients to repeatedly sabotage their own steps forward and explains mothers' need to reward regression and threaten abandonment for growth, resulting in their children's abandonment depression (Masterson, 1976; McArthur, 1988).

Kernberg (1987) describes how the quality of object relations is largely dependent on identity integration, which includes not only the degree of moment-to-moment integration, but also the temporal continuity of a person's concept of themselves and others. Normally, people experience themselves consistently throughout time and under varying circumstances and with different people. Experience conflict when contradictions in self-concept emerge. The same applies to a person's experience of others.

Erikson's (1968) psychosocial stages of development were built on Freud's ideas and extended his theory by stressing the psychosocial aspects of development beyond early childhood. Erikson's theory of development holds that psychosexual growth and psychosocial growth take place together, and that at each stage of life, "we face the task of establishing an equilibrium between ourselves and our social world" (Corey, 1991. p.102).

Hasselt & Hersen (1987) discuss Erikson's developmental framework used to determine if the effects of abuse can be traced backward to the origins of the symptoms. Erikson's developmental theory describes the organization of behavior in a way that highlights its progressive unfolding. In total, he outlines and describes the following eight stages in the epigenetic unfolding of the human person.

Basic Trust vs. Basic Mistrust: Stage 1 is the task of infancy during which the child learns to distinguish between his own inner needs and the predictability of a nurturing environment. The resulting sense of trust forms the basis for a later sense of identity.

Autonomy vs. Shame and Doubt: Stage 2 is the task of the toddler to develop a sense of himself as a separate person possessing a will of his own.

Initiative vs. Guilt: Stage 3 is characterized by another set of achievements, including the ability to plan, undertake and execute activities.

Industry vs. Inferiority: Stage 4 is the period of the school-age child when the child's world expands beyond the family as the child enters the world of school with its social comparison with peers.

Identity vs. Identity Confusion: Stage 5 is the central task of adolescent with a sense of continuity with previous experience and a hope for the future are the crux of the adolescence's task of identity formation.

Intimacy vs. Isolation: Stage 6 is the task of young adulthood, during which those youth who have already established their identities can work toward intimacy with the other sex.

Generativity vs. Stagnation: Stage 7 is the psychosocial conflict of middle adulthood when the desire to produce and care for offspring is strongest.

Integrity vs. Despair: Stage 8 is the task of old age. A review of one's life can either lead to satisfaction with one's life or doubts can lead to despair.

The first six developmental stages are relevant to personality disorders experienced by adults. Those who were abused as children need reassurance that they are not permanently maimed and that their efforts to cope and put their pasts behind them have served to make them strong and capable individuals. Those children who do not receive such reassurance may be more likely to develop personality disorders in adult life (Hasselt & Hersen, 1987).

## **Personality Disorders**

Personality disorders are the possible results of deficits and deprivation of empathic care a child may experience during early developmental stages which emerge during adulthood as complex emotional symptoms (Gannon, 1989). Three of these disorders are discussed.

Evil: Peck (1983) recommends that psychiatry recognize a new personality disorder termed *evil* based on his noting that personality disorders may have been exacerbated or caused by parents. Peck's proposed personality



disorder focuses on diagnosing evil in the parents of patients exhibiting symptoms of borderline personality disorder and lists four criteria for making the diagnosis:

1. Consistent destructive, often quite subtle, scapegoating behavior.
2. Covert but excessive intolerance to criticism and other forms of narcissistic injury.
3. Pronounced concern with a public image and self-image of respectability, contributing to a stable life-style but also to pretentiousness and denial of hateful feeling or vengeful motives.
4. Intellectual deviousness and increased likelihood of a mild schizophrenic-like disturbance of thinking at times of stress. (Peck, 1983)

Of the children of parents who meet the criteria of evil, Peck says:

If evil were easy to recognize, identify and manage, there would be no need for this book. But the fact of the matter is that it is the most difficult of all things with which to cope. If we, as objectively detached mature adults, have great difficulty coming to terms with evil, think what it must be like for the child living in its midst. To come to terms with evil in one's parentage is perhaps the most difficult and painful psychological task a human being can be called upon to face. Most fail and so remain its victims (1983, p. 130).

Borderline Personality Disorder: Peck (1983) theorizes that a diagnosis of evil in the parents would be a possible cause of Borderline Personality Disorder in the children of such parents. The diagnostic criteria for Borderline Personality Disorder is a pervasive pattern of instability of mood, interpersonal



relationships, and self-image, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

1. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of overidealization and devaluation.
2. Impulsiveness in at least two areas that are potentially self-damaging, e.g., spending, sex, substance use, shoplifting, reckless driving, binge eating.
3. Affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days.
4. Inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights.
5. Recurrent suicidal threats, gestures, or behavior, or self-mutilating behavior.
6. Marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values.
7. Chronic feelings of emptiness or boredom.
8. Frantic efforts to avoid real or imagined abandonment (APA, 1994, p. 347).

Two developmental tasks that young children should accomplish during Freud's preoedipal period are development of a sense of separateness from significant caretakers and development of a sense of constancy or feeling of integration and unity regarding both self and others (Gannon, 1989). Borderline Personality Disorder develops when adults have difficulty completing these tasks

because parents' psychological needs have prevented their children from developing independent and separate lives. The parent has sabotaged the borderline client's growth by threatening the loss of the relationship whenever the client took a step away from the family. To avoid abandonment, children remain enmeshed as an extension of their parents and fail to develop autonomous separate selves. Because of the difficulty in parental relationships, borderline clients do not outgrow the primitive defense of splitting and fail to integrate the good and bad experiences of self and others. The sense of self-identity and perception of others tend to fluctuate from moment to moment according to their unintegrated perceptions (McArthur, 1988; Peck, 1978; Kernberg, 1980).

Dependent Personality Disorder: Dependent Personality Disorder features a pervasive pattern of dependent and submissive behavior beginning by early adulthood and present in a variety of contexts. Excessive dependence on others leads to difficulty in initiating projects or doing things on one's own. People with this disorder tend to feel uncomfortable or helpless when alone. They are devastated when close relationships end, and tend to be preoccupied with fears of being abandoned.

The diagnostic criteria for Dependent Personality Disorder includes a pervasive pattern of dependent and submissive behavior, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

1. Unable to make everyday decisions without an excessive amount of advice or reassurance from others.
2. Allows others to make most of his or her important decisions, e.g., where to live, what job to take.
3. Agrees with people even when he or she believes they are wrong because of fear of being rejected.
4. Has difficulty initiating projects or doing things on his or her own.
5. Volunteers to do things that are unpleasant or demeaning in order to get other people to like him or her.
6. Feels uncomfortable or helpless when alone, or goes to great lengths to avoid being alone.
7. Feels devastated or helpless when close relationships end.
8. Is frequently preoccupied with fears of being abandoned.
9. Is easily hurt by criticism or disapproval. (APA, 1987, p. 354)

Dependent Personality Disorder seems to give a graphic list of the effects of childhood abuse and how they are manifested in adulthood.

## **Codependency**

According to Subby (1984), codependency is a condition which can emerge from any family system where certain rules exist, although the rules may be unwritten, or even unspoken. Among these unwritten, unspoken family rules, Subby (1984) lists the following:

- It's not okay to talk about problems.
- Feelings should not be expressed openly.

- Communication is best if indirect, with one person acting as messenger between two others (triangulation).
- Be strong, good, right, and perfect.
- Make us proud (unrealistic expectations).
- Don't be selfish.
- Do as I say, not as I do.
- It's not okay to play or be playful.
- Don't rock the boat. (p. 16).

Codependency is learned dysfunctional behavior resulting from the failure of a child to complete one or more of the important developmental tasks during early childhood (Weinhold & Weinhold, 1989). Codependency can be defined as a set of maladaptive, compulsive behaviors learned by family members to survive in a family experiencing great emotional pain and stress which is passed on from generation to generation (Johnson, 1986). Alcoholism or chemical dependency may or may not be present but the disorder is part of self defeating, learned behaviors or character defects that result in a diminished capacity to initiate or participate in loving relationships (Larsen, 1988). A person who has let someone else's behavior affect him or her and is obsessed with controlling other peoples behavior shows signs of codependency (Beattie, 1987).



## **Adult Survivors of Child Abuse Heal the Wounded Inner Child**

The wounded inner child remains within an adult survivor of child abuse.

The wounded inner child results from unresolved grief from childhood as a consequence of abandonment, abuse in all forms, the neglect of childhood developmental dependency needs, and the enmeshments that result from family-system dysfunction (Bradshaw, 1990).

According to Weil (1992), permanent primary emotional recordings involving body image, being loved, ego mastery, control, competence, or motor power are supply lines of pleasure providing a basis for expectations which can be triggered later in life and account for the hypotheses that:

Children who have been cared for securely and empathically as infants will grow up with basic convictions that they are in a caring world and with inner optimistic expectations that they will be loved.

Children who as infants have been helped to succeed in their efforts to gain abundant supplies of pleasure, will be likely to grow up with expectations that their own endeavors will bring pleasure and reward, with basic optimistic convictions that they have the capacity to succeed.  
(p.176)

Such positive expectations and convictions would then be able to be triggered later in the child's or adult's life by even minor events which in some small way are equivalent to the initial experiences recorded. Conversely:

Children who have been deprived, rejected, and treated punitively during infancy would be likely to grow up with expectations of rejection and a basic (paranoidlike) convictions that they are surrounded by, enmeshed in, an uncaring hostile environment.

Children who have been placed in the position of helpless ego failure during infancy will grow up with pessimistic expectations that their actions will eventuate in failure (Weil, 1992, p. 176-177).

Such negative expectations and convictions would then be able to be triggered later in the child's or adult's life by even minor events which in some way are equivalent to the initial experiences recorded.

Leehan and Wilson (1985) focus on the recurrent problems these children experience after they become grown-up abused children. Briefly, these problems include:

1. A basic sense of mistrust toward self and others and a consequent inability to establish deep meaningful interpersonal and sexual relationships.
2. Deeply ingrained feelings of low self-worth which are frequently reflected in disparaging self statements and the belief that no one could possibly care about me because I am not worth it.
3. Lack of expertise in basic social skills which further impedes the ability to establish friendships and other relationships.
4. A sense of helplessness which frequently results in an inability to make decisions and is manifested in many lives by haphazard, seemingly unplanned life goals and events.
5. Difficulty in identifying, acknowledging, and disclosing feelings, especially evident in the underlying, frequently debilitating, unresolved feelings of anger, guilt, and depression. (p. 3)

In the words of McArthur (1988), less dramatic is the gross and subtle ways in which parents abuse their children psychologically, in extreme cases in such fashion as to drive them crazy. The commonality these types of parents share is a particular form of psychological difficulty: They perceive, respond to,

and communicate with their offspring as if the children were something or somebody other than who they actually are. This is called Depersonification or Appersonation. When this operates within a family, it results in a serious and long-lasting distortion of the children's developing identity (McArthur, 1988). They grow up unable to be themselves, to function in a healthy autonomous manner, to perceive themselves as separate and distinct from their parents, to perform the functions of the mature adults they were prevented from becoming.

McArthur (1988) correlates to Eric Berne's (1961) writing on transactional analysis in utilizing psychodynamic concepts to explore in depth the identity issues that form the basis for the confusing messages by which depersonifying parents distort their child-victims' evolving self-concepts.

According to Weinhold & Weinhold (1989), "The resources necessary for recovery are a willingness to change, the courage to look at your life in new ways and a willingness to ask for help from others" (p. 59). Some of the healing elements that are most often utilized to break out of codependency are:

- Willingness and ability to work on oneself, without a partner, a therapist or a support group
- Committed, conscious, cooperative relationships
- A therapist who understands codependency, who has worked through it personally, and who knows how to treat it
- Groups, classes and workshops where you can get the support of others who are serious about changing their codependent patterns (Weinhold & Weinhold, 1989, p. 59-60).

One method of healing the wounded inner child is Transactional Analysis.



## Structural and Transactional Analysis

Berne (1961) states that structural analysis, which precedes transactional analysis, is concerned with the segregation and analysis of ego states. The goal of this procedure is to establish the predominance of reality-testing ego states and free them from contamination by foreign elements.

The theoretical basis for structural analysis is comprised of three pragmatic absolutes and three general hypotheses. The meaning of a pragmatic absolute is a condition to which so far no exceptions have been found. Berne (1961) lists the pragmatic absolutes as follows:

1. That every grown-up individual was once a child.
2. That every human being with sufficient functioning brain tissue is potentially capable of adequate reality-testing.
3. That every individual who survives into adult life has had either functioning parents or someone in *loco parentis*. (p. 35).

The corresponding hypotheses are:

1. That relics of childhood survive into later life as complete ego states.
2. That reality-testing is a function of discrete ego states, and not an isolated capacity.
3. That the executive may be taken over by the complete ego state of an outside individual, as perceived. (Berne, 1961, p. 36)

When this has been accomplished, the person can proceed to transactional analysis by first analyzing simple transactions, then analyze a

stereotyped series of transactions, and finally analyze long complex operations often involving several people and usually based on rather elaborate fantasies.

Structural analysis is based upon the supposition that every person possesses various ego states, referred to as the Child, Adult, and Parent (Berne, 1961). These ego states can be observed and empirically verified. The analysis of transactions between two individuals becomes useful in terms of the ego state from which each person is operating or in terms of the possibility of operating from more than one ego state at a time. The beginning of all useful insight and all useful corrective work lies in the delineation and observations of ego states as they function in daily life.

In Transactional Analysis, repetitive sets of social maneuvers appear to combine defensive and gratificatory functions called pastimes and games. More complex operations are based on an extensive unconscious life plan which is called a script. These three terms, pastime, game, and script, form the vocabulary of transactional analysis. Berne (1961) further says that parent, adult, and child are not concepts, like superego, ego, and id but phenomenological realities, while pastimes, games, and scripts are not abstractions but operational social realities (Berne, 1961; Corsini, 1973).

Harris (1969) elaborated on the theory about four life positions held with respect to oneself and others:

I'm not OK - you're OK

I'm not OK - you're not OK

I'm OK - you're not OK

I'm OK - you're OK

Harris (1969) postulates that by the end of the second year of life, or sometime during the third year, the child has decided on one of the first three positions. The "I'm not OK - You're OK" is the first tentative decision based on the experiences of the first year of life. By the end of the second year the child is either confirmed and settled or it gives way to "I'm not OK - you're not OK" or "I'm OK - you're not OK." Once finalized, the child stays in this chosen position and it governs everything the child does. It stays with children the rest of their lives, unless they later consciously change to the fourth position. People do not shift back and forth. The decision as to the first three positions is based totally on stroking and not stroking. The first three are nonverbal decisions and are conclusions, not explanations. However, they are more than conditioned responses, what Piaget calls intellectual elaborations in the construction of causality. In other words, they are a product of adult data processing in the very little person (Harris, 1969).

## Summary

An exploration of the historical perspective of the inner child residing within the adult points the need for affectionate maternal behavior. Bradshaw (1990) notes a wounded inner child is the result of reaching adulthood after



suffering emotional deprivation from lack of maternal empathic care and affection during infancy.

The areas of personal and social development, love and trust, dealing with negative feelings, and developing a positive acceptance of sexuality, are grounded in the first six years of life (Corey 1991). The earliest stages of life are when children become aware of the difference between the self and the external world ((Nichols & Schwartz, 1991). Erikson's (1968) theory of psychosocial stages stress the psychosocial aspects of development beyond early childhood, holding that psychosexual growth and psychosocial growth take place together, and that a person faces the task of establishing equilibrium at each stage of life between the person and a social world (Corey, 1991). Erickson describes the organization of behavior in a way that highlights its progressive unfolding.

Personality disorders may result from deficits and deprivation of empathic experienced by a child during early developmental stages which emerge during adulthood as complex emotional symptoms (Gannon, 1989). Evil, Borderline Personality Disorder, and Dependent Personality Disorder may all be diagnosed. Codependency is a condition which can emerge from any family system and can be defined as a set of maladaptive, compulsive behaviors learned by family members to survive in a family experiencing great emotional pain and stress which is passed on from generation to generation (Johnson, 1986). With this kind of abuse, the wounded inner child remains within an adult survivor of child abuse, resulting from unresolved grief from childhood as a consequence of

abandonment, abuse in all forms, the neglect of childhood developmental dependency needs, and the enmeshments that result from family-system dysfunction (Bradshaw, 1990).

Transactional analysis may utilize psychodynamic concepts to explore in depth the identity issues that form the basis for the confusing messages by which depersonifying parents distort their children's evolving self-concepts. However, a person must be willing to change, have the courage to look at one's life in new ways and be willing to ask for help from others. Structural and Transactional Analysis is concerned with the segregation and analysis of ego states to establish the predominance of reality-testing ego states (Berne 1961). When this has been accomplished, the person proceeds to transactional analysis, analyzing simple transactions, then analyzing a stereotyped series of transactions, and finally analyzing long complex operations involving several people and usually based on rather elaborate fantasies.

## **CHAPTER 3**

### **METHODOLOGY**

#### **Introduction**

The purpose of this study was to assess the relationship between the problems experienced by a sample of adult codependents and the experience of childhood abuse. The methodology employed in this study is presented in this chapter. The researcher administered an assessment instrument to determine whether or not there is a relationship between the problems experienced by adult codependents and the experience of childhood abuse.

#### **Identification of Research Methodology**

This study utilized a descriptive methodology with an emphasis on ex post facto investigation. The purpose of descriptive research is to systematically describe the facts and characteristics of a given population or area of interest. Such studies do not predict events in the future, rather, they seek results indicating the relationships that may point to cause. Ex post facto research is a form of descriptive research in which the investigator looks for relationships that may explain phenomena that have already taken place (Merriam and Simpson, 1995). Descriptive research was used in this study to explain the specific problems adult survivors of childhood abuse experience, and to assess if there



is a relationship between an individual's current problems and significant events from earlier years.

### **Description of the Methodology**

To assess the history of a client in developmental arrest, the researcher selected a questionnaire adapted from Bradshaw (1990) to measure whether or not a child's needs were met in the appropriate developmental stage and in a suitable manner. Bradshaw stated that if respondents answer "yes" to any question on the Wounded Inner Child Questionnaire, they can suspect that their inner child has been harmed. There are degrees of damage as measured on a scale from one to a hundred. The more questions answered yes, the higher the score and greater likelihood that more harm has been done.

### **Sample and Population**

The participants in this study were twenty-five adults who were currently involved in the 12-Step recovery programs of Codependents Anonymous or Alcoholics Anonymous and six adults who were not involved in a 12-Step recovery program, for a total sample of thirty-one adults. The selection process was determined by accessibility and availability of the participants.

## **Procedure**

During the month of October 1995, the researcher attended a total of twenty 12 Step meetings, sixteen of which were Alcoholics Anonymous and four of which were Codependents Anonymous. During the meetings, the researcher asked for volunteers to respond to the Wounded Inner Child questionnaire. Following the meeting, the researcher remained to wait for the volunteers to complete the questionnaire. The six respondents who were not involved in a 12 Step program were friends and/or casual acquaintances of the researcher who completed the questionnaire anonymously at the researcher's request.

A pilot test of the Wounded Inner Child assessment instrument was administered to fifteen Ottawa University students to determine the initial usefulness and to determine if any immediate changes needed to be made prior to administering the questionnaire to the sample. The instrument was found to be appropriate for this study.

## **Instrumentation**

The researcher chose the Wounded Inner Child questionnaire (Appendix A) as a useful instrument for assessing a client in developmental arrest. Bradshaw (1990) designed this instrument to measure what he defined as woundedness and as a means of assessing the degree of psychological damage a person has experienced. The instrument was selected to assess whether or

not there is a relationship between the problems experienced by adult codependents and the experience of childhood abuse.

The Wounded Inner Child questionnaire contains sixty forced-choice questions separated into three sections using a psychosocial framework. Bradshaw originally designed this instrument to measure what he defined as woundedness and as a means of assessing the degree of damage a person has experienced. The sixty items in the questionnaire were designed to give a person "an overall view of the extent to which your inner child is wounded" (1990, p. 25). "Yes" answers are an indication that a person's inner child has been harmed. The more questions answered yes, the more harm has been done. Degrees of damage may range on a scale from one to a hundred.

The Wounded Inner Child instrument is divided into two sections. The first section asks the respondent for demographic information about himself or herself. The second section contains sixty forced-choice questions involving identity, basic needs, and social needs.

The instrument was assessed for face validity by submitting to Ottawa faculty for review. After review, the faculty were in agreement that the instrument was an appropriate instrument for measuring whether or not a child's needs were met in the appropriate developmental stage and in a suitable manner.

## **Data Analysis**

The data were analyzed using a statistical software program. The number of yes answers to questions 1 - 60 was calculated to determine the percentage of the respondents who can suspect that their inner child has been harmed and the degree of that damage. The researcher then examined the data for indications of relationships that may explain the specific problems adult survivors of childhood abuse experience, and to assess if there is a relationship between an individual's current problems and significant events from earlier years. The results of this analysis are presented in Chapter 4.



## **CHAPTER 4**

### **PRESENTATION AND ANALYSIS OF THE DATA**

This chapter presents the findings and results from the responses to the Wounded Inner Child questionnaire.

Table 1 outlines respondent demographics by age, gender, and educational attainment. Each respondent was asked to indicate participation in a 12 Step Codependency Program, any other 12 Step Program, or no participation in any 12 Step program. The percentage of total sample equals more than 100% because of individuals participating in more than one 12 Step Program.

The demographic data revealed that slightly less than half of the respondents were 55 or older, three quarters of the respondents were women, and approximately two fifths had a high school education. More respondents were in Alcoholics Anonymous (68%) compared to those in Codependents Anonymous (40%). Six respondents reported no affiliation with a 12 Step Program, yet half of these respondents scored high on the Wounded Inner Child questionnaire.

**Table 1**  
**Respondent Demographics**

<b>Study Respondents</b>	<b>Percentage of Total Sample</b>	<b>Number of Participants</b>
<b>Age</b>		
No Answer	0.00%	0
18-24	3.23%	1
25-34	16.13%	5
35-44	22.58%	7
45-54	12.50%	4
More than 55	45.60%	14
<b>Gender</b>		
Male	25.81%	8
Female	74.19%	23
<b>Education</b>		
High School	38.71%	12
Associate Degree	29.03%	9
B.A. or B.S. degree	22.58%	7
Master's or equivalent	6.45%	2
Doctorate	3.23%	1
Currently participating in a 12 Step Codependency Program?	38.71%	12
Currently participating in another 12 Step Program?	67.74%	21
Not participating in any 12 Step Program:	19.35%	6

N=31

Note: Some respondents indicated participation in more than one 12 Step Program.

Table 2 shows the number of yes answers per questionnaire as well as the number of respondents with a particular number of yes answers. The results of this study showed that 20 respondents had ten or more yes answers and 11 respondents had nine or fewer yes answers, thus indicating that in this sample, the majority (64.52%) of the respondents identified themselves as wounded.

Table 2  
Frequency Distribution of 31 Test Scores

Total Number of Yes Answers	Frequency	Percentage
40 or More	2	6.45%
30 - 39	2	6.45%
20-29	5	16.14%
10-19	11	35.48%
0 - 9	11	35.48%
Total	31	100.00%



The number and percentages of yes and no answers for each of the three sections of the questionnaire is shown in Table 3. Each section contained twenty items answered by 31 respondents for a total of 620 responses. Social scales and identity scales have the highest number and percentage of yes answers while the number and percentage of yes answers to basic needs questions is half as great.

Table 3  
Comparison of Scales Responses

Scale	Total Number of Yes Answers	Percent	Total Number of No Answers	Percent
Identity 31 x 20	160	34.80%	460	65.20%
Basic Needs	95	15.30%	525	84.67%
Social	196	31.60%	424	68.40%



## **CHAPTER 5**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **Summary**

The purpose of this study was to assess the relationship between the problems experienced by a sample of adult codependents and the experience of childhood abuse. John Bradshaw's Wounded Inner Child questionnaire was given to 31 people who volunteered to participate in the study. Of the 31 respondents, 20 answered yes to ten or more questions and 11 answered yes to nine or fewer questions.

#### **Conclusions**

The answers a person provided to the items on Wounded Inner Child questionnaire gave an overall view of the extent of the damage. Any person who answered yes to ten or more of the questions needs to do some serious work on his or her mental health. The results of this study showed that 20 respondents had ten or more yes answers and 11 respondents had nine or fewer yes answers. Two men had the highest number of yes responses, 40 and 43. However, more women (23 women and 8 men) volunteered to answer the questionnaire. The higher response rate may reflect that women are culturally

more prone to self-examination and self-doubt in current culture, as evidenced in the United States by the popularity with women of television talk shows, dramas, and publications dedicated to exploring relationships.

The purpose of the study, to identify if a relationship exists between codependency and childhood abuse, was only partially achieved. Only answers of people who volunteered to complete the questionnaire were considered, and most of the volunteers were participating in Alcoholics Anonymous or non-participants in any 12 Step Program rather than in Codependents Anonymous. The assumption would be that had more codependents volunteered to answer the questionnaire, the results showing a relationship between codependency and childhood abuse would have been much higher. However, considering the fact that approximately two thirds of the respondents answered ten or more questions with a yes indicates that a wounded inner child causes problems for adults with other than codependency problems.

Another factor which affected the results was the number of older respondents. A possible explanation for having almost half of the respondents 55 or older is that the meetings from which the respondents were offered the opportunity to complete the questionnaire were all held during the day, which are usually attended by an older population whereas nighttime meetings are attended by a younger group who may work at full-time jobs. The daytime meetings may also account for the number of female respondents. Twenty-three of the respondents were older females.

The educational level of the respondents was primarily high school for 12 respondents or 39% of the sample. The educational level may have been related to the predominantly older and female population and perhaps reflects a generational differences in education for women of this age group.

Two-thirds of the respondents indicated involvement in 12 Step Programs other than Codependents Anonymous. Since the researcher gathered responses from both Codependents Anonymous and Alcoholics Anonymous meetings, it is possible that some of the respondents attend both meetings.

In the Identify scale, items 1 - 20, 34.8% of the respondents answered yes and 65.20% answered no. In the Basic Needs Scale, items 21 - 40, 15.20% of the respondents answered yes and 84.80% answered no. In the Social Scale, items 41 - 60, 31.60% of the respondents answered yes and 68.40% answered no.

The Identity Scale registered the highest percentage of yes answers at 34.8%. The number of yes responses could point to a relationship between a person's current problems and significant events from earlier years. Perhaps the most significant response was to Item 4: "In the deepest places of my secret self, I feel there is something wrong with me." Thirteen of 31 respondents answered yes to this item, or 41.94%.

The Basic Needs Scale contained items often more difficult to respond to because they are extremely personal. There is a possibility that the respondents would answer differently if they had not been aware of the fact that their



responses would be seen, even though they remained anonymous. There is also the possibility that if the questions were not forced choice and respondents were given more flexibility in how they were able to answer, respondents may have responded differently.

The highest number of yes responses was in the Social Scale on item 55: "I never felt close to one or both of my parents." More than half, 17 out of 31, said they never felt close to one or both of their parents. The significance of the yes answers to this item lies in children growing up unable to be themselves, to function in a healthily autonomous manner, to perceive themselves as separate and distinct from their parents, and to perform the functions of the mature adults they were prevented from becoming. Abusive childhoods imply unmet needs in the early developmental stages and subsequent involvement in substance abuse. The failure to develop a sense of separateness from parents and a sense of constancy or feeling of integration and unity regarding both self and others (Gannon, 1989) results in a serious and long-lasting distortion of the children's developing identity (McArthur, 1988). This distortion is perhaps the underlying reason for substance abuse and codependency as discussed in the literature review.

## **Recommendations**

The findings of this study indicated that a relationship exists between codependency problems experienced in adulthood and childhood abuse, even if



the abuse was not profound, intentional or malicious. The symptoms clients display when seeking therapy may include substance abuse, eating disorders, problems with relationships and intimacy, phobias, and obsessive-compulsive behaviors. Developmental delays or failure to accomplish developmental tasks, such as developing a sense of separateness and a sense of integration and unity with others, may be an underlying cause for these symptoms.

One of the main benefits of this study is that the assessment instrument, when utilized by counselors, helps clients identify these developmental issues. A counselor may not receive answers to all of the questions contained in the instrument used for this study, nor will the study address all the possible implications of the answers. However, according to Corey (1991), regardless of a counselor's theoretical preference, relevant questions such as the following may give direction to the therapeutic process:

1. What are the major developmental tasks at each stage in life, and how are these tasks related to counseling?
2. What are the themes that give continuity to this person's life?
3. What is the relationship between a person's current problems and significant events from earlier years?
4. What influential factors have shaped one's life?
5. What choices were made at these critical periods, and how did the person deal with these various crises?

Issues and questions remain on the effects of an abusive childhood on adults. For example, do unmet developmental needs as a consequence of

childhood abuse lead to subsequent involvement in substance abuse? Do early developmental deficits and lack of nurturance during critical stages play a part in a lack of ambition to attain a complete education? Despite their intelligence, are survivors of childhood abuse unable to translate ability into meaningful action in important areas of their lives, such as educational attainment, steady employment, and secure and satisfying relationships?

Further research is recommended in two areas. Exploration into the reasons why abuse survivors do not seek to continue their education would help therapists understand why their clients are unable to live a meaningful life. Also, the willingness of more women to participate in the study suggests a cultural norm that should be explored to determine if there is a relationship between current problems and differences in early parenting for boys and girls.

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# **APPENDIX A**

# **WOUNDED INNER CHILD QUESTIONNAIRE**

## WOUNDED INNER CHILD QUESTIONNAIRE

The following questionnaire is designed to provide information about your wounded inner child. The answers you provide will be strictly confidential. Please answer the following by circling your response and return this questionnaire in the envelope. Thank you for participating.

1. Age:            18-24   25-34   35-44   45-54   More than 55

2. Gender:            Female                      Male

3. Education: Indicate your highest level of education:

High School  
Associate Degree  
B.A. or B.S. degree  
Master's or equivalent  
Doctorate

4. Are you currently participating in a 12 Step Codependency Program?    Yes    No

5. Are you currently participating in another 12 Step Program?                      Yes    No

### Identity

- |    |   |     |    |
|----|---|-----|----|
| 1. | I experience anxiety and fear whenever I contemplate doing anything new.          | Yes | No |
| 2. | I'm a people pleaser (nice guy/sweetheart) and have no identity of my own.        | Yes | No |
| 3. | I'm a rebel. I feel alive when I'm in conflict.                                   | Yes | No |
| 4. | In the deepest places of my secret self, I feel there is something wrong with me. | Yes | No |
| 5. | I'm a hoarder; I have trouble letting go of anything.                             | Yes | No |
| 6. | I feel inadequate as a man/woman.   | Yes | No |
| 7. | I'm confused about my sexual identity.  | Yes | No |
| 8. | I feel guilty when I stand up for myself and would rather give in to others.      | Yes | No |
| 9. | I have trouble starting things.   | Yes | No |

10.	I have trouble finishing things.	Yes	No
11.	I rarely have a thought of my own.	Yes	No
12.	I continually criticize myself for being inadequate.	Yes	No
13.	I consider myself a terrible sinner and I'm afraid I'm going to hell.	Yes	No
14.	I'm rigid and perfectionistic.	Yes	No
15.	I feel like I never measure up; never get anything right.	Yes	No
16.	I feel like I really don't know what I want.	Yes	No
17.	I'm driven to be a superachiever.	Yes	No
18.	I believe I don't really matter except when I'm sexual. I'm afraid I'll be rejected and abandoned if I'm not a good lover.	Yes	No
19.	My life is empty; I feel depressed a lot of the time.	Yes	No
20.	I don't really know who I am. I'm not sure what my values are or what I think about things.	Yes	No

#### Basic Needs

21.	I'm out of touch with my bodily needs. I don't know when I'm tired, hungry, or horny.	Yes	No
22.	I don't like being touched.	Yes	No
23.	I often have sex when I don't really want to.	Yes	No
24.	I have had or currently have an eating disorder.	Yes	No
25.	I am hung up on oral sex.	Yes	No
26.	I rarely know what I feel.	Yes	No
27.	I feel ashamed when I get mad.	Yes	No
28.	I rarely get mad, but when I do, I rage.	Yes	No
29.	I fear other people's anger and I will do most anything to control it.	Yes	No
30.	I'm ashamed when I cry.	Yes	No
31.	I'm ashamed when I'm scared.	Yes	No

32.	I almost never express unpleasant emotions.	Yes	No
33.	I'm obsessed with anal sex.	Yes	No
34.	I'm obsessed with sado/masochistic sex.	Yes	No
35.	I'm ashamed of my bodily functions.	Yes	No
36.	I have sleep disorders.	Yes	No
37.	I spend an inordinate amount of time looking at pornography.	Yes	No
38.	I have exhibited myself sexually in a way that violates others.	Yes	No
39.	I am sexually attracted to children and I worry that I might act it out.	Yes	No
40.	I believe that food and/or sex is my greatest need.	Yes	No

#### Social

41.	I basically distrust everyone, including myself.	Yes	No
42.	I have been or am now married to an addict.	Yes	No
43.	I am obsessive and controlling in my relationships.	Yes	No
44.	I am an addict.	Yes	No
45.	I'm isolated and afraid of people, especially authority figures.	Yes	No
46.	I hate being alone and I'll do anything to avoid it.	Yes	No
47.	I find myself doing what I think others expect of me.	Yes	No
48.	I avoid conflict at all cost.	Yes	No
49.	I rarely say no to another's suggestions and feel that another's suggestion is almost an order to be obeyed.	Yes	No
50.	I have an overdeveloped sense of responsibility. It is easier for me to be concerned with another than with myself.	Yes	No
51.	I often do not say <i>no</i> directly and then refuse to do what others ask in a variety of manipulative, indirect, and passive ways.	Yes	No
52.	I don't know how to resolve conflicts with other. I either overpower my opponent or completely withdraw from them.	Yes	No
53.	I rarely ask for clarification of statements I don't understand.	Yes	No



- |     |   |     |    |
|-----|---|-----|----|
| 54. | I frequently guess at what another's statement means and respond to it based on my guess.           | Yes | No |
|     |   | Yes | No |
| 55. | I never felt close to one or both of my parents.  | Yes | No |
|     |   | Yes | No |
| 56. | I confuse love with pity and tend to love people I can pity.  | Yes | No |
|     |   | Yes | No |
| 57. | I ridicule myself and others if they make a mistake.  | Yes | No |
|     |   | Yes | No |
| 58. | I give in easily and conform to the group.  | Yes | No |
|     |   | Yes | No |
| 59. | I 'm fiercely competitive and a poor loser.   |     |    |
|     |   |     |    |
| 60. | My most profound fear is the fear of abandonment and I'll do anything to hold on to a relationship. | Yes | No |

## **BIOGRAPHICAL SKETCH**

Alice Barnhart-Forler originally hailed from Michigan. She has resided in Arizona since 1964. After successfully raising her two daughters, she decided to return to school. She received her Associates Degree from Rio Salado College in 1992. She continued her education at Ottawa University, majored in psychology and graduated cum laude with a Bachelors Degree in 1994. A Masters in Counseling will be awarded by Ottawa University in May 1996. A theme through her interesting life has been a love of God and an enjoyment of children. She has led an active and interesting life with great enthusiasm, from running in marathons to teaching Sunday school and has thoroughly enjoyed whatever she has undertaken. She currently specializes in working with grieving children in Scottsdale, Arizona.

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