Codependency Issues in Selected Contemporary American Plays.

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Codependency issues in selected contemporary American plays

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CODEPENDENCY ISSUES IN SELECTED
CONTEMPORARY AMERICAN PLAYS

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Submitted to the Graduate Faculty of the
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in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy
in
The Department of Theatre

by
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For My Family
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ABSTRACT

Codependency is defined in this study as a disease characterized by individual adult inability to function in everyday life, in particular regards to personal relationships with others, in a healthy and self-loving manner. The study points to the works of several prominent theorists and practitioners in this field, such as John Bradshaw, Sharon Wegscheider-Cruse, Anne Wilson Schaef, and John and Linda Friel, as authoritative resource material on the subject.

Being progressive in nature, codependency eventually leads to a host of severe personality and physical disorders, and usually to some form of suicide. The study points to abusive treatment in childhood—either verbal, emotional, physical, sexual, or a combination of these—as being the primary cause for the development of codependency, but also, argues that our modern society contributes to the pervasive and insidious nature of the disease.

The main focus of this study is to demonstrate how a thorough knowledge of this common disease can contribute to our understanding of the human condition and individual personality and relationship dynamics.
This awareness, in turn, equips us, as students, teachers, critics and practitioners of the art of theatre, to more fully comprehend the subtle complexities of dramatic literature and provide a new basis for understanding characters and relationships therein.

This study examines the nature of codependency and demonstrates, through example, how familiarity with this concept can enhance our understanding of many plays. Those used for this study are by American playwrights and they cover the years 1940-1990, including most prominently the following: A Long Day's Journey Into Night by Eugene O'Neill, Cat On a Hot Tin Roof by Tennessee Williams, Getting Out and 'night, Mother by Marsha Norman, Death of a Salesman by Arthur Miller, and Who's Afraid of Virginia Woolf? by Edward Albee. The study makes the point, however, that plays from all countries and periods can be examined on the basis of codependency for a fuller understanding of the characters and in particular, the dynamics of their relationships with other characters.
INTRODUCTION

When I look back on my interest in drama throughout the years, I am struck by how drawn I was to certain plays and specific characters from our modern anthology. As an actress, I dreamed of playing Maggie in *Cat on a Hot Tin Roof*, Stella in *A Streetcar Named Desire*, George (although that would be unlikely) in *Who's Afraid of Virginia Woolf?*, or Jessie in *'night, Mother*. I, like other codependents, understood the pain and isolation these characters felt and wanted to connect with them for some kind of validation of my own identity. I did not simply like Maggie and Stella, I was Maggie and Stella.

Since I have been in my own recovery I now see the connection between myself and these other "enablers" and understand on a fundamental "gut" level what these characters are all about. I mention my own personal experience with recovery from codependency only as a way of establishing my own authority on the subject, in addition to my knowledge of modern American drama and the books I have consulted on both subjects. In my research, I found that many critics of the works I plan to examine talked around the
problem of family dynamics and those that did approach the addiction within the plays (the more modern of studies) dealt with the addict alone, almost ignoring the family members around him and his effect upon them. I have found no study that addresses the issue of codependency as a family disease at work in some of our most celebrated and respected contemporary drama.

This study does not attempt to discount other methods of criticism or script analysis, but instead, hopes to add to that wealth of resources available to our practicing directors, actors, and scholars that give them new insights into many of our modern American dramatic characters. This awareness, I think, clarifies and explains much of the contradictory and irrational behavior exhibited by many of our modern characters. In the reviews I have read of many of these plays, Eugene O'Neill's Long Day's Journey Into Night and Marsha Norman's 'night, Mother, for example, the critics seem confused. Many praise the playwrights' accurate and painful depiction of the contemporary family and yet others call these dramas maudlin and neurotic, with characters that wallow in the worst kind of self-pity and degradation. My instincts indicate that the critics' degree of
patience with such characters depends upon their own denial of these feelings within themselves, but that is a subject for yet another study.

In beginning this study the problem was not, as one might imagine, finding enough textual evidence to validate my theories—there was more than enough of that. In fact, the body of works directly involving codependency and dysfunctional families is overwhelming. I could easily devote an entire study to codependency concerns in the works of any one of these playwrights, but the real purpose of this study is to establish that knowledge and understanding of codependency can offer a new perspective on many modern dramatic characters and plays.

Nor was it difficult to find sufficient source material about the nature and treatment of codependency. The bookstores and libraries abound with such materials, some of which possess authority and some that do not. Naturally as with any research project, materials must be carefully scrutinized for their correctness, authenticity, and insight and selected for use on that basis. I found many useful treatments on the subject of codependency, some of which became repetitive and redundant in terms of
actual content. Therefore, the sources I worked with most often reflect a similar point of view but differ in terms of structure, examples, and terminology. My first chapter briefly outlines each of these sources and establishes the terminology used throughout this study.

The major problem for me, however, became manageability. At first I decided to take each playwright and discuss codependency in his or her individual works. When I got into it, however, the material began to repeat itself. In other words, a discussion of the role of the "enabler" or the "scapegoat" in Tennessee Williams' families resembled those of Eugene O'Neill so much that that part of the discussion began to overlap. In attempting to define and explain what it means to be an "enabler", I found that one description sufficed and what mattered was the individual playwright's interpretation of the enabler as opposed to another playwright's.

Thus, I thought of focusing on just one family role and discussing how each playwright dealt with and portrayed those particular problems. For example, if I focused the study on the role of the "chief enabler," I could discuss the playwright's
verisimilitude based on his/her portrayal of this personality or character type. Then again, Maggie from *Cat on a Hot Tin Roof* and Mary Tyrone from *Long Day's Journey Into Night* could not be viewed in isolation in a field of study so new and unfamiliar.

In order for my point to be made I had to discuss codependency as a family illness and look at the chief enabler as only one part of the entire dysfunctional family system. Since codependency is by definition a family concern, I finally decided to focus this study on the fundamental characteristics of codependency in the family and the individual and show how various modern American playwrights have depicted these traits in their characters. Therefore, the study is arranged around major codependency characteristics that manifest themselves in our modern society and much of our best dramatic literature from the last fifty years.

For us to accept "codependology" (a term I coined for the field of codependency therapy and study) as a way of interpreting dramatic characters, it is important to recognize how codependency saturates our modern anthology of drama. Although codependency is depicted in obscure as well as renowned contemporary
dramatic literature, the point has more impact when we realize that our most popular and beloved plays are full of codependency and dysfunctional families in a way that is simply not present in the drama before this century. There has always been obsession, alcoholism and abuse, but there is no codependency, not in the sense that we understand it today. Is the disease really that new or have we finally put our finger on what has troubled the whole of mankind throughout the ages?

In a sense, codependency is a new and an old problem. Although the families of addicts have always been acutely affected by living with abuse throughout the history of the world, the major difference comes in the twentieth century with the emergence of the feminist movement. The profile of the true codependent is identical to the traditionally accepted role of the perfect wife. So yes, there has always been codependency, but we are just beginning to see how unhealthy it is and that it should not be an accepted norm of behavior but rather a disease to be treated and recovered from.

Although it is not unheard of for a man to be the co-addict or enabler, history provides far more
examples of the female enabler. Think for a minute how a woman's role in our society is one of "enabling" or caretaking for others. Her purpose in life has often been defined and prescribed by the needs of her husband and family, rather than her own needs and desires. Even female dominated careers, such as nursing, teaching and secretarial work, revolve around guiding, helping and caring for someone else. If a man becomes the enabler, he becomes socially emasculated, whereas the same behavior from a woman is championed as a true indicator of her devotion to the "appropriate" focus of her life—her husband and children.

No matter what miraculous changes our century has wrought, the most phenomenal is the women's movement. There will always be bigger and better weapons, new and easier methods of transportation and communication, more horrible and despicable wars; but never in the history of the world has the integrity, intelligence and intrinsic value of the female as a human being been recognized and given the full expression we have witnessed nearly worldwide during the twentieth century. When historians of future generations look for the great developments of our
time, the most outstanding will be the emerging role of women as equal members of society.

It is no wonder then that we are beginning to recognize that the traditional roles are no longer acceptable and, in fact, lead to all sorts of disease and emotional and physical malfunctions. The dramas from 1940 to 1990 especially highlight the dynamics of the dysfunctional family and the eventual disintegration of the individual members. Therefore, I have selected plays already recognized for their outstanding dramatic quality and in-depth characterizations which depict the dysfunctional family system with almost textbook accuracy to illuminate and demonstrate how a study and understanding of codependency or "codependology" can permit a fuller comprehension of the texts and aid any theatre practitioner who must interpret and recreate these or other modern characters.

It should probably be noted here that although I may use only one play to illustrate some points about family dysfunction this in no way indicates that those characteristics could not be found in other plays as well. For example, my discussion of "family enmeshment" centers on Death of a Salesman, but I
could make as valid a case for enmeshment in many other plays from this study and many that are not addressed here. My point is to demonstrate how codependology can be used as a basis for play analysis, not that this one play alone contains this particular example of dysfunction. Indeed, all the plays discussed here could be examined from any angle of dysfunctional systems. I refer to several prominent plays from our contemporary writers as a way of demonstrating how expansive this analysis can become.

The plays discussed in this study deal with the entire family in various ways. Some of the plays present the whole family for careful observation on stage while others focus on one or two family members (and the other members, though discussed at length, remain absent from the action). For example, Eugene O'Neill's *Long Day's Journey Into Night*, Tennessee Williams' *Cat On a Hot Tin Roof*, and Arthur Miller's *Death of a Salesman*, present the whole family at the same time in one place. This affords us a valuable opportunity to examine the family dynamics at work during the course of the play. Plays that spotlight one or two family members, such as Marsha Norman's
'night, Mother, Williams' The Glass Menagerie, and Edward Albee's Who's Afraid of Virginia Woolf?, offer a chance to see the effects of these family dynamics on the individual members. The singular vision, or verisimilitude, of each playwright resides in how the family disease of codependency manifests itself in the actions and dialogue of his/her characters.

Although many modern dramatic characters exhibit the characteristics of codependency, not all the plays situate these issues at the heart of the action. In the plays mentioned in this study, the codependent dynamics at work in the characters dominate all other elements of the plays. For example, Lanford Wilson's Hot'l Baltimore has many codependent characters, but their problems of adjusting to the realities of life is not the major theme at work in the play. These characters face the crisis of having to move from their "home," and it is their reaction to this crisis that comprises the main action of that play.

However, in plays like The Glass Menagerie and 'night, Mother, and other plays examined in this study, the characters' codependency dominates the dramatic action. Jessie Cates cannot cope with her life and in 'night, Mother she voices her resentments
and fears—just before she kills herself. Amanda Wingfield's codependency, especially in regards to control, initiates all that happens in *Menagerie*. These plays are about family relationships and the isolation and alienation that result from family dysfunction.

This study is dedicated to establishing codependology as a viable and alternative way of understanding and empathizing with modern dramatic characters so that the re-creation and depiction of such characters in production will enjoy a greater degree of authenticity, depth and sincerity. It is also my hope that codependology will prove beneficial to modern dramatic criticism as a source of enlightenment for those who endeavor to interpolate and analyze the seemingly contradictory and irrational behavior of many of our modern characters.
PART I:
THE NATURE OF CODEPENDENCY

Chapter One
Codependency: History and Terminology

A Brief History of Codependency

Although no source can state definitively when and where the term "codependent" came into usage, most sources I consulted believe it evolved from terms such as "para-alcoholic" or "co-alcoholic." In the beginning of effective alcoholic treatment, around the 1930's when Alcoholics Anonymous was founded, the "enablers" or "co-alcoholics" were those--especially and sometimes singularly thought to be the spouse--intimately connected with the alcoholic. Al-Anon and other recovery outlets for the family members limited their treatment to merely helping them adjust and cope with living "around" the alcoholic.

When chemical dependency began to rise to epidemic proportions, these treatment centers began to recognize that the chemically dependent person, or addict, had little chance of maintaining his/her sobriety if the entire family did not receive some
form of treatment. Still, however, this "treatment" consisted mainly of helping the family members behave in such a way that would not endanger the addict's chances for recovery. In other words, those who were already "codependent"—that is, living in response to their addict—were encouraged simply to change the nature of their enabling from helping him to stay addicted to helping him stay in recovery.

At that time, and this was only fifteen or twenty years ago, there was no attempt to treat the codependents, or enablers, for their own disease—the pain and isolation that develops from living with an addict. Everything revolved around the "identified patient", that is, the one with the alcohol or other chemical dependency, which only emulated the home environment and did nothing to encourage the codependents to seek out help for themselves.

Sometime around the early 1980's, treatment centers, especially those renowned for treatment of the chemically dependent in Minnesota, began to recognize that the codependents were also in a great deal of pain and needed help with "their" problems, not just the "addict's problems." There seemed to be some underlying disease in family members who had been
raised by or married to an addict that kept them from developing into mature and healthy adults. Children of alcoholics either became alcoholics or addicts to some other chemical, or they met with other major obstacles when confronted with coping with life's reality, such as eating disorders, chronic relationship problems, and a host of other compulsivities and physiological disorders. Those who recognized this disease began to call themselves "Adult Children of Alcoholics," and adopted the twelve-step recovery program that had been used for alcoholics for fifty years.

Today, codependency is a relatively new field of study and treatment and is used as a broad term that describes the underlying disease that causes the major life problems that lead to dysfunctional adulthood. This dysfunction usually manifests itself in the individual in some form of "addiction"—not necessarily to a chemical, but often to over-eating, over-spending, destructive relationships, over-working, and so on. When the codependency leads to a "primary" addiction—that is, a recognizable threat to the person's enjoyment of everyday life—then most codependents eventually "hit bottom" and reach out to
a twelve-step recovery program for help or they find a chief enabler (another codependent addicted to abusive relationships) who allows and makes it possible for them to continue their addictions until they eventually lead to death.

Unfortunately, codependency can be very covert and hard to detect until it turns into a primary addiction, but most sufferers share several common characteristics that will be outlined in detail in a subsequent section. It should be noted, however, that severe codependency left untreated will eventually lead to an unnatural or untimely death by either "recognizable" suicide (overdoses, shooting, and so on), or "well-disguised" suicide (perpetual anxiety that causes chronic health problems, including cancer, over-eating that causes heart disease and diabetes, smoking, driving recklessly, and so on.)

Definitions of Codependency

In my research about codependency I found a wealth of sources available. Although some of the terminology varied and the material was organized differently, most of these sources were strikingly
similar in terms of content. Some scholars in this field had several books on various aspects of the disease including the reasons for its existence, its prevalence in our modern society, definitions of its nature and overall characteristics, and self-help treatment advice. The writers that I consulted most often to formulate an "overall concept" of the nature and definition of codependency are recognized as experts in this emerging field and their works have gained popular as well as critical acceptance.

Anne Wilson Schaef, Ph.D., has authored many bestselling books that deal with codependency, manifested in the individual as well as society. She is a psychotherapist who now lectures, leads workshops and trains healthcare professionals worldwide in a therapy of her own devising known as Living Process Facilitation.

John Bradshaw has written extensively on the subject of codependency and is the national director of Codependency Treatment—Life Plus Institute. He lectures, counsels, and holds workshops throughout the country teaching his philosophy of reclaiming the inner child and becoming one's own nurturing parent.
Melody Beattie, like most who write on this emerging topic, is a recovering alcoholic and former chemical dependency counselor who has developed her own philosophy concerning codependency; she has written two bestselling books on the subject.

Pia Mellody has become a nationally recognized authority on codependence and works as a consultant at The Meadows, a treatment center for addictions in Arizona.

John Friel, Ph.D. and Linda Friel, M.A., C.C.D.P., both work in private practice as therapists in Minnesota. The Friels are recognized nationally for their writing and lecturing about dysfunctional families, codependency, Adult Child issues and addictions.

Sharon Wegscheider-Cruse is president of Onsite Training and Consulting, Inc. in South Dakota. Her pioneering treatise, The Family Trap ... No one escapes from a chemically dependent family, deals with chemical dependency as a family disease and her concept of family roles has been adopted and expanded by many of her previously mentioned colleagues, such as Bradshaw and the Friels. She is also the Founding Board Chairperson of the National Association for
Children of Alcoholics (NACoA) and has written many books on the subject of family dysfunction.

There are so many issues worthy of discussion involved in this complicated and broad field that I found it difficult to restrict my comments to those necessary for the readers' understanding of the points made by this study. I have, however, contained my references to six primary sources that I found most helpful in establishing an overall concept of what codependency is and how to recognize the major characteristics. I would like to point out to the reader that these sources, though authoritative, comprehensive and insightful, do not embody all the work now on the market. I did find these works representative of the current school of thought regarding codependency issues and how they manifest themselves in the individual, and I do not hesitate to recommend these specific texts or any others by these authors to anyone concerned with further reading on this subject.

Probably no two authors could be considered pioneers in this field more than Anne Wilson Schaef and John Bradshaw. In her books, Anne Wilson Schaef describes what she considers the basis for
codependency and all addictive practices. In Co-Dependence: Misunderstood--Mistreated, Schaef asserts that codependency is a disease that takes many forms and is based in what she refers to as the "addictive process" which she defines as follows: "The addictive process is an unhealthy and abnormal disease process, whose assumptions, beliefs, behaviors, and lack of spirituality lead to a process of nonliving that is progressively death-oriented. This basic disease, from which spring the sub-diseases of codependence and alcoholism--among others--is tacitly and openly supported by the society in which we live" (21).

Her book outlines more simply and better than most the basic characteristics suffered by victims of this addictive process (which by all other sources is called codependency), many of which will be referred to in this study. Her concept for recovery consists of re-learning a new way of living which she calls the "living in process." Her method of experiential therapy--that is, therapy that encourages the patient to experience the pain and fear denied expression in childhood and to learn how to allow expression of present feelings--is slowly being adopted by professionals in the field of counseling who call
themselves "Living Process Facilitators." The primary job of these individuals lies in helping the patients learn how to live in a healthy, non-addictive process, which incorporates the twelve-step recovery program and other forms of treatment.

Schaef contends that traditional therapy in the mental health field often unintentionally perpetuates the disease process by enabling the patient either to become overly dependent on the therapist or switching from one addictive substance to another. Transforming a heroine addict into a methadone addict does not eradicate the real problems that led to the primary addiction in the first place. Schaef asserts that recovery comes from recognizing the disease process learned in childhood and supported by modern society and then replacing it with a new way of living that incorporates taking care of and nurturing ourselves first. Otherwise, the patient predisposes himself to either relapse into his drug of choice or, as many A.A. members say, "to switch seats on the Titanic"—trading one addiction for another as a part of one's denial that everything is fixed simply because one is not using anymore.
John Bradshaw's revolutionary works, Bradshaw on: The Family and Healing the Shame that Binds You, initiated a wave of popular attention to the problems inherent in dysfunctional family and societal systems, and made codependency more of a "household word," though few still understand the complex nature of this disease. His basic philosophy of an underlying disease based on shame induced during childhood by living with abuse of one form or another agrees in principle with Schaef and many others.

Unlike Schaef, however, Bradshaw identifies codependency as the basic disease that leads to an addictive lifestyle and he defines it in this way: "A set of survival behaviors which are unhealthy patterns of learned behavior. Codependency can be defined as a recognizable pattern of fixed personality traits, rooted in the internalized shame resulting from the abandonment that naturally happens to everyone in a dysfunctional family system" (165). 1

1 Since his book, Bradshaw on: The Family, deals with definition and recognition of codependency within the family, all Bradshaw citings in this study originate from this book, unless otherwise indicated.
"Shame," says Bradshaw, "is the feeling of being flawed and worthless" (78). Being denied one's right to his or her own feelings and individuality is the process of "being shamed."

Children learn very early not to let down their guard, be themselves and/or show vulnerability. These children grow up to be shame-based parents who try to control their children and likewise, their children assume certain family roles as a means establishing their own control over the parents. "This control madness," Bradshaw states, "is . . . why dysfunctional families set their members up for addiction. Addictions are ways to be out of control. Addictions provide relief" (78).

When chaos becomes a way of life, children learn ways of dealing with the crisis for the sake of survival. In effect, they relinquish their rights to have their own needs and feelings and become strictly reactive to the family around them. They do not "act" on life, they "react" to it. This type of reactive behavior forms the foundation for their future relationships and will eventually lead to one dysfunctional relationship after another. Bradshaw
uses the term codependency to describe what he identifies as a "family illness."

In her bestselling treatise, *Codependent No More*, Melody Beattie echoes this idea of codependency as being a process of reaction. She states that "Codependents are reactionaries. They overreact. They under-react. But rarely do they act" (33).

In attempting to shape a definitive definition, Beattie admits that several definitions are accurate because some describe the cause, others the effects and still others the overall condition—patterns and symptoms. She formulates her definition of codependency into one sentence: "A codependent person is one who has let another person's behavior affect him or her, and who is obsessed with controlling that person's behavior" (31).

However succinct this definition may be, it does not answer all the questions concerning codependency as satisfactorily as those of Bradshaw and Schaef. For instance, how does this definition address the concern that most codependents have with controlling everything, not just the person who "caused" their affliction? The main assets in Beattie's book reside in her description of the basic symptoms of
Pia Mellody's philosophies concerning codependency and in her intimate revelation of her personal experiences with the disease and recovery bear so much similarity to those of John Bradshaw that her book Facing Codependence makes an appropriate companion to his works. Her main point of deviation rests in her discussion of the "precious child," in which she asserts the right of every individual to be precious and cherished as children. In her discussion of dysfunctional families, she states: The process of abuse depletes the energy children must have to do the work of growing up. When a child is not allowed to be his or her authentic self, the healthy ability to adapt and change is misdirected, and the child is forced to begin the enormous adaptation process into codependence" (75).

John and Linda Friel label what others call codependents as "Adult Children." Their book, Adult Children: The Secrets of Dysfunctional Families outlines in a practical and simplified method the origin, characteristics and recovery possibilities for those who suffer from codependency. Their concept of becoming one's own nurturing parent is consistent with other writers but their discussion of the
dysfunctional family and family roles is particularly well-expressed. Unlike Bradshaw who puts shame at the core of codependency, the Friels assert that fear of abandonment runs deeper and forms the basis of the disease.

The concept of being an "adult child" seems paradoxical, but makes sense when we realize that abused children do not develop into healthy and emotionally mature adults. They may hold down a job (and even enjoy a great deal of success), marry and have a family, and, to the casual observer, may "look like" an adult. But the dysfunction in their childhood left them emotionally or spiritually crippled; excelling in other areas of life (such as intellectual pursuits or physical prowess) becomes their way to compensate for the deficiencies in their personality. The personality eventually becomes severely off balance, usually to the point that will require either an addiction to create the illusion of balance or a recovery program to restore true balance. Often a codependent must go down the first road to discover the need for the second.

The Friels' definition of codependency is an unpretentious account of why individuals become Adult
Children: "Something happened to us a long time ago. It happened more than once. It hurt us. We protected ourselves the only way we knew how. We are still protecting ourselves. It isn't working anymore" (22).

Basically, these authorities on codependency hold similar theories about what causes codependency, its nature and symptoms, and how to treat it. From these several writers I have developed my own broad definition of codependency which I will work from throughout this study: Codependency is a covert disease resulting from improper or dysfunctional nurturing during childhood that manifests itself in the individual's inability to deal constructively with the everyday reality of living. It is supported and perpetuated by our modern societal values and traditions and by most of the healthcare professionals in the mental health field. This "disease process" of living often leads the individual to some form of addiction in order to create the illusion of control and paradoxically, to give permission for being out of control. The only effective treatment is to recognize codependency, become your own nurturing parent and learn to live in the "recovery process."
Just as becoming codependent and living in disease is a process, learning to change major behavioral patterns is a process, not an event. Following sections will detail what these experts identify as the most common characteristics of codependency as well as what comprises effective treatment for codependency.
Chapter Two
The Common Symptoms of Codependency

In trying to pin down the basic symptoms, or characteristics, of codependency, I once again confronted similar themes and concepts with different labels. Schaef, the Friels, Beattie and Mellody all list what they consider to be definitive lists of the common characteristics or symptoms of codependency. Although the lists differ in terminology and grouping, the basic concepts remain the same. What follows here is a brief overview of what the experts consider as either recognizable characteristics or symptoms of this complex disease.

Anne Wilson Schaef begins her list of characteristics of the codependent personality with her discussion of "external referenting," which refers to the codependent's reactive nature—establishing one's own self-concept by gauging others' perceptions. Schaef asserts that this is the most central and predominant characteristic of the codependent personality and her discussion entails a variety of relationship disorders based on this core problem of external referenting. These include relationship
addiction (someone who will do almost anything to be in a relationship, no matter how destructive,) cling-clung relationships (one cannot survive without the other,) lack of boundaries (not knowing when you stop and someone else begins,) and impression management (usually referred to as people-pleasing, in which one adjusts his behavior to fit the expectations of others). Her list of characteristics of sufferers of what she calls the "addictive process" also contains the following: Caretaking (becoming indispensable to another person), Physical Illness (chronic health problems as well as a host of possible addictions), Self-Centeredness (a paradoxical form of "selflessness" that personalizes everything that happens to others around them in terms of some action on their part ("You're depressed, what did I do?")), Control Issues (codependents believe they should be in control of everything, which ultimately leads to depression based on their perception of their failure to "fix" and "run" things), Feelings (codependents are usually out of touch with their own feelings or possess a distorted perception of what their feelings really are), Dishonesty (codependents become chronic liars, partially in their own denial of their own
disease and to avoid facing the reality of someone else's), Being Central (a need to be at the center of their significant other's life, otherwise they feel abandoned), Gullibility (an ability to believe what they want to is part of their system of denial), Loss of Morality (loss of contact with their spiritual self), and Fear, Rigidity, and Judgementalism (44-86).

Pia Mellody lists five core symptoms that manifest themselves in a variety of characteristics:
1. Difficulty experiencing appropriate levels of self-esteem;
2. Difficulty setting functional boundaries;
3. Difficulty owning our own reality;
4. Difficulty acknowledging and meeting our own need and wants;
5. Difficulty experiencing an expressing our reality moderately (7-42).

John and Linda Friel's list is simpler and more to the point, and although the terminology differs the similarities are striking. They list the following as the predominant and most significant symptoms of codependency or being an Adult Child: addiction, compulsion, unhealthy dependencies, depression, stress symptoms, phobias and anxiety.

Melody Beattie's list contains the following: caretaking, low self-worth, repression, obsession,
controlling, denial, dependency, poor communication, weak boundaries, lack of trust, anger and sex problems. She also notes that an important characteristic of codependency is that it is progressive, which echoes Schaef's and Bradshaw's contention that left unchecked it will lead to death.

Codependency is a disease of inner chaos. Most people afflicted with this disease become preoccupied with creating a controlled environment in a never-ending search for inner peace. This urge to control external things is what leads eventually to the rigid family rules that characterize family dysfunction and spawns the kind of abuse that perpetuates the deadly cycle of addiction and compulsivity.

Themes of low self-esteem, inability to live interdependently with others (with them but as a separate identity), dishonesty, preoccupation with self and fear dominate all these lists and certainly characterize the codependent personality. The best way to understand and sort through the complexities of these "indicators" of codependency is to examine the dysfunctional family system and how it creates, encourages and sustains this illness within its members. Part Two of this study will discuss in
detail the rules by which a dysfunctional family
operates based on treatises on the subject by Schaef,
Bradshaw, and the Friels as a way of leading into my
discussion of how many of our modern American
dramatists have portrayed and depicted this
phenomenon.

First, however, a brief overview of the treatment
for codependency is in order, not only to complete
this capsulized discourse on the nature of
codependency but also to validate the origins and
manifestations mentioned here and in subsequent
sections of this study.
Chapter Three
Recovery from Codependency

An examination of the recovery process and what it entails helps us sort through and understand the perplexing nature and diverse manifestations of the disease of codependency. Schaef, Bradshaw, the Friels, Mellody and Beattie all agree (as do others) that the most effective method of recovery is to become your own nurturing parent and learn how to recognize and cope with your feelings and take responsibility for meeting your own needs and wants. Loving yourself is easy to dictate and makes for a good doctrine but is very difficult for a codependent to put into actual practice. That is why most of the sources I consulted included some self-help advice on how to "take care of yourself."

Most of these exercises could be included in what is being called "experiential" therapy. Apart from traditional psychotherapy methods of analyzing a patient's problem, an experiential therapist helps the patients learn how to be themselves and feel and "experience" their own reality, which is part of what
has been denied to them in their dysfunctional rearing.

Since the medical community does not universally accept codependency as a recognizable disease there is no standard treatment available. Healthcare professionals in the mental health field have been trained to treat addiction, obsession, depression and compulsion as personality disorders that respond to support groups in conjunction with drugs and traditional analytical counseling. All too often, however, the patient becomes abstinent—able to refrain from using the primary addiction for relief from other maladies—only to find they still experience the same relationship problems, sexual dysfunction, financial difficulty, weight problem, or whatever, that led them into trouble to begin with.

What I would like to suggest, based on my own experience and the works especially of Schaef and Bradshaw, is that all these ailments are symptomatic of the real disease—codependency. Certainly the primary addiction must be treated first, but unless the sufferer works on his own codependency issues there is a much greater chance of either relapse or addiction switching—all of which is part of our
delusion that we are still in control and have everything "fixed."

Since the Twelve-Step Recovery Program practiced by Alcoholics Anonymous (and adapted for use by virtually every support group in the world) is so basic to recovery not only from addiction but from the family illness of codependency I have included it here as it appears in A.A. literature. I took the liberty of leaving the space normally filled by the word "alcohol" blank, because this program has proven itself the most successful of all treatments for recovery from all kinds of disease processes and addictions.

Step One: We admitted we were powerless over _____—that our lives had become unmanageable.

Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.

Step Three: Made a decision to turn our will and our lives over to the care of God as we understood Him.

Step Four: Made a searching and fearless moral inventory of ourselves.

Step Five: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
Step Six: Were entirely ready to have God remove all these defects of character.

Step Seven: Humbly ask Him to remove our shortcomings.

Step Eight: Made a list of all persons we had harmed, and became willing to make amends to them all.

Step Nine: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step Ten: Continued to take personal inventory and when we were wrong promptly admitted it.

Step Eleven: Sought through prayer and meditation to improve our conscious contact with God as we understand Him, praying only for knowledge His will for us and the power to carry that out.

Step Twelve: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics (or other addicts), and to practice these principles in all our affairs (Twelve and Twelve 5-8).

The basis of this program is spiritual and involves group support to the suffering individual. This program gives back two essential elements denied in a dysfunctional family or relationship system:
unconditional acceptance by others and a recognition of a Higher Power that controls the universe and our lives. This releases the individual from responsibility for running his own or others' lives and sends a clear message to him that he is lovable and worthwhile just because he exists.

It might be important to stress at this point that a Higher Power does not have to be a religious or traditional deity. Many atheists and agnostics find that the program can work as well for them as for devout Christians, Jews or others who profess a religious doctrine. The codependent must accept, however, that there is some power in the universe greater than himself. Many people in the program think of their "group" as their Higher Power, others prefer to defer to nature or the physical forces that rule the universe. In other words, the power or energy or spirit that makes the earth turn on its axis everyday is certainly more powerful than one individual. It is essential for the codependent/addict to stop trying to control the world around him; accepting some kind of power greater than himself is the first step toward turning over control to that power. One phrase I hear quite often in
program is "Don't push the river, just let it flow by itself." Turning over our "imagined" control of the world is the essence of Step Three and one of the most difficult concepts for the recovering codependent to embrace.

Often, however, once an individual becomes abstinent, that is, able to stop using the substance or activity, he is confronted with the reality of his feelings and emotions that he long ago learned to repress and suppress, but not express. Many individuals find it necessary to seek out professional help for recovery especially from codependency issues. This presents a major problem since most mental health facilities are not staffed with personnel equipped to understand the peculiar needs of the codependent personality. In searching for help, Bradshaw and Schaef caution against traditional analytical psychotherapy. Often, a codependent tends to over-intellectualize and analyze his life problems; what really needs to be done is to learn how to experience them. Schaef goes so far as to suggest that psychoanalysts are most likely codependents in denial of their own disease process.
Freud's treatises on human psychology, though enlightened for his time, sought to interpret a person's personality and behavior by careful observation of the individual in isolation from others. It is just coming to our collective attention how important our connection to others is for our very survival. Perhaps Freud's own addiction to cocaine would be a worthy subject of study in light of what we now understand about addiction and psycho-analysis. Freud's attempts to intellectually analyze and comprehend the nature of our personal dysfunction is now being considered as part of the disease. What we need, Schaef and Bradshaw would contend, is not further analysis of our personal dysfunction. What we do need as human beings is more opportunity and greater freedom to own and express our feelings and emotions, without judgements, condemnations or stigmas. Because of codependology, we now see ourselves not insulated from others, but in deep need of affection, approval and unconditional acceptance from those closest to us. When our immediate family failed to meet our needs, many of us have started looking to support groups, such as the Twelve-Step Recovery Program, for help.
All the practitioners and theorists used for this study admit that finding therapeutic help may present a challenge to the suffering codependent but one well worth accepting. Freedom from codependency means living life in every sense of the word and experiencing the joys and disappointments inherent in it without the paralyzing fear so many of us have become accustomed to.

WORKS CITED FOR PART I


PART II:
CODEPENDENCY AS A FAMILY DISEASE IN MODERN DRAMA

Chapter One

Characteristics of Family Dysfunction
(Traits common to all dysfunctional systems
with examples from dramatic literature)

If codependency results from family dysfunction, what then characterizes a dysfunctional family system? Unfortunately, so much of what is truly dysfunctional has long been considered acceptable in our society. Although it may be considered the norm, it is not normal.

When we watch a play like *Cat on a Hot Tin Roof* (1954) or *Death of a Salesman* (1949), most of us identify with one character or another. These plays seem familiar to us—they feel like "home." Only the healthiest of individuals can look upon these characters with absolute detachment and say, "Why doesn't Maggie just leave?" or "Why don't Willy and Biff just talk about it?" The characters' denial reflects our own denial. How many of us think, like the Pollitt family, that everything would be all right
if Brick would just stop drinking? If only that little incident had not happened with Skipper, Brick and Maggie would be relatively happy?

When we begin to recognize just how total our denial can be and how disastrous the consequences, we can start seeing the truth and at this point, we can begin the process of recovery. The characters of all these great plays are stuck, like so many of us, in a web of denial and unhealthy behavior patterns. Codependency runs rampant and its emergence in our literature indicates how pervasive it has become in our society.

To understand why Brick and Maggie would not be happy, even if Brick sobered up, we must comprehend the root of their profound inability to find real happiness—regardless of the situation. They both suffer, as do the other members of the family, from codependency. Even if Brick found sobriety, unless he divorces himself from the diseased system, he will most likely relapse. And unless he gets into recovery, he will probably return to the system. Codependents have to learn how to create and enjoy healthy relationships since they had no models to learn from as children. Much of recovery, then, is
necessarily a process of unlearning old patterns of thinking and relearning many of the basics of living. They have to be willing to find a "family of choice" which can accept, support and nurture them as they should have been loved long ago—unconditionally.

Consider for a moment the example of Mary Tyrone in Eugene O'Neill's *Long Day's Journey Into Night* (written 1941, produced 1957). She suffers from morphine addiction, has made several sojourns to the sanitarium to "sober up," and yet each time she returns to her family situation, she relapses. Why does this happen?

Mary blames Tyrone for leaving her alone so often, she blames Jamie for giving Eugene the measles and killing him, she even blames Edmund for being born; but most of all, she blames herself and her own lack of willpower. Accusations are thrown around the Tyrone household like a hot potato. Everybody blames everyone for everything. Blame is an important part of the denial system a dysfunctional family must maintain in order to "survive," but it rarely offers any logical explanations.

Why did Mary turn to morphine? Why did Brick
turn to alcohol? The answer lies deep in the complex patterns of the diseased family system.

In this chapter I will examine some of the predominant characteristics of family dysfunction, using the plays as "case studies" to illustrate how these characteristics manifest themselves in behavior. First, however, let us look at what the experts have said about family dysfunction.

John Bradshaw, Anne Wilson Schaef and John and Linda Friel have included in their works a discussion of how the dysfunctional family operates, and what characteristics reside therein that give birth to the covert and pervasive illness of codependency in its members.

Abuse, of some kind, emerges as the most prominent and important characteristic of the dysfunctional family, according to all sources. Abuse can be either overt, such as physical beating or child molestation, but more often, in drama and in life, the abuse is covert and woven tightly into the fabric of our societal traditions.

Overt abuse offends most of us so much that it rarely appears on stage. Even Bond's "illusion" of a baby being stoned to death in Saved (1965) shocked the
hardest of audience members at London's Royal Court Theatre. Many characters certainly refer to, remember and "live out of" the overt abuse they received as children, but more often we see the effects rather than the abuse itself on stage. Marsha Norman's Arlie/Arlene Holsclaw in *Getting Out* (1977) represents an excellent example of this. This child has become sociopathic and psychopathic--able to murder and torture for the sheer pleasure of power. Why? Of course, identifying the causes that lead to certain effects is as complex in art as it is in life, but here one can begin with the fact that Arlie's power was taken away from her as a child. Her father repeatedly raped and beat her, her mother abandoned her, and they both verbally and emotionally abused her.

Deep within this violent and destructive monster, however, lies a small child filled with hurt, loneliness and anger. Arlie has been shamed so much in her life that she believes herself to be worthless and damaged, as evidenced by her brutal attempt to kill "part" of herself. The sad comment about Arlene, who thinks she has killed Arlie, is that in "transforming" into Arlene, she continues to deny the
totality of her identity. There is no victory for Arlene, as one might think, in Norman's play. She remains stuck in a diseased process, living out of the fear and repressed anger caused by her turbulent childhood. She has kept these negative emotions buried deep inside her, along with the complex emotions she denies herself the right to feel in adulthood. Many therapists would say that she has not yet dealt with her "stuff."

In recovery, Arlene would learn that she needs to find constructive expression for her repressed rage and fear--learn to work through her emotions and let them go, instead of constantly suppressing them until they explode in inappropriate and nonproductive ways. A support recovery group would offer Arlene the unconditional acceptance and trust she has longed for. She is ill-equipped to find it on her own because she became, as John Bradshaw says, "bonded" to abuse as a child and continues that pattern in her adult relationships. Carl, Bennie and her mother all verbally and emotionally abuse Arlene in the play and they speak of past incidents in which they have physically and sexually abused her, as well. Instead of trying to control her life, her emotions, and her
destiny, Arlene would learn in recovery to turn it over to a power greater than herself—a Higher Power of her own definition.

Covert abuse is much more common in everyday life and in our drama, and accounts for most of the codependency in our society. It is also harder to pin down, define and compartmentalize. Extreme cases of overt abuse, such as that seen in Arlie Holsclaw, exhibit more clear-cut lines of what kind of mistreatment she suffered as a child and what it did to her. Those we think of as "average" children do not try to murder their fathers or become juvenile delinquents. They do not prostitute their bodies and stab cab drivers. However, they do become alcoholics, cocaine addicts, compulsive eaters, smokers, exercise bulimics, workaholics, compulsive spenders or gamblers, and control addicts. These maladies have become so common in our society that we sometimes accept them as normal behavior. That line of thinking has to change if one hopes to recover.

So then, the task for the living process facilitator or codependent therapist becomes one of helping codependents learn how to behave in a functional, healthy manner. They truly are "adult
children" struggling through the game of everyday life with an incomplete book of instructions. The twelve-step program of recovery, basically a new set of instructions, has clearly been proven to be a solid beginning to full recovery. Most codependents, however, find that they need more guidance to discover their full recovery potential. Once we begin to understand the true nature of codependency and addiction—how it emerges from the dysfunctional family system—we have to make an effort to determine how our dysfunction impedes our ability to enjoy life fully, find ways to overcome these obstacles and relearn how to grow up and be capable, responsible adults. "A life of sane and happy usefulness is what we are promised as a result of working the Twelve Steps" (A.A. Literature).

Covert abuse in families usually manifests itself in a system of unspoken rules that originate from the individual members' reactions to a dominant addict. In her pioneering treatise and lecture series entitled The Family Trap... No one escapes from a chemically dependent family, Sharon Wegscheider-Cruse compares the family system to a mobile. She says: "A mobile is an art form made up of rods and string upon which are
hung various parts. The beauty of the mobile is in its balance and flexibility. The mobile has a way of responding to changing circumstances such as wind. It changes position but always maintains connections with each part. If I flick one of the suspended parts and give it kinetic energy, the whole system moves to gradually bring itself to equilibrium. The same thing is true of a family. In a family where there is stress, the whole organism shifts to bring balance, stability or survival. This is the type of dynamic each of us entered into when we came into a family" (3).

Wegscheider-Cruse and many of her colleagues view the family as an organism, made up of parts that operate within a system. As she clearly states, they can work together for harmony or for mere survival. Functional families nurture and support the individual members, the system exists to protect and sustain them. In a dysfunctional family, the opposite is true—the members exist to maintain the system—and the diseased organism heaves and moans in a struggle to survive. Wegscheider-Cruse goes on to state that in a codependent family (actually she uses the term "chemically dependent," but her theories have been
applied by renowned experts including Bradshaw and the Friels to any family system that suffers from addiction and codependency, the growing dysfunction of the dominant addict affects everyone. "Each member," she asserts, "adapts . . . by developing behavior that causes the least amount of personal stress. . . . each family member compulsively represses his/her feelings and learns to react with a survival behavior. This behavior serves to build a wall of defenses for protection from pain" (3).

This is one reason why the twelve-step recovery program is so important to the codependent; it offers a new family of choice, one which encourages the individual to be who he really is and express what he really thinks and feels in order to receive unconditional acceptance. The significance of finding a "family of choice" to create a supportive system within which to recover cannot be overemphasized.

In reference to the question about Mary Tyrone it is easy to determine why relapse becomes inevitable upon her return to her family. She reenters the very environment that spawned her addiction, sustained her codependency and kept her in complete denial of who she really is and what she really wants. But did this
system create her codependency? I think not. Sufficient textual evidence exists to support the theory that Mary came from an addictive, abusive home. Mary's family of origin begat the dysfunction that she seeks to perpetuate in her relationships as an adult. Either overt or covert, abuse is very real and can have life-threatening consequences for its victims.

Probably no play in the American anthology typifies family dysfunction better than O'Neill's tragically autobiographical *Long Day's Journey Into Night* (1941). Not only do we have the opportunity of observing the Tyrone family in its entirety in one place at one time, but sufficient references are made to the past and to the extended family members (Tyrone and Mary's parents) to provide a unique opportunity for examining what happens in O'Neill's dramatic dysfunctional family.

Tyrone speaks openly (when Mary leaves the room) about her father's alcoholism, and it provides a striking contrast to the picture she paints of an idyllic relationship at home. Her own addiction to morphine and to her unhealthy relationship to Tyrone, however, gives credibility to Tyrone's observations. Also, what profit is there for Tyrone in lying about
such details? Mary benefits a great deal from her denial; it allows her to escape into her dream world and to consume as much morphine as necessary to stay there.

Here again, blame plays an important role. In order for her to perpetuate her denial, Mary must blame Tyrone and his drinking and abandonment (or the rest of her family) for her dependence upon morphine. Mary romanticizes herself in youth as an innocent, gloriously happy girl from a loving family that possessed an abundance of potential. She uses the morphine to keep believing her own lies, ignoring the facts so obvious to her family and the play's audience.

Tyrone states at different times that Mary was sexually coquettish, not really the budding piano virtuoso that she remembers and certainly not ready for the convent. Mary imagines that had she not met and married James Tyrone, she would have lived happily ever after as a nun, or possibly as a concert pianist. Mary looks for others to blame for her tortured emotional state and imagines that if Tyrone had not drunk so much, or the baby had not died, or if Edmund had never been born, her life would be a happy one.
Blaming external factors, things outside herself, for her addiction becomes a necessary part of Mary's denial, and is a clear indicator of her codependency. In a recovery process, Mary would learn that the cause and reason for her addiction and consequent unhappiness lies in herself, as does the potential for recovery—not in morphine or a perfect life without incident.

Mary's codependency began in her childhood in her dysfunctional family system. Her immediate infatuation with Tyrone gives credence to Anne Schaef's theory that falling in love at first sight is just the process of family diseases linking up. Tyrone is an alcoholic who abandons Mary throughout their long marriage by leaving her alone in hotel rooms while he cavorted with his theatre friends and even more by not recognizing or attending to any of her needs. He offered her the same relationship she became so dependent upon with her alcoholic father. She is "bonded" to abuse and abandonment.

Anne Schaef contends that without recovery, a codependent will subconsciously select a mate that promises to be as abusive as the dominant addict from their family of origin. Mary needed an alcoholic to
love because a codependent relationship is the only kind that she understands and feels comfortable in. Feeling "comfortable" or "familiar" is often mistaken for feeling "loved" to the struggling adult child of a dysfunctional family. We must bear in mind, however, that adult children have become alienated from their real feelings and live on an emotionally superficial plane of existence.

Tyrone, too, talks of his own abusive childhood. His father abandoned the family (to return to Ireland to commit suicide as later revealed by Edmund), and Tyrone became what he calls the "man of the family" (O'Neill 148) at the age of ten. Like many of his era, James Tyrone lived a hard life, one in which he was denied the right to be a child, full of spontaneity and discovery. It is no wonder he chose acting, a world of fantasy, for his career. The excessive consumption of alcohol is considered characteristic (though neither sanctioned nor encouraged) of many ethnic traditions, one of which is Tyrone's Irish Catholicism. Alcohol was available, socially acceptable and easily affordable, so it comes as no surprise that Tyrone chose it as his drug of choice. However, another addiction, not to a chemical
but to compulsive spending, also plagues Tyrone and wedges a distinct space between him and his family, and between what he says and what he does. His obsessive fears of dying penniless and without land makes him easy prey for swindlers. His family can see this, too, and yet Tyrone's denial is so strong that he, like Mary, ignores the facts about his own disease.

Likewise the children, Jamie and Edmund, live in their own world of denial and shame, acting out their dysfunction through drinking, whoring, and suicide attempts. What the Tyrone family exhibits so clearly is complete denial—of feelings, of self, and of the existence of any problem. Everything would be all right, they believe, if only Mary would stop taking morphine.

This kind of denial is typical of the dysfunctional family system. John Bradshaw says: "Perhaps nothing so accurately characterizes dysfunctional families as denial. This denial is often referred to as the delusional thinking of the dysfunctional family trance. The delusion is to keep believing the myths and vital lies in spite of the
facts, or to keep expecting that the same behaviors will have different outcomes" (79).

Another problem that dysfunctional families suffer from is a failure to establish functional personal boundaries. In other words, the family becomes "enmeshed," so that the members truly become codependent upon one another and not interdependent. Interdependence means living with others, while maintaining one's own sense of individuality, values and identity. Codependence, in this case, refers to the unhealthy dependence that diseased family members have for each other. They cannot seem to "let go." Children stay at home longer than they should, parents meddle and attempt to control their children's adult lives, no one has his own identity or is allowed to make his own mistakes, and everyone envisions himself as capable of fixing the others' problems without being willing to admit his own need for help. The family becomes more like a trap than the sanctuary for personal growth that it could be.

I like John and Linda Friel's metaphor of the life raft to define the notion of enmeshment. They say: "It's as if we're all in a life raft together at the mercy of constantly changing seas. Up and down,
back and forth we go, one big happy family, caught in an endless web of emotions and problems" (90).

Consider this concept of enmeshment for a moment in light of some dysfunctional families in American drama. Many of these dysfunctional families have children who never matured to the point of establishing their own autonomy. The family umbilical cord keeps pulling them back into a living situation with their dysfunctional parents. This is possibly one of the most ironic aspects of codependency—the feeling of being "trapped." Codependents often pay a lot of lip service to "getting away," but they rarely go far.

Logic and common sense would dictate that these individuals would be, if not fully functional, at least happier outside of this diseased system. We might wonder why Maggie and Brick elected to move back in with Big Daddy and Big Mama. They have no privacy, no respect as individuals and no functional boundaries. Why does Jessie in 'night, Mother move back in with Mama after her divorce, when she is clearly unhappy in the situation? Many more examples exist, such as Tom and Laura Wingfield in Glass

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Menagerie, Biff and Happy Loman in Death of a Salesman
and, of course, Jamie and Edmund Tyrone.

The truth is, however, that if separated from
their family of origin, codependents will establish
their own dysfunctional system, often becoming the
dominate addict, which, of course, only leads to the
creation of more codependency and addiction. Nothing
can stop the cycle— not willpower, sobriety,
separation or even the most sincere efforts— except
recovery. That is, an acceptance of the disease and a
willingness to change.

One of best examples of family enmeshment in
modern drama is in Arthur Miller's Death of a
Salesman. This family, so tangled together in a web
of self-deception, prohibits anyone from achieving
autonomy. None of them knows who he really is; they
all live in reaction to Willy's compulsivity. When
one gets angry they all get angry, if one acts happy
they all act happy, in spite of the fact that they
have very little to be happy about.

Truly, functional families do feel sadness when
one member is hurting and they all celebrate another's
achievements, but that is how caring people support
each others' needs. In a dysfunctional family, like
the Lomans, members feel compelled to pretend they feel something they simply do not feel.

The achievements they celebrate are all lies, pipe dreams and illusions. The awful truths emerge despite their desperate struggle to maintain their fragile denial. Willy has gotten too old to be an effective traveling salesman—if, in fact, he ever really was successful in life. Biff does not genuinely want what his father wants him to be, a salesman, and Happy is nothing more than an errand boy. The Loman family has very little to celebrate; life has become unmanageable.

Take, for example, the victory dinner Willy hopes to have with his sons. They are there to commemorate the beginning of Biff's new career, possibly the start of a family business. However, Biff has no new career and Willy has just been fired. At a time when they might be of comfort to one another, they keep trying desperately to sustain their dying illusion that Biff will save the day and give them hope. It fails to work, however, and Happy and Willy abandon Biff and his desire to break through the lies in order to pursue their own fantasies. Happy turns to women for
reinforcement, of course, and Willy to the apparitions of his past.

Enmeshment in the Loman family also manifests itself in the way they communicate with each other. Linda tells the boys how to talk to Willy (so as not to disturb him), the boys tell each other how to talk to him, and Willy simply refuses to hear anything he disagrees with. The boys ask Linda to tell Willy something, or Willy tells the boys to mention something to Linda. On and on it goes; no one talks directly to anyone truthfully. As Biff so aptly points out near the end of the play, "We never told the truth for ten minutes in this house!" (Miller 498)

Talking through, around and behind each other is called "triangulation." John and Linda Friel comment that "When triangulation becomes a regular fixture in a family system, communication becomes blurred, people become enmeshed in problems that are not theirs, and . . . when you are made a pawn in someone else's game long enough, you become a pawn to yourself, too. . . . You take on other people's feelings and guilt and sense of worthlessness" (Friel 85).

Consider how the children in dysfunctional families assume the family shame, guilt and low self-
worth. Jamie and Edmund Tyrone, Brick and Goober Pollitt, Biff and Happy Loman, to name a few dramatic characters, all exhibit the effects of enmeshment. They have become "carriers" of the family disease and perpetrators of the family dysfunction. They do not "act on" life as functional adults, separate and distinct individuals; they "react" in whatever way causes the least amount of personal stress. Sometimes they comply, sometimes they rebel. Some slip into the oblivion of intoxication, some work themselves to death, and others keep running, as fast and as hard as they can, so the truth will not catch up with them. Whatever form of behavior their response takes, they remain caught in the deadly family trap of codependency. Only death offers them an opportunity for escape. Most of the characters in these plays are obsessed with dying and suicide, which reveals how severely life-threatening the codependency trap can become.

Brick talks about getting away, escaping. He says, "Mendacity is a system that we live in. Liquor is one way out an' death's the other..." (Williams 907). Willy and Jessie actually commit suicide in Salesman and 'night, Mother. And Mary and Edmund in
Long Day's Journey speak often of the desire to die, both admitting to unsuccessful attempts at suicide. If anyone fools himself into thinking that codependency is not a serious disease, he would have to admit that obsession with suicide constitutes normal behavior. Oddly enough, most codependents, before they encounter the idea of recovery, do view their preoccupation with suicide as normal. Those who have been shamed for expressing suicidal tendencies and those not able to face the idea of suicide head-on, may act out these tendencies with self-destructive addictions, like smoking, drinking, overeating and so on, what Bradshaw identifies as "forms of chronic suicide" (119). This kind of thinking is all part of a carefully built and well-guarded denial system.

There is a joke I often hear in recovery groups that goes something like this: "Do you know the difference between an 'average' person and a codependent person? When an average person's car won't start he goes inside to call his mechanic. When the codependent person's car won't start, he goes inside to call a suicide hotline." For people in recovery, who admit their disease and have learned to "lighten up" a little, this is a humorous anecdote.
For the suffering codependent in denial, it is a way of life.

One final major characteristic of the dysfunctional family is what Bradshaw and the Friels call "Keeping the Family Secrets," or the "No Talk Rule." Because dysfunctional families are characterized by a strong denial system, which ignores the truth about what is happening in the family, a rigid rule of not talking about one's real feelings becomes firmly established. This sets up the individual for a host of maladjustments based on a failure to be honest or to trust oneself. When you are told that you do not hear what you hear, or see what you see, or that you have no right to feel what you feel, then you begin to mistrust your own sense of what is really happening and start to believe that something must be wrong with you. This inability to trust one's own senses and feelings prepares the child for a dysfunctional adulthood in which he becomes unable to express and enjoy real intimacy, tries in every way to be perfect, learns to live in a system of rigid rules and limitations, becomes unable to identify and express his own genuine feelings, learns to tolerate inappropriate behavior and abuse, and
becomes so serious about everything that he even loses his capacity to be spontaneous and have fun.

Bradshaw states that "The denial of expression is a fundamental wound to humanness. Human beings are symbolic animals who speak and express ourselves in symbols. We create new life and new frontiers through the symbolic function of imagination" (Bradshaw 81-2).

Consider some of the dramatic characters mentioned in this study. Maggie says that she and Brick had great sex, but did they ever have any real intimacy? Are men like Happy, Jamie and Edmund capable of genuine sexual expression of true feeling? If so, why do they fulfill their sexual urges with whores? Consider how Biff and Happy try so hard to be what Willy wants them to be--instead of just being themselves. These dysfunctional families operate on an invasive and strict set of rules for appropriate behavior and proper decorum: "keep up appearances, you shouldn't feel that way, do not let anyone outside of this house know our business!"

Why do Maggie, Linda, Arlene and Mary tolerate abandonment and abusive treatment? Because they do not trust their own sense of what is appropriate and
have come to believe that loving someone is synonymous with being a doormat.

How often in these plays does anyone have any real fun? Usually their laughter is either based on deception or comes at the expense of someone else's dignity. In these plays the family dysfunction has led the characters into a point of crisis, of no turning back. Their opportunities to create any fun and enjoyment for themselves has eluded them; they have become incapable of expressing true joy and spontaneous laughter. Maggie makes Brick laugh at cynical jokes about their own dysfunction, Happy conquers another female and calls it fun, and the Tyrone men stay out drinking and whoring in a desperate attempt to find some reason to smile. These characters seek playful fulfillment in seriously unhealthy recreations, such as self-incrimination, ridicule of others, drinking and whoring. Such actions may make them laugh, but it is an empty form of mirth.

The only glimmer of genuine happiness in any of these plays comes at the end of Death of a Salesman when Biff begins to emerge from his denial and starts telling the truth. No one else listens to him, but
Biff finally finds some measure of peace. He is the only character out of all these plays who has some recognition of who he is and what he wants for himself.

The most devastating and pervasive consequence of growing up in a dysfunctional family is a profound loss of personal identity. Children in a dysfunctional system do not have the experience to recognize what is happening to them, they only know that they must survive. In order to do that, they develop patterns of behavior that provide the least amount of stress to themselves. For most of their lives they have been shamed by abusive, and possibly well-meaning parents, into thinking that something is innately wrong with them. Thus, they try to change who they are and be whatever the parents will accept and reward. In trying to adapt to the family addict they in turn lose touch with what they need, want and feel themselves and begin to exist to keep the system intact. This kind of self-denial sets children up for an adulthood of broken relationships and addiction because they have never been allowed to find out who they are and express what they feel. They have lost their sense of self in a profusion of pretence.
Many dramatic characters speak eloquently about this loss of identity and the acute sadness that results. Mary Tyrone says, "None of us can help the things life has done to us. . . . everything comes between you and what you'd like to be, and you've lost your true self forever" (O'Neill 61).

And at Willy's grave side, Biff tries to explain to his family the real tragedy of Willy Loman, but no one really hears him, for they remain, as Bradshaw would say, "stuck" in denial.

BIFF: He had all the wrong dreams. All, all, wrong.
HAPPY: (almost ready to fight BIFF) Don't say that!
BIFF: He never knew who he was.
CHARLEY: [. . .] Nobody dast blame this man. A salesman is got to dream, boy. It comes with the territory.
BIFF: Charley, the man didn't know who he was.
HAPPY: (infuriated) Don't say that!
BIFF: Why don't you come with me, Happy?
HAPPY: I'm not licked that easily. I'm staying right in this city, and I'm gonna beat this racket! (He looks at BIFF, his chin set.) The Loman Brothers!
BIFF: I know who I am, kid.

(Miller 502-3)

Clearly, however, one of the most remarkable and insightful observations on the loss of identity in modern drama is spoken by the doomed Jessie Cates in Marsha Norman's 'night, Mother. She says: "I am what became of your child. . . . That's what this is about.
It's somebody I lost, all right, it's my own self. Who I never was. . . . Somebody I waited for who never came. And never will. . . . I'm what was worth waiting for and I didn't make it. Me . . . who might have made a difference to me . . . I'm not going to show up, so there's no reason to stay, except to keep you company, and that's . . . not reason enough because I'm not . . . very good company. (Pause) Am I" (76).

This kind of self-loss is ultimately the greatest tragedy of the codependency that results from living in a dysfunctional family system. But if we are not really ourselves, how do we survive without identity? It is not a matter of not having an identity at all, but rather having a "role" thrust upon us that we must perform and pretend to be. In a dysfunctional system, our individual role is determined by the needs of the family and not our own. Bradshaw, in talking about family denial, comments that "Our true self has been buried so long in the unconscious family trance, we think the role is who we really are" (79).

Sharon Wegscheider-Cruse, a practicing therapist in Minnesota, began treating chemically dependent people years ago along with their families. After
years of treating dysfunctional families, she began to detect certain behavior patterns that exhibited a shocking resemblance from family to family. In other words, the identities of the people changed, but the patterns they fell into began to show so much similarity that she developed the concept of family roles that has been expanded and elaborated upon by almost every practicing therapist in the field of codependency.

In Chapter Two, I will explore Wegscheider-Cruse's definition of family roles and in Chapter Three examine how various characters from American dramatic literature share the same characteristics as the ones Wegscheider-Cruse describes in her treatise on the subject.

WORKS CITED


Chapter Two

Family Roles in the Dysfunctional Family

(Individual sacrifice for survival of the dysfunctional system, with examples from dramatic literature)

Now that we have explored the idea of codependency you might be beginning to see similarities between certain dramatic situations and/or characters. Consider for a moment how alike are Brick Pollitt from *Cat on a Hot Tin Roof* and Jamie Tyrone from *Long Day's Journey Into Night*. Do they have anything in common with Biff Loman from *Death of a Salesman* or Tom Wingfield in *The Glass Menagerie*? Think about Laura Wingfield in *The Glass Menagerie* and compare her to Jessie Cates in *'night, Mother*. Are there striking resemblances between their mothers, Amanda Wingfield and Thelma Cates?

These kinds of similarities in behavior patterns are what Sharon Wegscheider-Cruse began to recognize in her treatment of chemically dependent persons and their families. Her observations led her to develop the whole concept of family roles, which is outlined and explained in her lecture and subsequent "booklet"
entitled, The Family Trap . . . No one escapes from a chemically dependent family.

Wegscheider-Cruse's theories and conclusions about the behavior patterns of the family members in a chemically dependent or otherwise dysfunctional system revolutionized many therapists' concepts of codependency. The old notion of codependency that referred simply to the people intimately connected with an addict became redefined as a disease in its own right--being not only a response to living with addiction but a major cause of addiction, as well. Wegscheider-Cruse states that "Chemical dependency is a family disease and a primary disease within each family member" (2).

According to Wegscheider-Cruse, the addict, or dependent, "develops a unique defense system to protect the painful storehouse of repressed feelings" (3). The people who live with the addict constantly receive double messages. One message comes from the internal, unconscious and unexpressed feelings and the other from the wall of defenses, comprised of external behaviors that are frequently the polar opposite of the internal feelings. Likewise, each family member begins to respond to the addict on two levels. They,
like the addict, begin to repress their feelings and set up a system of defense for protection from pain. The longer the denial system remains intact, the more out of touch with reality the family becomes.

It is through our feelings that we take in stimuli and learn to discriminate and interpret what is real and what is false. When we get out of touch with our actual feelings we begin to perceive reality from a distorted point of view, and our interpretations of the world around us become suspect. Repressed, or genuine, feelings become increasingly unavailable to the addict and his family. The family lives within a world of fantasy, what Bradshaw calls the "delusional thinking of the dysfunctional family trance" (79). Others call it denial or the "vital lies" a family conspires to sustain and invest in. Whatever we call it is of little import. What deserves our attention is what it does to individuals and how it finds expression in their behavior patterns.

Bradshaw, the Friels and many others have subscribed to and expanded Wegscheider-Cruse's initial observations about family roles, recognizing the truth behind her conclusions. Although they have added to
or revised many of the roles she describes, Wegscheider-Cruse, I think, touches on the most predominant behavior patterns that arise from the dysfunctional family system, and therefore, I restrict my discussion of family roles to the five that she identifies, defines and evaluates. They are: chief enabler, hero, scapegoat, lost child and mascot.

It is important to remember that the survival role—family identity—that each individual assumes is based on two factors: the needs of the system (what kind of identity the family needs to maintain "appearances" to the outside world or what function the system needs fulfilled) and what the individual determines is necessary in order to survive with the least amount of personal stress. Thus, it is possible, and even common, for one person to assume more than one role at once or to switch as time and needs change from one role to another. The fewer the number of children in the family, the more roles each one must assume, along with the parents. The most imperative thing to keep in mind, however, is that these "roles" are not the person's true identity—just as the label implies, the individual becomes a consummate actor, playing the role pre-determined for
him/her by the degree of dysfunction within the family system.

All family systems need basically the same components. A system needs some kind of leadership, someone who is in control and can make fair and sound decisions, or provide protection and safety for other members—a parent usually fills this position. But a family system should also provide for its members an outlet for fun and spontaneity, a system of permission for making mistakes, and some kind of spirituality. Family members all need to have what Abraham Maslow calls their belongingness needs met while at the same time enjoying a feeling of autonomy and separateness.

In a functional family, the system exists in order to fulfill these functions for the individual members. Herein lies the vital difference between the functional and the dysfunctional system. In the dysfunctional family, the individual exists to fulfill the needs of the system. These basic family functions often get distributed to the family members in the guise of roles they must play in order to survive.

No one that I know of has determined exactly how this phenomenon occurs, how one child becomes more likely to take on one role over another, but no one
has yet denied that it happens. I believe that birth order in the family determines to some extent how each child will respond to his or her own desire to get his/her needs met. Even in a healthy family system the baby of the family is usually the "charmer"—able to mesmerize or entertain others in order to get his/her way. Because of his/her position in the family, the youngest child must learn how to "work people" to get attention and to get what he/she wants. But this type of behavior is normal and should not be confused with the concept of family roles. Yes, there usually is a little entertainer or a little troublemaker in nearly all families, but children in a functional family do not get trapped into that type of behavior at the expense of their contradictory feelings. The child who is usually an A student in a functional family is allowed to come home with a few C's. In the dysfunctional family it may be grounds for serious parental disappointment or denial of the child's basic human rights, that is, abuse of some kind.

In Adult Children: The Secrets of Dysfunctional Families, John and Linda Friel address the common misconception that rigid family roles are normal and
healthy indications of one's individuality. They argue that "what does exist in a healthy family is different personality types. Sure, one person may be shy while another robust and gregarious. . . . But does being shy mean being isolated and alone? . . . A shy child can still feel loved and feel like he belongs. He can certainly have a sense of acceptance and worth. He can make mistakes without being abused for them. He can be a separate person without being lonely. He can be spiritual. He can have fun. . . . What makes these roles dysfunctional is the very fact that they are roles. Healthy families don't pigeonhole us into one tiny script" (57).

We all quite naturally play roles in our lives, but in a dysfunctional system the roles are different. In his book Bradshaw On: The Family, John Bradshaw contends that "They are not chosen or flexible. They are necessitated by the covert and overt needs of the family as a system" (77). He also presents an accurate and succinct account of why family members begin to assume roles and why survival in a dysfunctional system depends upon it. He says, "In dysfunctional families, the individual exists to keep the system in balance. This is the fate of every
individual in a dysfunctional family. The whole family is dis-eased and each person gives up his true self to play a role in keeping the family together. " (77-8).

In every dysfunctional family system, depending on the degree of dysfunction and the progression of the codependency, we find recognizable patterns of behavior, or roles, that get thrust upon the various individual family members. I think it will profit us to examine these various roles thoroughly before bringing American drama into the discussion. A clear perception of what each role is and how it functions in the family is essential to understanding how to identify these characteristics in individual characters—or people. Plays and characters may be referred to briefly in this chapter for purposes of clarification, but the complete discussion of family roles manifested in American drama is taken up in the succeeding chapter.

Remember first that we begin with an addict. This person may be addicted to any number or combination of substances or activities, but the dominant addict serves as the focal point of every family member. The survival behavior of each
individual is determined primarily by the severity and nature of abuse received from the dominant addict. I use the term "dominant addict" because, as we have seen already, every member of a dysfunctional system becomes addicted to something—addiction is the hallmark of codependency. The dominant addict refers to the addict who controls the other family members' behaviors, either by overt or covert means.

The dominant addict's compulsive need for his/her "drug of choice," as we have discussed earlier, is his coping mechanism or personal survival strategy. We will not concern ourselves at this point with the factors that initiate the addiction, since this will become evident as our discussion of family dysfunction continues. Right now, we must accept the premise that a dominant addict, almost always a parent or authority figure, has lost control and power over his compulsions and has taken control of everyone around him. Addiction breeds abuse and abuse gives rise to codependent behavior.

As I mentioned earlier, abuse may be overt or covert. Whipping, beating, scolding, yelling, desertion, sexual violation, public humiliation and shaming family members is overt abuse. More subtle
forms of abuse, such as emotional abandonment (not "being there" for the child), denial of basic human rights and freedoms (you may only do and behave as I deem acceptable), emotional incest (putting the child in an emotionally supportive role for the parent) and continual verbal criticism, can also have devastating effects on the child.

The Friels believe that abuse instills in the child a feeling of worthlessness and an intense fear of abandonment. They contend, and I agree with them, that this fear of abandonment is at the root of all codependent behavior, including addiction and assuming the family role. Children need love and acceptance in order to survive—this has been proven many times over. If they do not receive it for being themselves, then they will re-design their identity in order to get what they need. If Daddy wants them to be quiet and unobtrusive, then they will repress and stifle any feelings of spontaneity and excitement, denying themselves the right to have those feelings. Why? Because expression of those feelings is unacceptable in their home environment, and they have discovered that such expression brings only pain, rejection and criticism.
These children learn very early that to get acceptance and love, they must determine what someone needs then try to be whatever that is. This is how they become reactionaries and people-pleasers and how they learn to tolerate inappropriate behavior from others. Why do so many women stay with abusive husbands? Because they envision themselves, as Bradshaw asserts, "shameful." They see themselves as having no intrinsic value. Children who grow up in shame-based environments grow up thinking that they are somehow flawed or worthless. They, like the addict they live with, have become bonded to shame and abandonment. Codependency is full of paradoxes. The victims most often behave in ways that produce the very shame and abandonment that is killing them. Sadly, they do not know how to behave in any other way. That is really the basis of what recovery is all about—unlearning and relearning almost everything.

Because the dominant addict begins to lose touch with reality and responsibility, the family needs someone to take over the controls. This, of course, is another illusion, because the only person in control is the dominant addict. However, the spouse or person closest to and most depended upon by the
addict will begin to assume the role of "chief enabler." This is the person who makes excuses for, picks up after, and generally manages the world around the needs of the addict. Wegscheider-Cruse says that "the role of the chief enabler in the system is to provide responsibility" (9).

Once again, we have to remind ourselves that all who assume these roles are actually enablers. Anyone who redesigns his life, feelings and actions around the irrational needs of another only enables—or allows—that kind of behavior. Therefore, Wegscheider-Cruse calls this role the "chief enabler," or the most important enabler. In other words, all members are enablers, just as they all become addicts, but the dominant addict controls the family and the chief enabler's job is to enable (and see that others enable) the addict. We might think of the dominant addict as the drunken pilot of an airplane we are traveling in. The chief enabler sees that everyone leaves the pilot alone so he can steer the plane into certain disaster.

John and Linda Friel call this role the "Do-er," which is a little more descriptive of the role. This person struggles desperately—doing everything
possible—to keep the family together. She (usually, but certainly not always, this is the wife) pays the bills, gets everyone dressed for church, sees that everyone has healthy lunches, and so on. Unfortunately, since this is about all the chief enabler has time to do, she ends up frustrated, tired, neglected, lonely, taken advantage of and embittered. She makes herself indispensable to the others and in the end becomes resentful that everyone needs her so much. The chief enabler often becomes addicted to the control she begins to wield over the addict and the other family members. She can become obsessed with "fixing" everyone and everything at the expense of taking care of herself. Her inability to really control others usually leads her into a host of addictions that keep her distanced from the pain and inadequacies she feels.

The chief enabler's inner feelings include hurt, anger, fear, pain and guilt. To the outside world, the chief enabler exhibits a number of characteristics which include super-seriousness, self-recrimination, manipulation of others, self-pity and fragility (on the verge of tears all the time, a victim of emotions). The chief enabler is often applauded in
our society as the martyr, the victim or the "glue that holds the family together." She often becomes addicted to the good feeling produced by her public image. "Poor Stella Kowalski," her friends say (if she has taken the time to make any), "the things she has to live with! That drunken husband who beats her and that silly sister of hers--how does she do it?" She does it very well, in fact, she thrives on being completely indispensable to her abusers.

Family offspring usually, but not always, assume the remaining roles and they occur in no particular order and have no hierarchy of importance. They emerge in the family when needed to keep the system in balance. My discussion of these roles follows Wegscheider-Cruse's order and has no significance in and of itself.

The "family hero," according to Wegscheider-Cruse, "is the person who can see and hear more of what is really happening in the family and begins to feel responsible for the family pain. . . . The role of the hero is to provide self-worth for the system" (11). The hero works very hard to make things better for the family but because dysfunction and codependency is progressive, the hero keeps losing and
begins to feel inadequate. The hero child makes the best grades, becomes class president, and wins all the awards and honors—but these are empty victories. He or she makes the family proud but at an exacting cost to his own well-being. The pressure to be the best at everything leads him to believe that to get love and acceptance he must be perfect. The hero child has to get the A+ on a paper, not an A- or (God-forbid!) a B. The hero role leaves no room for mistakes—the slightest slip brings family (and self) recrimination. Many hero children cannot survive the pressure and often slide into another role, particularly the scapegoat, or end up committing suicide.

The hero child also has a wall of defensive behaviors, such as being "special," all-together, super-responsible, and successful, to mask his genuine feelings of loneliness, hurt, inadequacy, confusion and anger. The hero works very hard for approval from others and is the child most likely to develop an independent life away from the family. The hero will be the child identified as the school hero, company success story and social nice guy/girl—the one everyone else imagines they want to be. Brick and
Biff's brilliant football careers certainly made them the Pollitt and Loman family heroes.

When things keep going wrong for the hero, however, he will often succumb to becoming the family scapegoat. Consider what happens to Brick and Biff. However, some children start out as the scapegoat and stay that way for the remainder of their time with the family. Jamie Tyrone struggles to become the hero for his family but has always been needed to play the scapegoat (except during the times when Mary assumes that role for him). Mary blames him for Eugene's death and Tyrone accuses him of being shiftless and lazy, unable to take off in the brilliant career he laid out for him.

We must always keep in mind that family needs determine these roles, not individual preference. Scapegoats used to be called the "black sheep of the family." "The scapegoat is the one who is in the family public eye... This person does not want to work as hard as the family hero just to prove himself worthy, so decides to pull away from the family and look for good feelings of belonging elsewhere... the scapegoat often gets much attention for the destructive ways in which this withdrawal takes place.
... The role of the scapegoat is to provide distraction and focus to the system" (13).

This pulling away from the family can literally refer to running away, but more often it refers to some form of acting-out, such as early pregnancy, chemical dependency, stealing, and so on. The scapegoat is the child who assumes the blame for the family dysfunction. The family can look at the scapegoat child and say, "if only Brick wasn't addicted to alcohol or if Biff would just settle down and get a good job, everything would be all right. If they would just be our heroes again!" The scapegoat gets to act out the family dysfunction but the cost to the scapegoat is very great and usually immediately life-threatening.

The scapegoat will be identified as the school problem or rebel, company trouble maker, and social jerk. His facade behavior includes being withdrawn, having strong peer values, sullenness, defiance and a variety of ways of acting out, such as alcoholism or other addictions. This wall of defense protects him from experiencing the loneliness, anger, fear, hurt and rejection he really feels.
"The lost child is the one who has learned not to make close connections in the family. This person spends much time alone or quietly busy. It's the safest role and likely not to cause trouble for self or others. . . . They suffer pain and loneliness. The role of the lost child is to offer relief. This is one child the family does not have to worry about" (15).

The lost child can be identified as a school day dreamer, company drone and social loner. Inner feelings of deep loneliness, hurt, inadequacy and anger are masked by an exterior of quietness, distance, withdrawal or perhaps aloofness. The lost child is super-independent and most at risk for an eating disorder and television addiction. This child deals with dysfunction by means of escape and fulfills the family's need for autonomy and separateness. The lost child is very often alone but does not experience a healthy solitude. Instead, this child endures profound loneliness and becomes trapped within a wall of fear so strong he/she may contemplate suicide before daring to break the family rules. Jessie Cates, for one hour of her life, begins to speak the
truth to her mother, but she has become willing to sacrifice her life for that one opportunity.

"The mascot is the family member who brings a little fun into the family. No one takes the mascot too seriously. . . . Mascots are often cute, fun to be around, and able to use charm and humor to survive in this very painful family system. The role of the mascot is to provide fun and humor" (17).

Usually one of the younger children, the mascot gives the family comic relief, but there is no genuine joy in this child. The Friels observe, "The cost to the mascot is that his true feelings of pain and isolation never get expressed" (56).

The mascot's wall of defenses include humor, hyper-activity, fragility, being super cute, clowning and doing anything to attract attention. His real feelings, however, include fear, inadequacy, insecurity, confusion and loneliness. The mascot child can be identified as the school clown, company joker, and social cut-up. The mascot will be the life of the party, but the responsibility to keep everyone laughing in a painful environment sometimes overwhelms the individual and like all other family members, he must continue to deny who he really is and what he
really feels in order to sustain the image. Even Happy Loman's name dooms him to his role as the family mascot. He struggles constantly to keep laughing and joking, disregarding the awful truths about his family and what his life has become. No one takes Happy seriously. When they need a light-hearted outlook, however false, they turn to Happy, but they soon turn away.

Wegscheider-Cruse contends that because of the self-delusionary nature of these compulsive behavior patterns, the individual family member will take his codependent behavior into every other relationship. Getting out of the family environment is not enough. Like others, Wegscheider-Cruse asserts that recovery depends upon a breaking down of the defense and denial systems, full acceptance of the disease and recognition of genuine feelings. Individuals who wish to recover from codependency must either do so in a total family recovery process or (and this is far more common and probable), they must be willing to recover in isolation from the family of origin.

In Chapter Three, we will examine family roles in relation to American drama. Applying knowledge about dysfunctional families and family roles to critical
analyses of dramatic literature can enhance our understanding of the relationship dynamics in the plays we study and produce and help us determine the full extent of the characters' motivations and actions.

WORKS CITED
Chapter Three

Family Roles in American Drama

(How family dysfunction as portrayed in drama determines character action, dialogue, and intention, and how it affects character relationships)

In understanding what family roles are and how they function in the family we can begin to examine how they function dramatically. Probably the best way to do this is to take several plays and discuss the various family members in light of this newfound knowledge.

We looked earlier at the Loman family from Miller's Death of a Salesman in terms of enmeshment. Surely the other characteristics of dysfunctional families, such as denial, family secrets and abusive behavior, belong in any description of the Loman family, also. But what about the individual members? How do we know they are playing a role? Most importantly, we have to examine their behavior, that is, what they actually do, as well as what they say, to determine their true motivations.
First, consider the behavior of the "dominant addict" of this play, Willy Loman. What makes Willy Loman an addict, and what is his addiction? Although Willy does not suffer from an obvious addiction such as alcohol or heroine, he does exhibit signs of being a workaholic, compulsive liar, and sex addict. He becomes obsessed with being a salesman—at the cost of his natural desire to be a carpenter—continually lies to cover more and more lies and looks for sexual gratification outside the boundaries of his marriage in a dishonest manner. Some might argue that this last point has any validity. Certainly marital indiscretion is not, in itself, a recognizable addiction. Let us examine, however, the nature of Willy's philandering in light of our understanding of the addictive process.

Activities or substances are abused and become addictive because the individual uses them inappropriately to maintain a fraudulent persona and the illusion of control. Willy and his sons, particularly Happy, display their sex addiction within the course of the play, upholding it as natural and "manly" behavior. The Loman men turn to what they consider "whorish" women to obtain the same kind of
"fix" for which they might compulsively drink, spend, or eat. Being with such women makes them feel important, attractive and helps them sustain the chimera that they are capable of real intimacy. With casual sexual partners, they can be whomever they pretend, hope and attempt to be; there is very little chance that reality will emerge and spoil the self-deceit.

We see this same kind of sexual addiction in other male dramatic characters in similar family situations. Eugene O'Neill's men of the Tyrone family in Long Day's Journey and A Moon for the Misbegotten all talk about their alliances with prostitutes and how they long to secure the love of women like their mothers. The real truth is, however, that if she came along, Happy Loman and James Tyrone would be too afraid to open themselves up completely to another human being. Willy Loman, for example, did marry a "virtuous" woman but can enjoy neither real nor imagined intimacy with Linda, so he looks for casual acquaintances outside of his marriage to lavish gifts upon and play a game of pretended familiarity and closeness. He pays for his sexual euphoria with silk stockings, not unlike a cocaine junkie pays money for
his next "hit". I think the fact that Miller refers to the mistress who appears in the play as simply "The Woman" suggests that she is only one in a series of superficial encounters for Willy.

Dysfunctional rearing breaks down natural trust for other people; if you do not have faith in yourself it is difficult to muster it for others. Frivolous and/or extramarital sexual exploits are commonplace among codependents. Such alliances offer physical gratification and large doses of excitement and exhilaration (which most codependents crave because of their familiarity and "comfort" with chaos), along with the safety of no real requirement of intimacy and commitment. Like any activity or substance, sex can be abused and become addictive. It can produce the same false elation as alcohol, sugar, nicotine or heroine.

What happened to Willy Loman? Why can he be considered codependent? What textual evidence can clue us to Willy's past? Although information is sketchy, we know that Willy's father abandoned him at the age of four. We do not know about the other family members except for his big brother, Ben. Looking at the Friels' definition of codependency
(something happened long ago that hurt us, we did what we had to in order to survive, but it is not working anymore), we can see reasons for some of the choices Willy makes in the play.

Willy Loman viewed his father as well-liked and lucky; his brother Ben emulates all these characteristics to Willy, and he positions Ben in his mind as his surrogate father. But neither man, in reality, cared anything about little Willy Loman. Willy's pathetic struggle to please Ben, to get his approval for everything—even in his fantasies—only demonstrates how lonely Willy must have been as a child. Perhaps Willy was, in fact, the lost child of his family of origin.

Whatever the truth of his upbringing, Willy Loman is human and makes mistakes, perhaps the most crucial of which is when Biff discovers him with another woman in Boston. Willy denies the whole incident and this "family secret" forces a wedge between him and his son for the rest of his life. Although he makes a gesture toward embracing Biff, his fatal error is in not admitting his wrongdoing; he emotionally abandons Biff in much the same way he, himself, was abandoned as a child. But why is he compelled to do this, when he
professes to love Biff so dearly? Is it simply because he cannot stand the thought of Biff seeing him as anything less than Godlike, the way he looks up to Ben? Or is it more likely because Willy Loman never learned how to deal with his own feelings?

Being codependent means, in part, not being in touch with your emotions, not knowing how to express and process them, and not understanding how to let anyone else do it either. This is why Willy desperately tries to stop Biff from feeling the pain and anger that is so natural at such a moment. If he could let Biff have his feelings, if they could have argued it out then and there, and if Willy could have admitted to his "humanness" and apologized to Biff for his mistakes, Biff and Willy would have enjoyed a very different relationship.

Biff is, understandably, shocked, angry, and frightened by his discovery, and Willy, quite taken by surprise and unable to control or eradicate the reality of the situation, denies and avoids his complex feelings instead of giving them full reign of expression. In that beautifully-written moment of stage history, Arthur Miller hands Willy Loman the ball, and Willy fails to run with it. Confronted with
his own human failings and Biff's tortured face, Willy Loman staggers in a quagmire of confused feelings and painful reality. This is the moment of truth for Willy Loman and this is where Miller hands him responsibility for his own life, and like a benevolent god allows him the conscious freedom to make his own choices. From now on in the play, we see that Willy's destruction has evidently been by his own hand. His inability to face reality and own his own feelings has led him through a lifetime of broken relationships and missed opportunities.

The basic premise behind this study is to help us understand that there have been forces beyond Willy Loman's control that shaped his personality in childhood and crippled his self-esteem and personal identity to such an extent that he views himself as damaged goods. Loman is full of the same unrealized shame and anger that paralyzes the codependent personality and leads them to behave in irrational ways. This "irrationality", however, becomes less of a mystery to us when we get in touch with how abuse from our fellow human beings, particularly our family (since it is here we receive our most basic training
in how to become an adult), can imprison our potential for happiness.

What ensues for the next twenty years of Willy's life is his attempt to push the episode into oblivion. But for Willy, such actions result in further despair and isolation, robbing him and Biff of their finest promise as individuals and as father and son. It is Willy's codependency that paralyzes him with fear, destroys his relationship with his sons, isolates him from true intimacy with his beloved Linda and eventually leads to an untimely and tragic suicide. Willy Loman's unhappy life gives credence to the whole concept of codependency and how vital recovery is for survival. But then, if Willy were in recovery, there would be no major conflict around which to center such a masterpiece of modern drama. This is one of the main points of my study: that codependency presents sufficient obstacles to human potential to warrant it as a major theme in drama, particularly modern drama.

Willy Loman's intense fear of abandonment has led him to believe that he is unlovable if not perfect. Therefore, he denies any part of himself that fails to be exemplary and sets up the same impossible expectations for his sons. It is impossible for Willy
to accept that he can be loved for being himself, warts and all.

But where is the textual evidence to support this theory? In the final confrontation between Biff and Willy near the end of the play, Biff, finally unable to live in the denial any longer, forces Willy to face the facts, about himself, about their lives and about the deception. Biff bravely tells the truth, regardless of the consequences and then buries his face in Willy's lap sobbing. Willy's next line cues us to the real motivations behind his seemingly irrational and contradictory behavior toward Biff in the past. After Biff moves slowly up the stairs, Willy says, "Isn't that--isn't that remarkable? Biff--he likes me! . . . . Oh, Biff! He cried! Cried to me!" (Miller 500)

If Willy Loman is the dominant addict, that is, the one the other family members adjust their lives around, what roles then, do the others assume in order to enable his addictions? Obviously, Linda Loman personifies the role of the chief enabler. She takes care of Willy and his requirements above the needs of all others, including herself. She pacifies him, sustains the "vital lies" with him, comforts him when
he is vulnerable and willingly takes his abuse when he regains his strength. She instructs the boys how they can address him, what they can and cannot say, and when to leave him alone. Is it any wonder that she cannot easily cry at his funeral? Linda Loman has been out of touch with her own feelings for so long, all she can admit to at Willy's absence is an emotional void. She does finally cry, but still it is for Willy and his missed opportunities, not for herself. Linda has been so busy taking care of everyone around her she has no access to her own true feelings of pain, anger and fear, and is incapable of finding expression for them in order to take care of herself. I have often heard the witticism that asserts that just before a codependent dies, someone else's life flashes before their eyes. Certainly this could be true of Linda Loman and other characters like her. Chief enablers live vicariously through the dominant addict and other family members, which is why they often become so obsessed with controlling everything and everyone around them.

With only two offspring in the Loman family, these children will end up playing more than one role. Certainly Biff held the position of hero child for
many years. He early became everything Willy wanted him to be, well-liked and popular. His athletic prowess opened doors for him, including college scholarships, which he threw away because of the one disillusioning incident with Willy and his mistress in Boston. For whom Biff play football? Surely not for himself but for Willy's approval. His overwhelming disenchantment with his father leads Biff to become the fallen hero—or scapegoat. The family has a terrible secret in it now, and someone has to bear the burden of the family unhappiness. In accordance with Wegscheider-Cruse's definition of the hero and scapegoat, Biff finds a life independent of his family but continues to lose his own identity in his futile efforts to please Willy.

Happy obviously struggles to be the mascot and bring some spontaneity and laughter into the family—although this is indeed a tall order. But Happy also suffers from a lack of attention from the rest of his family, especially Willy and Linda. He constantly makes comments designed for their response, but they ignore him. As a child, Happy keeps remarking that he has been losing weight, and, as an adult that he plans to get married. He is trying to say what his parents
want to hear in an effort to gain their approval and to steal the spotlight, even if temporarily, from Biff. Happy is simply modelling dysfunctional behavior that he has observed in his parents; Willy and Linda live always within a veil of self-deception. Together they conspire to uphold the "vital lies" necessary to sustain the delusional family philosophy that everything can be all right just because we say it is.

As an adult Happy tries to be the mascot that he might have been occasionally in the past, but it no longer works. Why? Because the family system is so misaligned that it can no longer benefit from a mascot. Happy seems to have settled into the role destined for him as the son most like his father, the lost child. In most of his scenes, either as a child or an adult, Happy is just there, trying to get attention, and never causing the family any real trouble.

Happy is indeed the son who has followed in Willy's footsteps. He models Willy's addictions and his tendency to live in a world of fantasy. Although it is often assumed that Biff has lived with more pain than Happy, perhaps the contrary is true. Happy,
never the "golden boy" of his family, has been always pushed aside for Biff. He has managed to keep a steady, if somewhat demeaning, job, lives in his own apartment, and has never caused anything more than a minor annoyance for his family. Biff, on the other hand, cannot seem to keep any job, roams from place to place and has given his parents great cause for concern. Happy tries desperately to fulfill Willy's prescription for life and yet he still gets no words of thanks or praise, nor hardly any notice at all. In spite of their arguments, it is Biff who once again takes Willy's focus. No wonder Happy turns to whores for gratification; he can at least pay them to notice and fawn over him. Lost children suffer the most loneliness and are at higher risk for self-destruction than any other family role. We have previously discussed Willy's status as the lost child, it makes sense that the child most like him has emerged from the same family role. But where is the evidence for this assertion?

In her book, *Respect for Acting*, Uta Hagen discusses a concept she calls "Sense Memory" and instructs the actor how to implement his memory of physiological sensations to enhance his credibility as
the character. She states that the sensation is greatest when we try the hardest to overcome it. For example, if you are hot and perspiring, it does not become real on stage until you take some kind of action to overcome it, such as fanning, dabbing the sweat with your shirt-tail, or something similar (52-59). This idea helps to explain how codependents often deal with indescribable emotional pain. Since they do not know how to express and release their distress, they attempt to overcome or control it with some kind of substance or activity that allows them the illusion of such mastery, and this often leads to addiction so that the illusion, or denial can be maintained.

Happy's denial has become so total that it has taken over his life. This has not been a conscious decision. We must bear in mind that Happy, like all members of a dysfunctional system, does the best he can at any given moment to overcome personal stress. His denial is so complete because his pain, like Willy's, is so overwhelming and unbearable. Linda and Biff have suffered too, of course, terribly. But they at least exhibit more courage in facing the reality of
the family's situation and are, therefore, better equipped to deal with the pain.

Happy and Biff both suffer from serious addiction problems that have caused them major problems in life. Happy stays mired in his denial about almost everything in his life, remaining especially blind to his sex addiction. Biff, on the other hand, eventually exhibits amazing courage and admits to himself that he has been a compulsive thief. Because Biff becomes willing to break through his denial, hope for his eventual recovery emerges.

In *Death of a Salesman* Miller does not sentimentalize Willy Loman in the same way that Williams and Inge often do with their characters. Miller situates next door to the Lomans a seemingly functional family. Charley maintains a good business and even offers a job to Willy, which he declines because of foolish pride. His son, Bernard does well in school and seems to have no need to play the hero as Biff does. And in the end, Bernard is a successful lawyer and Biff becomes what many would call a "bum."

Although we do not have the opportunity to observe Charley's entire family, we can compare Charley with Willy, Bernard with Biff, and the two
father-son relationships. We never see Charley try to control Bernard in the way that Willy does Biff. Also, Bernard does not appear especially needy of praise and attention—an indication that he received it from his parents naturally as he matured into manhood. Children who are reared with praise learn self-esteem, children who are abused and controlled, like Biff, learn self-depreciation.

What dramatic function do Charley and Bernard serve in the play? Miller surely meant for them to heighten the effect of Willy's tragedy, showing two men of approximately equal economic and social standing who take different paths and make different decisions and come to two very different ends. Does Miller's juxtaposition of the two men purposely point to the cruelty of fate—one succeeds, the other fails—not because they are so different, but because that is what life is like? No, the text indicates that Willy Loman is responsible for his own demise.

Charley offers Willy a job several times and in a friendly way. He accepts Willy as he is, not trying to change him, only to help him, if possible. But Willy would rather kill himself to get insurance money to help his family than stay alive, swallow his pride
and go to work with Charley. Linda urges him to take care of himself but she does most of the caring herself. Biff pleads with Willy to stop lying and face the truth of what happened to them and what they continue to deny, but Willy refuses.

Charley gives Willy the opportunity to better his situation and save his life. He could earn a living and support his family, but he chooses not to. Instead he kills himself. He could sit down and talk to Biff about what troubles him and give up covering and pretending. But Willy chooses not the rational but the codependent thing to do. Willy devalues himself as a human being, cannot accept the unconditional love of his family and friends, nor longer bear to live with the guilt and burden of being an average Willy Loman. We do sympathize with and feel compassion for Willy Loman by recognizing that he suffers from an incapacitating disease that clouds his reason and imprisons his spirit.

Willy Loman is not only a victim of a dysfunctional society in the socialistic sense as previously imagined but is a victim of family dysfunction, addiction and codependency, as well. For us to accept *Death of a Salesman* as a tragedy, it is
commonly accepted that we must first acknowledge Willy Loman as a noble human being. In his famous argument against the possibility of modern tragedy entitled "The Tragic Fallacy from The Modern Temper, A Study and a Confession, Joseph Wood Krutch asserts that modern characters like Loman are neurotic, sentimentalized characters who wallow in self-pity and are, in essence, too spineless to bear a classically tragic identity. He also points out that tragedy should inspire, through an Aristotelian katharsis, rather than merely depress and inflame us.

Arthur Miller, in his treatise, "Tragedy and the Common Man", disagrees vehemently stating that tragedy "is the consequence of a man's total compulsion to evaluate himself justly" (Clark 537). Miller, then, contends that because in tragedy there must be the "possibility of victory", that pathos is created when "the protagonist is, by virtue of his witlessness, his insensitivity, or the very air he gives off, incapable of grappling with a much superior force" (Clark 538). Miller lays the responsibility for Willy's downfall squarely upon his own shoulders, as we must, also. Willy Loman makes his own mistakes that he does not accept liability for and allows his ego and pride to
prevent him from taking responsible actions to take care of himself and his family. I agree that *Death of a Salesman* is a great tragedy and that the common man is a suitable subject for such a treatment. But it is my contention that instead of socioeconomic or political forces, the "much superior force" that Miller alludes to in this passage refers to the addictive process, or codependency, not only in Willy's family but in the society within which we attempts to function.

It is the very fact that Willy is common, ordinary, and familiar to so many of us, that makes the play a true human tragedy. If Willy Loman is a tragic social hero it has less to do with capitalism and economic repression than with a disease so common in our society that he can be considered ordinary. When we can view the plight of the Loman family as familiar and predictable, we have come to a place in our society where addiction is commonplace and a life of recovery seems odd, maybe "square" (like Bernard in the play), and a little frightening. Willy Loman, more than any other American dramatic character, stands as a testament to the powerful influence of our diseased society. The "American Dream" is nothing
more than a collective denial, a delusionary idea that being successful, or even happy, means the acquisition of a predetermined set of material gains. If our society does not value human individuality, personal integrity and social responsibility, then recovery becomes an increasingly distant possibility. It is very hard for an individual to swim against the tide of popular opinion.

Anne Schaef deals directly with these very issues in her book, *When Society Becomes an Addict* (1987). Because codependency is so very common in our modern world, it becomes even more difficult for the idea of recovery to emerge at all. The basis of Schaef's theories is that our society has become so supportive of addiction that a natural living process seems foreign and suspect. Certainly the drama of the last fifty years supports her basic premise.

It is striking to notice the similarities between many American dramatic characters. Most of the characters we recognized as "angry young men" in the 1950's were simply family scapegoats, or dominant addicts, depending upon their position in the family. Although John Osborne's Jimmy Porter is of British origin, he exhibits the same irrational, addictive
behavior that his American counterparts do. Consider how similar Brick Pollitt, Biff Loman and Jamie Tyrone are. All are favorite sons of their controlling, addictive fathers, who were prodded into becoming the family heroes in order to receive their fathers' approval.

Brick and Biff excelled on the football field—achieving small-town fame as the young men most likely to succeed. Both are handsome, charming and gifted. Something happens, however, to Brick and to Biff. Brick's best friend turns out to be homosexual and kills himself and Biff discovers his father in bed with a strange woman. These two traumatic events would prove emotionally shattering to even the healthiest among us. But when trauma happens to a child raised in a dysfunctional household, a child who has never learned how to process and express difficult emotions, the child represses those uncomfortable feelings of fear and anger and begins to "act out of them", often turning to addictions to ease or mask the suffering. Brick turns to alcohol and Biff turns to compulsive stealing, and neither of them can get past the delusionary effect of those traumas in order to continue living. The families now have terrible
secrets to suppress and someone has to focus the
dysfunction upon himself and become the family
scapegoat, which is the current position of Brick and
Biff in each of the two plays.

And who are the lost children of American drama?
Certainly Laura Wingfield and Jessie Cates are two of
the most renowned. Consider the similarities between
these two isolated and unhappy women, imprisoned by
the fear and repressed anger they feel for their
control-addicted mothers, Amanda and Thelma,
respectively. Amanda Wingfield and Thelma Cates find
themselves in similar situations, chief enablers who
have lost their addicts. The family control they
became so addicted to becomes multiplied and heaped
upon the children. Amanda's other child, Tom, becomes
the scapegoat of the family. She continues to
dominate him to the point where he leaves home to
escape her control, as evidenced by his "narrator"
function in the play.

Thelma's son, Dawson, is the family hero. Thelma
continually refers to Dawson as the one who will take
care of things; he is the child she relies on for
support and validation. Jessie's son, Ricky, appears
to be the scapegoat of Thelma's extended family,
assuming the blame for the family dysfunction. Comments about Ricky in the text are scarce, but clues are revealed about his antisocial and probably criminal behavior. Thelma alludes to Ricky having dropped out of school but dismisses it (as part of her denial) as a "phase". Jessie Cates, however, sees the truth behind the facade when she comments how alike she and Ricky are: "Ricky is as much like me as it's possible for any human to be" (Norman 59). To those who understand codependency Jessie's admission makes perfect sense.

Jessie explains what she means in her next line; she adequately sums up her understanding not only of the disease she shares with her son (why Ricky has turned out the way he has) but Thelma's denial, as well. She says: "We look out at the world and we see the same thing: Not Fair. And the only difference between us is Ricky's out there trying to get even. And he knows not to trust anybody and he got it straight from me. . . . He walks around like there's loose boards in the floor, and you know who laid that floor, I did. . . . Ricky is the two of us [she and Cecil] together for all time in too small a space. And we're tearing each other apart, like always,
inside that boy, and if you don't see it, then you're just blind" (60).

What usually happens to enablers when they lose their addict, as in the cases of Amanda Wingfield and Thelma Cates? We must bear in mind what functions these roles are designed to fulfill. The family needs someone to be in control, to make the rules. The dysfunctional family needs a dominant addict to play this part. An abandoned enabler either finds another addict to enable or he/she becomes the dominant addict. Amanda Wingfield and Thelma Cates have become their families' dominant addicts and one of their children must then become the chief enabler; this is what happened to Laura and Jessie, respectively. The other children, Tom and Dawson, reject this new family unit and choose to live on the outskirts of their mothers' lives.

Eugene O'Neill's late autobiographical works, Long Day's Journey Into Night and Moon for the Misbegotten, depict the behavior of the codependent family of origin and what happens to the hero/scapegoat after he moves out of the family environment. In Moon for the Misbegotten, James Tyrone settles into a brief relationship finally with
someone like his mother, a good enabler. But this raises an interesting question about Mary Tyrone in Long Day's Journey. The few articles I could find that addressed alcoholism and addiction in this play identified Mary as the dominant addict and asserted that the lives of the others revolve around her. However, my investigation reveals that although Mary may be the dominant addict of the play, it is Tyrone who must be labeled as the dominant addict of the family. We have to examine the textual evidence and ask ourselves who is really in control. Remember that the dominant addict is usually the only one who wields control over the others in his family.

Mary Tyrone makes several comments about Tyrone's past history with drinking, such as the times his friend carried him home and deposited at the doorstep. Did Mary Tyrone leave him for such inappropriate behavior? No, she took him in, cleaned him up, and put him to bed. We see sufficient evidence of Tyrone's dependence upon alcohol in the play to give credence to Mary's memory in regard to Tyrone. We see evidence and hear reports from other characters about Tyrone's compulsive spending, another addiction he has succumbed to in excess in his later years.
Tyrone also took Mary (away from her own lifestyle) into his life at the theatre, of which she never felt a part, but she went to appease him. It was during one of his theatre trips that her baby, Eugene, dies from the measles, for which she never forgives herself (although she frequently "blames" Tyrone and Jamie). Mary Tyrone has lived an unhappy life catering to the whims and demands of her abusive and addictive husband. Is it any wonder that she becomes addicted to a substance that offers her the chance to escape and alleviate any feeling of responsibility? Morphine is highly addictive physiologically, but Mary's repeated relapses are not physically based but emotionally necessary for her survival.

Mary's addiction to morphine, then, is just one path—substance addiction—for a chief enabler to take. It is an unusual scenario, but Mary Tyrone has become the main scapegoat, assuming the blame for the family dysfunction and providing a strong point of focus for the family. When the main caretaker (the chief enabler) gives up the job, however, things go from bad to worse. Caretakers tend to become obsessed with managing and controlling everyone else's life at
the expense of taking care of themselves. When Mary
Tyrone continually refuses to play her designated
family "role" then someone else must assume it.
Family roles, we must remember, are not a product of
individual choice but of dysfunctional survival.
Tyrone finds himself thrust into the uncomfortable
position of enabler—which he performs very badly.
The chief enabler must necessarily abandon his/her own
needs in order to care for others. Tyrone is entirely
too self-absorbed for such a role. This forces Jamie
and Edmund to assume whatever role the moment calls
for, since everything in the Tyrone household has
gotten out of control. No one knows quite what to
do; no one seems to be in charge. They float from one
circumstance to the other without any course or
direction, like a raft lost at sea.

James Tyrone tries to follow in his father's
famous footsteps on the stage, but does not have the
heart for it. When he fails to shine as an actor, he
experiences intense pangs of inferiority and
inadequacy and begins to mask his pain with alcohol
and loose women. Having been once the hero for Tyrone
to point to with pride, he now bears the burden of the
family dysfunction, playing the role of the family
scapegoat during the times when his mother is abstinent. The Tyrone family is so severely dysfunctional that they must have a scapegoat at all times. When Mary is temporarily abstinent, James immediately assumes the role for her. James and Mary Tyrone switch seats throughout their lives between the lost child and the scapegoat.

The Tyrone family suffers from a state of life-threatening dysfunction during the course of this play. They live in the denial that if Mary would not relapse, all would be well. Yet, what do they do to help her? Tyrone and the boys get drunk right under her nose and yet they expect her not to turn to her drug of choice. Then they all leave her alone in the house to get their regular dose of cavorting, drinking, spending and whoring around the town. Sobriety, much less recovery, for Mary is impossible in such an environment.

The plays of Tennessee Williams abound with addiction, dysfunction and codependency and we have already examined his best family drama in terms of family dysfunction. Let us now examine *Cat on a Hot Tin Roof* in terms of family roles. Certainly Brick is a practicing addict and Maggie his chief enabler. But
now that they have moved back into Big Daddy's house, they have assumed new roles that include the entirety of the extended family. Big Daddy becomes the dominant addict in his own household and Big Mama a pushy and domineering chief enabler. Brick, fallen from hero status, plays the role of the scapegoat. He provides the focus for the family dysfunction and becomes the "identified" problem. In the overall family, Gooper and Mae have become the hero children, with a secure career and multiple progeny. It should be noted here that although his parents still detest him, Gooper has become the hero for the family system.

Hero children do not have to be liked by their parents. Their function is to provide self-worth and dignity to the system (sometimes only in appearances). Despite Big Daddy's wishes to the contrary, Gooper fulfills this family need, instead of Brick. When Brick fell from grace and became the scapegoat, Gooper moved from being the lost child to being the hero. The ulterior motive behind Big Daddy's private conversation with Brick is to convince Brick to usurp Gooper's reign as the family hero. Big Daddy desperately wants Brick to stop drinking and become more reliable. He jokes, pleads, and even threatens
to pass the family inheritance into Gooper's dependable hands.

It must be understood that these roles are not consciously decided upon and they have very little basis in reality or choice. Family roles are assumed because the dysfunctional family system needs someone to play the roles. If there are only two children, then they will probably play more than one role at a time, as in the case of Brick and Gooper growing up. Based on his parents' reminiscences in the play, Brick assumed the roles of hero and mascot. Gooper's current resentments come from years of repressed anger as the lost child. When Brick and Gooper marry, and life becomes more complicated, the family is extended so that Brick can be the scapegoat, with Gooper as the hero. This leaves two roles vacant, the lost child and the mascot.

What is Maggie? She tries to entertain Brick and certainly succeeds with the audience and sometimes with Big Daddy, bringing some form of fun into this dismal family atmosphere. Certainly no one takes her seriously and she does just about anything and everything to get Brick's attentions. However, Maggie's dominant role seems to be the lost child. No
one pays much attention to her and she lives on the outskirts of Brick's and his family's life. Her addiction to smoking could be indicative of an oral gratification addiction. Many potential (and actual) victims of eating disorders satisfy their oral cravings with cigarettes, which is a high risk for the lost child. Her most serious problem, however, is her addiction to Brick. She is beautiful, intelligent, young and vibrant, and yet her codependency keeps her trapped in a marriage to a man who admittedly cannot stand the sight of her.

Does that leave Mae to play the mascot? Like the Lomans in Death of a Salesman, I believe this family is too far into their disease to allow for any kind of lightheartedness, even a superficial variety. Maggie is the only one who maintains a shred of her sense of humor, so if there is a mascot in Cat, it is she. Mae, to Goooer, has become the new version of Big Mama, pushing and controlling her husband in whatever way she deems necessary. To the extended family unit, however, Mae more likely fits under the hero category with Gooper. She has, after all, produced Pollitt offspring to pass the family inheritance down to, and
who will, no doubt, carry the family dysfunction into the next century.

Tennessee Williams has provided a more consistent repertoire of works dealing directly with codependency and addiction than any other modern American playwright. An examination of all these plays would be sufficient material for another complete study. But the main point of this study is to help illuminate how the dynamics of codependency can be recognized and utilized by theatre practitioners and theorists to uncover much of the truth behind these plays and their characters.

Edward Albee is another significant American dramatist who deals directly with codependency and addiction in many of his plays, most notably Whose Afraid of Virginia Woolf? and A Delicate Balance. Albee's plays reflect a 1960's absurdist influence, but Virginia Woolf offers his most realistic view of what happens in an alcoholic relationship.

George and Martha are completely in isolation from the rest of their family. Their dialogue refers frequently to Martha's father, which provides vital clues about Martha and her relationship with George. But who is the dominant addict and who is the chief
enabler? To answer that question, we must first review Wegscheider-Cruse's definition of each role.

This is a relationship that appears to be an exception to the rule stated earlier. It seems obvious that the one with real control in Virginia Woolf is George. In fact, a case could even be made for George to be the dominant addict since he takes so much control in the relationship and because of his alcohol addiction. But his addictions seem secondary to Martha's and her raging and abusive behavior certainly fits the profile of the dominant addict.

There seems to be little doubt, however, that George enables Martha. Their actions alone provide clear indications of who organizes, pacifies, caters to and picks up after whom. Why, then, does it seem that George has ultimate control over Martha? Although he endures her verbal abuse in front of strangers, wiles away the time while she takes full sexual advantage of Nick, and busies himself playing host, filling everyone's drinks and seeing that the guests are entertained, he still possess the ability to bring her to her knees (as we see near the end of the play) when he "kills" their imaginary son.
It seems evident that George wields control over this most important of issues and in the end we see Martha as the adult child she really is, clinging to George, her substitute "Daddy." This superficial, or illusionary, control that the addict hands over to the enabler has been romanticized in modern drama and mistaken by many for genuine need and love. This is what most therapists call a "hook." The addict appears so needy and desperate that the enabler is "hooked" into feeling needed and, therefore, important and worthwhile. This is what makes George the enabler and Martha the addict.

Martha wants to be "babied" and taken care of, just as she wishes her father had cared for her. Lines in the script clearly indicate the chasm between what Martha fantasizes about her father and what the truth must have been. George intimates to Nick that Martha's father never cared for her at all. Surely this is borne out by Martha's desperate attempts to get attention--especially from George--and by the very fact that no one with this severity of addiction and dependency could have emerged from a functional family. Martha has a sadly distorted view of what men really want and prostitutes her body in exchange for
the attention she so desperately craves, if not from the young men, then from George. That is the only real power George wields over Martha—the power to ignore her.

George's compulsion to feel indispensable, however, usually overrides his reasonable judgement and allows him to succumb to her abuse and game-playing. He makes her the center of attention, which is his only way of "loving" her, of fulfilling her needs.

Martha tries to explain this complicated relationship dynamic to Nick near the end of the play. She says: "George who is good to me, and whom I revile; who understands me, and whom I push off; who can make me laugh, and I choke it back in my throat; who can hold me, at night, so that it's warm, and whom I will bite so there's blood; who keeps learning the games we play as quickly as I can change the rules; who can make me happy and I do not wish to be happy, and yes I do wish to be happy... whom I will not forgive for having come to rest; for having seen me and having said: yes, this will do; who has made the hideous, the hurting, the insulting mistake of loving me and must be punished for it. George and Martha:
sad, sad, sad. . . . who tolerates, which is intolerable; who is kind, which is cruel; who understands, which is beyond comprehension." (191)

What better summation is there in modern drama of the complex addict/enabler relationship? Could not Jimmy Porter devote a similar speech to Alison, or Brick to Maggie, or Stanley to Stella, or Willy to Linda? Most of these addicts, however, have not done the intellectual processing necessary to comprehend their own abusive demands upon the ones they love the most. They do, however, feel that overwhelming need to cling to someone, to have someone love and accept them. It feels so alien and frightening to them, however, because they believe they do not deserve such a love and continually attempt to drive the other person away.

Why is this not true love but simply codependent need? Indeed, they may love their enablers, but love is not expressed in the possessive and abusive "go away, come back" cycle of the codependent relationship. Addicts and codependents do not know how to express genuine feelings of any kind, including love for others. This codependent need for another is not love—it is a survival technique only and has
nothing to do with real intimacy and passion. Without someone to help them practice their addictions, they would have to hit bottom and become willing to change. To consider this kind of manipulation of another's emotions as a genuine expression of love is a mistake. It simply constitutes another form of emotional abuse.

This theory is borne out in real-life examples, as well as literary ones. If the enabler does escape, as in the case of Alison Porter, the addict simply finds a replacement. For the addict, it is a choice of either finding another life-raft or sinking to the bottom. Sinking to the bottom is the only thing that will usually make the addict realize that he can no longer go on in this same way. This will either lead to a breakthrough of denial and recovery, or it could lead to suicide, depending upon how strong the fortress of pride has become. Jimmy Porter finds a substitute for Alison in the character of Helena, but Alison cannot stay away and in the end resumes her enabler position at Jimmy's side.

Honestly reaching out and admitting one's need for others is a frightening thing for a codependent, because it requires trust and the courage to be truly vulnerable. This is what recovery in a support group
is all about—learning to reach out and accept help, then extend that help to others. The fifth step of the Twelve Step Recovery Program requires that one confront that very issue. It says, "Admitted to God, to ourselves and to another person the exact nature of our wrongs." (Twelve and Twelve 6)

For most addicts, taking this step represents the first time they have honestly opened their hearts to another person and admitted their need for unconditional love. Grasping for any port in the storm is not the same thing. As soon as the addict "gets back on his feet again," his abusive behavior will resume. Modern drama provides many such examples of this phenomenon besides George and Martha and the Porters.

Remember for a moment Stanley's impassioned cry in the street for Stella, and Willy inclining himself to Linda's embrace as he tells her how indispensable she is. These addicts are using their enablers for a rock to cling to in the stormy chaos of their lives. But there is little doubt that their addictions would take precedence over the other person if push came to shove. No matter how much the addict professes to love the enabler, if that person leaves, the addict
will find someone else to do the job, just as Jimmy Porter turns to Helena.

We must understand, however, that the enablers are using the addicts, as well. That is why they all stay together. The enabler requires someone to define and want them, to give them purpose and make them feel valuable. But no one in any of these relationships gets his/her needs for unconditional love, unerring trust and mutual support met as they should. They do not take care of themselves; they are all too busy hurting themselves by violating others' human rights or inviting others to abuse them. These people's cups are half-full. Instead of being a whole and complete person, looking for someone to share, commune and celebrate with, a codependent will look for someone to complete them, take care of them, define them, or justify their existence.

Understanding family roles, as we have seen, can play an important part in how we begin to get past a character's denial and explore the realm of his reality in order to help clarify how individuals impact each other in a dysfunctional family system. Combining this understanding with a thorough knowledge of the nature and characteristics of codependency and
addiction, provides for us as students, critics, actors, directors, and dramaturgs, a valuable key to unlocking the subtext of the characters' lines, the truth behind their behavior and the verisimilitude of the individual playwright's vision of the world they (and we) live in.

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CONCLUSIONS

Although codependency is just beginning to be recognized by health care professionals as a pervasive and life-threatening disease, it has long been with us. The addictive lifestyle, encouraged and perpetuated by our modern society, impedes individual growth and squelches human potential. But why should we, as theatre critics and practitioners, concern ourselves with the issues of addiction, codependency, dysfunctional families and role-playing? Because being able to recognize codependent characteristics in our dramatic characters will better equip us, as students of the art of theatre, to present more credible and multi-leveled performances and overall productions. In dramatic criticism, it will help us get to the core of a dramatist's verisimilitude in a way that has been unavailable to us in the past.

Certainly the field of psychotherapy has expanded to include the concepts and techniques for treating codependency developed by pioneers such as Bradshaw, Schaef, the Friels, Wegscheider-Cruse, and others. Though not initiated by one recognizable individual, this new movement to understand and recover from the
damaging effects of covert, as well as overt, abuse we receive from others, is as sweepingly comprehensive and applicable to all human situations as the revolutionary ideas introduced by Freud and Jung.

Therefore, I see no use in further debating the validity of codependology as an acceptable way to come to terms with our own individual dysfunction and that of our families. Others far more qualified than I have already made such documentation. What should concern us at this point is insuring that codependology be viewed as a valid approach to interpretation and evaluation of dramatic literature. I am not arguing that codependology is the only key to unlocking the inner motivations for human behavior. The point of this study is to offer new and alternative methods for perceiving the true nature of complex human actions. Any scientific approach that helps us better understand human nature and behavior can naturally shed light on dramatic characters who are, after all, designed to be the closest imitation of ourselves that exists in the world of art.

When one begins to understand dysfunctional family dynamics, Williams, Miller and O'Neill can be seen as masters of the art of representing these kinds
of relationships and the consequences to the individual. But did these playwrights create the dysfunctional family? I think not. These writers wrote what they knew, what they had lived themselves. Life does not reflect art, but the reverse is certainly true. Surely the connection between the playwrights' works and their lives is a subject of fascination for most of us, but to dwell on such matters here confuses the main objective of this study which is to help clarify the literature with new information about human behavior.

In my brief demonstration, I hopefully illuminated how the current school of thought concerning codependency as a family illness can help us appreciate the importance of the family environment upon character action. If we can recognize Willy Loman as being a lost child, then we begin to have more empathy and tolerance of his inability to make rational decisions. Jessie Cates and Laura Wingfield become less maudlin and more sympathetic, as does even the most abrasive of characters such as Stanley Kowalski, James Tyrone and Happy Loman. This understanding in no way eliminates the codependent's accountability for whatever abuse he has heaped on
others, but it does explain much of what appears to be unmotivated and irrational behavior. Victims of codependency, like us, must accept that they are not responsible for what happened to them as children, but that they are responsible for their own recovery. Codependency is a disease, not a willful choice. Acceptance of that fact, more than any other aspect of codependency, will help all of us become willing to recognize and eradicate denial when we encounter it and begin to view ourselves and others with honesty and compassion.

Does all this discussion imply that codependology is only applicable to contemporary drama? No, I think not. Sigmund Freud's treatises on human psychology initiated a wave of psychologically probing plays and characters. Understanding Freud's theories certainly helps us interpret, analyze and portray these characters with more credibility, but we must remember that Freud used Oedipus and Hamlet for his dramatic examples, not plays from his contemporaries. Any knowledge that gives us insight into human behavior is valuable and worthy of consideration to any theorist, student, or practitioner of the art of theatre.
In my introduction, I mentioned that codependency has always been with us. The difference is that in the past such behavior has been viewed as "normal" and appropriate, and today we are beginning to see how destructive it can be. Take, for example, the case of Mrs. Alving from Ibsen's Ghosts and compare her to Nora in A Doll's House. It has often been suggested by critics that Nora is Ibsen's extension of Helene Alving; she is the one who recognizes her own individual worth and refuses to be codependent. Ibsen, himself, asserted that he dealt with human rights, not women's rights.

Consider the obsessive behavior of characters like Electra and Medea, Macbeth and Othello. And has there ever been a character more codependent than Helena from Shakespeare's A Midsummer Night's Dream? She says:

I am your spaniel; and Demetrius,
The more you beat me, I will fawn on you.
Use me but as your spaniel—spurn me, strike me,
Neglect me, lose me: only give me leave
(Unworthy as I am) to follow you.
What worser place can I beg in your love
(And yet a place of high respect with me)
Than to be used as you use your dog?
(Midsummer II,i: 102-110; page 50)

Could not Stella Kowalski or Maggie Pollitt make a similar speech? Does King Lear have anything in
common with Willy Loman? Compare Lady Macbeth for a moment with Amanda Wingfield and Thelma Cates, or Otnello with Stanley Kowalski. Are not there significant similarities, in accordance with what we know about codependency, between Orestes, Hamlet and Biff Loman? Understanding the dynamics of the dysfunctional family can help us in our analysis of plays such as Racine's *Phaedra*, Sophocles' *Antigone*, Chekhov's *Three Sisters* and *Uncle Vanya* and others. Comprehending the possible reasons behind such irrational, obsessive, and compulsive characters can be extremely enlightening to the actor portraying the role, the director and, naturally, the critic who can now re-evaluate so many plays with new insights and a clearer understanding of what these characters are all about.

Now that we are armed with a knowledge of the nature and unique characteristics of codependency, how exactly do we implement this kind of understanding into our analyses of dramatic literature without becoming second-rate amateur psychologists? First of all, I recommend further reading on the subject. The authors mentioned in this study, as well as others, offer very good treatises on all aspects of the
subject of codependency. Secondly, we must all look at codependency in our society and possibly our own lives and families. Acceptance of the truth about this common disease and being willing to break down our denials is the first step toward better understanding of not only ourselves but the characters we portray, as well.

Codependology is only one tool, but can be an extremely appropriate and beneficial one in teaching us how to unlock the truth of why we behave the way we do and why we make the choices we make. The more we learn about ourselves as part of the human species, the more accurately we can discern and illuminate the meanings portrayed in our artists' works. As practitioners, theorists and teachers of an art that studies the human psyche more intimately than any other, we owe it to posterity, ourselves, our audiences and the playwrights, to incorporate any and all understanding of human behavior into our perceptions, interpretations and presentations of dramatic literature.
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**Plays**


APPENDIX

PLAY SYNOPSIS

Cat On A Hot Tin Roof by Tennessee Williams

In a Southern plantation home, the family is gathered to celebrate the sixty-fifth birthday of their patriarchal leader, Big Daddy Pollitt. Williams provides a bright and colorful array of characters whose blissful demeanors mask a hidden reservoir of family resentments, avarice and rivalries. Brick, a confirmed alcoholic, and his wife, Margaret, have recently moved back into the family home and his brother Gooper has brought his wife, Mae, and their children to visit for the birthday celebration. They all learn during the play that Big Daddy will soon die of cancer, and the seemingly polite and gracious family members turn into voracious scavengers, fighting for control of the estate. However, the only one that Big Daddy respects enough to pass his kingdom to, Brick, is too drunk to care.
Death of a Salesman by Arthur Miller

A tragic story of missed opportunities and lost potential, Death of a Salesman tells the story of one ordinary, weary traveling salesman, Willy Loman, and how his inability to communicate honestly with his family and himself has led him to a current period of despondency, anger and desperation. Through flashback vignettes, Miller recounts the incidents from Willy's life that gave rise to his present state of alienation from his favorite son, Biff, as well as from his other son, Happy and wife, Linda. Through a series of Willy's absent-minded hallucinations, we also meet the most influential person on Willy's life, his brother, Ben. Finally, despite Biff's open declaration of love for him, Willy succumbs to death at his own hands, imagining that the insurance money will provide for Linda, better than he would be able to.

Getting Out by Marsha Norman

A brilliant first play written in the mid-1970's about the first day of freedom from prison for Arlene Holsclaw. Through flashback vignettes, we are able to see her as a violent, angry and terrified child in
juvenile detention and jail. The contrast between "Arlie" in prison and Arlene in her rundown apartment allows the audience to understand the demons Arlene is fighting in her new life and through meeting the guards, pimp, and abusive mother that influenced, used and manipulated Arlie, we can empathize with Arlene's struggle to fight for her own identity and personal integrity.

Long Day's Journey Into Night by Eugene O'Neill

The play takes place in the Tyrone family summer house in 1912 and traces in painful detail an autobiographical portrait of O'Neill's family of origin. The father, Tyrone, is wealthy but miserly. Mary, his wife, is a morphine addict. The sons are Jamie, an alcoholic who works at the local newspaper and Edmund, the younger, who has tuberculosis. This play is a careful documentation of what has happened to each family member and what led them to their present state of depression and personal stagnation. It chronicles their tragic attempts to keep the system going, in spite of their individual emotional paralysis and suicidal longings.
'Night Mother by Marsha Norman

Set on a back road in rural Kentucky in the home of Thelma Cates, this play chronicles the last ninety minutes of her middle-aged daughter's, Jessie Cates', life. Jessie announces her intentions to commit suicide early in the play and what remains is Thelma's sometimes desperate and often dispassionate attempts to keep her daughter alive. What the play is about, however, is not Jessie's death, but what in her life led her to this point of utter despair and total lack of interest. In the end, she escapes to the back bedroom and we hear a gunshot, indicating that she has indeed ended her own life.

Who's Afraid of Virginia Woolf? by Edward Albee

The play opens with George, a professor at a small college, and his wife, Martha, returning home intoxicated from a party elsewhere. Soon after their entrance, Martha announces that she has invited another couple over, a new, young professor (Nick) and his plain wife (Honey). The liquor flows quite freely and inhibitions break down permitting both couples to reveal more about themselves in this one evening than
most do in a lifetime. George is revengeful and controlling, Martha manipulates and cajoles to get her way, Nick is aggressive and opportunistic, and Honey is sadly naive and needy. Through the course of the evening together, Honey gets sick, Nick and Martha have sex, and a tragic and despairing truth is revealed about the unhappy state of these four people's lives. What makes this evening significant in the lives of George and Martha, however, is that they finally confront their common source of misery, the death of their only child, and come to a point of termination with it. Whether the child ever actually existed has been a point of debate for critics since the play was written, but that fact is of little significance when compared with the more important dramatic function the issue itself holds in the play.
VITA

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Major Field: Theatre

Title of Dissertation: Codependency Issues in Selected Contemporary American Plays

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Date of Examination:

13 Dec. 1991