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CODEPENDENCY IN FAMILY SYSTEMS WITH DISTORTED COMMUNICATION PATTERNS AND THEIR MANIFESTATION IN AN INDIVIDUAL'S SOCIAL BEHAVIOUR

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INTRODUCTION

Analysis of the works of national and foreign authors reveals a similarity of their views on the meaning of the term 'codependency': this is an addiction in which the agent is another significant person, a specific condition that is characterized by strong absorption and dependence (emotional, social, and sometimes physical). In science, the problems of codependency have been covered by M. Beattie, C. Black, J. Bradshaw, S. Covey, A. Miller, Barry and Janae Weinhold, V.D. Moskalenko, T.P. Korolenko, N.V. Dmitrieva, V.P. Potribnyi, O.A. Shorokhova and other researchers.

Codependency is considered as a relationship of strong attachment characteristic of members of dysfunctional families in which someone suffers from alcoholism or drug addiction; or as a phenomenon of excessive interdependence of people, without emphasizing the cause of its formation and development. The problem of codependency and its possible solutions have been considered in the context of family psychotherapy (works by F. Perls, M. Bowen, R. Laing, M.H. Erickson, L. Hoffman, J. Haley, V. Satir, C. Whitaker, S. Minukhin, C. Madanes, S.M. Palazzoli and others). *"The excitement seized from a dizzying perspective... to see a live picture behind the family where a number of generations played out the secret history of the human person*"[1] J. Haley formulated the initial principles of the theory that explained the connection of the symptoms of the individual's codependency with intra-family relationships, in particular the "double bind" hypothesis. It is outlined in the work "Toward a Theory of Schizophrenia" (1956)[2] where a psychotic disorder is seen as a shift in communication levels.

A co-dependent person is not able to make daily decisions without exterior help, to draw up and implement his/her own plans and initiatives, and is inclined to agree with others without any resistance and analysis of the situation. Anxiety and a neurotic need to maintain relationships with others at any cost force him/her to enter into destructive relationships in case of violation of which individuals with co-dependence feel devastated and impulsively begin to seek new contacts

[1] Satir V. How to build yourself and your family. M. : Pedagogika Press, 1992. P. 8.

[2] Bateson G., Jackson D.D., Haley J., Weakland J. Toward a theory of schizophrenia // Moscow Psychotherapeutic Journal. 1993. No 1, 2.

that may turn out to be even more destructive. Difficulties in the codependency relationships are explained by the violated boundaries of one's Self, which leads to confusion and absorption. The main goal of the co-dependent is to guess the desires of others and satisfy them; as a result, the co-dependent person feels necessary and able to control the situation.

The topic of codependency is relevant for modern psychological science and psychological practice; however, the psychological characteristics of co-dependent persons have not been sufficiently studied, which has led to the choice of the research topic.

The aim of the study is to analyse the emotional and value-motivational characteristics of individuals susceptible to codependency.

To study the emotional and value-motivational characteristics of individuals prone to codependency, the following inventories were used: the Codependency Self-Inventory Scale (B. and J. Weinhold), the Emotional Orientation Survey (B. Dodonov), the Four-Modal Questionnaire (L.A. Rabinovich), the "Self-assessment of Mental States" test (H. Eysenck), the Ways of Coping Questionnaire (A. Lazarus, S. Folkman), the "Emotional Barriers in Interpersonal Communication" test (V. V. Boyko), the Personality Neurotisation scale (V.V. Boyko), the Scales of Psychological Well-being (K. Ryff), the Emotional Intelligence Self-Evaluation test (N. Hall), the Personal Change-Readiness Survey (A. Rolnik, S. Hezer, M. Gold, K. Hall), the Tolerance of Ambiguity Scale (S.Budner), the Schwartz Value Survey (S. Schwartz), the Life-sense Orientation test, the questionnaire for personal motivational sphere studying (V.E. Milman).

The study involved 112 respondents (49 men and 63 women) aged 28–42 years with the experience of staying in distorted family systems (chemical dependency of relatives).

1. Psychological mechanisms of functioning of distorted family systems and psychological consequences of co-dependent communication and interaction

There are many similarities between the roles assigned to individuals in the family, and their feelings and perceptions of themselves. *"Getting in and out of the role when talking to a neighbour is as easy as taking off and putting on a raincoat. While changing one's role in own family is more like a desperate attempt to free oneself from a straitjacket",* – noted psychotherapist Z. Moreno in his work "Psychodrama, Role Theory, and the Concept of the Social Atom"[3]. It is about the distortion of human experience and the

[3] Moreno, Z.T. Psychodrama, Role Theory, and the Concept of the Social Atom. *The Evolution of Psychotherapy*; in Zeig, J. (Ed.). New York: Brunner / Mazel, 1987. P. 38.

formation of codependency under the influence of certain family systems (in particular, schizophrenic or alcoholic ones) or close "unreal" relationships. The relations that give rise to codependency have been examined in various ways by R. Laing[4], G. Bateson[5], and M. Bowen[6]. The cause of interdependence as a distortion of individual experience can be a specific external strategy of the family. The migratory cataclysms of the Ukrainian family in the 1990s, which were the continuation of the dramatic events of the social destruction of the family during Soviet authoritarianism (famines, wars, deportations, cultivating the psychology of a "pilgrim" (nomadism)), are examined in some detail in the work "Socio-ontological aspect of nomadism analysis: the life world of a human and a family"[7]. Since 2014, the war has been affecting the Ukrainian family as a powerful psycho-traumatic factor.

Under the influence of existentialism and phenomenology, the concept of "ontological insecurity" of a person is formed, which is introduced by R. Laing in the field of the philosophy of health. His theory of the aetiology of psychosis "made it possible to perceive the social ontology of marginality, to see in this light the problem of consciousness, interpersonal communication, the role structure of a modern society and to consider the mechanisms of its functioning". It is difficult to notice the psychotic dimension of codependency in mentally ill people, since the experiences and natural history of the patients' lives are "frozen" by pharmacotherapy. As R. Laing points out, being in such a "frozen" state, the patient cannot help but look broken, and his/her behaviour is illogical and unnatural[8]. Symptoms of mental illness can be considered as "frozen" elements of certain experiences that must be completed – only then healing occurs. By combining a systemic vision and an approach focused on subjective experiences, we can make sure that the behaviour of a psychotic patient is not irrational, instead it is rather reasonable when viewed from the perspective of his/her existential position, that is, a certain survival strategy[9].

Bateson's theory of schizophrenia ("double bind") best describes communication patterns in families of diagnosed schizophrenics. There is a child in a "*double bind*" situation, who receives messages from his/her parents

[4] Laing R.D. The Politics of the Family. Toronto: Press, 2011. 64 p.

[5] Bateson G., Bateson M. Angels Fear: Towards an epistemology of the sacred. Toronto: Bantam Books, 1987. 224 p.

[6] Baker K. Bowen's family systems theory. *Issues of Psychology*. 1991. No 6. P. 155–164.

[7] Hapon N.P., Karas A.F. The socio-ontological aspect of nomadism analysis: the lifeworld of a human and a family. *Philosophical and methodological challenges of the study of modern society : collective monograph*. V. Andrushchenko, Z.M. Atamaniuk, Ye.R. Borinshtein, Yu.A. Dobrolyubska, etc. Lviv-Toruń : Liha-Pres, 2019. P. 109–128.

[8] Laing R. The Devided Self. Kyiv : State library of Ukraine for youth, 1995. 316 p.

[9] Ibid.

that contradict each other at the verbal and non-verbal levels and contain a risk of punishment or a threat to the emotional safety of the child. As R. Laing convinces, "The behaviour of a person who has received a psychiatric diagnosis is part of a wider network of abnormal behaviour, distorted communication structures"[10]. According to Laing, normal people make up our unreasonable society of constant wars and bloodshed[11] . In turn, crazy people have freed themselves from the hallucinatory obligations that condition the lives of normal people and increase their aggressiveness, – S. Fanti agrees with his predecessor[12].

In his family systems theory, M. Bowen develops the concepts of differentiation of self in the family, emotional triangle, nuclear family emotional system, family projection process, multigenerational transmission process, sibling position, and societal emotional process[13]. The concept of differentiated self, which is the opposite of co-dependent self, is central to the Bowen's family systems theory. Bowen uses the concept of cell differentiation as a metaphor for describing family relationships. He suggested that people who function as healthy cells achieve the highest efficiency. They consider themselves as an autonomous unit, at the same time connected with other members of a larger emotional organism (family). From this observation, M. Bowen got an idea of the scale, or continuum, of the differentiation of self, which distinguishes different (strong and weak) behavioural reactions to merging with a group, detachment from others, rigidity of communication, anxiety, reactivity. A person's position on the differentiation scale can vary depending on stresses in the system of relations with others.

According to M. Bowen's family systems theory, the emotional triangle is also a system of relationships consisting of three emotionally connected individuals. The triangle is the basic emotional building block or "molecule" of all systems of human relationships, "the smallest stable relationship system"[14]. When tension increases, the dyad, in order to suppress the anxiety, automatically draws in a third significant person. In calm periods, all members of the triangle (consisting of sufficiently differentiated individuals) can easily change their positions, move from the position outside the triangle to its middle, and so on. As part of the dyad, one person may be less satisfied with the proximity (affinity) than the other, so he/she is more active in forming a triangle. In periods of stress, everyone inside it seeks to move outward to allow

[10] Laing R. The Devided Self. Kyiv : State library of Ukraine for youth, 1995. P. 245.
[11] Ibid.
[12] Fanti S. Micropsychoanalysis. Moscow.: "C P P", 1997. P. 189.
[13] Baker K. Bowen's family systems theory. *Issues of Psychology*. 1991. No 6. P. 155–164.
[14] Ibid.

the remaining dyad to bring the struggle to an end. It is this configuration that is the basis of a "father-mother-teen" triangle. The father more often goes to the outside position, while the mother and the teenage child "fixate" on each other. If there are other children in the family, then those who are most involved in the processes inside the triangle with the parents "complete this process at a lower level of functioning than a child who is relatively free from parental care"[15]. In families where parents have low levels of differentiation from their ancestral families, triangles can be formed in such ways as marital conflict, problems with a spouse, problems with one or more children. Basically, the object of the projection of family non-differentiation (codependency) is the eldest child in the family, the only child, a child with special needs or a child pathologically attached to one of the parents.

The phenomenon of "double bind", which determines the essence of a distorted communication system and generates codependency and a psychotic strategy of behaviour, is also formed, according to G. Milgram[16], in alcoholic/addict families. The early experience of children in the communication systems of alcoholic parents forms in them a special inner world of emotions, which leads to codependency and psychotization.

Let us turn to the psychological portrait of a child in the "alcoholic family" described by V.M. Moskalenko as an example of the "*Life as Hide-n-Seek*" strategy. Parents try to hide from the children everything related to alcoholism, and the habit of hiding leads to ignoring reality. Children are also afraid to talk about their problems. Because of the suspicion (that someone else might be guessing about the parents) and resentfulness, open communications cease to exist. The more secrecy, the more confusion, guilt, struggle, fights, detachment of family members, loneliness, and isolation[17].

The strategy "*What is real?*" shows that a child too often observes the mismatch between what is happening at home and what is said to him/her, which leads to distrust in the relationship and frustration after unsuccessful attempts to establish control. The "*Message with a double meaning*" strategy is developed when a child hears messages or demands with a contradictory, mixed or double meaning, and he/she is not sure which part of the message to believe. The inability to trust one's feelings and perception puts the child in a situation of codependency and psychotizes him/her[18]. The "*Living in a fantasy world*" strategy helps the child survive in difficult family conditions.

[15] Baker K. Bowen family systems theory. *Issues of Psychology*. 1991. No 6. P. 158.

[16] Milgram G.G. The facts about drinking. Coping with alcohol use, abuse and alcoholism. Mount. Veron, N.Y.: Consumers Union, 1990. 234 p.

[17] Moskalenko V.D. A child in an "alcoholic family" : psychological portrait. *The Issues of Psychology*. 1991. No 4. P. 66.

[18] Ibid.

The main theme of fantasizing is "What it would be like if my father (mother) were always sober..." The content of these fantasies is mostly full of optimism, the plot has a happy ending, but it may include wishing death upon parents[19].

Distorted family systems form stereotypical views of the world in a child. The most common are the following: 1) "I am the cause of parental alcoholism. I have to do something about it". The basis for this stereotype may be the feeling of guilt. "If I studied better, they would not quarrelled or drink". The child seeks to play the role of a saviour, imagines that there is a magical, miraculous solution to the problem. 2) "I'm not like everyone else". Children who live with alcoholics feel that they are different from other children, although they do not know how exactly. 3) "I should constantly control myself and all my circumstances". The purpose of a child's fantasy is to feel safe. Attempts to restrain parents' excessive drinking always end in failure. The child begins to blame him/herself even more for the inability to change anything in his/her life. 4) "Someone will come, or something will stop, and all this will change". If one expects help from outside, then it must be admitted that the family itself cannot do anything about it. These myths can "fix" a child in a state of codependency, instead of making him/her freer in his/her own development. Physical and sexual abuse, quarrels and struggle lead to frustration, fears, low self-esteem, lack of self-respect, premature adulthood, or infantilism[20].

"The experience of a child staying in a distorted family communication system forms a neurosis instead of a new, meaningful and flexible life perspective"[21]. The intra-family role of a "sacrificial lamb", a "rebel" is transferred to other relations and groups. The mechanism of negative emotional activation and aggressiveness can lead to deviant behaviour, complicate the atmosphere in a newly created family, and hinder adaptation in a professional environment, as noted by R. Baron and D. Richardson[22].

2. Possibilities of psychotherapeutic intervention in the correction of psychological consequences of staying in distorted family systems

The first attempts to understand the family as a system that generates the distorted experience of its members were made, as already noted, by the American researcher M. Bowen. The basis of the Bowen Family Systems

[19] Moskalenko V.D. A child in an "alcoholic family" : psychological portrait. *The Issues of Psychology*. 1991. No 4. P. 67.

[20] Hall Z. Consequences of childhood sexual and psychological trauma // The Journal of Psychology. 1992. No 5. P. 25–36.

[21] Psychodrama: inspiration and technique; transl. from English. Moscow : Class, 1997. P. 186.

[22] Baron R., Richardson D. Aggression. СПб. : Piter, 1997. P. 20.

Theory is the position of the human emotional system, which functions without reaching the surface of consciousness. Such manifestations of feelings as sadness, joy, anger, frustration are usually recognized, but they can also manifest themselves at a deeper level: in the form of physiological symptoms or disturbances in relationships. Psychotherapists schooled in M. Bowen's theory define psychological, somatic or social symptoms as a manifestation of the "emotional process", which underlies them and has been formed in complex family relationships for many generations. Family therapy, based on Bowen's theory, aims at increasing the level of differentiation of the self in the client's emotional system, leading to a decrease in the manifestations of somatic, psychological or social symptoms.

S. Minukhin's structural therapy was based on certain ideas about the structure and organization of the family. In the 1950s, the focus was on the *individual unit*, that is, work with an individual family member. R. Haley found that the rapid changes achieved by an individual unbalanced his/her entire family. In the 1960s, a "*double communicative unit*" was in the focus of researchers' attention, which is related to the specifics of painstaking and lengthy work of a psychotherapist with a patient. R. Laing, D. Jackson, J. Haley worked for a long time in this line of research, the latter, in particular, in the context of the Bateson hypothesis of the "double bind" in In the 70s, interest in "dynamic and short-term/brief" psychotherapy began to grow in American society. Haley's strategic approach that was formed at that time began to be thought of as authoritarian, openly addressing the restructuring of *control* and *power* in the family, which determined the psychopathological symptom. Psychotherapists under the influence of V. Satir[23] (who emphasized in the work of a psychotherapist the need to help the family in establishing truly close, love-filled relationships) considered the strategic method to be formal, fenced off from the emotional bond on which the family holds. However, the transformation of the strategic approach in family psychotherapy continued. Its main successor was M.S. Palazzoli who believed that each member of the family has his/her own strategic line, own choice, own idea of therapy. "Family" is an abstraction; it consists of individuals who sometimes conduct a family game, which is a *pattern of the psychopathological process*[24]. The main method of Palazzoli is a paradoxical prescription invented in the process of working with families with children – diagnosed schizophrenics. A prescription, which is formed on the basis of a

[23] Satir V. Conjoint family therapy. Palo Alto, CA: Science and Behavior Books.1983. 213 p.

[24] Paradox And Counterparadox : A New Model In The Therapy Of The Family In Schizophrenic Transaction. – Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin, Giuliana Prata. N.Y.: Publisher: Jason Aronson, 1978. 112 p.

*positive connotation** of family relationships built around the stated symptom, usually comes down to advice for the family not to change anything. And although the family was not told about this, the family was left wondering what its current course would lead to if unchanged. In addition, an invariant prescription inevitably provokes a diverse response across different families and members of each family.

Through *parental records* of children's behaviour and reactions to the separation of parents from home (performed by the parents in line with the psychotherapist's prescription), as well as their subsequent analysis, Palazzoli identified patterns of family behaviour and the family's response to a controlled clinical impact. After a series of studies, Palazzoli and colleagues came to the conclusion that they had in their hands the exact "patterns" of schizophrenia. The Milanese method (the method of Palazzoli and colleagues), which was outlined in the book "Paradox and Counterparadox" (1978), has become world famous among family psychotherapists.

In the 80s, Palazzoli claimed that there is a single process in all families with cases of schizophrenia (and not only, for example, bulimia). Its beginning is a conflict of parents that has reached a deadlock. A child is drawn into the game – first as a curious spectator, and later as an active participant. The child sees that one of the parents "gets steamed up" more than the other and "mistakenly considers the rebel as the winner, and the passive one as the defeated and takes the side of the "defeated". Subsequently, the child implements a fairly complex plan. He/she begins to behave *unusually*, creates problems for parents and grabs their attention. But the "text" hidden in such behaviour is addressed to the "defeated" parent, and in this "text" there is a hint from the child how to overcome the winner. The child seems to say: "Look at me – this is the way to overmaster". Subsequently, the child's plan fails. Instead of understanding the "text" and uniting with the "author" (child), the defeated party is united with the winner. (This is the period of parents' behaviour following the recommendation of the psychotherapist). Parents unanimously begin to express dissatisfaction with the child, even punish him/her. The child feels misunderstood, abandoned. But he/she is not depressed; the parental "betrayal" pushes him/her to *unusual behaviour*. "The desire to shoot ahead has no limit. And if the goal is unattainable through outlandish behaviour, the child would *"switch" to normal behaviour* – just to reign ... at any cost. He/she will put the winner on the knees and prove to him/her what a child is capable of"[25].

[25] Sluzki C. E. In memoriam: Mara Selvini-Palazzoli, M.D. (1916–1999) // *Family Process.* 2004. No 38. P. 391–398. doi:10.1111/j.1545–5300.1999.00391

In the end, the family system gains balance with the symptom "in the centre," and each member of the family develops his/her own tactics to turn the situation in his/her favour. It is this model of the "pathological family game" that Palazzoli considers being her undoubted research contribution to psychiatry and psychology. For successful therapy, it is enough to reveal to the family their unconscious game. This therapy begins with a "conspiracy" with the parents who must implement at least two tactics: to be together (so that the child first aggravates the feeling that he/she is betrayed, and to activate the dynamics – first deterioration of his/her behaviour and eventually its normalization) and to go away together (on weekends, visiting a psychotherapist). The second tactic is that both parents should keep records of their observations of the child, which also serves as a threat to the ingrained family game.

In the 70–80s, Western family psychotherapy was embraced by the process of changing orientation from psychoanalysis and behaviourism to a more cognitive model. Since its inception, family therapy has focused more on *changing the way people behave* than on *changing their way of thinking*, but later it made a turn to the "theory of stories". People organize the world in short series of meanings, or "stories," "topics" that resemble time flows, arise and transform in the dialogue on which the therapeutic conversation is built. Social constructivism as a guideline for modern psychotherapy is a way to understand: everything that is described by a psychotherapist is created by him/her. Therefore, the psychotherapist is especially careful in assuming the responsibility of an "expert" who makes a diagnosis and intervenes. Once H. Anderson and H. Goolishian proposed the terms "problem-determined system", "problem-dissolving system", which testifies to the logic of thinking: the system gives rise to a problem. In is typical for a constructivist psychotherapist to consider that a problem gives rise to a system. In the course of psychotherapy, he/she is not concerned with the problem but with the conversation about the problem. After all, often the problem remains, but people no longer need to talk about it; the problem seems to be de-actualized. This may become the equivalent of "healing".

Rejection of "game" with the family, instructions, and orders is a refusal to fight. Therapy here is a *conversation* of a special nature. As an image of the therapeutic process, a "*conversation*" is more accurate than a "*game*". The conversation equalizes, it does not pursue any specific goal, and no one loses or wins in it. *The psychotherapeutic process includes values from the psychotherapist's self, and never from the "objective truth". Psychotherapy unfolds as a dialogue with the family, rather than as the intervention of "social engineers" who bring the values of individual family experiences in line with social stereotypes.*

Therefore, the distortion of individual experience under the influence of negative family systems or relationships is overcome by various psychotherapeutic areas, and for the new generation of psychotherapists the task of psychotherapeutic changes in the pattern of codependency as a consequence of traumatic *individual experience in family systems* remains no less dramatic.

3. Emotional and value-motivational characteristics of individuals prone to codependency

The study group in total included 46 individuals (41.07%) with a medium propensity for codependency and 66 individuals (58.93%) with a high propensity for codependency. Statistically significant differences were found between the groups of individuals with a medium and high propensity for codependency.

Persons with a high propensity for codependency, compared with people with a medium propensity for codependency, are more prone to experiencing anxiety ($M1emp = 13.61$, $M2emp = 20.18$, $t = -2.17$, $p \leq 0.05$), have higher anxiety rates ($M1emp = 5.7$, $M2emp = 10.44$, $t = -4.38$, $p \leq 0.01$) and the sum total ($M1emp = 11.43$, $M2emp = 15.72$, $t = -2.14$, $p \leq 0.05$). It is the experience of anxiety associated with perceiving one's resources as insufficient to deal with problematic situations that causes a person to be dependent on relationships, as he/she is afraid of losing the support and protection that he/she usually seeks in other people around. Self-doubt and insecurity increase the likelihood that a person will cling to even not very promising relationships for him/her. The lack of autonomy, in turn, enhances self-doubt and lack of self-reliance, which makes it impossible to achieve personal self-fulfilment, which can lead to the feeling of sadness, regret, despair, powerlessness.

Persons with a high propensity for codependency, compared with persons with a medium propensity for codependency, have a more pronounced aesthetic emotional orientation ($M1emp = 8.11$, $M2emp = 9.86$, $t = -2.64$, $p \leq 0.05$). Aesthetic susceptibility indicates a high emotional sensitivity of individuals prone to codependency. For the most part, they take to heart what is happening in their lives, various events and situations leave a deep imprint on them, so they tend to think that they need a lot of attention and support from the social environment. At the same time, aesthetic experiences can be an important resource for them, comfort, a means to restore strength after emotional upheaval.

Persons with a high propensity for codependency, compared with persons with a medium propensity for codependency, are more capable of managing emotions ($M1emp = 6.77$, $M2emp = -2.89$, $t = 2.56$, $p \leq 0.05$) and have a

more pronounced ability for empathy (M1emp = 7.24, M2emp = 9.19, t = -2.68, $p \leq 0.01$). Persons dependent on relationships with others carefully calibrate their emotional reactions in order not to damage the relationship, be convenient or cause the emotional effects they need in other people, trying to eliminate all possible risks and threats to the relationship in advance. Since the relationship is overvalued for them, they break down in their attempts to regain control of their emotions, perceive problems that arise in the relationship as a catastrophe, overdramatize, and lose control over their experiences. Perhaps, to a certain extent, such hypertrophied emotionality allows to get secondary benefits in terms of keeping the partner in a relationship, restricting his/her freedom, that is, it can be manipulative in nature. Due to their sensitivity, co-dependent persons can easily enough insight into other people's inner world, guessing their needs and wishes, which, however, may cause the opposite effect instead of the expected commitment.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, have a higher rate of neurotisation (M1emp = 17.65, M2emp = 21.41, t = -2.37, $p \leq 0.05$), i.e. their risk of losing emotional stability and mental balance is higher. Due to self-doubt, they seek support in their social environment, and if temporarily the quantity and quality of social support changes for the worse, they experience confusion and fear. Previous traumatic experiences cause a chronic anxious expectation, which depletes a person's emotional resources and makes him or her unstable to stress, less capable of constructive reactions in difficult life situations.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, are more likely to experience frustration (M1emp = 5.8, M2emp = 10.76, t = -2.04, $p \leq 0.01$). Frustration as a state of experiencing blocking and the impossibility of achieving one's own goals and implementation of plans arises in co-dependent individuals with a high probability due to the fact that they very often connect their plans and goals with other people, have insufficient autonomy in their formulation and search for resources for turning their plans into reality. On the other hand, by constantly pleasing others, seeking their approval, co-dependent persons lose contact with their own needs and desires, thereby experiencing deep discontent, even without clearly realizing its causes.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, are characterized by higher rates of rigidity of their emotional states (M1emp = 7.51, M2emp = 9.89, t = -2.42, $p \leq 0.05$). Co-dependent individuals are prone to being stuck in certain emotional states, mostly negative ones, which is why

they require increased attention and support from other people. They also tend to get stuck in a relationship, even if it has already lost their productivity.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, are characterized by a lower adaptability rate (M1emp = 14.78, M2emp = 17.47, t = -2.27, $p \leq 0.05$), which indicates a less developed ability to change their plans and decisions, rebuild them in new situations, less willingness to abandon the prepared algorithm of actions and goals when they are no longer relevant. Such a lack of flexibility indicates a less psychological resourcefulness of co-dependent individuals, makes them dependent on the situation and a pre-compiled program of actions, when there is not enough opportunity to show spontaneity, improvise, be free in changing life circumstances, and, accordingly, get a more relevant result from one's actions.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, are characterized by a lower rate of readiness for novelty (M1emp = 17.5, M2emp = 19.28, t = -2.14, $p \leq 0.05$), that is, co-dependent persons find it difficult to adapt to changes, perceive the new situation as threatening, and therefore may remain in unconstructive relationships in order to leave the situation unchanged, although the personal and life price of such a choice may become unjustified.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, are characterized by a higher rate of readiness for complexity (M1emp = 44.61, M2emp = 41.63, t = 2.18, $p \leq 0.05$). Interestingly, co-dependent individuals are quite tolerant of complexity and inconsistencies if they are habitual and well-established. Thus, confusing and toxic relationships without delineated boundaries and rules, with a constant struggle for control and power, can remain a comfort zone for them for a long time.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, attach lesser importance to the values of benevolence (M1emp = 22.83, M2emp = 25.31, t = -2.18, $p \leq 0.05$), that is, well-being and harmony in everyday interaction with others, social approval, loyalty, honesty, responsibility, positive exchange by mutual consent. Interestingly, what co-dependent individuals usually do in a relationship is not really their value priority, that is, they either believe that they invest too much in the relationship, thus harming this relationship, or they do not consider self-sacrifice to be a value at all and do good deeds for other reasons (for example, to dominate and control).

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, attach greater importance to the value of power (M1emp = 14.89, M2emp = 10.53, t = 2.66,

$p \leq 0.05$), that is, they highly value social status, prestige, the ability to control others and dominate them. Most likely, in the position of codependency, the need for power, control, dominance is frustrated, but the co-dependent in various ways tries to regain control of the situation, which leads to a constant struggle for power in the relations.

Individuals with a high propensity for codependency, compared with persons with a medium propensity for codependency, attach greater importance to the value of achievement ($M1emp = 11.00$, $M2emp = 7.44$, $t = 4.23$, $p \leq 0.01$), that is, personal success through the manifestation of competence in accordance with social standards, which is the path to social approval and recognition. Personal success and recognition of this success by the social environment is an important way for co-dependent individuals to protect their dignity in the absence of clear boundaries and inability to maintain their autonomy.

Also, codependency is directly related to seeking social support in difficult situations ($r = 0.41$, $p \leq 0.01$), emotional awareness ($r = 0.36$, $p \leq 0.05$), inexpressive emotions ($r = 0.38$, $p \leq 0.05$), altruistic emotional orientation ($r = 0.39$, $p \leq 0.01$), communicative emotional orientation ($r = 0.37$, $p \leq 0.01$), resourcefulness ($r = 0.32$, $p \leq 0.01$). Due to the feeling of insufficiency of one's own resource in difficult life situations, the inability to rely on oneself, the lack of independence and autonomy, difficult life situations for co-dependent individuals may seem insurmountable, catastrophic, especially if there is a threat to be alone in such situations.

The way to deal with one's own panic is to find a guaranteed resource of social support, which requires ingenuity and a good adaptability. As a result, a much larger resource can be spent on finding and guaranteeing such support than what was actually required to solve a hypothetical or specific difficult situation. Emotional awareness, the ability to recognize the emotions of other people, to guess their needs is necessary in order to provide others with a high level of comfort in communication and to make relationships more reliable and lasting over time. Instead, for the sake of comfort of those around them, co-dependent persons choose to neglect their own emotions, hide them, supposedly sacrificing their own interests for the sake of others, however, hidden discontent can later take the form of passive aggression, which is difficult to consciously control. Altruistic and communicative emotional orientation testifies to the orientation of co-dependent persons on self-denial, self-giving in communication, self-sacrifice, hyper-sociality, which can even discredit a person in the eyes of someone attentive enough to recognize the hidden motives of such behaviour (since it is actually not disinterested and in the long run expects the partner to do quite a lot in terms of social exchange).

Codependency is inversely related to confrontative coping ($r = -0.58$, $p \leq 0.01$) and self-controlling in stressful situations ($r = -0.38$, $p \leq 0.01$). Competition, rivalry, any conflict of values, interests, needs in relationships is a heavy stress for co-dependent individuals as it requires confidence, independence, experiencing the threat of breakup, loss of relations, rejection. Therefore, co-dependent persons will bypass areas where such a clash of their interests with the interests of other people important to them is possible. Uncertainty in one's own strengths, resources and capabilities leads to the fact that co-dependent individuals are not able to maintain emotional equilibrium under stress. With a high probability, this position is the result of cognitive distortion, depicting a world full of dangers, and a co-dependent person as helpless, immature, incapable of independent search for solutions in difficult life situations.

CONCLUSIONS

The formation of a codependency pattern is rooted in distorted family communication systems characterized by a lack of family rules, personal boundaries, and direct communication.

Individuals prone to codependency are characterized by more pronounced experiences of fear and frustration, neurotisation, rigidity of emotional states, ability to manage their own emotional states, emotional awareness, inexpressive emotions, aesthetic, communicative and altruistic emotional orientation, higher preparedness for difficulties, ingenuity, search for social support in difficult life situations; they attach greater importance to the values of power and achievement. Individuals prone to codependency are characterized by a lesser tendency to confrontation and less ability of self-control in difficult life situations, lower adaptability and readiness for novelty, and they attach less importance to the value of kindness.

Individual and family psychotherapy offer a variety of effective tools for depathologizing family systems and compensating for the negative consequences of their impact on an individual.

SUMMARY

The analysis of distorted family communication systems reveals the mechanism of forming codependency relations and personal characteristics of their participants. The disclosure of the peculiarities of emotional states, emotional orientation, emotional barriers to communication, emotional intelligence, coping strategies in difficult life situations, neurotisation, subjective well-being, attitude to changes and uncertainty, motivation, life values and life-meaning orientations of people prone to codependency allows us to see the specifics of their personal adaptation to communication and

interaction in distorted communication systems. The psychological characteristics of individuals prone to codependency indicate the high "price" of such adaptation for them and the presence of certain advantages that allow them to get the maximum benefit in distorted communication systems. The best solutions to the problem of codependency lie in the plane of individual and family therapy, which offer diverse and effective approaches for members of the family system to recognize patterns of their interaction, restore personal boundaries, family differentiation, improve communication and role-based interaction.

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