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DOCTORAL DEGREE

BIBLICAL COUNSELLING FOR DEPENDENCY AND CO-DEPENDENCY OF ADULTS ORIGINATING FROM THE CHILDHOOD

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GRATITUDE

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PROLOGUE

The basic meaning of sin hinges on the loss of freedom – to be bound or fettered by something or someone. Paul makes use of the metaphor of slavery in the Roman Epistle (Malina & Pilch, 2006:253) to describe the sorrowful position of man without Christ. The positive opposite (Malina, 1993:79) is to be free and “[f]reedom in the Bible is synonymous with liberty, specifically the freedom of a group and its members not to be under the dominion of any other group and directed to the service of God”.

Applied to individuals and in the familial realm, to be in a position or situation of dependency and the resultant co-dependency is anything but liberty, and virtually impossible to be “...directed to the service of God.”

The problem and plight of both dependents (on whatever) and co-dependents that protect their dependent family member/s received some attention in this study. Together with the research to find out something more about the phenomena, some attempt at recommendations regarding pastoral assistance for dependents and co-dependents was made. These attempts can at best be regarded as preliminary or introductory simply because the phenomena that rob people of their freedom are complex, varied, and pernicious – they do not let go without a fight.

Biblical counselling is applicable in almost every difficult scenario that man can suffer hardship and in the study, the people that took part found new freedom from dependency and co-dependency through biblical counselling. The study is a report on both the phenomena and the people that took part in the study.
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CHAPTER 1
INTRODUCTION AND ORIENTATION

1.1 ORIENTATION

1.1.1 Background

In the 1980’s the understanding of and the concept of co-dependency was born out of a situation of dependency of a substance or substances. Caregivers in the Alcoholics Anonymous movement (hereafter AA) realised that as the alcoholic was dependent upon alcohol, the family of such a person became dependent upon the alcoholism (Hemfelt, Minirth & Meier, 1989:4-5). These families had not only up to then adjusted their lives, but also their whole way of perceiving life to accommodate the alcoholic family member.

In this “co-dependency” they actually enabled their dependent family member to keep up the habit; they denied; they ignored; they circumvented. The children especially learned to accept this warped way of life with an alcoholic parent as “normal” – it was all they ever knew. The alcoholic was dependent upon the alcohol; the family was as dependent as the alcoholic on his/her alcoholism (Hemfelt et al., 1989:5).

1.1.2 Concepts within co-dependency as phenomenon

1.1.2.1 Co-dependency

Co-dependency is a learned behaviour that can be inherited; it is an emotional and behavioural condition that severely influences one’s ability to have healthy relationships. This behaviour is shaped by one individual watching and imitating what the other individual is doing within this family home. They form one-sided relationships that invariably are always destructive (Mental Health America: Co-dependency, 2013).

Co-dependency was seen as effecting spouses, parents or anyone that was in contact with a person being afflicted by either alcohol or drug abuse. This situation has
since changed, and it is seen more and more that co-dependency forms part of any co-dependent person that originates from a dysfunctional family home (Mental Health America: Co-dependency, 2013).

The researcher has experienced that a child in an original family home not only grows up within a dysfunctional (dependent and co-dependent) family due to one or both parents being dysfunctional, but carries over the same behaviour into his/her new/own family home, bringing the same dysfunction (co-dependency) with them. This occurs because as the co-dependent essentially becomes addicted him/herself, and become obsessed with trying to change somebody and manage an unmanageable situation (Moore, 2013:1).

The dysfunction occurs not only where alcohol and drugs are abused but also within the family system (Hunt, 2008:3601-3607). Hunt explains that the strained relationships bring about continual tension, a sense of the necessity to “walk on eggs” every time you enter your home. Dysfunctional families are continually damaging to individuality and the development of healthy relationships among its members, and actually such a family exists in a toxic relationship to each other (Hunt, 2008:3601). Sons and daughters, husbands and wives are impaired emotionally, psychologically, and spiritually by at least one person who continually demonstrates improper or immature behaviour. So, for instance, a dysfunctional family may gather around the dinner table every night, but their table is in a ditch. Opinions are ridiculed, diversity is disdained and much more due to a domineering, emotionally destructive attitude with one or more dysfunctional members of the family (Hunt, 2008:3601).

Such circumstances fly in the face of God’s design for the family as the foundation for nurturing children in an environment where love and respect must be prevalent. It is in this environment where children are brought up and trained to perpetuate that environment in their own family one day, so when children grow up in a toxic or abusive family environment the likelihood that they too might become abusers is in many cases a given.

What parents may not realise and understand, is that they have the privilege and responsibility to nurture and guide the family by their communication towards maturity to prevent what the author of Proverbs 11:29 cautions against: “[h]e who brings trouble on his family will inherit only wind, and the fool will be servant to the wise.” In
a discussion on communication (which would be apt and vital in a family environment), Rousseau (2010:14) refers to the Greek noun *nouthésia* and the verb *nouthétêō* (hence *nouthetic* pastoral counselling method, compare Adams, 1970:50-51) and explains (Rousseau, 2010:14-15) that both noun and verb function in the semantic domain of communication (Louw & Nida, 1988 II:388). These functions are subdivided in the sub-domains of *training* (Louw & Nida, 1988 II:415); *admonition* (:436) and *warning* (:437). The sub-domains each represent a facet of communication to “...cause a child to become an adult” and “...to make a child to become like oneself” (Louw & Nida, 1988 II:464). Paul’s admonition to fathers in Ephesians 6:4 (NKJV) “…do not provoke your children to wrath, but bring them up in the training and admonition of the Lord” (emphasis by researcher) is very relevant and will as such be a powerful counter agency to prevent dysfunction in the family. The translated word *provoke* is especially appropriate, to make *angry* (Louw & Nida, 1988 II:761). The original word *parorgizete* (Rousseau, 2010:15) conveys the negative, over-critical, even evil meaning pertaining to provocation. It is therefore easy to understand the detrimental effect that unbecoming conduct – especially from fathers – may (spiritually and emotionally) have on families. It can make someone so discouraged that life becomes hard, even unbearable (Rousseau, 2010:15) and this might very well be the chief characteristic of a dysfunctional family as it is rendered such by the different family members.

Osmer (2008:107) refers to Clinebell’s research in which he identified four destructive patterns of parenting in dysfunctional families: heavy-handed authoritarianism; success-worship; moralism, and overt rejection. More recent research revealed that domestic violence and child abuse almost invariably form a part of the patterns of dysfunction which, in turn, caused that abused persons become abusers later in life (Osmer, 2008:107).

Hunt (2008:3607-11) sketches the following characteristics for the roles different members play in a dysfunctional family:
Parents:

The problem parent:

- Engages in some form of immature, inappropriate, or destructive behaviour to the detriment of other family members (compare Osmer, 2008:107).

The passive parent:

- Allows the inappropriate behaviour to continue without establishing boundaries, and to the detriment of other family members.

Children

The super-responsible child

- The hero tries to fix family problems and help create a positive family image with noteworthy achievements. This child receives positive attention but often develops perfectionist and compulsive behaviours.

The utterly rebellious child

- The scapegoat draws focus away from family problems and onto himself or herself with rebellious, uncontrollable behaviour. This child consumes time and energy from family members and often develops self-destructive life patterns.

The sensitive, reclusive child

- The lost child hopes that by ignoring family problems, the difficulties will go away. This child avoids attention and is often lonely and withdrawn.

The saucy, restless child

- The clown uses humour and antics to direct the focus away from family problems. This child is often hyperactive and usually seeks to be the centre of attention (Hunt 2008:3607-3631)

There are four types of dysfunctional families and Hunt (2008:3636-3668) presents both a conclusion and a remedy on each:
o **The chaotic family**
- Both household and individuals are poorly organized
- Family is plagued by problems
- Parents are inconsistent and indecisive
- Children are emotionally abandoned

Result: Family members are not connected.

Remedy: “A man of understanding and knowledge maintains order” (Prov. 28:2).

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o **The controlling family**
- Structure is overly rigid
- Tone is authoritative and dictatorial
- Parents tend to be fault-finding and critical
- Children are task oriented; value is placed on their performance

Result: Family members are fearful and insensitive.

Remedy: “Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord” (Eph. 6:4).

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o **The coddling family**
- Parental authority is lacking
- Feelings are overprotected
- Disagreements are avoided
- Children are the centre of attention

Result: Family members are undisciplined.

Remedy: “He who spares the rod hates his son, but he who loves him is careful to discipline him” (Prov. 13:24).
The co-dependent family

- Conformity is strong within the family
- Self-direction is lacking
- Parents are overly possessive
- Children are smothered

Result: Family members are insecure.

Remedy: “Love the LORD your God with all your heart and with all your soul and with all your strength” (Deut. 6:5).

In the course of research, contact and interaction by the researcher with both dependents and co-dependents led to the finding that this widespread, complex conundrum of co-dependency causes much confusion. It is like an epidemic that is expanding beyond control and at a terrific rate. It occurs within the relationship interactions from parents to adult children and vice versa, to business and personal relationships. Invariably, dependent people behave in a dysfunctional manner and the situation is exacerbated by co-dependents enabling the dependent without any consequence, whether intentionally or not.

1.1.2.2 Cause/s of co-dependency

The concept of co-dependency was recognized when the founders of AA observed several things about alcoholics whilst they were rendering help to alcoholic-dependents and their families. The dependents (alcoholics) were so deeply embittered towards God that they were rebellious (a form of independency), while simultaneously, they were childishly dependent upon those around them (Hemfelt et al., 1989:4).

At the time, AA workers were devout Christian believers and they realised they had to find a solution to deal with the bitterness prevalent with dependents and which was intensely evident with most dependents at the time. They came up with a phrase “God as I understand Him” which is now widely used in their very famous twelve-step program, and they were successful in the rescuing of alcoholics (Hemfelt et al., 1989:4-5).
A strange phenomenon manifested when AA assisted alcoholic-dependents to turn away from their addiction and they “dried up”: in many instances, an alcoholic’s family came apart. When the problem was investigated, it was found that similarly to the alcoholic’s dependency on alcohol, in most cases his/her family developed a dependency on the alcoholism-problem that they had to cope with (Hemfelt et al., 1989:12). In their daily battle with their particular problem (an alcohol-dependent family member), their lives were adjusted and aligned with how they perceived and live a protective life to accommodate the alcoholic family member.

Through the family’s participation (for example denying and ignoring the addiction) they enabled the alcohol-dependent member to maintain his/her destructive habit. Children especially bore the brunt of the problem, and life with an alcoholic was ‘normal’, as this was all they knew. This is how the descriptive term co-dependency was coined: the alcoholic’s dependency on alcohol made the family co-dependent upon his/her alcoholism (Hemfelt et al., 1989:12).

1.1.2.3 Occurrence

At both the Minirth Clinic and Meier New Life institution many co-dependents are being treated that also suffer from compulsive obsessive behaviours, children from dysfunctional families and more (Hemfelt et al., 1989:6). American statistics on alcoholic or drug dependency places the estimate at a minimum of fifteen million (Hemfelt et al., 1989:6). It is estimated that at least four other significant people such as spouses are negatively influenced by this situation in alcohol-dependents’ homes. The result is that potentially sixty million co-dependents suffer from those fifteen million with an addiction.

In 1989 in America, twenty eight million people were the adult children of alcoholics who were still suffering from the co-dependency experience within the original family home. This was only regarding alcohol dependency (Hemfelt et al., 1989:6; compare Osmer, 2008:107). More recent figures were not obtained, and with regard to our own country it can be surmised that (percentage wise) the situation might not be much different – it is only regarding population density that the figures might differ. The dependency and co-dependency problem manifest itself the same irrespective of where it occurs (Hemfelt et al., 1989:6).
A positive outcome from the identification of the dependency/co-dependency phenomenon was the formation of the CoDa fellowship. The acronym describes “Co-Dependents anonymous”, a fellowship of men and women whose common purpose is to develop healthy relationships in, for instance, dysfunctional homes/families. This fellowship operates over a very wide domain and they developed the “Fellowship service manual for co-dependents anonymous”.

The mainstay for the manual is the 12 steps and traditions that are based on the 12 steps and traditions of AA as originally espoused by Ken and Mary R – Founders of AA (Wikipedia, 2013e). These traditional 12 steps are widely utilized throughout the world. They base their spiritual structure on their Tradition Two (The CoDa world fellowship, July 2011): “For our group purpose there is but one ultimate authority: a loving Higher Power as expressed to our group conscience.”

The notable difference between AA and CoDa is that the former concentrates exclusively on alcoholic-dependents, whereas CoDa is inclusive over a wider spectrum of the co-dependency phenomenon. Dependency manifests itself in persons (and, resultant co-dependent families or family members) who are dominated by one or more compulsion such as alcohol, drugs, workaholism, sexual perversity et cetera (Fellowship service manual for co-dependents anonymous, p. 8).

1.1.2.4 Dysfunctional thinking

Co-dependency, logically, is not something on its own and as such it is inseparably connected to dysfunctional thinking. Dysfunctional ways of doing are influenced by dysfunctional ways of thinking – the way we think, is the way we feel, and results in the way we do. In biblical context this faulty way poses a serious problem and in Paul’s application of everything that he taught the churches in Rome he issues the stern warning in Romans 12:2a “…be not conformed to this world (this age), [fashioned after and adapted to its external, superficial customs]” (Amplified Bible, 2014). In real terms, this is what happens when a person’s circumstances around /outside him changes him/her inwardly and resultanty dominate his/her conduct (the life that comes out of him/her).

The only effective reinforcement against such a possibility is expressed by the imperative in Romans 12:2b: that someone “…be transformed (changed) by the [entire] renewal of your mind [by its new ideals and its new attitude], so that you may prove
[for yourselves] what is the good and acceptable and perfect will of God, even the thing which is good and acceptable and perfect [in His sight for you]” (Amplified Bible, 2014).

1.1.3 Need for investigation

This study took place in the form of a narrative-empirical research within Hoedspruit, Limpopo, South Africa. It was done with local residents from the normal business sector mainly as well as from the tourism sector. Hoedspruit is a small, mainly European community of two thousand and sixty people living in a 7.17 km² of which the majority are Afrikaans speaking. The other major language is English (Nodal Economic Profiling Project, Maruleng, Limpopo, p 25. Wikipedia, 2013f. Maruleng Local Municipality). The remainder of the Sepedi, Xitsonga and other cultures that fall within the greater Maruleng’s ninety-four thousand plus population (according to a 2007 census), was not included in this study.

The researcher’s interaction as a pastoral caregiver with townspeople brought to light that dependency and co-dependency are quite drastically on the increase. In the year 2015, compared to a three-plus year previous period, the dysfunction phenomenon became more widespread and it occurs across the whole spectrum of gender, age (young and old), and financial status (high and low income, grant dependent). Within the very open society that characterises the area, stigma plays a deterring role when people need to seek pastoral assistance.

In the researcher’s experience within this small community, stigma is manifesting itself more and more openly, and it has a negative and dangerous impact on people that need help. Dependents and co-dependents take longer and must contend therefore with higher levels of desperation before seeking the help needed for the dysfunction they must live with.

There is no doubt that both dependency and its direct derivative of co-dependency are on the rise in our (Hoedspruit) society and this status quo requires a concerted effort to find out why dependency and co-dependency is on the rise within the town of Hoedspruit. Not only would the possible cause or causes come to light, but for the society it will also benefit to be made aware of the phenomena of dependency and
co-dependency. Through this more individuals might seek help if they can be made aware that perceived stigma need not stand in the way of a need for counselling.

Stigma might even be slightly lifted through this research. In The African Journal of Psychiatry (August, 2009) an article on “Stigma, treatment beliefs, and substance abuse treatment use in historically disadvantaged communities” published in Cape Town it was reported that stigma and negative beliefs about treatment are such two influences. According to key informants, as substance use is normalised in many historically disadvantaged communities (HDC’s), stigma is not attached to substance use per se but only to individuals with substance-related problems.

Respondents observed that substance-related problems indicative of a need for treatment (such as loss of control over drug use, theft to fund drug use, and drug-related mental health problems) were associated with being an “addict.” They thought that HDC’s hold negative perceptions of “addicts” that include notions that “addicts” are “weak”, “lack self-control”, and are “mad.” Respondents believed that individuals with substance-related problems were reluctant to seek treatment due to the stigma attached to and the ostracism that accompanies the “addict” label (The African Journal of Psychiatry, August 2009).

It does not mean that dependency and co-dependency do not exist within other societies, but it can be surmised that there are various factors like transport, awareness et cetera that could possibly be reasons for such population not seeking the help they might need. Preliminarily, albeit proleptical, it is shown that dependency and co-dependency were not prevalent factors with or that it could be associated to any specific religion.

1.2 KEYWORDS

The following key terms from the research subject (The adequacy of biblical counselling for dependency and co-dependency of adults originating from their childhood) were obtained from Wikipedia 2013a, b & d and elaborated on briefly.
1.2.1 Biblical counselling

*Counselling* is help and hope given by one knowledgeable person to another person or group (Hunt, 2008:347). The knowledge component in counselling is important, for people even with sincere opinions may not be able to give effective counselling, for *opinions* are not always right (Hunt, 2008:344).

In *Biblical counselling*, the Word of God is the central, prevailing entity – Isaiah 40:8 rightly states “[t]he grass withers and the flowers fall, but the word of our God stands forever”. Adams’ statement (1970:50-51) should be reiterated here regarding the place and function of Scripture in Biblical counselling: “[o]ne might say that the Scriptures themselves are nouthetically oriented.” The counsel can range from personal comfort and encouragement, with general advice and guidance, to a crisis intervention. Believers are called upon by God not only to carry each other’s burdens but also to encourage one another and build each other up (Gal 6:2; 1 Thess. 5:11). This task is both the Christian councillor’s responsibility and privilege (Hunt, 2008:351) and the best ‘equipment’ for this task, is God’s Word: “All Scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness, that the man of God may be complete, thoroughly equipped for every good work” (2 Tim. 3:16-17 NKJV).

Biblical counselling relies on the truth of the Word of God as the guiding principle as you seek to give wise counsel. Hebrews 4:12 defines its method: “The word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart.” Biblical counsel is Christ-centred in its advice, encouragement, and hope to others, for it is based on biblical truth while relying on Christ to provide the power for change (Hunt, 2008:359). In Christ, the concept of change is the paradigm for effectiveness for which 2 Corinthians 5:17 gives the substance: “If anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new” (Bible, NKJV).

Christian councillors must be able to apply God’s Word with wisdom and Hunt (2008:384-391) provides a solid foundation and point of departure in spiritual wisdom for councillors. With a heart of humility, each should realize what the seven S’s of spiritual wisdom requires councillors to know:

1. The solutions are not your solutions (John 14:26).
2. The self-sufficiency you lean on should be replaced with Christ-sufficiency (John 15:5).

3. The Spirit of Christ is your counsellor, enabling you to counsel with truth (John 16:13).

4. The sinful person should never be confronted with condemnation (1 Pet 3:15-16).

5. The success of your counselling is not dependent on your knowing all the answers (Prov. 3:5-6).

6. The Scriptures will light the way as you help others walk out of darkness (Ps 119:105).

7. The secret of victory over sin is relying on the power of the indwelling presence of Christ (Phil 4:13).

1.2.2 Dependency

Dependency refers to the state of relying on or to be controlled by someone or something else, for instance where one is abnormally tolerant to and dependent on something that is psychologically or physically habit-forming (with special reference to alcohol or pharmaceutical substances/narcotics) (Wikipedia, 2013a.).

1.2.3 Co-dependency

Co-dependency refers to a “relationship addiction”. Co-dependency is the dependence on the needs of, or control of, another and/or excessive emotional or psychological reliance on a partner, typically one with an illness or addiction (Wikipedia, 2013b).

1.2.4 Childhood

The biological helplessness of infants requires nurturance from caretakers who have a high stake in the infant’s growth and development (Schecter, 2015:7). Traditionally, the family has been entrusted with the functions of fostering the child’s biological, social, and cultural development. This implies that from the time of concep-
tion parents will try to influence the new organism in directions largely dictated by their personal and socially shared values. However, the freedom to nurture optimally a completely dependent foetus and infant depends a good deal on the level of psychological maturity attained by the parents (Schecter, 2015:7).

Parenthood can be regarded as a developmental phase that incorporates several sub-stages, each with stage-specific tasks, stresses, and opportunities for growth (Schecter, 2015:7). The young adult usually comes to parenthood while he is still undergoing a series of individuation experiences in which he has attempted to liberate himself psychologically from his family of origin through an intense inner struggle to establish his/her own sense of identity. Simultaneously a need develops for a relatively enduring, intimate relationship, which often involves the formation of a new social unit, a couple. In such setting we can observe fluctuations from states of relative psychological separateness to states of greater fusion or loosening of ego boundaries (Schecter, 2015:7).

He says that of all the developments in the first year of life that of the human bond between the infant and his caretaker-or caretakers is probably the most fateful for his or her future. We have presumed that the unfolding of the child’s subsequent interpersonal relationships derives heavily from the patterning of the first social relationship. He specifically avoids using of the word “mother” as he states, lest we assume that it is only with one’s actual mother that the primary social bonds can be formed (Schecter, 2015:14).

What Schecter is saying above is in line with Meggitt (2017:112) that child development refers to the process by which a child grows and changes throughout their life. Development is determined by the genes that are passed on to us by our parents and is influenced and modified by environmental factors-such as nutrition, living conditions and everything that we experience at each stage of our lives (Meggitt, 2017:112).

As children grow and develop, different developmental and care needs come into focus, and there are four significant developmental needs that have to be met from birth. These are (Meggitt, 2017:480):

- The need for love and security
- The need for new experiences
- The need for praise and recognition
- The need for responsibility.

1.3 RESEARCH OVERVIEW

1.3.1 Problem statement

1.3.1.1 Overarching problem statement

The overarching research problem is to understand dependency and co-dependency and the implications, signs and behaviour in the now adult.

1.3.1.2 Questions and aspects flowing from the overarching problem statement

The following more specific problem areas and relevant questions beg answers. As such, the questions also map out the objectives for this study to serve the aims (1.5) set out below:

- What must be understood regarding dependency and co-dependency?
- What are the implications, signs, and behaviour of adult children coming from an original dysfunctional family home?
- Can Biblical counsel be effective in breaking/turning around the dependent /co-dependent cycle?

1.3.1.3 Objectives

In the context of Practical theology/Pastoral studies it must be ascertained whether Biblical council can be effectively implemented to assist the dependent/co-dependent person regarding his/her addiction, or should additional information be obtained beforehand to guide such persons into Biblical truth? The additional information would entail to find out what the dependent/co-dependent person’s background was like, where he/she came from and what he/she was exposed too. Thus it will be possible to gauge what measures if any, regarding psychological treatment needs to be implemented for the person to function optimally.
In the context of the present study, the following aspects regarding Osmer’s directives (see 1.5.1 below) are attended to:

- To research the phenomenon of dependency and co-dependency with the now adult child.
- To determine where and how dependency and co-dependency originate from;
- To find out what the effects of dependency and co-dependency are;
- To probe whether Biblical Counsel can render effective cum adequate pastoral help to dependents and/or co-dependents.

1.4 AIM

The aim of the study is to gain new and/or better knowledge and understanding surrounding dependency/co-dependency. This new and/or better understanding will be an attempt at new or better perspectives on the dysfunction that can occur within current relationships, originating from the original family home. From this new or better understanding and insight new and better proposals could possibly be formed and presented to assist those people grappling with such dysfunction. It may prove to be a vital tool in the possible change that can take place if this is applied within current relationships.

1.4.1 Central theoretical argument

The central theoretical argument in this study is that dependency and co-dependency (with the misunderstanding that surrounds it) can be addressed through Biblical counsel. A corrective in functioning style may be established through life skills.

1.5 RESEARCH METHODOLOGY

This study is conducted from a Biblical perspective as the Word of God is the foundation and the source of Pastoral Counselling (Adams, 1970:50-51). Practical theological research can be conducted from various paradigms or models, depending on
the preferred outcome. Methodological models depict a method of facilitating and promoting the traffic between theory and praxis – methodological models are roads between theory and praxis (Hanekom & Rousseau, 2013:1).

1.5.1 Zerfass’ model

The model developed by the practical theologian Rolf Zerfass was in vogue for Practical theological research for a significant period. Schematically, it is represented thus (Hanekom & Rousseau, 2013:2):

In simplified terms, Zerfass works with three ‘theories’, namely a basis-theory, meta-theory and practical theory. The basis-theory (#4 ‘theological tradition’ in the model above) works from Scripture to give the basis from which to ascertain and state what God’s Word reveals about the research problem.

The meta-theory is so-called because research also draws from the acquired knowledge of other sciences to obtain a true picture of the reality under investigation. Sciences such as sociology, psychology, communication science, anthropology, philosophy and statistics can be of great help (Hanekom & Rousseau, 2013:2). Actually, Practical Theology must continually consult the human sciences to gain and maintain a legitimate overall perspective on the reality and the characteristics of the phenomenon under investigation (Heyns & Pieterse, 1990:36). The necessity of the
responsible interplay between for instance between pastoral care-giving and psychology can hardly be overstressed (Louw, 1993:211).

Meta-theoretical research would per se include empirical work, although in certain scenarios this is not an imperative. Empirics may be quantitative and works with variables, statistical analyses of for instance quantities/numbers to test a theory in order to verify or refute it (De Vos, Strydom, Fouche & Delport, 2002:79). A quantitative paradigm is positivistic and it endeavours to measure the social world objectively with a view to predict and control human conduct/interaction (De Vos et al., 2002:79).

The ‘opposite’ to quantitative empirics is qualitative, the anti-positivistic, descriptive methodology to gain knowledge from human participants to understand and interpret the problem under investigation, and not so much to explain it (De Vos et al., 2002:79; Schoeman, 2005:119). Qualitative research is best done from participants’ personal perspectives on, or the phenomenological experience of the research entity under investigation (Berg, 2007:3). Logically then, participants finding themselves in the thick of the phenomenon that is investigated are ‘insiders’ (De Vos et al., 2002:79). Insiders are the best candidates to shed light on the phenomenon, how it functions and especially how to get out of, or to be freed from a toxic situation (De Vos et al., 2002:79).

The convergence of interpreted data from the basis and meta-theoretical sources in the practical theological or praxis theory (#11) provides constructive methodology from which the hypothesis that gave rise to the research in the first place, might be addressed.

### 1.5.2 Osmer’s model

More recently, the practical theological research model developed by Richard Osmer (2008) was introduced. This Practical Theological model forms the basis of this study to investigate the practical theological process and aspects.

Osmer’s primary purpose is to equip congregational leaders to engage in practical theological interpretation of episodes, situations, and contexts that confront them in ministry, while the secondary purpose is to equip theological educators to train students in the skills of practical theological reflection (Hanekom & Rousseau, 2013:3).
Osmer’s model operates from the precept of four distinct tasks that might be designated respectively as **Descriptive, Interpretive, Normative, and Strategic** and which he presents in the following model (Osmer, 2008:11):

In a development of Osmer’s model to compare it to Zerfass’ model, Hanekom and Rousseau (2013) proposed the following investigative process/tasks:

1. **OSMER’S DESCRIPTIVE-EMPIRICAL TASK: DESCRIPTIVE SECTION**  
   *(Zerfass’ Praxis 1)*

2. **OSMER’S INTERPRETIVE TASK**  
   *(Zerfass’ situation analysis/meta-theory)*

3. **NORMATIVE TASKS**  
   *(Zerfass’ theological tradition/base theory)*

4. **OSMER’S DESCRIPTIVE-EMPIRICAL TASK: EMPIRICAL SECTION**  
   *(Zerfass’ situation analysis)*

5. **OSMER’S PRAGMATIC TASK**  
   *(Zerfass’ practical theological theory & Praxis 2)*

These proposed tasks lend structure to the proposed research, and to report on the outcomes. A brief description of each task is as follows:

---

1. **OSMER’S DESCRIPTIVE-EMPIRICAL TASK: DESCRIPTIVE SECTION**
   - *Praxis 1*

2. **OSMER’S INTERPRETIVE TASK**
   - *Situation analysis/meta-theory*

3. **NORMATIVE TASKS**
   - *Theological tradition/base theory*

4. **OSMER’S DESCRIPTIVE-EMPIRICAL TASK: EMPIRICAL SECTION**
   - *Situation analysis*

5. **OSMER’S PRAGMATIC TASK**
   - *Practical theological theory & Praxis 2*
1.5.3 The descriptive task

In keeping with Osmer’s model the first task is to adequately diagnose and describe the research problem and purpose of this study. The importance of the need to find out what is going on cannot be overstressed (Osmer, 2008:79; Hanekom & Rousseau, 2013:4) – in this case, to delve into the phenomenon of co-dependency to find out what the causes are from the dependency within the original family home. Not only will clarity be gained in how they got affected, but also how this affects others, in the past, present and future within their relationships.

The questions that concern the empirical task are twofold: what do we want to find out? Why does it occur and do we have to know it? How will we go about the task in finding out whether Biblical Counselling is effective and can be put in place to assist with the dependency on substances and other compulsive behaviours? What do we intend to do with what we found out? (Hanekom & Rousseau, 2013:9).

An empirical study with a qualitative purpose is done with three respondents to gain knowledge from their experiences during dependency and/or co-dependency together with the result of Biblical Counselling as well as Life Coaching. It is imperative within this study to gain knowledge of the impact that dependency and co-dependency have on the now adult child that stem from a dysfunctional family (Osmer, 2008:107). Resultantly, chapter two that treats the empirical task is rather long as it must form the backbone of the study.

A qualitative questionnaire (as it is included in the chapter below) will be utilised. The interview with each respondent can be structured on the feedback. All three participants are well known and they were counselled by a Christian counsellor.

1.5.4 The interpretive task

This task is intent on finding reasons for the phenomena that were observed in the descriptive task. The key question is why is it going on? (Osmer, 2008:5). The interpretive guide must identify the issues embedded within the episodes, situations, and contexts which the observations of what is going on were made, and draw on theories from the arts and sciences to help them understand the issues (Osmer, 2008:5).
The fields of non-theological and social sciences will be investigated to seek reasons for the increase of dependency/co-dependency within the Hoedspruit area according to the researcher, and the associated problems that affect and sometimes devastate family homes. A further investigation into the reason for the ever-present stigma and misunderstanding that is associated with this form of dysfunction will be conducted.

1.5.5 The normative task

The question that concerns the normative task is **what ought to be going on?** (Hanekom & Rousseau, 2013:7). In this facet of research, the Scriptures are the norm to discern present realities. Osmer refers to this task as *prophetic discernment* (Osmer, 2008:129; compare Hanekom & Rousseau, 2013:5) and it involves both divine disclosure and the human interpretation and shaping of God’s Word from a hermeneutic paradigm. The quest is to discover God’s Word for the present by:

1. Theological interpretation (Osmer, 2008:136, 139p.);
2. Ethical reflection (Osmer, 2008:147p.);

In the normative task for which the biblical and theological fields are researched, the objective is to acquire possible/probable reasons why people fall into the grooves that keep them imprisoned in habits and life styles. The fact that such habits systematically destroy not only their own through dependency, but also the lives of their family members by enslaving them in co-dependency is considered from a theological perspective. A literature review will be utilized together with the Bible as the basis, to apply the findings to theological interpretation and ethical reflection into dependency and co-dependency.

A selection of Scripture portions are briefly discussed with the premise of expressing dependency that leads to co-dependency with its own sets of problems. The role of family members within the context of the Bible will also be discussed. Reconciliation and forgiveness must form part of this study, in order to come to a possible new strategy that will be part of a new or improved counselling model.
1.5.6 Pragmatic task

The question that needs to be answered in the pragmatic task is how might we respond? (Osmer, 2008:175; Hanekom & Rousseau, 2013:9). In this facet of research the acquired data converge in practical theological interpretation to provide practical solutions and recommendations. Osmer (2008:175) refers to this task as servant leadership (compare Hanekom & Rousseau, 2013:5) and it involves the exploration of leadership e.g.

(1) Task competence

(2) Transactional leadership, and

(3) Transformational leadership (Hanekom & Rousseau, 2013:7).

Reflection on the meta-theoretical assumptions from the descriptive task, interpretive task and the normative task will form the conclusions and recommendations for the practical theological interpretation into dependency and co-dependency for possible change.

1.6 BIBLIOGRAPHICAL ASPECTS

Scriptural references are taken from the Bible, You Version 4.2.0, The Bible Application, Amplified version (2014). Other Bible references will be individually indicated.

References are according to the Harvard Style, and based on the Northwest University (2012) technical guide REFERENCES compiled by Engela J. van der Walt. No footnotes will be used.

Internet sources were utilised and are reflected in a separate section of the Bibliography. Internet sources in the format of a pdf document normally show page numbers and are reported on in the usual reference style of author, year and page number. Internet sources that do not show page numbers are referenced with the name of the Author and the year of publication; where the latter is not available, the date (year) of access will be shown.
1.7 CHAPTER DIVISION

CHAPTER 1: Introduction and orientation
CHAPTER 2: Empirical-descriptive task
CHAPTER 3: Interpretive task
CHAPTER 4: Normative task
CHAPTER 5: Pragmatic task
CHAPTER 6: Summary and conclusions.
## 1.8 SCHEMATIC REPRESENTATION

<table>
<thead>
<tr>
<th>TASK</th>
<th>RESEARCH OBJECTIVES</th>
<th>METHODOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the Biblical perspectives regarding dependency and co-dependency? What are the Biblical views regarding the family structure?</td>
<td>To determine what the Biblical view is surrounding what God’s original intent was regarding the family home. Determining the sinfulness of dysfunction within such family home, when any form of dependency are involved and the resulting co-dependency that ensue, turning into another form of dependency.</td>
<td>A research will be conducted into journals, literature, articles, and Internet searches. A rendering of scripture from the Old and the New Testament, surrounding the family structure, negative and positive will be revealed.</td>
</tr>
<tr>
<td>What does the Bible say about reconciliation and forgiveness with regard to the healing process?</td>
<td>To investigate reconciliation and forgiveness from a Biblical perspective in the healing process for both the dependent and co-dependent.</td>
<td>A research will be conducted into literature, articles and internet searches in theological and secular fields of study regarding forgiveness and reconciliation. A rendering of scripture from the Old and New Testament will be utilized to reveal healing from this.</td>
</tr>
<tr>
<td>What information surrounding dependency and co-dependency can be obtained from the social sciences regarding to the stigma and The phenomena to be investigated from a secular perspective to gain insight into the impact that this type of dysfunction caused within the child</td>
<td></td>
<td>A study will be conducted into articles, social science literature, internet sources, thesis on the construct of dependency and co-</td>
</tr>
</tbody>
</table>
dysfunction that surrounds this ever growing phenomena.

What guidelines are available in Scripture to make use of Biblical counselling methods regarding the original family home’s dysfunction that lead to dependency and co-dependency?

that came from such family home, now having to live with this type of dysfunction.

To propose a Biblical counselling model that can be effectively implemented within the “adult child” from the original dysfunctional family home from dependency and co-dependency.

dependency and the effects of such on the now adult.

Data obtained from the descriptive, interpretive, normative and pragmatic research will be utilized to form an effective counselling model for both the dependent and co-dependent originating from the original family home.
CHAPTER 2

EMPIRICAL- DESCRIPTIVE TASK

2.1 ORIENTATION

2.1.1 Focus

As it is indicated above, this study is conducted from a Biblical perspective as the Word of God (2 Tim. 3:16-17). Scripture is the foundation and the source of Pastoral Counselling (Adams, 1970:51). Osmer’s Practical Theological model (Osmer, 2008:11) provides the basis for the study to investigate the practical theological process and aspects.

In a development of Osmer’s model compared to the Zerfass model, Hanekom and Rousseau (2013) proposed the first investigative task based on Osmer’s model is to find out what is going on? (Osmer, 2008:4). In the context of this study, the quest is to find out how people got affected/developed a dependency and how this dependency in turn, affected others in the past, present and future within their relationships to lead to co-dependency.

The empirical focus of the design will be to utilize data collection through questionnaires which will be completed by each respondent, where all the data can be collected. Attending to the location and layout of the space within which an organization is placed will form part of this empirical task.
2.2 ETHICAL RESPONSIBILITY

2.2.1 Ethical considerations/implications pertaining to empirical research

2.2.1.1 Estimated risk level
The research involves adult participants who will be requested to complete questionnaires relating to their experience in dependency and co-dependency to such an extent that they required pastoral care. The research will not involve or entail anything outside or foreign to a participant’s daily experience.

There is no risk of trauma or other negative consequences for the participants, and therefore the estimated risk level of the research is proposed to be low-risk.

2.2.1.2 What will be expected of participants during data gathering?
The initial phase comprises participation for all participants in a questionnaire, designed with the cooperation and guidance of the study supervisor. The aim is to acquire data from selected participants to give insight on ‘what is going on’ (Osmer, 2008:11). Answers to the questions will be evaluated in lieu of the research questions.

2.2.1.3 Method and protection of participants
A sample of the population who will be counselled by a Christian Counsellor within Hoedspruit will be utilized who will be completing the questionnaires. Participation is voluntary and anonymous. In the informed consent, participants must agree to maintain the anonymity, privacy and confidentiality of the client-pastorant* whose life experiences they will report on in the answering of the questionnaire. The setting for this investigation is at PTC Hoedspruit, a counselling centre. Access to the subjects will be mostly clients currently still receiving counselling regarding their co-dependency within Hoedspruit.

*Pastorant: a person who receives pastoral assistance or care. In the context of this study, the respondents also were/are pastorants.
A private letter of consent and verbal proposal outlining the purposes of the study, along with assurance of the respondents’ confidentiality and the prerogative to withdraw from the research was presented to each respondent. This informed consent is included as Addendum A.

2.2.1.4 Benefits for participants
It is not uncommon for people with a dependency problem (and resultantly for their co-dependents) to feel confused, disappointed or concerned about their faith when their situation dawns on them and they become disillusioned, and as they are confronted with suffering in this life which they so tellingly experience in their own lives. This disillusionment and perplexity almost always lead to critical questions mostly directed at God. People want to know why they find themselves in a problem.

This questioning is labelled by theologians as the Theodicy problem (Louw, 1982:2; Cooper-White, 2012:24; also compare Louw, 2015:303). These are complex circumstances which require thoughtful and compassionate pastoral care (compare Osmer, 2008:129ff; Kruger 2016:1). While someone struggles with the need to know why, in the research process a direct benefit might well be the occasion to help someone confront the/his problem.

2.2.1.5 Data collection procedure
Respondents within an accessible area and currently receiving counselling from the researcher will be solicited. The respondents will be mainly from Hoedspruit and immediate surrounds on game farms and lodges. These respondents will each receive an introductory letter explaining the purposes of the study, assuring the individuals of total anonymity, and requesting their voluntary participation.

2.3 METHODOLOGICAL PROCESS

2.3.1 First step
The logical first step to try and find out what is going on will be to probe into the past. This in itself may prove to be a difficult, even tedious task and the respondents in an empirical study must shed light on a wide variety of aspects. The best
way to undertake a task of this kind is by means of questions that elicit conversation. The concepts narrative and life story has a definite place in social science (Lieblich, Tuval-Masiach, & Zilber, 1998:1). Humans are storytellers (Lieblich et al., 1998:7) and language is a vital component of communication (Anderson & Goolishian, 1988:377), consequently, what people convey about their life/experience is conducive to find out ‘who’ they are (Lieblich et al., 1998:7).

A person’s experience of his reality can be deduced from identity because language is the mode through which social communities construct their understanding of reality (Anderson & Goolishian, 1988:377). The reality in question in this study is the double-sided phenomenon of dependency and co-dependency. To try and gauge as accurately as may be possible what is going on, the path of development of a phenomenon must of necessity be traced and life stories might serve an evaluating purpose in the research into a problem in real life (Lieblich et al., 1998:3). This evaluation, in turn, may lead to real world measures regarding real-life problems (Lieblich et al., 1998:5) in the culture and social milieu of the person seeking help (Lieblich et al., 1998:9). In the context of this study, the need is for viable pastoral intervention (“real world measures”) regarding co-dependency.

To facilitate the probe referred to above, Hunt (2008:391-503) suggest a list of questions (please refer to the questionnaire included in this chapter [pp. 39-]) and which may include the following:

- **Ask why the problem exists**
  
  What have you actually said is the reason for the trouble?
  
  Do you ever twist the truth?
  
  Do you ever say this is a major problem?
  
  Do you want to be a person of integrity?

- **Ask background questions regarding family, home, school, dating, and work**
  
  What was it like growing up in your home?
• Listen to what is not shared. If one parent is not mentioned at all, ask about that parent

What was your relationship with your father/mother like?

• Ask for the earliest memories of the habit that caused the problem

When was the first time you remember lying?

What caused you to lie back then?

• Encourage further talk

Could you tell me more?

• Primarily use open-ended questions that cannot be answered with a mono-syllable (yes or no)

For instance: When are you most tempted to lie?

• Explore the impact of significant people (such as parents, siblings, other relatives, friends)

What messages did you receive about you from what your father/mother said and did? How did that make you feel?

Hunt (2008:503-516) also proposes the following probing question:

Why do we do what we do not want to do?

People struggling with negative habits may find themselves in the ditch of fatalistic despondency – their negative habits (for instance, lying) are too powerful for them to overcome and they lose hope of personal change. They do not know what to do, much less why they do what they do not want to.

More often than not, people may feel they are the only ones to struggle with such a problem, while, in fact, no-one at all can ever be excluded from the sin-situation expressed by the apostle Paul to the churches in Rome: “What I do is not the good I
want to do; no, the evil I do not want to do – this I keep on doing” (Rom 7:19). The ‘source’ or the cause of this malady is our abiding sinfulness.

Sin is the single common factor shared by all people, Jew, gentile, heathen (Rousseau, 2010:44) and in cultural-anthropological terms the biblical vocabulary that describes sin refers to deeds whereby people shame or dishonour others. Malina and Pilch (2006:249) describe mankind’s sinfulness as “[t]he culture of willingness to dishonor God...” (emphasis by researcher) because what people do to each other, in the end they do to God (Rousseau, 2010:46).

Sin, this willingness, even availability to dishonour each other and in so doing dishonour God, is directly opposite to how God created man. God created us with three God-given inner needs that offer no occasion for sin of any kind: love, significance, and security (Hunt, 2008:503-516):

Love – to know that someone is unconditionally committed to our best interest (John 15:12);

Significance – to know that our lives have meaning and purpose (Psalm 57:2);

Security – to feel accepted and have a sense of belonging (Prov. 14:26).

At the heart of persons’ negative behaviour is an attempt to meet humans’ legitimate needs in illegitimate ways. Essentially, this is sin (Hunt 2008:503) as Scripture in Proverbs 14:12 shows: “[t]here is a way that seems right to a man, but in the end it leads to death.” Someone caught up in a form of dependency – any negative pattern keeping you from being all God created you to be – can break free with the help of others and if he/she can be persuaded to give their all to that end by conforming to God’s revealed will in His Word while trusting God to do what he has promised. In Romans 12:2 the essence of this transformation is stated when the Apostle encourages his audience to “…not conform any longer to the pattern of this world, but be transformed by the renewing of your mind.”

This verse of Scripture is especially applicable in the context of this study as the word for ‘conform’ refers to being changed inwardly by something outside of you (Louw & Nida, 1988 II:507). In context then, dependency and co-dependency both are an alien ‘something’ from outside and, as for the audience of the Roman Epistle, the same would apply for people that were ensnared in either of the two to keep on resisting anything that might conform you.
Conversely, to be transformed from inside out (Louw & Nida, 1988 II:155) requires, necessitates a work of God – the continuous transformation by God’s renewal of our mind. By a renewed mind, people can be set free from dependency and the accompanying effects on co-dependents, but it requires submission of another kind, namely to God so that dependents and co-dependents “…will know the truth, and the truth will set you free” (John 8:32; 17:17).

2.3.2 Empirical research methods

Three separate instruments will be utilized within and for the research objectives in this study. The first is the Personal Multi Screening Inventory (PMSI), as developed by Perspective Training College (1994). The PMSI is a well-established instrument which had been extensively researched and is widely used by counsellors, optimizing the counselling and human resource development.

The second instrument is the Eating Disorder Assessment Scale (EDAS), as developed by Perspective Training College (1994). It is used in conjunction with the first, and thirdly the quantitative questionnaire regarding dependency in Hoedspruit, Limpopo developed by the researcher in conjunction with the supervisor. The objective with this questionnaire is to obtain pertinent information regarding the respondents’ current level of psychological and social functioning.

The empirical instruments are now elucidated.

2.3.2.1 PMSI (Personal Multi Screening Inventory)

To grasp the Personal Multi Screening Inventory (PMSI), it must firstly be understood what Ecometrics has to do with the quantification of the degree of balance between living organisms and their environment. Ecometrics focuses on the manner in which people adapt to their environments (Perspective Training College, 1994).

By means of a standardized scale of social functioning researchers will be able to:

- Used as an assessment instrument to assist both the helper and the client in the identification and prioritization of problems
- Serve as a progress indicator in the evaluation of intervention
Communicate to clarity and specificity around the use of the concept social functioning in clinical practice

Values for the use of Ecometrics:

- For the development and utilization of resources
  - To identify resources that are strong
  - To identify lack of resources
  - To identify resources that can be of value to the client
- For affirming the worth and dignity of clients
  - Do not diagnose or classify
- For affirming uniqueness and individuality of clients
  - Enter the person’s world
  - Try to understand all the diverse facts of human experiences
- For affirming problem-solving capacities and self-determination of clients
  - Adopt a strength-orientated perspective

The use of measurement as an assessment aid

- Knowing how the assessment scales work
  - To complete the scales by him-/herself
- Eliciting the client’s confidence
  - Demonstrate a high degree of confidence in the value and importance of the assessment
- Explain the purpose of the scales
  - To gain a better understanding of his/her problem
  - The results will be made available to him/her and that it remains the property of the respondent/pastorant
Restrictions in using Ecometric assessment scales

- Adult scales should not be used with persons under the age of 12 years
- The scales should not be used with persons who have severe cognitive impairment
- The scales should be used with great caution in situations where the professional counsellor is in a position to give or withhold important or valued social sanctions
- The client must be able to read, write and understand Afrikaans or English

Basic measurement and interpretation considerations

- Required psychometric characteristics of assessment scales
  - It must be short
  - It must be easy to administer
  - It must be easy to score
  - It must be easy to understand and interpret
  - It must not suffer response decay when used repeatedly over many occasions

Basic principles for interpreting the assessment scales

- Know and understand the construct that is being measured
- Know whether it is a positive or negative construct
- The nearer to 0%, the lessor of the construct is being measured
- The nearer to 100%, the more of the construct is being measured
- Know the clinical cutting scores and the interpretation lines
- Interpret against the current background information (Perspective Training College, 1994).

It is important to note that there are significant differences between Psychometrics and Ecometrics (Perspective Training College, 1994), and for the purpose of this
study it is important to note these differences as follows to understand the validity of the Ecometric assessments.

<table>
<thead>
<tr>
<th>Psychometrics</th>
<th>Ecometrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement of personality for diagnostic purposes</td>
<td>It has to do with the quantification of the degree of balance between people and their environment</td>
</tr>
<tr>
<td>Do not always take the immediate effect of the environment on the functionality of the individual into consideration</td>
<td>It therefore focuses on the manner in which people adapt to their environments</td>
</tr>
<tr>
<td>Norm-referenced</td>
<td>Criterion scaling</td>
</tr>
<tr>
<td>Sample needs to be representative of population</td>
<td>Sample needs to be representative of population</td>
</tr>
<tr>
<td>Biased towards population groups</td>
<td></td>
</tr>
<tr>
<td>Norm-referenced scaling</td>
<td>Criterion-referenced scaling</td>
</tr>
<tr>
<td>• Use the average and standard deviation, minimum and maximum scores to establish the norm for the specific group e.g.</td>
<td>• Specific attention is given to the unique score of a client on a scale in relation to the unique problems that the client faces</td>
</tr>
<tr>
<td>- Total score between 15 and 45 with average of 30 and standard deviation of 5</td>
<td>• Rather than comparing the score with a population mean score</td>
</tr>
<tr>
<td>- A respondent’s score is then compared to see how it differs from the average – with one, two, three or more standard deviations</td>
<td>• Basic comparisons are made with criterion-referenced scaling in relation to:</td>
</tr>
<tr>
<td>• Biggest argument against norms:</td>
<td>- The minimum possible score of 0</td>
</tr>
<tr>
<td>- The average of a population can’t be seen as the norm, otherwise we ex-</td>
<td>- The maximum possible score of 100</td>
</tr>
<tr>
<td></td>
<td>• The clinical cutting score</td>
</tr>
</tbody>
</table>
Clinical cutting scores are based on specific criteria determined by professionals to differentiate between people who (most likely) have a problem and those who do not have a problem in a specific area;

- Criterion validity – how well a scale can differentiate between “healthy” and “un-healthy”

Less judgemental – just want to establish if a person needs “help”

The Personal Multi Screening Inventory (PMSI) is:

- A paper and pencil self-report measure that is used to evaluate:
  - Clients strengths and problems in
  - 33 different areas of
  - Personal, emotional, interpersonal, spiritual and physical functioning
- The PMSI is used primarily as an assessment tool that forms part of therapeutic intervention with clients
- The PMSI is used during the intake phase to do a thorough assessment of clients and to plan a therapeutic intervention strategy
- The PMSI can also be used for periodic revaluation by having clients complete it during later phases of therapeutic interventions

The PMSI: A strength and problem focussed assessment tool.

- The PMSI is a strength and problem focussed assessment device
- It is not a personality inventory and it was not designed to measure or evaluate psycho-pathological or mental disease (Perspective Training College: 1994).
The PMSI subscales:

Positive Psycho-social functioning (+):
- Achievement Inner Interaction (IIS)
- Achievement Behavioural Scale (GBS)
- Satisfaction Inner Interaction (IIS)
- Satisfaction Behavioural Scale (GBS)
- Expectation Inner Interaction (IIS)
- Expectation Behavioural Scale (GBS)

Interpreting the PMSI – Positive Psycho-Social Functioning

0% - 30%: Under activated, unable to rationalize.
31% - 72%: Under activated, needs attention.
73% - 79% Warning area.
80% - 95%: Optimally activated.
95% - 100%: Over activated, out of touch with reality.

IIS is indicative of Inner Interaction Scale – What I feel.

GBS is indicative of General Behaviour Scale – What I show.

The highest activated construct gives you an indication of how this person is trying to cope which is as follows:

- If Achievement is the most activated construct, the client is trying to cope by attempting to be effective, successful and goal orientated (IIS). The client is trying to be organized, to complete what he/she sets out to do and to keep him-/herself busy all the time (GBS).
- If Satisfaction is the most activated construct, the client is trying to cope by “pretending” to accept his/her circumstances and to be satisfied and happy (IIS). The client uses humour and creates a pleasant atmosphere (GBS).
- If expectation is the most activated, the client is trying to cope by remaining calm and hopeful with the belief that things will turn out fine (IIS). The client will try to created solutions by supporting, encouraging and protecting others (GBS).
A person’s growth needs are the pursuit of a purpose and success in life (achievement), to be satisfied with his or her standard of life (satisfaction), and to live with dreams and a positive belief towards the future (expectation).

Growth needs can never be satisfied completely. Contrary to the basic needs, for which motivation diminishes when those needs are satisfied, as growth needs are met people's motivation to meet them increases. The more the needs are satisfied, the more people want to pursue them (Perspective Training College, 1994).

The PMSI subscales:

Negative Psycho-social functioning (-):
- Frustration Inner Interaction (IIS)
- Frustration Behavioural Scale (GBS)
- Stress Inner Interaction (IIS)
- Stress Behavioural Scale (GBS)
- Helplessness Inner Interaction (IIS)
- Helplessness Behavioural Scale (GBS)

Interpreting the PMSI – Negative Psycho-Social Functioning:
0% - 5%: Under activated, out of touch with reality.
6% - 21%: Optimally activated.
22% - 28%: Warning area.
29% - 70%: Over activated, needs attention.
71% - 100%: Over activated, unable to rationalize.

IIS is indicative of Inner Interaction Scale – What I feel.
GBS is indicative of General Behaviour Scale – What I show.

Frustrations (circumstantial stress) can normally be managed, but when the frequency is too high and/or intense, it leads to stress.
Stress (physiological stress) is when symptoms are being experienced in the body. Helplessness (traumatic stress) is when the brain functions in survival and self-protection mode.

Over activated frustration, and/or stress and/or helplessness levels lead to:

- Over activated emotional functioning,
- Under activated relationships,
- Over activated self-perception,
- Under activated positive psycho-social functioning.

Coping and dependency give the same emotional experience to a person as fulfilled basic needs. Unfortunately, this is for a short duration of time and must be done repeatedly (Perspective Training College, 1994).

The PMSI subscales:

Emotional functioning (-):
- Dependency
- Disturbing Thoughts
- Memory Loss
- Paranoia
- Anxiety
- Suicidal Thoughts
- Senselessness of Existence

Interpreting the PMSI – Emotional Functioning:

0% - 16%: Optimally activated.
17% - 21%: Warning area.
22% - 70%: Over activated, needs attention.
71% - 100%: Over activated, unable to rationalize.

Optimal emotional functioning happens when basic needs are met, self-perception is optimal, and growth needs are being satisfactory pursued. What conclusion can be made with regard to this person’s emotional functioning within this subscale (Perspective Training College, 1994).

The PMSI subscales:

Self-Perception (-):
- Inner Insecurity – Love / Security
- Guilt Feelings – Position
- Lack of Self-worth – Worth

Interpreting the PMSI – Self-Perception:
0% - 20%: Optimally activated.
21% - 25%: Warning area.
26% - 70%: Over activated, needs attention.
71% - 100%: Over activated, unable to rationalize.

Our basic needs are firstly physiological needs like food, water, warmth and rest. Secondly, safety and security needs. Thirdly, we need love and friendship (intimate relationships and belonging), position (respect) and worth (appreciation and acceptance). When basic needs have been satisfied, a person’s motivation to satisfy them lessens.

Self-perception is formed in and through relationships. When basic needs are not met (in and through relationships), a false and distorted self is formed.
- Fear – of failure and rejection.
- Guilt – of not managing own life effectively and/or live according to one’s values.
- Worthlessness – experiencing shame and self as worthless.
When basic needs are being satisfied and met, a positive self is formed, which leads to a desire to be successful, creative, and to become everything he or she is capable of becoming – thus, growth needs. Based on the outcome of the person’s assessment will necessitate the following questions to be asked. Which subscale is the most activated? What are the implications thereof? What connection does this have with the positive and negative functioning areas? (Perspective Training College, 1994).

The PMSI subscales:
Personal Relationships (+):
- Relationship With Friends
- Relationship with Family
- Relationship with Mother
- Relationship with Father
- Relationship with Partner
- Relationship with Children
- Relationship with Colleagues
- Social Support

Interpreting the PMSI – Interpersonal Functioning:
0% - 30%: Under activated, unable to rationalize.
31% - 63%: Under activated, needs attention.
64% - 68%: Warning area.
69% - 100%: Optimally activated.

Life begins for everyone in relationships. We get hurt in relationships and again find healing in relationships. Man’s basic needs are found within a relational context. What conclusions can be made with regard to this person’s interpersonal functioning? What is the quality of his/her resources? (Perspective Training College, 1994).
The PMSI subscales:

Spiritual Functioning (+):
- Relationship with God

Interpreting the PMSI – Spiritual Functioning:
0% - 30%: Under activated, unable to rationalize.
31% -75%: Under activated,
76% - 80%: Warning area.
81% - 100%: Optimally activated.

What conclusions can be made with regard to this client’s spiritual functioning? How does his/her spiritual functioning compare to his/her interpersonal functioning? (Perspective Training College, 1994).

The PMSI subscales:

Physical Functioning (+):
- Body Image
- Sexual Satisfaction

Interpreting the PMSI – Physical Functioning:
0% - 31%: Under activated, unable to rationalize.
31% - 67%: Under activated, needs attention.
67% - 74%: Warning area.
74% - 100%: Optimally activated.

What conclusions can be made with regard to this client’s physical functioning? (Perspective Training College, 1994).
2.3.2.2 Qualitative questionnaire

Three respondents were selected in this community engaging with this project. The respondents were in the process of counselling, and when informed about the research for this study, expressed an interest to participate actively, that is, not only in the sense of being counselled, but also to render as much input as they could regarding the research subject. Interpretation of descriptive data rendered by a participant /pastorant from their experience of a phenomenon is useful and necessary to understand the phenomenon, and not to explain it (De Vos et al., 2002:79; Schoeman, 2005:119).

The paradigm is plain: someone who is personally involved with the object of research is an ‘insider’ (De Vos et al., 2002:79) and “insiders” are probably the best source of insight regarding the ‘how’ a phenomenon works and therefore also what the best strategy could be to get out or become free from it (Berg, 2007:3). Subsequent to their agreement to partake in the study as per the informed consent form (Addendum A), they were then requested to complete the questionnaire below. The aim of the questionnaire is to obtain pertinent information regarding the respondent’s current level of psychological and social functioning.

Together with the consent form each respondent had several counselling sessions of minimum one hour each in which enough time was allowed the respondent to submit a full history. The counsellor listened to each respondent intently and reflecting back to what the counsellor heard from each respondent. Each respondent was responsible for their own decisions that they took during each session and insight was given to each respondent allowing each respondent to gain understanding into their current functioning.

This understanding was necessary for each responding to lead them to forgiveness for self, others and God where necessary. Once forgiveness was gained could the pastorant accept him-/herself and trust that they had the necessary guidance from the Holy Spirit together with life skills to live according to the purpose of their lives. Through reconciliation and restoration could each respondent learn to love themselves and accept that God loves them too and through life skills were each respondent taught to communicate with self and others.
The questionnaire consists of the following:

Co-dependency and Dependency questionnaire

1. From what population group are you?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

2. How old are you? __________

3. Indicate highest qualification.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Grade 8 or lower</td>
<td></td>
</tr>
<tr>
<td>Grade 12</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td></td>
</tr>
<tr>
<td>Honours</td>
<td></td>
</tr>
<tr>
<td>Higher</td>
<td></td>
</tr>
</tbody>
</table>

4. Are you employed?

<p>| | |</p>
<table>
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<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

5. Vocation?

_________________________________________________________

6. Marital Status

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Married</td>
<td></td>
</tr>
<tr>
<td>2nd Marriage</td>
<td></td>
</tr>
<tr>
<td>3rd Marriage</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
</tr>
</tbody>
</table>
7. Children

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>Living with you?</td>
<td></td>
</tr>
</tbody>
</table>

8. Are your family aware of your past/present use of substance?

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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

9. How do you think the use of your past/present substance affected your family?

_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

10. Which of the following persons support/supported you financially? Please mark all that are applicable to you.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband/Wife</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Parent (s)</td>
<td></td>
</tr>
<tr>
<td>Sibling (s)</td>
<td></td>
</tr>
<tr>
<td>Grandparent (s)</td>
<td></td>
</tr>
<tr>
<td>Other relative (s)</td>
<td></td>
</tr>
<tr>
<td>Other not related</td>
<td></td>
</tr>
</tbody>
</table>
11. If other ticked, please specify

__________________________________________________________________________

12. Which of the following persons support you emotionally? Please mark all that are applicable to you.

<table>
<thead>
<tr>
<th>Husband/Wife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
</tr>
<tr>
<td>Parent (s)</td>
</tr>
<tr>
<td>Sibling (s)</td>
</tr>
<tr>
<td>Grandparent (s)</td>
</tr>
<tr>
<td>Other relative (s)</td>
</tr>
<tr>
<td>Other not related</td>
</tr>
<tr>
<td>Friend (s)</td>
</tr>
<tr>
<td>Group (Church, support group)</td>
</tr>
<tr>
<td>Other not specified</td>
</tr>
</tbody>
</table>

13. Why did you start using substances?

__________________________________________________________________________

__________________________________________________________________________

14. Do you use any of the following substances currently? Please mark all that is applicable.

<table>
<thead>
<tr>
<th>Dagga</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamines (Tik)</td>
</tr>
<tr>
<td>Heroin</td>
</tr>
<tr>
<td>Prescription medicine</td>
</tr>
<tr>
<td>Nyope/Unga</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
</tbody>
</table>
15. If other ticked, please specify

_________________________________________________________

16. Have you used any of the following substances in the past? Please mark all that is applicable.

<table>
<thead>
<tr>
<th>Substance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dagga</td>
<td></td>
</tr>
<tr>
<td>Methamphetamines (Tik)</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
</tr>
<tr>
<td>Prescription medicine</td>
<td></td>
</tr>
<tr>
<td>Nyope/Unga</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Mandrax</td>
<td></td>
</tr>
<tr>
<td>Methcathionone (CAT)</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

17. If other ticked, please specify

_________________________________________________________

18. Have you ever received treatment for any psychiatric problems?

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

19. If yes, please specify

_________________________________________________________
20. Does anyone else living with you currently use any form of substance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

21. If yes, please indicate. Mark all that is applicable.

<table>
<thead>
<tr>
<th>Dagga</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine (Tik)</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
</tr>
<tr>
<td>Prescription medicine</td>
<td></td>
</tr>
<tr>
<td>Nyope/Unga</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Mandrax</td>
<td></td>
</tr>
<tr>
<td>Methcathionone (CAT)</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

22. If indicated what substance above, whom of the following persons residing with you use drugs?

| Husband/Wife |          |
| Partner |          |
| Parent (s) |          |
| Sibling (s) |          |
| Grandparent (s) |          |
| Other relative (s) |          |
| Other not related |          |
| Friend (s) |          |
| Group (Church, support group) |          |
| Other not specified |          |

23. Are you aware of the dangers associate with addiction?

| Yes |          |
24. If yes, who encouraged you in getting help for your addiction?

<table>
<thead>
<tr>
<th>Husband/Wife</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Parent (s)</td>
<td></td>
</tr>
<tr>
<td>Sibling (s)</td>
<td></td>
</tr>
<tr>
<td>Grandparent (s)</td>
<td></td>
</tr>
<tr>
<td>Other relative (s)</td>
<td></td>
</tr>
<tr>
<td>Other not related</td>
<td></td>
</tr>
<tr>
<td>Friend (s)</td>
<td></td>
</tr>
<tr>
<td>Group (Church, support group)</td>
<td></td>
</tr>
<tr>
<td>Other not specified</td>
<td></td>
</tr>
</tbody>
</table>

25. Have you received treatment for any form of addiction in the past?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

26. Are you currently receiving treatment for any form of addiction?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

27. If you have not gone for treatment yet, please specify the reason.

_________________________________________________________

28. If you have received treatment in the past, please specify.

_________________________________________________________

29. Have you received any form of Counselling/Therapy?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
30. If no, please specify.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

31. If yes, please specify.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

32. Did you during any specific time stop using any form of substance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

33. If yes, what made you to stop?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

34. If no, why not?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

35. Was it easy for you to gain access to treatment for your addiction?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

36. Do you experience any form of violence in your home?

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
37. If yes, who displays violent behaviour in your home?

| Husband/Wife |   |
| Partner     |   |
| Parent (s)  |   |
| Sibling (s) |   |
| Grandparent (s) | |
| Other relative (s) |   |
| Other not related |   |
| Friend (s)  |   |
| Group (Church, support group) |   |
| Other not specified |   |

38. How often do you experience any form of violent behaviour in your home?

_________________________________________________________

39. Were you abused as a child?

| Yes |   |
| No |   |

40. Which form of abuse did you experience? Please mark all that is applicable.

<p>| Physical abuse (assault) |   |
| Emotional abuse (insults, swearing) |   |
| Sexual abuse (indecent assault, rape, molestation) |   |
| Incest |   |
| Emotional Incest |   |
| Neglect (not taking proper care of) |   |
| Exposed to drugs |   |
| Exposed to alcohol |   |</p>
<table>
<thead>
<tr>
<th>Exposed to sex</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental abuse</td>
<td></td>
</tr>
<tr>
<td>Homosexuality</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

41. Other, please specify

42. Whom were you abused by?

<table>
<thead>
<tr>
<th>Mother</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Aunt</td>
<td></td>
</tr>
<tr>
<td>Uncle</td>
<td></td>
</tr>
<tr>
<td>Grandmother</td>
<td></td>
</tr>
<tr>
<td>Grandfather</td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

43. Other, please specify

44. Have you ever been in trouble with the law?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

45. If so, please explain

________________________________________________________________________

________________________________________________________________________
46. Did you commit any crime whilst under the influence of substances?

Yes

No

47. If so, please explain

_________________________________________________________
_________________________________________________________

48. Are you a Christian?

Yes

No

49. How was your relationship with your father?

_________________________________________________________
_________________________________________________________

50. How was your relationship with your mother?

_________________________________________________________
_________________________________________________________

51. Does or did your father have any form of addiction?

Yes

No

52. If so, please specify

Dagga

Methamphetamines (Tik)

Heroin

Prescription medicine

Nyope/Unga
53. **Does or did your mother have any form of addiction?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

54. **If so, please specify**

<table>
<thead>
<tr>
<th>Dagga</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine (Tik)</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
</tr>
<tr>
<td>Prescription medicine</td>
<td></td>
</tr>
<tr>
<td>Nyope/Unga</td>
<td></td>
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<tr>
<td>Cocaine</td>
<td></td>
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<tr>
<td>Mandrax</td>
<td></td>
</tr>
<tr>
<td>Methcathionone (CAT)</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

55. **Were your parents divorced?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

56. **Any medical problems?**

_________________________________________________________________________

_________________________________________________________________________

53
2.4 CASE STUDIES

The study is an intensive, in depth study which does not require a large number of individuals or a group to obtain the best result (Osmer, 2008:50). Regarding sample size in a qualitative empirical research, Maree (2010:145) raises an important, and in the context of this study a relevant suggestion that one must guard against quantity above quality. Maree’s study (Maree, 2010), accommodated four respondents and for this study’s empirical aspect, three to five were envisaged to gain the necessary information in the chosen qualitative research design. Finally, three were decided on.

Regarding research ethics the following is maintained:

Privacy: With the permission of the respondents, some personal detail is divulged to show the relevance and the widespread occurrence of the phenomenon under investigation. No names will be used in any aspect of formal documentation in the research. Participants will instead be identified with a neutral nom de plume (for instance ‘Respondent One’ ‘Respondent Two’).

Utmost care will be taken not to divulge or include information that could disclose identity. Participants can verify this caution if they should request to examine the report on the empirical study and insist on removing or rephrasing of anything that might be deemed a possible disclosure of identity.

Confidentiality: All information will be treated as confidential by the researcher. No access will be granted to confidential research documents to anyone other than the involved participant and the study supervisor, should a need for that arise. Data will be disclosed and discussed with the supervisor only to promote appropriate, adequate and relevant presentation of results of the research.

2.4.1 Respondent One

Description:

Respondent One is a white, 49 year old male with a diploma as highest education achievement. He is a Regional Manager, married with one child not living with him. His family is aware of his past substance abuse however, initially, when it occurred in secret (as was thought), it almost tore them apart. Eventually, it brought them all
closer together. It required his continued sobriety for this to happen. He is financially independent and depends for emotional support on his wife.

He sought counselling/therapy after he began using alcohol during the day/at work and in time it was accompanied by drug/substance abuse. This respondent has been in 3 different rehabilitation centres on and off. Respondent’s mother died when he was very young. He did not receive discipline from his father although his father stood by him through thick and thin. His sibling received too much discipline from his father and the respondent resented his father for that. The respondent’s background is one of sexual molestation, pornography, alcohol and his adult life he has had some challenges as well, one being a child that he is not seeing.

He was given the Quantitative Informed Consent Form Questionnaire (Addendum A) to complete and the results were as follows:

Initially he started using substances to be in with the group of kids he was hanging out with, to feel accepted and to mask his pain and shortcomings. The substances he was into include dagga, Methamphetamines (Tik), Prescription medicine, Cocaine, Mandrax, Alcohol, and LSD stating however, that LSD is perceived as non-addictive, it is nonetheless used within the drug culture. Currently, he does not use any substances.

He is aware of the dangers of substances and his wife, parents and others has encouraged him in getting the help that he needed. He has received treatment for Depression, Anxiety Disorder, and Bi-Polar. There is no one living with him that uses any form of substances. He has received treatment for substance abuse and is not currently receiving any treatment besides the support group that he is going to and also the psychiatrist he sees on a monthly basis. The treatment that he received in the past was the twelve step programs and also Pastoral Counselling. His treatment was further enhanced through Medications for depression, anxiety and bipolar and also Audio Visual Stimulation (AVS).

A sense of not wanting to hurt others through his addictions any longer together with pressing financial consequences in using substances, a sense of moral wrongdoing, wanting to be clean and not hurting himself, and Pastoral Counselling caused him to stop over a period of time. It was easy for him to gain access to treatment and he did not experience any form of violence in his home. He was abused as a child through physical abuse (assault), sexual abuse (indecent assault, rape, molestation),
exposed to alcohol, exposed to sex and, homosexuality. He was abused by a neighbour’s teenage son.

He was in trouble with the law, pointing of a firearm in a public area, and driving under the influence. He committed a crime whilst under the influence of substances through vandalizing and damaging of property.

He is a new Christian and his relationship with his father was overall a good relationship and he loved his father very much. His relationship with his mother was overall good as well. His father and mother both did not have any form of addictions and they were not divorced either.

After the first session gaining history the respondent was asked to complete a Personal Multi Screening Inventory and the results were as follows.

PMSI Assessment Number One:

<table>
<thead>
<tr>
<th>Positive / Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement – IIS</td>
<td>38%</td>
<td>Under Activated: you sometimes find it difficult to set goals for yourself and to motivate yourself. You sometimes lack the desire to grow and improve and do not always show perseverance to complete difficult or tedious tasks.</td>
</tr>
<tr>
<td>Achievement – GBS</td>
<td>39%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction – IIS</td>
<td>18%</td>
<td>Under Activated: you lack the following: satisfaction, happiness, friendliness and peace of mind. Satisfaction with your circumstances and relationships is central</td>
</tr>
<tr>
<td>Negative Psycho-social Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Satisfaction – GBS</td>
<td>25%</td>
<td>Under Activated: your behaviour lacks the following elements: meaningful use of free time, interaction with others, responsible and well-considered enjoyment of life. A balanced life is very important to personal development.</td>
</tr>
<tr>
<td>Expectation – IIS</td>
<td>10%</td>
<td>Under Activated: you lost hope and are therefore pessimistic about your future. You find it difficult to keep calm and focus on the negative elements in your circumstances. An optimistic approach towards one's circumstances and future is central to personal development.</td>
</tr>
<tr>
<td>Expectation – GBS</td>
<td>16%</td>
<td>Under Activated: you find it difficult to help and encourage others to be successful. You seldom accept the risk of undertaking new ventures. You can no longer show others that you care and that you have faith in them. You fail to act calmly or to look beyond the harsh reality in dealing with your problems (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Frustration – IIS</td>
<td>83%</td>
<td>Over Activated: it seems that you experience feelings of frustration. You do not manage the prevention of goal directed activities as the result of problems in yourself and your environment and you allow it to prevent you from achieving your goals in life. You experience feelings like anger, frustration, irritation, impa-</td>
</tr>
<tr>
<td>Condition</td>
<td>Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Frustration – GBS</td>
<td>84%</td>
<td>Over Activated: you lose self-control when angry, end up in arguments and make others feel afraid to go against you. You need to develop skills to manage your anger more effectively.</td>
</tr>
<tr>
<td>Stress – IIS</td>
<td>75%</td>
<td>Over Activated: you experience stress and you do not respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, overload, worry and fatigue are part of your experiences.</td>
</tr>
<tr>
<td>Stress – GBS</td>
<td>72%</td>
<td>Over Activated: the following elements form part of your behaviour: you act in an uncertain, moody, panicky, anxious and nervous way. You experience physical symptoms like headaches and/or muscular pains and sleeplessness. You need to develop skills to manage your stress more effectively.</td>
</tr>
<tr>
<td>Helplessness – IIS</td>
<td>75%</td>
<td>Over Activated: you experience that whatever you do, does not matter, because there is no way in which you can control the environmental forces in life. Your inner experiences are negative. The following emotions form part of your inner feelings: rejection, downheartedness, uselessness, powerlessness, isolation and senselessness.</td>
</tr>
<tr>
<td>Helplessness – GBS</td>
<td>80%</td>
<td>Over Activated: you own the following behavioural patterns: lack of goal-directed activities, stopped laughing, no</td>
</tr>
</tbody>
</table>
motivation, do not take part in any activities, isolate from people, manage things from a negative point of view and create a depressive atmosphere around you (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Emotional Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>88%</td>
<td>Over Activated: you need something to help you to cope with life and to support you to handle problems. You find it hard to manage life without the support of something else. You find life too difficult to handle on your own and you like it when something helps you to handle pressure and supports you when things go wrong.</td>
</tr>
<tr>
<td>Disturbing Thoughts</td>
<td>92%</td>
<td>Over Activated: you have ideas and thoughts that disturb you. You think about ugly or horrible things. Disturbing ideas come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>75%</td>
<td>Over Activated: you forget where you put objects that you use daily. You forget important dates, addresses, or phone numbers that you should remember. You forget multiple directions easily. You experience serious problems regarding your short-term memory.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>85%</td>
<td>Over Activated: you think people talk about you behind your back or that they are out to get you. You think people are plotting against you or that people are trying to hurt you. People around you do resent your ability and talent and they are trying to make you look foolish.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>75%</td>
<td>Over Activated: you experience fear or</td>
</tr>
</tbody>
</table>
become afraid very easily. You feel panic stricken and terrified. You wake up at night feeling afraid.

<table>
<thead>
<tr>
<th>Suicidal Thoughts</th>
<th>83%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over Activated: you think your life is over and about ending your life. Your agony is too great for you to continue living and you feel that the only way to end your shame is to commit suicide.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Senselessness of Existence</th>
<th>81%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over Activated: you have no purpose in life and feel you cannot help to make the world a better place. You do not learn from your experiences and do not overcome obstacles in your life. You give up your dream for your life and you are not able to help others to be happy (Perspective Training College: 1994).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Perception</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Insecurity</td>
<td>79%</td>
<td>Over Activated: you experience a lack of security in your relationships and are afraid that you will be hurt emotionally. You feel threatened by your circumstances and are afraid of the future. You are afraid of failure and rejection.</td>
</tr>
<tr>
<td>Guilt Feelings</td>
<td>58%</td>
<td>Guilt Feelings (58%) - Over Activated: you do not always manage yourself responsibly and sometimes accept blame for everything that goes wrong. You sometimes feel that you deserve punishment and sometimes allow guilt feelings to control your life.</td>
</tr>
<tr>
<td>Lack of Self Worth</td>
<td>75%</td>
<td>Over Activated: you are not thankful for who you are and do not experience yourself as someone important and special. You do not feel good about yourself, feel</td>
</tr>
</tbody>
</table>
loved, respected and needed (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Interpersonal Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with Friends</td>
<td>21%</td>
<td>Under activated: my friends and I do not always do things together. I cannot always be honest with my friends and we cannot share our secrets with one another. My friends do not bail me out when I am in trouble and we do not have fun together. I do not trust my friends.</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td>57%</td>
<td>Under activated: my family and I do not always do things together. I cannot always be honest with my family and we cannot always share our secrets with one another. I do not always receive guidelines from my family members and we seldom have fun together. I do not always trust my family.</td>
</tr>
<tr>
<td>Relationship with Mother</td>
<td>0%</td>
<td>Under activated: His relationship with his mother appears to be under activated as she died when he was young therefore completing the assessment showing as 0% relationship with his mother.</td>
</tr>
<tr>
<td>Relationship with Father</td>
<td>35%</td>
<td>Under activated: my father and I do not always do things together. I cannot always be honest with my father and we cannot always share our secrets with one another. We seldom have fun together. I do not always trust my father.</td>
</tr>
<tr>
<td>Relationship with Partner</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Relationship with Child</td>
<td>0%</td>
<td>Under activated: my child and I do not do things together. I cannot be honest with my child and we cannot share our secrets with one another. We do not have fun together.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Relationship with Colleagues</td>
<td>72%</td>
<td>Optimally activated: my colleagues treat me with respect and make me feel part of the team. My colleagues support me. I get along with my colleagues.</td>
</tr>
<tr>
<td>Social Support</td>
<td>100%</td>
<td>Optimally activated: I can rely on a special person for support. There is a special person that respects me and that cares for me. I can count on a special person when things go wrong and he/she is around when I am in need. I can talk about my problems with a special person and he/she understands my problems. There is a special person who is always there for me and he/she is a real source of comfort to me (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Spiritual Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>Relationship with God</td>
<td>63%</td>
<td>Under activated: God is not always a reality to me and I do not always acknowledge God’s guidance in my life. I am not always aware of God’s guidance in my life. I do not always trust in God and I do not always allow God to change me. God does not always make a difference in my life and I do</td>
</tr>
</tbody>
</table>
not always feel safe with God (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Physical Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image</td>
<td>36%</td>
<td>Under activated: I am sometimes dissatisfied with the shape and the size of my body. I sometimes hate the way my body looks and I sometimes feel overweight. I am sometimes dissatisfied with my body.</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>69%</td>
<td>Optimally activated: my sex life is exciting. Sex is a normal function of my relationship with my partner. Sex with my partner is wonderful and he/she is sexually pleased with me (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

Through the results of the above assessment the respondent appeared to be overworked and/or emotionally exhausted and he may suffer from symptoms of exhaustion. He allowed the environment and/or circumstances to influence his affectivity. He was very angry within himself and also showed it in his behaviour. His circumstantial stresses that normally can be managed became to frequent and/or intense that it lead to stress which he experienced in his body.

His helplessness increased causing his brain to function in survival and self-protection mode. This caused him to regress back into substance abuse. He did not experience the pursuit of a purpose and success in his life and therefore did not feel that he achieved which caused him to be dissatisfied with his standard of life in general causing him not to live with dreams and a positive belief towards the future (expectation).

He did not function emotionally optimal due to his basic needs that were partially or never met which created a false and distorted self as his self-perception was not or partially not formed in and through relationships. He depended on his newlywed wife to rescue him continually especially after using alcohol and substances, her in turn being co-dependent on him rescuing him each time and placing her own life in danger.
He experienced fear of failure and rejection and guilt of not managing his own life effectively and did not live according to his values. He also experienced shame and himself as worthless. Because his basic needs were not being satisfied and met, a positive self was not formed, which would lead to a desire to be successful, creative, and becoming everything he is capable of becoming, thus experiencing growth.

Some of his relationships were not optimal, indicative of hurt that he has experienced in and through relationships requiring healing as man’s basic needs are found within a relational context. He indicated within the Quantitative Questionnaire (Addendum A) that he had a good relationship with his father and mother which during sessions it was discovered that his relationship with his father was strained due to the respondent borrowing money from his father up to these session in bailing him out. This made him feel guilty and ashamed and caused anger within him dragging him back into his addictive cycle over and over.

Through various sessions of counselling the client continued to struggle with dependency as well as co-dependency starting and stopping sessions until he came back for further counselling due to him struggling in giving up on dependency and co-dependency. It was evident that previous sessions of Biblical Counselling combined with coaching was beneficial though a struggle for the respondent as the respondent was more open to the idea of God being a huge part of his life however, putting this off for long time still to come.

The respondent was open to explore the sexual abuse together with various other past issues that were never addressed within the first time he came for counselling and also past counselling that was offered within the rehab centres as he could not and did not want to address these. He also proclaimed that there was not sufficient scientific evidence that any past issues was the cause of any of his neither past nor present addictions. He was asked to do the Personal Multi Screening Inventory again as a considerable amount of time had lapsed between the first time and this time.

His relationship with God is under-activated and he stated that he did not believe that God can heal nor forgive him at all. The respondent also dabbled into scientific explanations of God’s existence and the formation of the earth. The respondent was very aware that he had to give his life to Christ and requested that this wait until later.
Within this particular study it was evident that more than Biblical Counselling was necessary based on what the respondent said regarding his relationship with God. Coaching regarding life skills became a very necessary tool during the beginning stages of his counselling. The result from these beliefs that God cannot heal nor forgive together with the discrepancies he found in creation and God caused the respondent to have many relapses of alcohol and substance abuse.

During sessions it was established that the respondent did not make a wilful decision to change as he relapsed often and it was recommended that he complete another PMSI assessment for us both to determine his growth. The results of this assessment were as follows:

**PMSI Assessment Number Two**

<table>
<thead>
<tr>
<th>Positive Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement – IIS</td>
<td>80%</td>
<td>Optimally activated: you achieve well and you own the following qualities: goal setting, self-motivation, desire to grow and improve, perseverance to complete difficult or tedious tasks, thoroughness and taking responsibility for your behaviour and success.</td>
</tr>
<tr>
<td>Achievement - GBS</td>
<td>69%</td>
<td>Under-activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction – IIS</td>
<td>80%</td>
<td>Optimally activated: you own the following important qualities: satisfaction, happiness, friendliness and peace of mind. Satisfaction with your circum-</td>
</tr>
</tbody>
</table>
stances and relationships is central to personal development.

<table>
<thead>
<tr>
<th>Satisfaction - GBS</th>
<th>78%</th>
</tr>
</thead>
</table>

Optimally activated: you are hopeful and optimistic about your future. You are able to keep calm and focus on the positive elements in your circumstances. An optimistic approach towards one's circumstances and future is central to personal development.

<table>
<thead>
<tr>
<th>Expectation – IIS</th>
<th>80%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expectation – GBS</th>
<th>75%</th>
</tr>
</thead>
</table>

Warning area: you help others to be successful and encourage them. You gladly accept the risk of undertaking new ventures. You show others that you care and that you have faith in them. You act calmly because all will be well and you look beyond the harsh reality in dealing with your problems. You support others and act in a protective way towards them. (SOMETIMES YOU MAY BEHAVE LESS POSITIVELY) (Perspective Training College, 1994).

<table>
<thead>
<tr>
<th>Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration – IIS</td>
<td>25%</td>
<td>Warning area: it seems that you manage your inner feelings of frustration responsibly. You manage the interruption of goal-directed activities as the result of problems in yourself and your environment and you do not allow it to prevent you from achieving your goals in life. You manage experiences like an-</td>
</tr>
<tr>
<td>Emotion</td>
<td>Scale</td>
<td>Description</td>
</tr>
<tr>
<td>------------------</td>
<td>-------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Frustration – GBS</td>
<td>31%</td>
<td>Over-activated: you sometimes lose self-control when angry, sometimes end up in arguments and make others feel afraid to go against you. You need to develop skills to manage your anger more effectively.</td>
</tr>
<tr>
<td>Stress – IIS</td>
<td>16%</td>
<td>Optimally activated: you do not experience stress and you respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, overload, worry and fatigue are not part of your functioning.</td>
</tr>
<tr>
<td>Stress – GBS</td>
<td>19%</td>
<td>Optimally activated: it seems that you manage the behavioural elements of stress in a responsible way: you do not act in an uncertain, moody, panicky, anxious and nervous way. You also do not experience physical symptoms like headaches and/or muscular pains and sleeplessness.</td>
</tr>
<tr>
<td>Helplessness – IIS</td>
<td>18%</td>
<td>Optimally activated: you feel that what you do matters, because it is a way to control the environmental forces in life. Your inner experiences are positive. The following emotions do not form part of your inner feelings: rejection, down-</td>
</tr>
<tr>
<td>Helplessness - GBS</td>
<td>20%</td>
<td>Optimally activated: you are goal-directed in your activities, you have the ability to laugh, are motivated, and do complete whatever you set out to do. You take part in activities and do not isolate you from people. You manage things from a positive point of view and you create a positive atmosphere around you (Perspective Training College, 1994).</td>
</tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>22%</td>
<td>Over Activated: you sometimes need something to help you to cope with life and to support you to handle problems. You sometimes find it hard to manage life without the support of something else. You sometimes find life difficult to handle on your own and then you like it when something helps you to handle pressure and supports you when things go wrong.</td>
</tr>
<tr>
<td>Disturbing Thoughts</td>
<td>22%</td>
<td>Over Activated: you sometimes have ideas and thoughts that disturb you. You then think about ugly or horrible things. Disturbing ideas sometimes come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>25%</td>
<td>Over activated: you sometimes forget where you put objects that you use</td>
</tr>
</tbody>
</table>
daily. You sometimes forget important
dates, addresses, or phone numbers
that you should remember. You some-
times forget multiple directions easily.

<table>
<thead>
<tr>
<th>Paranoia</th>
<th>18%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warning area: you do not think people talk about you behind your back or that they are out to get you. You do not think people are plotting against you or that people are trying to hurt you. People around you do not resent your ability and talent and they are not trying to make you look foolish. (SOMETIMES YOU MAY EXPERIENCE YOURSELF LESS POSITIVELY).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>14%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimally activated: you do not experience fear or become afraid very easily. You do not feel panic stricken and terrified. You do not wake up at night feeling afraid.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suicidal Thoughts</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimally activated: you do not think that your life is over and about ending your life.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Senselessness of Existence</th>
<th>22%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-activated: you sometimes have no purpose in life and then feel you cannot help to make the world a better place. You do not always learn from your experiences and do not always overcome obstacles in your life. You sometimes give up your dream for your life and then you are not able to</td>
<td></td>
</tr>
</tbody>
</table>
help others to be happy (Perspective Training College, 1994).

<table>
<thead>
<tr>
<th>Self-Perception</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Insecurity</td>
<td>18%</td>
<td>Optimally activated: you experience security in your relationships and are not afraid that you will be hurt emotionally. You do not feel threatened by your circumstances and are not afraid of the future. You do not fear failure and rejection. Inner security is essential for progress and growth in any relationship.</td>
</tr>
<tr>
<td>Guilt Feelings</td>
<td>17%</td>
<td>Optimally activated: you manage yourself responsibly and do not accept blame for everything that goes wrong. You do not feel that you deserve punishment and do not allow guilt feelings to control your life. Responsible self-management is essential for progress and growth in any relationship.</td>
</tr>
<tr>
<td>Lack of Self Worth</td>
<td>17%</td>
<td>Optimally activated: you developed the following very important trademarks of a person with a good self-worth: you are thankful for who you are, you experience yourself as someone important and special, feel good about yourself, feel loved, respected and needed (Perspective Training College, 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship with Friends</th>
<th>4%</th>
<th>Under activated: my friends and I do not always do things together. I cannot always be honest with my friends and we cannot share our secrets with one another. My friends do not bail me out when I am in trouble and we do not have fun together. I do not trust my friends.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with Family</td>
<td>71%</td>
<td>Optimally Activated: my family and I do things together. I can be honest with my family and we share our secrets with one another. I receive guidelines from my family members and we have fun together. I trust my family.</td>
</tr>
<tr>
<td>Relationship with Mother (Stepmother)</td>
<td>0%</td>
<td>Under activated: His relationship with his mother appears to be under activated as she died when he was young therefore completing the assessment showing as 0% relationship with his mother.</td>
</tr>
<tr>
<td>Relationship with father (stepfather)</td>
<td>30%</td>
<td>Under-activated: my father and I do not always do things together. I cannot always be honest with my father and we cannot always share our secrets with one another. We seldom have fun together. I do not always trust my father.</td>
</tr>
<tr>
<td>Relationship with partner</td>
<td>100%</td>
<td>Optimally activated: my partner and I do things together. I can be honest with my partner and we share our secrets with one another. We have fun</td>
</tr>
</tbody>
</table>
together. I trust my partner.

<table>
<thead>
<tr>
<th>Relationship with Child</th>
<th>0%</th>
<th>Under-activated: my child and I do not do things together. I cannot be honest with my child and we cannot share our secrets with one another. We do not have fun together.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with colleagues</td>
<td>64%</td>
<td>Warning area: my colleagues treat me with respect and make me feel part of the team. My colleagues support me. I get along with my colleagues. (SOMETIMES YOU MAY EXPERIENCE YOUR COLLEAGUES LESS POSITIVELY).</td>
</tr>
<tr>
<td>Social Support</td>
<td>100%</td>
<td>Optimally activated: I can rely on a special person for support. There is a special person that respects me and that cares for me. I can count on a special person when things go wrong and he/she is around when I am in need. I can talk about my problems with a special person and he/she understands my problems. There is a special person who is always there for me and he/she is a real source of comfort to me (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with God</td>
<td>84%</td>
<td>(Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image</td>
<td>57%</td>
<td>Under activated: I am sometimes dissatisfied with the shape and the size of</td>
</tr>
</tbody>
</table>
Based on the results of the second PMSI assessment it is clear the respondent has improved/grown extensively and that he was in pursuit of the purpose and success of his life and satisfied with his standard of life, living with dreams and a positive belief towards the future. He stated that he was not projecting how he felt inside and that he showed his frustrations socially after trying to suppress his frustrations.

He appeared to have optimal emotional functioning and showed that has grown extensively within his emotional functioning.

The respondent’s self-perception appeared to be satisfactory and created the impression of a balanced level of functionality.

The respondent’s interpersonal functioning appeared to be idealistic with his partner and social support, the same as on the PMSI assessment number one and he stated that society sees him that way and so does he.

The respondent’s relationship with God appeared to be optimal and the respondent stated that he is fast and loose with the things that God gave him.

The respondent admitted that he was not honest on the second PMSI assessment that he completed by himself and added that he thought that by giving the results as per above that it would indicate that he was correct in that Biblical Counselling has little or no scientific proof that there is a particular God that can heal and forgive.

He continued to relapse often and start and stop counselling as he struggled to become open and receptive of God and to receive Biblical Counselling. He was receptive towards Life Coaching of life skills in order to heal all past issues and to gain the necessary tools, equipping him to manage daily frustrations through communication.
and confrontation even though he chose which issues he would accept life skills for. After a couple of sessions with the respondent in bringing biblical truth, seeing and understanding that healing and change is not fully possible without God he requested to complete another PMSI assessment of which he stated that he would give honest and open answers that would be completely truthful.

The results were as follows:

PMSI Assessment Number Three

<table>
<thead>
<tr>
<th>Positive / Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive Psycho-social Functioning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement – IIS</td>
<td>38%</td>
<td>Under-activated: you sometimes find it difficult to set goals for yourself and to motivate yourself. You sometimes lack the desire to grow and improve and do not always show perseverance to complete difficult or tedious tasks.</td>
</tr>
<tr>
<td>Achievement - GBS</td>
<td>39%</td>
<td>Under-activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction – IIS</td>
<td>18%</td>
<td>Under Activated: you lack the following: satisfaction, happiness, friendliness and peace of mind. Satisfaction with your circumstances and relationships is central to personal development.</td>
</tr>
<tr>
<td>Satisfaction - GBS</td>
<td>25%</td>
<td>Under Activated: your behaviour lacks the following elements: meaningful use of free time, interaction with others, re-</td>
</tr>
<tr>
<td>Negative Psycho-social Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Expectation – IIS</td>
<td>10%</td>
<td>Under Activated: you lost hope and are therefore pessimistic about your future. You find it difficult to keep calm and focus on the negative elements in your circumstances. An optimistic approach towards one's circumstances and future is central to personal development.</td>
</tr>
<tr>
<td>Expectation - GBS</td>
<td>16%</td>
<td>Under Activated: you find it difficult to help and encourage others to be successful. You seldom accept the risk of undertaking new ventures. You can no longer show others that you care and that you have faith in them. You fail to act calmly or to look beyond the harsh reality in dealing with your problems (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Frustration – IIS</td>
<td>83%</td>
<td>Over Activated: it seems that you experience feelings of frustration. You do not manage the prevention of goal directed activities as the result of problems in yourself and your environment and you allow it to prevent you from achieving your goals in life. You experience feelings like anger, frustration, irritation, impatience, bitterness and suspicion.</td>
</tr>
<tr>
<td>Frustration – GBS</td>
<td>84%</td>
<td>Over Activated: you lose self-control</td>
</tr>
<tr>
<td>Condition</td>
<td>Score</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stress – IIS</td>
<td>75%</td>
<td>Over Activated: you experience stress and you do not respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, overload, worry and fatigue are part of your experiences.</td>
</tr>
<tr>
<td>Stress – GBS</td>
<td>72%</td>
<td>Over Activated: the following elements form part of your behaviour: you act in an uncertain, moody, panicky, anxious and nervous way. You experience physical symptoms like headaches and/or muscular pains and sleeplessness. You need to develop skills to manage your stress more effectively.</td>
</tr>
<tr>
<td>Helplessness – IIS</td>
<td>75%</td>
<td>Helplessness - IIS (75%) - Over Activated: you experience that whatever you do, does not matter, because there is no way in which you can control the environmental forces in life. Your inner experiences are negative. The following emotions form part of your inner feelings: rejection, downheartedness, uselessness, powerlessness, isolation and senselessness.</td>
</tr>
<tr>
<td>Helplessness - GBS</td>
<td>80%</td>
<td>Helplessness - GBS (80%) - Over Activated: you own the following behavioural patterns: lack of goal-directed...</td>
</tr>
</tbody>
</table>
activities, stopped laughing, no motivation, do not take part in any activities, isolate from people, manage things from a negative point of view and create a depressive atmosphere around you (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Emotional Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>88%</td>
<td>Over Activated: you need something to help you to cope with life and to support you to handle problems. You find it hard to manage life without the support of something else. You find life too difficult to handle on your own and you like it when something helps you to handle pressure and supports you when things go wrong.</td>
</tr>
<tr>
<td>Disturbing Thoughts</td>
<td>92%</td>
<td>Over Activated: you have ideas and thoughts that disturb you. You think about ugly or horrible things. Disturbing ideas come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>75%</td>
<td>Over Activated: you forget where you put objects that you use daily. You forget important dates, addresses, or phone numbers that you should remember. You forget multiple directions easily. You experience serious problems regarding your short-term memory.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>85%</td>
<td>Over Activated: you think people talk about you behind your back or that they are out to get you. You think people are plotting against you or that</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>75%</td>
<td>Over Activated: you experience fear or become afraid very easily. You feel panic stricken and terrified. You wake up at night feeling afraid.</td>
</tr>
<tr>
<td><strong>Suicidal Thoughts</strong></td>
<td>83%</td>
<td>Over Activated: you think your life is over and about ending your life. Your agony is too great for you to continue living and you feel that the only way to end your shame is to commit suicide.</td>
</tr>
<tr>
<td>**Senselessness of Exist-</td>
<td>81%</td>
<td>Over Activated: you have no purpose in life and feel you cannot help to make the world a better place. You do not learn from your experiences and do not overcome obstacles in your life. You give up your dream for your life and you are not able to help others to be happy (Perspective Training College: 1994).</td>
</tr>
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<td>ence**</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Self-Perception</strong></th>
<th><strong>Percentage</strong></th>
<th><strong>Descriptive</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inner Insecurity</strong></td>
<td>79%</td>
<td>Inner Insecurity (79%) - Over Activated: you experience a lack of security in your relationships and are afraid that you will be hurt emotionally. You feel threatened by your circumstances and are afraid of the future. You are afraid of failure and rejection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over Activated: you do not always</td>
</tr>
<tr>
<td>Guilt Feelings</td>
<td>58%</td>
<td>manage yourself responsibly and sometimes accept blame for everything that goes wrong. You sometimes feel that you deserve punishment and sometimes allow guilt feelings to control your life.</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lack of Self Worth</td>
<td>75%</td>
<td>Over Activated: you are not thankful for who you are and do not experience yourself as someone important and special. You do not feel good about yourself, feel loved, respected and needed (Perspective Training College: 1994).</td>
</tr>
<tr>
<td><strong>Interpersonal Functioning</strong></td>
<td><strong>Percentage</strong></td>
<td><strong>Descriptive</strong></td>
</tr>
<tr>
<td>Relationship with Friends</td>
<td>0%</td>
<td>Under Activated: my friends and I do not do things together. I cannot be honest with my friends and we cannot share our secrets with one another. My friends do not bail me out when I am in trouble and we do not have fun together. I do not trust my friends.</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td>46%</td>
<td>Under Activated: my family and I do not always do things together. I cannot always be honest with my family and we cannot always share our secrets with one another. I do not always receive guidelines from my family members and we seldom have fun together. I do not always trust my family.</td>
</tr>
</tbody>
</table>
| Relationship with Mother (Stepmother) | 0% | Under activated: His relationship with his mother appears to be under activated as she died when he was young.
<table>
<thead>
<tr>
<th>Relationship</th>
<th></th>
<th>therefore completing the assessment showing as 0% relationship with his mother.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with Father (Stepfather)</td>
<td>15%</td>
<td>Under Activated: my father and I do not do things together. I cannot be honest with my father and we cannot share our secrets with one another. We do not have fun together. I do not trust my father.</td>
</tr>
<tr>
<td>Relationship with Partner</td>
<td>79%</td>
<td>Optimally Activated: my partner and I do things together. I can be honest with my partner and we share our secrets with one another. We have fun together. I trust my partner.</td>
</tr>
<tr>
<td>Relationship with Child</td>
<td>0%</td>
<td>Under Activated: my child and I do not do things together. I cannot be honest with my child and we cannot share our secrets with one another. We do not have fun together. I do not trust my child.</td>
</tr>
<tr>
<td>Relationship with Colleagues</td>
<td>58%</td>
<td>Under Activated: my colleagues sometimes criticize me and talk behind my back. They sometimes irritate and frustrate me. My colleagues sometimes let me down.</td>
</tr>
<tr>
<td>Social Support</td>
<td>97%</td>
<td>Optimally Activated: I can rely on a special person for support. There is a special person that respects me and that cares for me. I can count on a special person when things go wrong and he/she is around when I am in need. I can talk about my problems</td>
</tr>
</tbody>
</table>
with a special person and he/she understands my problems. There is a special person who is always there for me and he/she is a real source of comfort to me (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Spiritual Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with God</td>
<td>56%</td>
<td>Under Activated: God is not always a reality to me and I do not always acknowledge God's guidance in my life. I am not always aware of God's guidance in my life. I do not always trust in God and I do not always allow God to change me. God does not always make a difference in my life and I do not always feel safe with God (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image</td>
<td>4%</td>
<td>Under Activated: I am dissatisfied with the shape and size of my body. I hate the way my body looks and I feel overweight. I am dissatisfied with my body.</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>25%</td>
<td>Under Activated: my sex life is not exciting. Sex is not a normal function of my relationship with my partner. Sex with my partner is not wonderful and he/she is not sexually pleased with me (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

Although this assessment of which the respondent was congruent in completing indicates that he was not growing, that he was not functioning optimally, and having a distorted self-perception and relationships in disarray, much growth did take place over the course of subsequent counselling sessions.
The pastorant received healing for deep emotional roots and submitted to Christ, praying God to forgive him and renew his mind. He also received an implant to assist with his addiction and receive the correct medication. He is now growing in his relationship with God and monthly receives follow-up sessions. He admits that he has to daily renew his mind in Christ and avoid certain places and people not to have the possibility of relapse. He also finds it beneficial to keep on communicating with his wife especially regarding his feelings surrounding addiction and also questions the reasons why he became addicted but more so the reason why he stayed addicted and struggled with it nearly all his life.

The conclusion is that although the respondent received biblical counselling together with life coaching skills it became evident that there were still issues surrounding the addictions that the respondent was not willing to accept as fact and consequently deal with it decisively. Sessions were terminated on the growth that he did receive and the respondent is progressing towards a full recovery, having all the measurements as stated in place.

2.4.2 Respondent Two

Description:

After experiencing problems where the respondent works, Respondent Two sought counselling/therapy. Having been off work several times due to and/or coming late to work, she faced disciplinary action. Socially, promiscuity characterised her general conduct but it did not cause her concern. Most of the time, she could not even remember having assented to sexual intercourse with different partners. It became clear that she was having blackouts from excessive alcohol use combined with drug abuse.

She was willing to participate in the study and completed the Questionnaire. The results were as follows:

She is a white, 43 year old with a diploma as the highest qualification. She holds a position as a Human Resource Manager, single with one child not living with her. Her family is not aware of her past abuse of substances as she felt ashamed and did not want to tell them so she pushed them out of her life, so they could not see her at her worst. She thinks that her actions unfortunately also caused more distance in an
already broken relationship. It definitely made her recovery much harder and it took much longer. No one supported her financially however; she did have other persons not related to her, friends and other groups such as church supporting her emotionally.

She started using substances when she was gang-raped at the age of 14 and had an abortion afterwards. The rape and abortion traumatized her so much that she needed to forget about it ever happening.

She is currently using prescription medication to sleep and alcohol when she goes out with her friends. In the past she used the following substances; Dagga, Methamphetamine (Tik), Heroin, Prescription medication, Cocaine, Methcathionone (CAT), and alcohol.

She has received treatment for Obsessive Compulsive Disorder (OCD). She has no one living with her that is using any form of substance. She is aware of the dangers associated with addiction but was never encouraged by anyone to get help as she did not reveal her addiction to anyone. She has also not received any treatment in the past for addiction and is currently not receiving any help as she is not using any drugs anymore. She has received therapy at PTC Hoedspruit and at times by Victim Support.

She stopped using drugs during specific times when she was caught using at work and was given a choice to get help or face disciplinary action. She stopped usage with the help of other people as listed above and states that once she started thinking differently due to therapy, she did not have the urge to run away from her problems anymore.

It was easy for her, gaining treatment for her addiction. She did not experience any form of violence in her home. She was abused as a child and the form the abuse took was emotional abuse (insults, swearing), sexual abuse (indecent assault, rape, molestation) and, mental abuse. Her mother abused her and three unknown men raped her.

She had been in trouble with the law through drunken driving and causing an accident. However, the blood tests could not be traced and resultantly the case against her was thrown out of court. She has not committed any crime whilst under the influence of any substance.
She is a Christian and had a good relationship with her father but did not have a relationship with her mother. Both her father and mother did not have any form of addiction but were divorced.

The respondent also suffers with depression.

After the first session gaining history the respondent was asked to complete a Personal Multi Screening Inventory and the results were as follows.

PMSI Assessment Number One:

<table>
<thead>
<tr>
<th>Positive / Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Psycho-social Functioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement - IIS</td>
<td>50%</td>
<td>Under Activated: you sometimes find it difficult to set goals for yourself and to motivate yourself. You sometimes lack the desire to grow and improve and do not always show perseverance to complete difficult or tedious tasks.</td>
</tr>
<tr>
<td>Achievement - GBS</td>
<td>33%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction - IIS</td>
<td>23%</td>
<td>Under Activated: you lack the following: satisfaction, happiness, friendliness and peace of mind. Satisfaction with your circumstances and relationships is central to personal development.</td>
</tr>
<tr>
<td>Satisfaction - GBS</td>
<td>14%</td>
<td>Under Activated: your behaviour lacks the following elements: meaningful use</td>
</tr>
</tbody>
</table>
of free time, interaction with others, responsible and well-considered enjoyment of life. A balanced life is very important to personal development.

<table>
<thead>
<tr>
<th>Expectation – IIS</th>
<th>38%</th>
<th>Under Activated: you sometimes lose hope and are sometimes pessimistic about your future. You sometimes find it difficult to keep calm and focus on the negative elements in your circumstances.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation - GBS</td>
<td>25%</td>
<td>Under Activated: you find it difficult to help and encourage others to be successful. You seldom accept the risk of undertaking new ventures. You can no longer show others that you care and that you have faith in them. You fail to act calmly or to look beyond the harsh reality in dealing with your problems (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration - IIS</td>
<td>72%</td>
<td>Over Activated: it seems that you experience feelings of frustration. You do not manage the prevention of goal-directed activities as the result of problems in yourself and your environment and you allow it to prevent you from achieving your goals in life. You experience feelings like anger, frustration, irritation, impatience, bitterness and suspicion.</td>
</tr>
<tr>
<td>Frustration - GBS</td>
<td>53%</td>
<td>Over Activated: you sometimes lose</td>
</tr>
<tr>
<td>Condition</td>
<td>Score</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Self-control</td>
<td></td>
<td>self-control when angry, sometimes end up in arguments and make others feel afraid to go against you. You need to develop skills to manage your anger more effectively.</td>
</tr>
<tr>
<td>Stress - IIS</td>
<td>67%</td>
<td>Over Activated: you sometimes experience stress and you do not always respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, over-load, worry and fatigue are sometimes part of your experiences.</td>
</tr>
<tr>
<td>Stress - GBS</td>
<td>61%</td>
<td>Over Activated: the following elements sometimes form part of your behaviour: you sometimes act in an uncertain, moody, panicky, anxious and nervous way. You sometimes experience physical symptoms like headaches and/or muscular pains and sleeplessness. You need to develop skills to manage your stress more effectively.</td>
</tr>
<tr>
<td>Helplessness - IIS</td>
<td>80%</td>
<td>Over Activated: you experience that whatever you do, does not matter, because there is no way in which you can control the environmental forces in life. Your inner experiences are negative. The following emotions form part of your inner feelings: rejection, downheartedness, uselessness, powerlessness, isolation and senselessness.</td>
</tr>
<tr>
<td>Helplessness - GBS</td>
<td>64%</td>
<td>Over Activated: you sometimes own</td>
</tr>
</tbody>
</table>
the following behavioural patterns: lack of goal-directed activities, stopped laughing, no motivation, do not take part in any activities, isolate from people, manage things from a negative point of view and create a depressive atmosphere around you (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Emotional Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>81%</td>
<td>Over Activated: you need something to help you to cope with life and to support you to handle problems. You find it hard to manage life without the support of something else. You find life too difficult to handle on your own and you like it when something helps you to handle pressure and supports you when things go wrong.</td>
</tr>
<tr>
<td>Disturbing Thoughts</td>
<td>81%</td>
<td>Over Activated: you have ideas and thoughts that disturb you. You think about ugly or horrible things. Disturbing ideas come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>82%</td>
<td>Over Activated: you forget where you put objects that you use daily. You forget important dates, addresses, or phone numbers that you should remember. You forget multiple directions easily. You experience serious problems regarding your short-term memory.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>28%</td>
<td>Over Activated: you sometimes think people talk about you behind your back or that they are out to get you.</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td><strong>79%</strong></td>
<td>You sometimes think people are plotting against you or that people are trying to hurt you. People around you do sometimes resent your ability and talent and they are trying to make you look foolish.</td>
</tr>
<tr>
<td><strong>Suicidal Thoughts</strong></td>
<td><strong>25%</strong></td>
<td>Over Activated: you experience fear or become afraid very easily. You feel panic stricken and terrified. You wake up at night feeling afraid.</td>
</tr>
<tr>
<td><strong>Senselessness of Existence</strong></td>
<td><strong>78%</strong></td>
<td>Over Activated: you sometimes think your life is over and about ending your life. Your agony is sometimes too great for you to continue living and you then feel that the only way to end your shame is to commit suicide.</td>
</tr>
<tr>
<td><strong>Self-Perception</strong></td>
<td><strong>Percentage</strong></td>
<td><strong>Descriptive</strong></td>
</tr>
<tr>
<td><strong>Inner Insecurity</strong></td>
<td><strong>79%</strong></td>
<td>Over Activated: you experience a lack of security in your relationships and are afraid that you will be hurt emotionally. You feel threatened by your circumstances and are afraid of the future. You are afraid of failure and rejection.</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Guilt Feelings</td>
<td>92%</td>
<td>Over Activated: you do not manage yourself responsibly and accept blame for everything that goes wrong. You feel that you deserve punishment and allow guilt feelings to control your life.</td>
</tr>
<tr>
<td>Lack of Self Worth</td>
<td>100%</td>
<td>Over Activated: you are not thankful for who you are and do not experience yourself as someone important and special. You do not feel good about yourself, feel loved, respected and needed (Perspective Training College: 1994).</td>
</tr>
<tr>
<td><strong>Interpersonal Functioning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with Friends</td>
<td>43%</td>
<td>Under Activated: my friends and I do not always do things together. I cannot always be honest with my friends and we cannot always share our secrets with one another. My friends sometimes bail me out when I am in trouble and we seldom have fun together. I do not always trust my friends.</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td>11%</td>
<td>Under Activated: my family and I do not do things together. I cannot be honest with my family and we cannot share our secrets with one another. I do not receive guidelines from my family members and we do not have fun together. I do not trust my family.</td>
</tr>
<tr>
<td>Relationship with Mother (Stepmother)</td>
<td>15%</td>
<td>Under Activated: my mother and I do not do things together. I cannot be honest with my mother and we cannot share our secrets with one another. We do not have fun together. I do not</td>
</tr>
<tr>
<td>Relationship with Father (Stepfather)</td>
<td>40%</td>
<td>Under Activated: my father and I do not always do things together. I cannot always be honest with my father and we cannot always share our secrets with one another. We seldom have fun together. I do not always trust my father.</td>
</tr>
<tr>
<td>Relationship with Partner</td>
<td>0%</td>
<td>Under Activated: my partner and I do not do things together. I cannot be honest with my partner and we cannot share our secrets with one another. We do not have fun together. I do not trust my partner.</td>
</tr>
<tr>
<td>Relationship with Child</td>
<td>35%</td>
<td>Under Activated: my child and I do not always do things together. I cannot always be honest with my child and we cannot always share our secrets with one another. We seldom have fun together. I do not always trust my child.</td>
</tr>
<tr>
<td>Relationship with Colleagues</td>
<td>56%</td>
<td>Under Activated: my colleagues sometimes criticize me and talk behind my back. They sometimes irritate and frustrate me. My colleagues sometimes let me down.</td>
</tr>
<tr>
<td>Social Support</td>
<td>81%</td>
<td>Optimally Activated: I can rely on a special person for support. There is a special person that respects me and that cares for me. I can count on a special person when things go wrong and he/she is around when I am in</td>
</tr>
</tbody>
</table>
need. I can talk about my problems with a special person and he/she understands my problems. There is a special person who is always there for me and he/she is a real source of comfort to me (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Spiritual Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with God</td>
<td>13%</td>
<td>Under Activated: God is not a reality to me and I do not acknowledge God's guidance in my life. I am not aware of God's guidance in my life. I do not trust in God and I do not allow God to change me. God does not make a difference in my life and I do not feel safe with God (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image</td>
<td>14%</td>
<td>Under Activated: I am dissatisfied with the shape and size of my body. I hate the way my body looks and I feel overweight. I am dissatisfied with my body.</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>81%</td>
<td>Optimally Activated: my sex life is exciting. Sex is a normal function of my relationship with my partner. Sex with my partner is wonderful and he/she is sexually pleased with me (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

Based on the results of the assessment the respondent appeared to be overworked and/or emotionally exhausted and she may suffer from symptoms of exhaustion. The respondent appeared to have external locus of control and allows the environment and/or circumstances to influence her negatively.
She was very ashamed of the gang-rape that happened and angry at herself for the abortion she had. She gave herself over to substances and sex as that was the only defence mechanism she had and knew to cope with what she could not handle in her life as she gave over. The gang-rape needed to be dealt with over several sessions as the respondent kept on dissociating from this due to the extreme trauma it caused her.

The respondent skipped sessions due to the deep pain she was experiencing from this and crawled into a corner each time she was willing to approach the situation not knowing how this was going to play out in her memory. This gang-rape created deep wounds that needed deep healing.

Circumstantial stresses that normally can be managed became to frequent and/or intense within her behaviour that it lead to complete helplessness within herself increasing her stress levels she experienced in her body. She regressed on a regular basis back into substance abuse inclusive of promiscuity. She did not experience the pursuit of a purpose and success in her life which affected her work that lead to her boss calling her in, giving her two options, one to resign or the other to get help for her problem as it was interfering with her functioning within the workplace. She felt dissatisfied with her standard of life in general causing her not to live with dreams and a positive belief towards the future (expectation). She was convinced that there was not hope for her and that she was condemned deserving everything she got.

She did not function emotionally optimal due to her basic needs that were partially or never met which created a false and distorted self as her self-perception was not or partially not formed in and through relationships. She dependent on anyone around her that was willing to sit and listen to her causing those that did listen to her to not being able to handle the situation withdrawing from her that caused her spiralling back into the same circumstance of substance and sexual abuse that she was desperately trying to get away from thus, co-dependency on others rescuing her from her temporary guilt, shame and fear of her past.

Although she had a fear for death, she regularly thought of driving into a tree as she thought her life had no value. She experienced fear of failure for anything she put her hand too, therefore experiencing the sense of rejection from this failure. She also experienced guilt for not managing her own life effectively and not living according to her values. She experienced shame and herself as worthless due to what
happened to her and also due to her perceiving that her father especially was not there to help her by stopping the gang-rape. Her basic needs was not satisfied and/or met by both her parents leading to a positive self that was not formed, which would lead to a desire to be successful, creative, and becoming everything she was capable of becoming, thus experiencing growth.

Her relationships were not optimal indicative of hurt that she experienced in and through relationships requiring healing as man’s basic needs are found within a relational context.

The respondent required sessions of both Biblical Counselling and Life Coaching as the respondent was not open to God being a part of her life and that God could not and would not forgive her for the abortion that she committed. Her perception was also one of being punished because she did things behind her parents’ back, they not knowing where she was and what she did. This explained her relationship with God that was under activated.

During sessions she did try to go to church and to give herself fully to God but continually found this very difficult as the gang-rape and abortion played heavy on her heart no matter how much truth she received. Coaching regarding life skills became a necessity before any biblical counselling could begin.

The respondent went through deep emotional healing with the most difficult stage in coming to terms with the Theodicy questions, wanting to know where God was during the gang-rape she had to go through. That He could allow this to happen, that He was not there to stop them. Secondly, she found it very difficult to believe that God could forgive her for the abortion she had. There were deep emotional wounds within the respondent’s life that was healed through biblical counselling and coaching over several sessions. The respondent found it difficult to live life according to what God planned for her. A second PMSI assessment was done with the respondent and it rendered the following results.
# PMSI Assessment Number Two:

## Positive / Negative Psycho-social Functioning

<table>
<thead>
<tr>
<th>Positive psycho-social functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement - IIS</td>
<td>68%</td>
<td>Under Activated: you sometimes find it difficult to set goals for yourself and to motivate yourself. You sometimes lack the desire to grow and improve and do not always show perseverance to complete difficult or tedious tasks.</td>
</tr>
<tr>
<td>Achievement - GBS</td>
<td>69%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction - IIS</td>
<td>57%</td>
<td>Under Activated: you sometimes lack the following: satisfaction, happiness, friendliness and peace of mind.</td>
</tr>
<tr>
<td>Satisfaction - GBS</td>
<td>56%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: meaningful use of free time, interaction with others, responsible and well-considered enjoyment of life.</td>
</tr>
<tr>
<td>Expectation – IIS</td>
<td>63%</td>
<td>Under Activated: you sometimes lose hope and are sometimes pessimistic about your future. You sometimes find it difficult to keep calm and focus on the negative elements in your circumstances.</td>
</tr>
<tr>
<td>Expectation - GBS</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>

94
Warning Area: you help others to be successful and encourage them. You gladly accept the risk of undertaking new ventures. You show others that you care and that you have faith in them. You act calmly because all will be well and you look beyond the harsh reality in dealing with your problems. You support others and act in a protective way towards them. (SOMETIMES YOU MAY BEHAVE LESS POSITIVELY) (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration - IIS</td>
<td>31%</td>
<td>Over Activated: it seems that you sometimes experience feelings of frustration. You do not always manage the prevention of goal-directed activities as the result of problems in yourself and your environment and you sometimes allow it to prevent you from achieving your goals in life. You sometimes experience feelings like anger, frustration, irritation, impatience, bitterness and suspicion.</td>
</tr>
<tr>
<td>Frustration - GBS</td>
<td>16%</td>
<td>Optimally Activated: you are able to control yourself when angry, prevent unnecessary arguments and make others feel secure.</td>
</tr>
<tr>
<td>Stress - IIS</td>
<td>25%</td>
<td>Warning Area: you do not experience stress and you respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, overload, worry and fatigue are not part of your functioning. (SOMETIMES YOU MAY EXPERIENCE</td>
</tr>
<tr>
<td>Emotional Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td>Stress - GBS</td>
<td>25%</td>
<td>Warning Area: it seems that you manage the behavioural elements of stress in a responsible way: you do not act in an uncertain, moody, panicky, anxious and nervous way. You also do not experience physical symptoms like headaches and/or muscular pains and sleeplessness. (SOMETIMES YOU MAY BEHAVE LESS POSITIVELY.).</td>
</tr>
<tr>
<td>Helplessness – IIS</td>
<td>34%</td>
<td>Over Activated: you sometimes experience that whatever you do, does not matter, because there is no way in which you can control the environmental forces in life. Your inner experiences are sometimes negative. The following emotions sometimes form part of your inner feelings: rejection, downheartedness, uselessness, powerlessness, isolation and senselessness.</td>
</tr>
<tr>
<td>Helplessness - GBS</td>
<td>27%</td>
<td>Warning Area: you are goal-directed in your activities, you have the ability to laugh, are motivated, and do complete whatever you set out to do. You take part in activities and do not isolate you from people. You manage things from a positive point of view and you create a positive atmosphere around you. (SOMETIMES YOU MAY BEHAVE LESS POSITIVELY.) (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Dependency</td>
<td>34%</td>
<td>Over Activated: you sometimes need</td>
</tr>
</tbody>
</table>
You sometimes find it hard to manage life without the support of something else. You sometimes find life difficult to handle on your own and then you like it when something helps you to handle pressure and supports you when things go wrong.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disturbing Thoughts</td>
<td>25%</td>
<td>Over Activated: you sometimes have ideas and thoughts that disturb you. You then think about ugly or horrible things. Disturbing ideas sometimes come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>29%</td>
<td>Over Activated: you sometimes forget where you put objects that you use daily. You sometimes forget important dates, addresses, or phone numbers that you should remember. You sometimes forget multiple directions easily.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>25%</td>
<td>Over Activated: you sometimes think people talk about you behind your back or that they are out to get you. You sometimes think people are plotting against you or that people are trying to hurt you. People around you do sometimes resent your ability and talent and they are trying to make you look foolish.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>39%</td>
<td>Over Activated: you sometimes experience fear or become afraid. You sometimes feel panic stricken and terrified. You sometimes wake up at night feeling afraid.</td>
</tr>
<tr>
<td>Suicidal Thoughts</td>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td>Self-Perception</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Senselessness of Existence</td>
<td>53%</td>
<td>Optimally activated: you do not think that your life is over and about ending your life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over Activated: you sometimes have no purpose in life and then feel you cannot help to make the world a better place. You do not always learn from your experiences and do not always overcome obstacles in your life. You sometimes give up your dream for your life and then you are not able to help others to be happy (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Inner Insecurity</td>
<td>50%</td>
<td>Over Activated: you sometimes experience a lack of security in your relationships and are afraid that you will be hurt emotionally. You sometimes feel threatened by your circumstances and are afraid of the future. You are sometimes afraid of failure and rejection.</td>
</tr>
<tr>
<td>Guilt Feelings</td>
<td>54%</td>
<td>Over Activated: you do not always manage yourself responsibly and sometimes accept blame for everything that goes wrong. You sometimes feel that you deserve punishment and sometimes allow guilt feelings to control your life.</td>
</tr>
<tr>
<td>Lack of Self Worth</td>
<td>58%</td>
<td>Over Activated: you are not always thankful for who you are and do not always experience yourself as someone important and special. You do not always feel good about yourself, feel loved, respected and needed (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Interpersonal Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Relationship with Friends</td>
<td>43%</td>
<td>Under Activated: my friends and I do not always do things together. I cannot always be honest with my friends and we cannot always share our secrets with one another. My friends sometimes bail me out when I am in trouble and we seldom have fun together. I do not always trust my friends.</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td>4%</td>
<td>Under Activated: my family and I do not do things together. I cannot be honest with my family and we cannot share our secrets with one another. I do not receive guidelines from my family members and we do not have fun together. I do not trust my family.</td>
</tr>
<tr>
<td>Relationship with Mother</td>
<td>0%</td>
<td>Under Activated: my mother and I do not do things together. I cannot be honest with my mother and we cannot share our secrets with one another. We do not have fun together. I do not trust my mother.</td>
</tr>
<tr>
<td>(Stepmother)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with Father</td>
<td>0%</td>
<td>Under Activated: my father and I do not do things together. I cannot be honest with my father and we cannot share our secrets with one another. We do not have fun together. I do not trust my father.</td>
</tr>
<tr>
<td>(Stepfather)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with Partner</td>
<td>0%</td>
<td>Under Activated: my partner and I do not do things together. I cannot be honest with my partner and we cannot share our secrets with one another. We do not have fun together. I do not trust my partner.</td>
</tr>
<tr>
<td>Category</td>
<td>Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Relationship with Child</strong></td>
<td>35%</td>
<td>Under Activated: my child and I do not always do things together. I cannot always be honest with my child and we cannot always share our secrets with one another. We seldom have fun together. I do not always trust my child.</td>
</tr>
<tr>
<td><strong>Relationship with Colleagues</strong></td>
<td>56%</td>
<td>Under Activated: my colleagues sometimes criticize me and talk behind my back. They sometimes irritate and frustrate me. My colleagues sometimes let me down.</td>
</tr>
<tr>
<td><strong>Social Support</strong></td>
<td>31%</td>
<td>Under Activated: I cannot always rely on a special person for support. I cannot always count on a special person when things go wrong and he/she is not always around when I am in need. I cannot always talk about my problems with a special person and he/she does not always understand my problems (Perspective Training College: 1994).</td>
</tr>
<tr>
<td><strong>Spiritual Functioning</strong></td>
<td></td>
<td><strong>Relationship with God</strong> 6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under Activated: God is not a reality to me and I do not acknowledge God's guidance in my life. I am not aware of God's guidance in my life. I do not trust in God and I do not allow God to change me. God does not make a difference in my life and I do not feel safe with God (Perspective Training College: 1994).</td>
</tr>
<tr>
<td><strong>Physical Functioning</strong></td>
<td></td>
<td><strong>Body Image</strong> 32%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under Activated: I am sometimes dissatisfied with the shape and size of my</td>
</tr>
</tbody>
</table>
Although some constructs still showed under-activation or in the warning area, it was evident that growth occurred and was taking place presently. She started repairing her strained relationship with her mother as she avoided her not to see or find out about her addiction. She also received a promotion at her work after it became evident to the company that she was recovering from her addiction. Biblical counselling continues although client still struggles with her relationship with God – which is the crucial factor within her healing and growth together with life skills gained through coaching.

### 2.4.3 Respondent Three

Respondent Three sought counselling/therapy after her mother advised her to get help after she attempted suicide. Prior to the suicide attempt, she went on an 8 week drug and alcohol binge leading to a meltdown. She assured her mother that she was not a drug addict and that it was just what it was, a binge.

She completed the Quantitative Questionnaire and the results were as follows:

<table>
<thead>
<tr>
<th>Sexual Satisfaction</th>
<th>6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Activated: my sex life is not exciting. Sex is not a normal function of my relationship with my partner. Sex with my partner is not wonderful and he/she is not sexually pleased with me (Perspective Training College: 1994).</td>
<td></td>
</tr>
</tbody>
</table>

She is a multi-racial, 35 year old with a diploma being the highest education qualification. She is employed within the charity sector, married with no children. Her addiction she believes kept her family from understanding the depths of her problems that she needed to deal with. Instead of dealing with her problems she relied on alcohol and drugs to mask what was really going on for her and how she felt about her life. Her husband supports her financially and he also together with her parents and others supports her emotionally. She started using substances as a way to deal with
the emotional effects of childhood sexual abuse. Currently, she is only using prescription medication but formerly used dagga, Methamphetamines (Tik), Cocaine, Methcathionone (CAT), Ecstasy, Magic Mushrooms and LSD.

She was treated for psychiatric problems in the past due to attempted suicide at age 16. Her husband is currently smoking tobacco. She also very aware of the danger of addiction hence the reason why her parents encouraged her in getting help for her addiction. She was never in the past nor currently been treated for any form of addiction as she has found that changing her lifestyle, moving away from familiar surroundings and dealing with her issues via counselling has changed her need to depend on substances to cope with life.

She has been receiving on-going therapy from the age of 16. However, two years ago she started Christian therapy and since then she has been able to be open and honest about her past abuse and started to work on the emotional issues that has been presented in her life. During therapy prior to two years ago, she did not want to stop using substances.

There is no violence within her home currently. She did experience abuse as a child by her grandfather and also her mother’s former husband in the form of physical abuse (assault), emotional abuse (insults, swearing), sexual abuse (indecent assault, rape, molestation) and incest.

She has never been in trouble with the law, however, but she committed a crime under the influence of substances by driving drunk or under influence of drugs.

She is a Christian and her father was absent during most of her childhood. They have a very distant relationship although she has forgiven her father for not being there when she was growing up but she does not have strong feelings towards her father of either love or dislike. She felt abandoned by her mother due to the fact that she spent most of her childhood living with her grandparents. Her grandfather would tell her that her mother was too busy doing other things to see her so she felt like she was a mistake and she wished she was not born.

Her father was addicted to dagga and her mother had no addictions. She had no medical problems.

After the first session gaining history the respondent was asked to complete a Personal Multi Screening Inventory together with an Eating Disorder Assessment Scale after session one and the results are as follows:
### Positive / Negative Psycho-social Functioning

<table>
<thead>
<tr>
<th>Positive Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement - IIS</td>
<td>35%</td>
<td>Under Activated: you sometimes find it difficult to set goals for yourself and to motivate yourself. You sometimes lack the desire to grow and improve and do not always show perseverance to complete difficult or tedious tasks.</td>
</tr>
<tr>
<td>Achievement - GBS</td>
<td>33%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction - IIS</td>
<td>18%</td>
<td>Under Activated: you lack the following: satisfaction, happiness, friendliness and peace of mind. Satisfaction with your circumstances and relationships is central to personal development.</td>
</tr>
<tr>
<td>Satisfaction - GBS</td>
<td>22%</td>
<td>Under Activated: your behaviour lacks the following elements: meaningful use of free time, interaction with others, responsible and well-considered enjoyment of life. A balanced life is very important to personal development.</td>
</tr>
<tr>
<td>Expectation – IIS</td>
<td>18%</td>
<td>Under Activated: you lost hope and are therefore pessimistic about your future. You find it difficult to keep calm and focus on the negative elements in</td>
</tr>
</tbody>
</table>
An optimistic approach towards one's circumstances and future is central to personal development.

**Expectation - GBS**  
31%  
Under Activated: you sometimes find it difficult to help and encourage others to be successful. You seldom accept the risk of undertaking new ventures. You cannot always show others that you care and that you have faith in them. You sometimes fail to act calmly or to look beyond the harsh reality in dealing with your problems. You sometimes find it difficult to support others or to act in a protective way towards them (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frustration - IIS</strong></td>
<td>56%</td>
<td>Over Activated: it seems that you sometimes experience feelings of frustration. You do not always manage the prevention of goal-directed activities as the result of problems in yourself and your environment and you sometimes allow it to prevent you from achieving your goals in life. You sometimes experience feelings like anger, frustration, irritation, impatience, bitterness and suspicion.</td>
</tr>
<tr>
<td><strong>Frustration - GBS</strong></td>
<td>44%</td>
<td>Over Activated: you sometimes lose self-control when angry, sometimes end up in arguments and make others feel afraid to go against you. You need</td>
</tr>
<tr>
<td>Condition</td>
<td>IIS Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stress – IIS</td>
<td>73%</td>
<td>Over Activated: you experience stress and you do not respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, overload, worry and fatigue are part of your experiences.</td>
</tr>
<tr>
<td>Stress – GBS</td>
<td>47%</td>
<td>Over Activated: the following elements sometimes form part of your behaviour: you sometimes act in an uncertain, moody, panicky, anxious and nervous way. You sometimes experience physical symptoms like headaches and/or muscular pains and sleeplessness. You need to develop skills to manage your stress more effectively.</td>
</tr>
<tr>
<td>Helplessness – IIS</td>
<td>73%</td>
<td>Over Activated: you experience that whatever you do, does not matter, because there is no way in which you can control the environmental forces in life. Your inner experiences are negative. The following emotions form part of your inner feelings: rejection, downheartedness, uselessness, powerlessness, isolation and senselessness.</td>
</tr>
<tr>
<td>Helplessness - GBS</td>
<td>50%</td>
<td>Over Activated: you sometimes own the following behavioural patterns: lack of goal-directed activities, stopped laughing, no motivation, do not take part in any activities, isolate from people, manage things from a negative</td>
</tr>
</tbody>
</table>
point of view and create a depressive atmosphere around you (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Emotional Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>66%</td>
<td>Over Activated: you sometimes need something to help you to cope with life and to support you to handle problems. You sometimes find it hard to manage life without the support of something else. You sometimes find life difficult to handle on your own and then you like it when something helps you to handle pressure and supports you when things go wrong.</td>
</tr>
<tr>
<td>Disturbing Thoughts</td>
<td>44%</td>
<td>Over Activated: you sometimes have ideas and thoughts that disturb you. You then think about ugly or horrible things. Disturbing ideas sometimes come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>61%</td>
<td>Over Activated: you sometimes forget where you put objects that you use daily. You sometimes forget important dates, addresses, or phone numbers that you should remember. You sometimes forget multiple directions easily.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>53%</td>
<td>Over Activated: you sometimes think people talk about you behind your back or that they are out to get you. You sometimes think people are plotting against you or that people are trying to hurt you. People around you do sometimes resent your ability and talent and they are trying to make you look foolish.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>21%</td>
<td>Warning Area: you do not experience fear or become afraid very easily. You do not feel panic stricken and terrified. You do not wake up at night feeling afraid. (SOMETIMES YOU MAY EXPERIENCE YOURSELF LESS POSITIVELY).</td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Suicidal Thoughts</td>
<td>68%</td>
<td>Over Activated: you sometimes think your life is over and about ending your life. Your agony is sometimes too great for you to continue living and you then feel that the only way to end your shame is to commit suicide.</td>
</tr>
<tr>
<td>Senselessness of Existence</td>
<td>84%</td>
<td>Over Activated: you have no purpose in life and feel you cannot help to make the world a better place. You do not learn from your experiences and do not overcome obstacles in your life. You give up your dream for your life and you are not able to help others to be happy (Perspective Training College: 1994).</td>
</tr>
<tr>
<td><strong>Self-Perception</strong></td>
<td><strong>Percentage</strong></td>
<td><strong>Descriptive</strong></td>
</tr>
<tr>
<td>Inner Insecurity</td>
<td>79%</td>
<td>Over Activated: you experience a lack of security in your relationships and are afraid that you will be hurt emotionally. You feel threatened by your circumstances and are afraid of the future. You are afraid of failure and rejection.</td>
</tr>
<tr>
<td>Guilt Feelings</td>
<td>67%</td>
<td>Over Activated: you do not always manage yourself responsibly and sometimes accept blame for every-</td>
</tr>
</tbody>
</table>
thing that goes wrong. You sometimes feel that you deserve punishment and sometimes allow guilt feelings to control your life.

<table>
<thead>
<tr>
<th>Interpersonal Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Self Worth</td>
<td>96%</td>
<td>Over Activated: you are not thankful for who you are and do not experience yourself as someone important and special. You do not feel good about yourself, feel loved, respected and needed (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Relationship with Friends</td>
<td>50%</td>
<td>Under Activated: my friends and I do not always do things together. I cannot always be honest with my friends and we cannot always share our secrets with one another. My friends sometimes bail me out when I am in trouble and we seldom have fun together. I do not always trust my friends.</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td>39%</td>
<td>Under Activated: my family and I do not always do things together. I cannot always be honest with my family and we cannot always share our secrets with one another. I do not always receive guidelines from my family members and we seldom have fun together. I do not always trust my family.</td>
</tr>
</tbody>
</table>
| Relationship with Mother (Stepmother) | 25% | Under Activated: my mother and I do not do things together. I cannot be honest with my mother and we cannot share our secrets with one another. We do not have fun together. I do not
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with Father (Stepfather)</td>
<td>60%</td>
<td>Under Activated: my father and I do not always do things together. I cannot always be honest with my father and we cannot always share our secrets with one another. We seldom have fun together. I do not always trust my father.</td>
</tr>
<tr>
<td>Relationship with Partner</td>
<td>79%</td>
<td>Optimally Activated: my partner and I do things together. I can be honest with my partner and we share our secrets with one another. We have fun together. I trust my partner.</td>
</tr>
<tr>
<td>Relationship with Child</td>
<td>0%</td>
<td>Under Activated: my child and I do not do things together. I cannot be honest with my child and we cannot share our secrets with one another. We do not have fun together. I do not trust my child.</td>
</tr>
<tr>
<td>Relationship with Colleagues</td>
<td>67%</td>
<td>Warning Area: my colleagues treat me with respect and make me feel part of the team. My colleagues support me. I get along with my colleagues. (SOMETIMES YOU MAY EXPERIENCE YOUR COLLEAGUES LESS POSITIVELY).</td>
</tr>
<tr>
<td>Social Support</td>
<td>86%</td>
<td>Optimally Activated: I can rely on a special person for support. There is a special person that respects me and that cares for me. I can count on a special person when things go wrong and he/she is around when I am in</td>
</tr>
</tbody>
</table>
need. I can talk about my problems with a special person and he/she understands my problems. There is a special person who is always there for me and he/she is a real source of comfort to me (Perspective Training College: 1994).

<table>
<thead>
<tr>
<th>Spiritual Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with God</td>
<td>13%</td>
<td>Under Activated: God is not a reality to me and I do not acknowledge God's guidance in my life. I am not aware of God's guidance in my life. I do not trust in God and I do not allow God to change me. God does not make a difference in my life and I do not feel safe with God (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image</td>
<td>36%</td>
<td>Under Activated: I am sometimes dissatisfied with the shape and size of my body. I sometimes hate the way my body looks and I sometimes feel overweight. I am sometimes dissatisfied with my body.</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>44%</td>
<td>Under Activated: my sex life is not always exciting. Sex is not always a normal function of my relationship with my partner. Sex with my partner is not always wonderful and he/she is not always sexually pleased with me (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

Based on the results of the assessment the respondent appeared to be overworked and/or emotionally exhausted and she may suffer from symptoms of exhaustion. She allowed the environment and/or circumstances to influence her negatively.
She was very angry within herself but also very desperate for change. This was evident in her behaviour as from session one she was very open to anything that could possibly get her to understand why she did what she did and to bring an end to it.

The circumstantial stresses that normally can be managed became to frequent and/or intense so that it led to stress which she experienced in her body. She complained of being tired most of the time and also experiencing body pains. Her helplessness increased causing her brain to function in survival and self-protection mode. This caused her to regress into substance abuse, leading to sexual promiscuity.

She did not experience the pursuit of a purpose and success in her life and therefore did not feel that she achieved which caused her to be dissatisfied with her standard of life in general causing her not to live with dreams and a positive belief towards the future (expectation).

She did not function emotionally optimal due to her basic needs that were partially or never met which created a false and distorted self as her self-perception was not or partially not formed in and through relationships. She was dependent on alcohol which caused her to experience blackouts, drugs, sex and food which placed her life in much danger.

She experienced fear of failure and rejection and became obsessive with exercise, losing weight which in her case, her weight being optimal hence the reason why she experienced guilt of not managing her own life effectively and did not live according to her values. She was quite aggressive towards her family and became verbally and sometimes physically abusive especially towards men. She was aware that she was sexually molested but had no recollection of who or details. She experienced much shame especially each time after she used drugs and/or alcohol together with sex. Because her basic needs were not being satisfied and met, a positive self was not formed, which would lead to a desire to be successful, creative, and becoming everything she was capable of becoming, thus experiencing growth.

Some of her relationships were not optimal indicative of hurt that she has experienced in and through relationships requiring healing as man’s basic needs are found within a relational context.

Within the first and second session the client came to submit her life to Christ which became a fundamental necessity and need throughout biblical counselling. She
gave up on dependency towards alcohol and sex but became obsessive with exercise. The respondent was open to explore the sexual abuse together with various other past issues and it was thus established very early in sessions that it was her grandfather and her mother’s second husband whom sexually abused her. Her grandfather groomed her from a very early age until the age of 13 when her mother came and fetched her to live with her after it was discovered that she became very rebellious.

Although her mother did seek help in trying to establish why her daughter was so rebellious and so different no answer was gained as the respondent at that time could not explain what was going on with her. She was only aware of the lies that her grandfather told her about her mother abandoning her and not caring for her.

During the sessions it was revealed that she was obsessed by excessive exercising, eating habits, and binging from disclosing this during her sessions it was recommended that she complete an Eating Disorder Assessment Scale of which the results were as follows:

EDAS Assessment Number One:

<table>
<thead>
<tr>
<th>Eating Disorder Dynamics</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory loss</td>
<td>92%</td>
<td>Over Activated: You forget where you put objects that you use daily. You forget important dates, addresses, or phone numbers that you should remember. You forget multiple directions easily.</td>
</tr>
<tr>
<td>Tendency towards Anorexia</td>
<td>67%</td>
<td>Over Activated: You experience a tendency towards anorexia because of the presence of the following: cling to rigid rules concerning food intake, an intense fear of obesity and of gaining weight and a relentless pursuit of thinness.</td>
</tr>
<tr>
<td>Category</td>
<td>Percentage</td>
<td>Over Activated</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Eating Habits</td>
<td>65%</td>
<td>Over Activated: You have poor eating habits because of the presence of the following: you eat when you are lonely, bored and/or upset or not even hungry you skip meals and sometimes eat a very large amount of food.</td>
</tr>
<tr>
<td>Body Image</td>
<td>64%</td>
<td>Over Activated: You need to develop the following very important trademarks of a person with a good body image: satisfied with the weight, size and shape of your body.</td>
</tr>
<tr>
<td>Peer Relations</td>
<td>63%</td>
<td>Over Activated: Your relationship with your friends is lacking in the following essential elements: openness, respect, a spirit of cooperation and support.</td>
</tr>
<tr>
<td>Phobias</td>
<td>53%</td>
<td>Over Activated: You experience one or more of the following phobias: nervous when have to look down from high places, frightened in crowds of people, afraid of social situations, in open spaces or when entering small rooms.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>45%</td>
<td>Over Activated: You think people talk about you behind your back or that they are out to get you.</td>
</tr>
<tr>
<td>Tendency towards Bulimia</td>
<td>41%</td>
<td>Over Activated: You experience a tendency towards bulimia because of the presence of the following: intentionally vomit after eating, take laxatives and/or diuretics, anxious prior to eating, lack of control around food and to</td>
</tr>
</tbody>
</table>
Based on the results of the EDAS, life coaching was given to the respondent to start creating new habits through implementing boundaries for herself in having a plan in place to create a balance regarding eating and exercising. A timetable was utilised to create the balance. The respondent giving her life to Christ earlier on in the beginning of her sessions resulted in her therapy to be an easier task for the respondent to put the measures into place thus, life skills working optimal.
Through deep healing and the respondent bringing the necessary changes through coaching it was recommended to complete a new PMSI assessment of which the results were as follows:

**PMSI Assessment Number Two:**

<table>
<thead>
<tr>
<th>Positive Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement - IIS</td>
<td>60%</td>
<td>Under Activated: you sometimes find it difficult to set goals for yourself and to motivate yourself. You sometimes lack the desire to grow and improve and do not always show perseverance to complete difficult or tedious tasks.</td>
</tr>
<tr>
<td>Achievement - GBS</td>
<td>64%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: organization, thoroughness, diligence, self-confidence and drive.</td>
</tr>
<tr>
<td>Satisfaction - IIS</td>
<td>61%</td>
<td>Under Activated: you sometimes lack the following: satisfaction, happiness, friendliness and peace of mind.</td>
</tr>
<tr>
<td>Satisfaction - GBS</td>
<td>53%</td>
<td>Under Activated: your behaviour sometimes lacks the following elements: meaningful use of free time, interaction with others, responsible and well-considered enjoyment of life.</td>
</tr>
<tr>
<td>Expectation – IIS</td>
<td>73%</td>
<td>Warning Area: you are hopeful and optimistic about your future. You are able to keep calm and focus on the positive</td>
</tr>
</tbody>
</table>


elements in your circumstances. An optimistic approach towards one's circumstances and future is central to personal development. (SOMETIMES YOU MAY EXPERIENCE YOURSELF LESS POSITIVELY).

| Expectation - GBS | 56% | Under Activated: you sometimes find it difficult to help and encourage others to be successful. You seldom accept the risk of undertaking new ventures. You cannot always show others that you care and that you have faith in them. You sometimes fail to act calmly or to look beyond the harsh reality in dealing with your problems. You sometimes find it difficult to support others or to act in a protective way towards them (Perspective Training College: 1994). |

<table>
<thead>
<tr>
<th>Negative Psycho-social Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration - IIS</td>
<td>14%</td>
<td>Optimally Activated: it seems that you manage your inner feelings of frustration responsibly. You manage the interruption of goal-directed activities as the result of problems in yourself and your environment and you do not allow it to prevent you from achieving your goals in life.</td>
</tr>
<tr>
<td>Frustration - GBS</td>
<td>13%</td>
<td>Optimally Activated: you are able to control yourself when angry, prevent unnecessary arguments and make</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stress – IIS</td>
<td>7%</td>
<td>Optimally Activated: you do not experience stress and you respond positively to the demands of your environment. Experiences like over-stress, nervousness, panic, overload, worry and fatigue are not part of your functioning.</td>
</tr>
<tr>
<td>Stress – GBS</td>
<td>19%</td>
<td>Optimally Activated: it seems that you manage the behavioural elements of stress in a responsible way: you do not act in an uncertain, moody, panicky, anxious and nervous way. You also do not experience physical symptoms like headaches and/or muscular pains and sleeplessness.</td>
</tr>
<tr>
<td>Helplessness – IIS</td>
<td>5%</td>
<td>Under Activated: you feel that what you do matters, because it is a way to control the environmental forces in life. Your inner experiences are positive. The following emotions do not form part of your inner feelings: rejection, downheartedness, uselessness, powerlessness, isolation and senselessness. (ARE YOU NOT SUPPRESSING YOUR FEELINGS OF HELPLESSNESS AND BECOMING EMOTIONALLY IMPOVERISHED).</td>
</tr>
<tr>
<td>Helplessness - GBS</td>
<td>16%</td>
<td>Optimally Activated: you are goal-directed in your activities, you have the ability to laugh, are motivated, and do complete whatever you set out to do.</td>
</tr>
</tbody>
</table>
You take part in activities and do not isolate you from people. You manage things from a positive point of view and you create a positive atmosphere around you (Perspective Training College: 1994).

<table>
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<tr>
<th>Emotional Functioning</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
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<tbody>
<tr>
<td>Dependency</td>
<td>0%</td>
<td>Optimally activated: you do not need something to help you to cope with life and to support you to handle problems. You can manage life without the support of something else. You do not find life too difficult to handle on your own and you do not need something to help you to handle pressure and to support you when things go wrong.</td>
</tr>
<tr>
<td>Disturbing Thoughts</td>
<td>6%</td>
<td>Optimally activated: you have no ideas and thoughts that disturb you. You do not think about ugly or horrible things. Disturbing ideas do not come to you.</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>39%</td>
<td>Over Activated: you sometimes forget where you put objects that you use daily. You sometimes forget important dates, addresses, or phone numbers that you should remember. You sometimes forget multiple directions easily.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>10%</td>
<td>Optimally activated: you do not think people talk about you behind your back or that they are out to get you. You do not think people are plotting against you or that people are trying to</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hurt (people around)</td>
<td>119%</td>
<td>People around you do not resent your ability and talent and they are not trying to make you look foolish.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7%</td>
<td>Optimally activated: you do not experience fear or become afraid very easily. You do not feel panic stricken and terrified. You do not wake up at night feeling afraid.</td>
</tr>
<tr>
<td>Suicidal Thoughts</td>
<td>0%</td>
<td>Optimally activated: you do not think that your life is over and about ending your life.</td>
</tr>
<tr>
<td>Senselessness of Exis-</td>
<td>19%</td>
<td>Warning Area: you have a purpose in life and you help to make the world a better place. You learn from your experiences and overcome obstacles in your life. You have a dream for your life and you help others to be happy. (SOMETIMES YOU MAY NEVER-THELESS EXPERIENCE YOUR EXISTENCE AS SENSELESS) (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Self-Perception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inner Insecurity</td>
<td>25%</td>
<td>Warning Area: you experience security in your relationships and are not afraid that you will be hurt emotionally. You do not feel threatened by your circumstances and are not afraid of the future. You do not fear failure and rejection. (SOMETIMES YOU MAY EXPERIENCE YOURSELF LESS POSITIVELY).</td>
</tr>
<tr>
<td>Interpersonal Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Relationship with Friends</td>
<td>36%</td>
<td>Under Activated: my friends and I do not always do things together. I cannot always be honest with my friends and we cannot always share our secrets with one another. My friends sometimes bail me out when I am in trouble and we seldom have fun together. I do not always trust my friends.</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td>43%</td>
<td>Under Activated: my family and I do not always do things together. I cannot always be honest with my family and we cannot always share our secrets with one another. I do not always re-</td>
</tr>
<tr>
<td>Relationship with</td>
<td>Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Mother (Stepmother)</td>
<td>75%</td>
<td>Optimally Activated: my mother and I do things together. I can be honest with my mother and we share our secrets with one another. We have fun together. I trust my mother.</td>
</tr>
<tr>
<td>Father (Stepfather)</td>
<td>15%</td>
<td>Under Activated: my father and I do not do things together. I cannot be honest with my father and we cannot share our secrets with one another. We do not have fun together. I do not trust my father.</td>
</tr>
<tr>
<td>Partner</td>
<td>0%</td>
<td>Under Activated: my partner and I do not do things together. I cannot be honest with my partner and we cannot share our secrets with one another. We do not have fun together. I do not trust my partner.</td>
</tr>
<tr>
<td>Child</td>
<td>0%</td>
<td>Under Activated: my child and I do not do things together. I cannot be honest with my child and we cannot share our secrets with one another. We do not have fun together. I do not trust my child.</td>
</tr>
<tr>
<td>Colleagues</td>
<td>94%</td>
<td>Optimally Activated: my colleagues treat me with respect and make me feel part of the team. My colleagues support me. I get along with my colleagues.</td>
</tr>
</tbody>
</table>

I receive guidelines from my family members and we seldom have fun together. I do not always trust my family.
<table>
<thead>
<tr>
<th>Social Support</th>
<th>97%</th>
<th>Optimally Activated: I can rely on a special person for support. There is a special person that respects me and that cares for me. I can count on a special person when things go wrong and he/she is around when I am in need. I can talk about my problems with a special person and he/she understands my problems. There is a special person who is always there for me and he/she is a real source of comfort to me (Perspective Training College: 1994).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>Relationship with God</td>
<td>97%</td>
<td>Optimally Activated: God is a reality to me and I acknowledge God's guidance in my life. I have a personal relationship with God and I am aware of God's guidance in my life. I trust in God and I allow God to change me. God makes a difference in my life and I feel safe with God (Perspective Training College: 1994).</td>
</tr>
<tr>
<td>Physical Functioning</td>
<td>Percentage</td>
<td>Descriptive</td>
</tr>
<tr>
<td>Body Image</td>
<td>50%</td>
<td>Under Activated: I am sometimes dissatisfied with the shape and size of my body. I sometimes hate the way my body looks and I sometimes feel overweight. I am sometimes dissatisfied with my body.</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>0%</td>
<td>Under Activated: my sex life is not exciting. Sex is not a normal function of my relationship with my partner. Sex</td>
</tr>
</tbody>
</table>
Based on the results of the second PMSI it was evident that the respondent experienced much growth. Over a period of months, the Holy Spirit revealed new issues for her to deal with and it was not easy on her mother finding out what her father did to her daughter and both mother and daughter had to have sessions together to repair that relationship from the lies that the respondents grandfather told her. The extended family became distant and all communication was cut as they refused to accept that their father could do something like this.

**EDAS Assessment Number Two:**

<table>
<thead>
<tr>
<th>Eating Disorder Dynamics</th>
<th>Percentage</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory Loss</td>
<td>75%</td>
<td>Over Activated: You forget where you put objects that you use daily. You forget important dates, addresses, or phone numbers that you should remember. You forget multiple directions easily.</td>
</tr>
<tr>
<td>Tendency towards Anorexia</td>
<td>50%</td>
<td>Over Activated: You experience a tendency towards anorexia because of the presence of the following: cling to rigid rules concerning food intake, an intense fear of obesity and of gaining weight and a relentless pursuit of thinness.</td>
</tr>
<tr>
<td>Eating Habits</td>
<td>50%</td>
<td>Over Activated: You have poor eating habits because of the presence of the following: you eat when you are lonely,</td>
</tr>
<tr>
<td>Area</td>
<td>Score</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Bored/Upset/Hungry</td>
<td></td>
<td>bored and/or upset or not even hungry; you skip meals and sometimes eat a very large amount of food.</td>
</tr>
<tr>
<td>Body Image</td>
<td>47%</td>
<td>Over Activated: You need to develop the following very important trademarks of a person with a good body image: satisfied with the weight, size and shape of your body.</td>
</tr>
<tr>
<td>Peer Relations</td>
<td>50%</td>
<td>Over Activated: Your relationship with your friends is lacking in the following essential elements: openness, respect, a spirit of cooperation and support.</td>
</tr>
<tr>
<td>Phobias</td>
<td>42%</td>
<td>Over Activated: You experience one or more of the following phobias: nervous when have to look down from high places, frightened in crowds of people, afraid of social situations, in open spaces or when entering small rooms.</td>
</tr>
<tr>
<td>Paranoia</td>
<td>10%</td>
<td>Optimally Activated: You do not think people talk about you behind your back or that they are out to get you.</td>
</tr>
<tr>
<td>Tendency towards Bulimia</td>
<td>34%</td>
<td>Warning Area: You experience a low/no tendency towards bulimia because of the absence of the following: intentionally vomit after eating, take laxatives and/or diuretics, anxious prior to eating, lack of control around food and to go on eating binges (SOMETIMES YOU MAY EXPERIENCE YOURSELF LESS POSITIVELY).</td>
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<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Disturbing Thoughts</strong></td>
<td>20%</td>
<td>Optimally Activated: You have no ideas and thoughts that disturb you. You do not think about ugly or horrible things.</td>
</tr>
<tr>
<td><strong>Compulsive Behaviour</strong></td>
<td>31%</td>
<td>Optimally Activated: You have a low/no tendency towards compulsive behaviour because of the absence of the following: check things that you know you have already done, do things over and over again before they seem right, pay a great deal of attention to details, keep on putting things in order.</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>6%</td>
<td>Optimally Activated: You do not experience fear or become afraid very easily. You do not feel panic stricken and terrified (Perspective Training College: 1994).</td>
</tr>
</tbody>
</table>

Though the EDAS indicated various constructs that were still over-activated, the respondent stuck to her timetable to effect a change regarding her compulsivity and it became a part of her life. The respondent had grown and continues to grow within her relationship with God and with others. She no longer utilizes any form of substance and found a balance within her exercising and eating habits.

### 2.5 WHAT IS GOING ON: FINDINGS FROM THE EMPIRICAL INTERACTION WITH RESPONDENTS

Based on this study it can be affirmed that the Personal Multi Screening Inventory (PMSI) and the Eating Disorder Assessment Scale (EDAS) form an integral part
within counselling. Application has a positive impact on respondents and a motivating factor after further assessments of growth that become tangible within each pastorant’s life.

From the assessments pastorants gain a clear picture of current functioning in their lives, whether positive or negative. Through the assessments people can know how they are functioning currently, it is not who they are. Although how and who are contained but articulated in identical characters, there is world of difference between the two concepts. If understood correctly, it can give hope, the vital ingredient for growth to take place.

2.5.1 The impact of dependency/co-dependency

Dependency never occurs in a vacuum (VanVonderen, 2004:12). It is a relational issue as will be shown below regarding the impact of dependency/co-dependency. This is largely due to the detrimental fact that the quality of relationships between the dependent person and others in families, churches, at work, and in society is profoundly damaged (VanVonderen, 2004:12). If ignored, generations of loved ones will feel the crippling effect of someone’s harmful dependency.

An understanding is necessary for all people that circumstances, situations can change in an instant, even accidentally. The dependent does not become dysfunctional overnight; people do not become dysfunctional by accident but through poor choices over (sometimes) a long period (VanVonderen, 2004:16). People’s poor choices contribute to their problems and leave them with consequences to untangle; so does the lack of healthy past and present relationships. Same contributes, as does ignorance, self-righteousness, dishonesty, and denial.

The impact that dependency/co-dependency has on a dysfunctional person can include the following:

- Low self-esteem
- Rejection
- Fear
- Unforgiving
- Guilt feelings
- Distorted self-perception
- Distorted values
- Inability to form relationships with others, self and God
- Shame
- Avoidance
- Obsessive Compulsions
- Confusion
- Anger
- Attempted suicide and suicidal thoughts.
CHAPTER 3

INTERPRETIVE TASK

3.1 ORIENTATION

Why is something occurring? We firstly need to realise that dependents and co-dependents are confronting the wrong cause. In Mark 7:15 Jesus said “[t]here is nothing that enters a man from outside which can defile him; but the things which come out of him, those are the things that defile a man (NKJV 1982)”. Therefore, dependency/co-dependency can no longer be eased by dealing with the cause but to rather find the cause.

The dependent/co-dependent becomes attached to a false sense of value and security. It becomes an important task to interpret what dependency/co-dependency is and why it is going on before one can move forward in relying upon a new, adequate resource, namely Jesus, the family, and the body of Christ (VanVonderen, 2004:29). VanVonderen (:29) adds that the dependent/co-dependent person needs to reconsider his view of himself or herself and his or her world, both of which might have been greatly distorted.

3.1.1 Dependency and co-dependency

Co-dependency is a complex and deeply entrenched compulsive behaviour that was once thought to have affected only women in a relationship where substance-abuse occurred. This fallacy was widely and progressively disproved as Bauer (2001) shows with his references to Subby (1984) Beattie (1987); Caffrey and Caffrey (1994); Biering (1998). Mood altering substances cause many dysfunctional relationships. Such dysfunctional relationships occur when one person is abusing a substance, the abuser, and the other, the co-dependent, is making excuses for the abuser’s behaviour or actions because the difference between what are normal and abnormal behaviours becomes extremely distorted (Gagnon, 2011:3).
It also pertains to a lack of individuation, an “erosion of self” (Banister & Peavy, 1994: 206). Some of those qualities include the sacrifice of one’s own needs to meet the needs of others, loss of one’s identity in another, denial, control, shame, guilt, and low self-esteem (Yearing, 2001:11).

Within the addiction cycle, counsellors assumed co-dependency was strictly an effect, a syndrome in people who lived closely with alcoholics and other addicts (Hemfelt et al., 1989:72), but when they saw that regardless of what launched their co-dependency, once the condition is in place, the addiction cycle both perpetuates and amplifies it. It now maintains its own internal addictive momentum and no longer can they ease co-dependency simply by identifying and dealing with the cause. They must do that but also take definite steps to recover from the co-dependency itself, and they must break the addiction component that feeds it.

In time, the term co-dependency was attached not only to those individuals affected by alcoholism but also to other problems such as eating disorders, gambling and everything else that people can become addicted to. Consequently, the term co-dependency was expanded to define particular forms of behaviour in addition to an individual’s characteristics (Yearing, 2001:9). At the time, it was not clear whether co-dependency represents an inherent personality trait or a dysfunctional pattern or relating (Yearing, 2001:9), nor was it clear whether it was a process specific to alcoholism or a process that exists outside of alcoholism. Yearing (2001:53-54) however postulates that extremely close or extremely distant parental relationships tend to be dysfunctional. Enmeshed or binding relationships in which there is a heightened sense of belonging, lack of differentiation between generations and lack of autonomy characterize excessively close family relationships (Yearing, 2001:53-54).

Many authors, therapists and co-dependents wrote about this concept but so far consensus about what it really entails is still not available (Prouty, 1996:33). It is however very clear that people have a one-in-four chance of suffering from problems caused by co-dependency. These problems are amongst others divorce and relationship difficulties; substance abuse; compulsive behaviours one cannot seem to control, anger beyond reason, depression, and more. These enormous problems undermine one’s happiness and make life dismal (Hemfelt et al., 1989:7).

This is evident in that today co-dependency is being redefined in terms of a disease, not in conjunction with a spouse’s alcohol dependency, but as a disease (Yearing,
More generally, co-dependency has become part of a larger concept, the addictive process, which can be applied to anything from food to work. In fact, co-dependency is described as a disease with many forms and expressions that grow out of an addictive process (Yearing, 2001:31).

Hunt (2008:1949-1951) offers an alternative (and valid) perspective, namely that co-dependency is an addiction – not to drugs or alcohol or another substance or ‘thing’ but to a relationship. In this (toxic) relationship one person is perceived as emotionally weak with a need to be connected to someone emotionally strong, and one is perceived as emotionally strong, but is actually weak due to his/her need to be wanted.

Both are in denial. Sometimes roles change, yet co-dependency is characterized by intense highs and lows as the pair negotiates the unbalanced relationship as though stuck on a seesaw from one high to another…first suffocating one another…then distancing from each other…producing a destructive pattern of manipulation and control that drains life’s joy and happiness (Hunt, 2008:1949-1951).

However, what has been said about co-dependency/dependency must not be confused with a right meaning of dependency (Litchfield, 2001:163). In another sense – I would call it the right sense – people are made to depend on each other, no man is an island (Litchfield, 2001:163). Especially in the Body of Christ, the members need and depend on each other to function in the right way to the wellbeing of the church /Body of Christ and, concomitantly, its members.

In the discussion of the unity of believers in the communion of the saints Rousseau (2010:85) shows that the domination of modern individualism (an offshoot of pietism) causes the misunderstanding of the true nature of the concept church. Believers are not joined to the Body of Christ by God (Acts 2:47) to live selfish isolated lives but to relate to and to serve others. In believers’ dependence on God in every detail, in reality they are dependent on each other, but when dependency goes beyond this, when it includes a substance or a thing and excludes people it becomes pathological. Such a situation is extremely unhealthy for all involved for then it turns into addiction and when it something is an addiction, it also becomes a disease (Litchfield, 2001: 163).

Addiction is defined as a pathological relationship with a mood-altering experience that poses life damaging consequences (Litchfield, 2001:163). A disease has an
onset, a definable course, and a predictable outcome (Litchfield, 2001:163). This is understandable with chemical addiction but not so clear with addiction to people which is rather a ‘spiritual’ problem. In addiction the physical, psychological and spiritual are all involved and therefore, addiction is a sin disease.

In fact, there is little difference between the two, for disease is the result of sin in the world. Addiction and bondage are inseparable. One of the primary meanings of sin in Scripture (as viewed from a cultural-anthropological perspective) “…in reality consists in a loss of freedom, being bound to or fettered by something that impairs decent living or being in the right relationship to others” (Rousseau, 2003:126). As such, it corresponds to Paul’s references to bondage and slavery to sin. Addiction is also idolatry, as the addictive agent takes the place of God in the life the person (Litchfield, 2001:163) – as Arterburn and Felton (2001:99) articulates the inescapable fact of this dangerous situation: “… addiction [always] replaces God.”

3.1.2 Traits of a co-dependent

The traits that seem to characterize family members of alcoholics are fear of abandonment, rigidity, fearfulness, guilt, shame, and low self-esteem (Yearing 2001:9). All, or the majority of authors (compare Prouty, 1996:38) tend to agree on several points in co-dependency namely:

- A low self-image and low self-esteem;
- Lack of the ability to be in touch with their own feelings;
- Lack of an honest expression of feelings;
- A tendency towards developing stress-related physical illness;
- A compulsiveness about pretending that everything is “okay”;
- Evidence of dissociation through a compulsive act; such as, phobias, eating, sex, gambling, shopping, television watching, exercising, praying or using drugs; and
- Limited control or responsibility for their actions.

Hemfelt et al. (1989:15-21) define co-dependency more clearly in ten traits that counsellors must deal decisively with:
- **A co-dependent is driven by one or more compulsions:**

  The behaviour may not always be labelled “bad” as *workaholism* as a compulsion are valued in certain segments of society. Other common compulsions are alcohol, drugs, physical abuse of others, eating disorders, sexual addictions, then other subtle ones: a need to count things, compulsive hand-washing. The question “What does one seek most in life?” may reveal some compulsion.

- **The co-dependent is bound and tormented by the way things were in the dysfunctional family of origin:**

  These are the ghosts of one’s past – you are nurturing years and the childhoods of parents and their parents.

- **The co-dependent’s self-esteem (and maturity, frequently) is very low:**

  These are questions to one-self, “…self-made man, maybe. But where were they when the kids were croupy? On their son’s graduation night, they were mixing cement to finish a job on schedule. But you do not and you would not, because his/her self-image is so poor that they do not have the courage or the desire to speak up.”

- **A co-dependent is certain his or her happiness hinges/depends on others:**

  A co-dependent’s happiness depends almost totally on what others do and think. Have you heard these words? “If he or she would only change, I would be happy”.

- **Conversely, a co-dependent feels inordinately responsible for others:**

  Parents are quite properly responsible for dependent children. That is not the issue here. Rather, the co-dependent feels acutely and personally responsible for just about everyone’s happiness, feelings, thoughts, and actions – even the ability to stay out of trouble.

- **The co-dependent’s relationship with a spouse or Significant Other Person (SOP) is marred by a damaging, unstable lack of balance between dependence and independence:**

  The opposite of co-dependency (and this cannot be said too often) is not independence. The dependent and co-dependent in a situation involving addiction
are too independent; they are spitting in the world’s eye, defying reason, common sense, and moral opinion even as they are dependent.

The opposite of co-dependency is interdependence. Each of us is born with a God-given need for relationships with others and a God-given gift to strike a healthy balance in those relationships between dependence and independence. Healthy interdependent persons can be dependent enough to open themselves up and be vulnerable. At the same time they hold unique self-concept, which needs no other person to complete (Hemfelt et al., 1989:21).

- **The co-dependent is a master of denial and repression:**

  Co-dependency comes out of a dysfunctional family of origin. And yet the co-dependent quite sincerely defends that family. If the co-dependent remembers details of childhood at all, frequently those details are isolated or were not as memory would have them. Co-dependents usually cannot see things as they are, will not evaluate circumstances as being as bad as they are, pretend bad things are not happening, and find introspection too painful.

- **The co-dependent worries about things he or she cannot change and may well try to change them:**

  They are frustrated, trying to control things and persons that are beyond their control and always will be. People with a negative self-concept often expect to fail because they believe they are failures. When they view the future, they see disappointment, defeat. If reality proves them correct – if they do experience defeat – their frustration leads to even lower self-esteem.

- **A co-dependent’s life is punctuated by extremes:**

  Personal relationships are marked by extreme ups and downs, ‘hot and cold’.

  Hoarding and spending, bankruptcy (possibly repeated), rage and tenderness, love and war – life hardly ever remains on an even keel for long. This extreme polarization in the co-dependent’s actions and relationships is one of the strongest hallmarks of co-dependency (Hemfelt et al., 1989:22).

- The co-dependent’s attitudes on authority are usually extreme as well. The same person who is cloyingly self-abasing in the presence of the boss at work may exercise excessive ‘authority’ at home. The co-dependent may deeply fear certain authorities and snub others.
• A co-dependent is continually looking for the something that is lacking or missing in his life:

Co-dependents are restless and discontent regardless of external circumstances. Sometimes co-dependents describe their state as “Walking around feeling like they have a huge hole, like the centre of a doughnut, inside of them – there is something missing inside.

These ten traits lock co-dependents into three responses that influence every day of their lives (Hemfelt et al., 1989:22):

• Our concept of family and adulthood is shaped by our childhood, and we are bound (or condemned, some would say) to repeat the family experience we remember.

• In addition to repeating the childhood experience, we let it shape most of our choices and even the way we perceive things.

• Logical and rational thought cannot alter the first two items. The adult child of an alcoholic swears “I will never ever marry a drinker and subject my family to the suffering I endured.” That child will almost invariably pick an alcoholic or similarly dysfunctional mate despite all the good intentions, despite that he/she had knowledge of what dysfunction is like. Reason and logic seem to fly right out the window, banished by the seductive siren’s song of the past.

Hunt (2008:1961-1975) identifies co-dependent relation if you:

• Feel a loss of personal identity
• Violate your conscience
• Have difficulty establishing healthy, intimate relationships
• Struggle with low self-worth
• Control and manipulate
• Have difficulty setting boundaries
• Become jealous and possessive
• Fear abandonment
• Experience extreme ups and downs
• Have a false sense of security
• Have another addiction besides the relationship
• Feel trapped in the relationship
3.1.3 Causes of co-dependency

Co-dependency sufferers do not understand balance. With Jesus, all is in perfect balance in His humanity. This is illustrated in the “fine flour” of the meal offering in the second chapter of Leviticus. While Jesus could rightly express anger and other emotions, there was always perfect balance, because loyal, *self-sacrificing* love (*agapé* – Rousseau, 2004:145) – is the motivation. Contrarily, in people dependency, a *self-centred* “not-really-love” is the motivation (Litchfield, 2001:168).

Pentzer (2012:4) characterises co-dependent scenarios with a ‘dance’ and in all such scenarios there are at least two people ‘dancing’. Sometimes it moves more like a *hora* than a waltz with a group of “rescuers” all circling the identified depend-ent. In fact, that is a good way to put it. Every co-dependent’s ‘dance’ has a dependent person who needs to grow up and an independent person(s) who need to step away and disengage but instead choose to try to rescue.

Until the rescuer stops the dance, it continues unabated (Pentzer, 2012:4). Yearing’s statement (2001:58) that the relationship problems that adults have with their spouses and children are reconstructions and elaborations of earlier conflicts in a family-of-origin sounds true within the dance-metaphor that Pentzer (2012:4) utilises to explain dependency and co-dependency.

A further cause of co-dependency is that boundaries between individuals and between subsystems are drawn along a continuum ranging from rigid to diffuse (Yearing, 2001:23). Where boundaries are overly rigid, members are distant from one another, both communicatively and emotionally. Where boundaries are overly diffuse, members become overly involved with one another, individuality is lost, and identities become blended. The goal for families is to achieve a balance between disen-gagement and enmeshment, so that they can cope with transitions and adapt to change (Yearing, 2001:23).

An enmeshed family responds to any variation with too much speed and intensity while a disengaged family tends not to respond when a response is necessary. In an alcoholic family system, boundaries between subsystems become broken down, and reactivity or denial result. A family becomes locked in a dysfunctional relational pat-tern (Yearing, 2001:23).

Nevertheless, the main cause of co-dependency is fallen human nature. It emerges particularly out of the dysfunctional family, but also from the dysfunctional society
and the dysfunctional church (Litchfield, 2001:173). The primary cause of co
dependency is the dysfunctional family and the childhood abuse that goes with it.
This emotional deprivation produces a love deficit deep within the person, which
produces a craving for fulfilling relationships (Litchfield, 2001:173).

3.1.3.1 Categories of abuse

There are five categories of abuse that prevent the dependent/co-dependents to live
fulfilling lives. Metaphorically, to live a fulfilled life is described that someone’s love
tank is full/being filled up (Hemfelt et al., 1989:45). The following categories and
scenarios are from Hemfelt et al. (1989:45-55) and references were consequently
not added. Where another source comes into play, it is referenced as usual.

○ Active abuse

These are physical out-in-front abuses, easy to see – beating, battering and sexual
molestation of any degree up to and including intercourse. They are not only morally
wrong but illegal in nearly all venues. Active and destructive, but not necessarily ille
gal, are such manifestations as extreme anger or rage – verbal violence. Shrieks
and the irate blaming (whether deserved or not, usually not) leave scars and bruises
that will be felt but not seen. The child who is beaten emotionally or verbally is being
actively abused.

○ Passive abuse

One or both parents are so preoccupied they are not available to the child emotiona
ly, physically, or both. Unfortunately, many very damaging forms of passive abuse
are never identified as such. The ones universally recognized, the ones with the rea
ly bad press, are alcoholism and substance abuse. Others may be praised and ideal
ized in certain quarters – workaholism, for example. Industry is a virtue; to some,
work is a form of worship. “Abuse!?“ cries the adult child. “No way!”

There are other forms of passive abuse. Unintentional or unavoidable though they
may be, the effects remain the same. Abandonment is abusive, and, do not make a
mistake, divorce, however amicable, is abandonment. The long absences of a fa-
ther in military service are abandonment, so is premature death of a parent. The abandonment may be necessary, as with the military man. It may be unintentional or unavoidable, as, for example, an accidental death, but to the child’s subconscious, wherein resides the love tank, it is abandonment nonetheless.

The parent who constantly brushes the child aside commits passive abuse. A parent who is non-emotional is not going to fill the child’s love tank simply because children react at a spontaneous, visceral level; the child and the adult are not speaking the same language. Take for instance passive verbal abuse: the child is never shouted at or condemned, but then, neither is he or she praised. No encouragement, no joy, no support.

In passive rather than active sexual abuse, no inappropriate touching occurs, but neither does any appropriate contact. No embrace, no holding, no roughhousing or even tame-housing; no sexual discussion, preparation, or teaching.

A lack between the parents is another form of passive abuse. The parent with compulsions or perfectionism may not force it on the child, but the child is watching. Living around a parent who is chronically depressed places a person within an abusive situation.

- Emotional incest

In incest as it is usually thought of as some form of active sexual abuse by a parent, the child becomes a surrogate adult in a sense, a sexual substitute for a parent. In emotional incest, too, the child is expected to be parent to the dependent [addicted] parent. This role reversal is referred to as emotional incest and it is even more subtle and elusive, harder to identify and isolate, than passive abuse. Denial is much more intense here, too. In fact, one reason the powerful term emotional incest is used, is to force others to give attention. Its impact helps the person identify that this is something very serious. It may not be the same thing as sexual incest, but it does involve distortion, a transgression of appropriate familial lines and roles.

Here is where a living relationship between parent and child has somehow been turned upside down. In the parent’s mind (and rarely consciously considered) is the thought, *I do not care much for my spouse, but I have this child, whom I love more than life itself*. What that statement so often means is, “My spouse is not giving me
the love I crave (because both our tanks are near empty) but I can get it from my
child.” The half-person is going to that little person for completion.

In extreme cases of emotional incest, where the unnatural bond intensifies sufficient-
ly, physical incest can occur. By physical incest need not occur before the emotional
incest becomes very damaging.

- **Unfinished business**

Unfinished business is both mothers’ and fathers’ business that was never complet-
ed. One or both may have some area of their lives in which they have always felt
discontent. Perhaps the man feels frustrated and sexually unfulfilled in his marriage.
As he views his marriage and his life he gets this tremendous sense of uselessness,
of lack, for instance, he may feel chronically angry with his wife, and perhaps even
with women in general, bordering on misogyny. Unless he comes to terms with and
makes peace (by God’s Grace dealing with the big unfinished pieces in life), without
even intending to do so he that frustration might well be handed down or passed on
to sons and daughters.

Quite commonly, this unfinished business problem may surface during midlife. Men
particularly, but also women, may have been spending their early productive years
chasing a goal, be it money, success, family. Then somewhere in introspection he
or she says, “Wait a minute! I don’t enjoy doing this. This is empty.” The momentum
behind the compulsion seems to run out, like a rocket running out of fuel. “Why am I
on this treadmill?” Thus there can be a healthy aspect to a mid-life crisis. The per-
son realizes at last that he or she is living out someone else’s unfinished business.

For the person with Christian convictions, there are important theological considera-
tions here. If he or she wants to operate in God’s will, it is essential that he or she
not be working under the handicap or encumbrance of Mom’s or Dad’s unfinished
dream.

Reverberations may extend into the child’s mating choices as well. If Mom is embi-
terred toward men in general and Dad specifically, or Dad is angry with women in
general and Mom in particular, tries as the parents may to hide it, the child will dis-
cern something is wrong. This is sometimes the reason young people make what
seems like a terrible marriage choice that perplexes the whole family. A part of that
choice is Mom’s and Dad’s unfinished anger. The child lives out the parent’s expec-
tations that the opposite sex is rotten. The child is externalizing a battle internalized by Mom or Dad.

- **Negative existential messages**

The fifth category of abuse, and perhaps the most insidious, is the messages the child picks up from the parents about himself and the world around him, both overt and covert. Who am I? Can I trust anyone? What is the nature of life? Who is God? How worthy am I? The child's life view grows out of messages both spoken and unspoken.

Abusive messages may be verbal. Instead of simply correcting a child's behaviour, a mother may angrily exclaim “I wish you had never been born! You are no good”. This is character assassination through verbal rejection. The child has no independent frame of reference with which to weigh the statement. If Mom says it, it must be so. The child has no rational defence mechanisms; he cannot say, “Poor Mom. She must be having personal problems not related to me” because in the child’s reference it all relates to him or her. The most important person in the world just gave a child a devastating message, and he or she had to take it in raw and unedited – that parent hit a defenceless child with tremendous force.

A child’s instinctive radar puts the most sophisticated Star Wars gizmo to shame. A child picks up meaning and nuance when the parents themselves fail to realize the message is being broadcast. Tell the child you love him all you want; if he or she was unplanned and you still regret his or her birth, he or she will know it.

An autocratic or rigidly authoritarian household also engenders co-dependency. Abuse results when the parent’s way of thinking is the only permissible way of thinking, when the parent’s view is the only acceptable view or when the child has no avenue for question or analytical thought, let alone experimentation.

Children leave home by stages. Mentally, emotionally, and physically, they venture forth from the nest, often before their flight feathers are fully developed. That is normal and healthy. The rigid parent who expects the child to fall obediently into lockstep had better brace for an explosion. Even if the explosion be muted, damage will occur.
Healthy authority versus authoritarianism; strong spiritual leadership versus rigid tunnel vision – where is the line? As one reflects on the past, one may not be able to see the line, let alone evaluate which side of it one’s original family sat on. Keep this possible source of problems in mind as you read on. If fair evaluation eludes you now, it may emerge later.

The categories of abuse mentioned above not only suggest but identify family dysfunction. It may sound extremist, but all families are dysfunctional to a degree, consequently that we are therefore also all co-dependents to a greater or lesser degree (Litchfield, 2001:173). Yearing (2001:9) on the other hand, states that intergenerational family systems are the contexts most congruent with current views of co-dependency. It was maintained that a family-system framework is based on the premise that relational patterns are learned and passed down through the generations, and that current individual and family behaviours are a result of those patterns. This is consistent with conceptualizations of co-dependency as an emotional, behavioural condition that comes about as result of prolonged exposure to an oppressive set of family rules (Yearing, 2001:9).

Within the addiction cycle it resembles a spiralling circle (Hemfelt et al., 1989:72-73). The subject feels pain of some sort, low self-esteem, guilt, dissatisfaction, pressure, or simply the sheer boredom life can bring. He or she tries to find an escape in alcohol or drugs, but getting drunk or snorting or shooting up creates consequences – remorse, greater guilt, even more pain. The subject found relief once in his or her aesthetic, so he/she returns to it. The consequences increase to include depression, loss of health, perhaps even the loss of job and family, more guilt, shame, and remorse. The cure has turned into the cause. The cycle is now rolling on its own, growing without further input from the original pain (Hemfelt et al., 1989:73).

Even so, the dependent person in the co-dependent position is programmed to fail. They learned that helplessness is its own reward. Some would argue neurology gone wild, while others would cite secondary gains of the person in the co-dependent position. Still others would say that the unfinished business of their youth keeps getting played out over and over instead of resolved. Perhaps it is a combo platter of these and more. Though the cause needs to be identified and resolved, it is the dance that needs to be understood and discontinued. Intriguingly, sometimes when the music stops and the dance concludes the person in the dependent position is finally motivated to understand and overcome the origins of their dependency.
That paves their way toward becoming more independent. Simply said, when the
dance stops, the dependent is slowly forced to grow up or experience the conse-
quences of their inappropriate behaviour on their own. The last three words say it all!
(Pentzer, 2012:4).

3.1.3.2 A co-dependent society

Our society traditionally taught us that women need to be co-dependent on men for
their worth. It also indicated their role in life next to their husbands. Traditionally men
were taught that they needed to be co-dependent on their work, their career, their
success in life. This defined them and although this has somewhat changed over the
years, we are still bound by a co-dependent society especially found in business
where performance are the order of the day to succeed. We are also in our society
bound by “quick fixes”, “self-gratification” which our world requires today in order to
perform, to achieve and to be successful (Litchfield, 2001:173).

We live in a very sick, addictive society. The Western world and now the East too
are addiction prone. Avoidance of suffering and pain by instant gratification and the
quick fix are the order of the day. Australia is one of the most addictive societies in
the world. Society itself has become the ultimate dysfunctional family system. Our
culture is set up to produce addicts and then condemns them for being sick (Litch-

Myths, which promote children addiction, about success and perfectionism – espe-
cially relating to masculine and feminine stereotypes, people pleasing and denial of
emotions abound in our society. It is said that the driving force of compulsivity is the
plague of our time. Why is this? It is because people, in the frantic pursuit of happi-
ness, are programmed to seek instant gratification and race to the quick fix to numb
the pain of rejection and trauma. It is a constantly worsening situation. The dysfunc-
tional society produces dysfunctional parents who in turn produce dysfunctional chi-

The repetition compulsion is one such factor creeping in when a person seek to re-
construct the place of their birth and childhood in their present lives. They bring the
home to them. We all possess a primal need to re-create the familiar, the original
family situation, even if the familiar, the situation, is destructive and painful. This is
one of the most baffling things a co-dependent will have to come to terms with (Hemfelt et al., 1989:59).

### 3.1.4 Outcomes of co-dependency

The implications for co-dependency may be that it emerges in a family-of-origin where fusion or lack of differentiation, which in turn precludes the processes of individuation, might be present. If differentiation is an intergenerational pattern, then individuals will select partners from the universe of those at a similar level of differentiation, thereby setting up fused patterns in a nuclear family. An individual in this position has little ability to stand independently of interactional patterns and is in danger of transferring the dependency and fusion from parents to a spouse. Only when this boundary of child-to-parent dependency is terminated can one achieve “personal authority in living” (Yearing, 2001:60). There is also very much an overload of guilt and magical thinking amongst co-dependents. These two factors (among others) play an important role in this perpetuation of the original family, as co-dependents feel the intense need to replicate the past even more so than most of us (Hemfelt et al., 1989:59).

Now combine magical thinking and false guilt with the innate need to recreate the original family situation. If the original family was painful (even if the child does not specifically remember it as being painful) that pain must be replicated, for several reasons:

- If the original situation can be drummed back into existence, this time around I can fix it. I can cure the pain. I know I can! Magical thinking.
- Because I was responsible for that rotten original family, I must be punished. I deserve pain.
- Finally, then, there’s that yearning for the familiar, the secure.

Co-dependents then all too commonly end up in exactly the sort of relationships they swore they would never tolerate. The same old story plays over and over in a million variations (Hemfelt et al., 1989:66).

The emotional consequences are always devastating to the addict, but some researchers estimate that the emotional fallout of one person’s addiction burns a min-
imum of four other people (Hemfelt et al., 1989:80). A number of counsellors also now believe that at the core, most addictions are shame-based.

It is also likely that women may be identified as co-dependent because they are more attached in the ways of relating and the more complex process of differentiation from families-of-origin (Yearing, 2001:60). That level of differentiation may, by virtue of intergenerational transmission, be impacting current family dynamics. Therefore, it might explain why co-dependency often goes alongside misogyny (disrespect and hatred of women). Misogyny may be seen as a hateful attitude towards women (< Gr. miseō [I hate] + gunê [woman/wife] – Litchfield, 2001:69, 173). This is not uncommon even in the church. In the church, it is often covered over and protected by a false emphasis on the authority and “headship” of the man. The kind of authority emphasized is one of dominance rather than servanthood leadership in the home (Litchfield, 2001:69, 173).

3.1.4.1 Denial

Denial is a pronounced feature in co-dependency, as it is in all addictions. Denial is a form of repression, an unconscious defence mechanism, where people blot out certain aspects of their behaviour from their own view. There is an unwillingness or inability to recognize problems in or around one-self. The person becomes blinded to their compulsive behaviour. So the character defects of deception, delusion, dishonesty, blaming, minimisation, defensiveness and self-justification are usually present. Litchfield (2001:168) humorously stated that “…denial is not just a river in Egypt” so, resultantly, it could be safely said that most persons suffering from co-dependency are in denial about it (Litchfield, 2001:168).

Rightly said, as the only way addicts can remain in their addiction is if somehow they can maintain their denial (Hemfelt et al., 1989:90, 93). They declare things better or less harmful than they really are – thus, by magical thinking, they reduce the consequences to manageable size or even to zero. If but for a short time they break with that denial, the addiction cycle is revealed for what it is. Co-dependents growing up in a dysfunctional home very early learn how to use denial effectively. Denial becomes so easy for magical thinkers. They can heap layers of denial one upon the other to prevent anything from breaking through. The sad reality is that denial itself becomes, in a sense, an obsessive compulsion.
They also follow a pattern of stifling the child within, denying family problems, developing an increased tolerance to emotional pain, and blocking out mental, emotional and spiritual growth. This leads to progressive feelings of shame and loss of self-esteem. Compulsive behaviours described by Whitfield as “quick fixes” increases. Stress-related illnesses develops and there is a progressive deterioration with extreme mood swings, chronic unhappiness, difficulty with intimate relationships, and interference with recovery from alcoholism/chemical dependency and other conditions (Prouty, 1996:39).

Another aspect of denial and magical thinking is that the Christian wife is taught that the husband is the head of the house, as Christ is the head of the church (Hemfelt et al., 1989:94). So far so good – there is not a better formula for successful marriage than that in Scripture, but unfortunately an addict will create plenty of false evidence from Scripture to support his abuse and this is not hard (:94).

In 1 Corinthians 7:4 one needs only accept Paul’s teaching that the husband rules over the wife’s body – ignoring the rest of that verse, of course, that says the wife also rules over the husband’s body. In that same chapter, verse 10, Paul declares that a wife should not separate from her husband. Yet, how few women are counselled in the rest of that same verse – but if she does…. Paul left the door open for extreme cases (Hemfelt et al., 1989:94).

Hemfelt et al. (1989:95) state further that the wife is called upon to be subject to her man (Eph 5:22), but hardly anyone notices that in 5:21 Paul used exactly the same word to call every Christian into similar submission to each other. Neither is the wife-beater likely to take seriously Paul’s admonition to husbands in Ephesians 5:25 to love the wife protectively and sacrificially. And this is what is called discipline. The abusive husband quotes Hebrews 12:7, which extols God’s disciplining of His faithful, and twists it to suggest that the man ought to keep his mature wife in the same way one might discipline a small child, or God might discipline an errant saint (Hemfelt et al., 1989:95).

Because of this erroneous concept of submission (Hemfelt, et al. 1989:95) and her strong abhorrence of divorce or separation, the Christian wife may have little recourse but to take refuge in terrible denial (:95). If she entered into the union with her own burden of co-dependency, the denial is compounded by false guilt and mag-
ical thinking. Also, the abusive husband will almost certainly reflect the onus of his actions back upon his victim (Hemfelt et al., 1989:95).

The conclusion is that countering denial with truth makes a bad situation look good and an intolerable situation can even look hopeful. Such a person is harming that person terribly by not making him or her accept responsibility for all actions, good and bad, and while some people do choose to change, be careful of magical thinking. Denial is the most powerful and harmful attitude one will ever fight within oneself and that no real healing can commence until it is set aside (Hemfelt et al., 1989:96-98).

### 3.1.4.2 Anger

In every co-dependent relationship tremendous anger builds up on both sides (Hemfelt et al., 1989:109-110). When this potentially hazardous aspect is not recognized and acknowledged, that anger erupts one way or another. It is also important to know that depression is actually anger turned inward, though anger is not the only source of depression, but needs to be looked for first. Denied anger can also express itself in other ways, and then sexual dysfunction is a common response (Hemfelt, et al. 1989:109-110).

### 3.2 THE ‘WHY’ QUESTION

A significant portion of this study addresses how family-of-origin factors influence co-dependency. Co-dependents will be more likely than non-co-dependents to come from dysfunctional families of origin, with dysfunction defined as an inability to foster intimacy and autonomy. Dysfunction occurs when exclusively one or the other or neither characterizes family functioning. Too much closeness becomes enmeshment, and too much autonomy results in disengagement.

The distortions around intimacy and separation which are hallmarks of co-dependency may be the result of family dynamics at these extreme ends of the spectrum. A healthy family of origin would be one in which both intimacy and autonomy is fostered in a balanced way (Yearing, 2001:77).
Individuals may have failed to establish a clear sense of identity outside of the family, leaving them vulnerable to losing themselves in relationships as a means to gaining an identity (Yearing, 2001:77). The alcoholic process takes advantage of this predisposition, leaving the co-dependent susceptible to denial, over-functioning and control in his or her efforts to maintain a relationship. The part of co-dependency that is marked by a lack of self or identity is suggestive of a lack of differentiation from a family of origin. The ability to stand in the face of powerful family dynamics and to maintain a sense of self represents a cornerstone of identity. The process of developing that identity is contingent upon one’s level of differentiation from one’s original family. Given that this seems to be a weakness of co-dependent individuals, it would be expected that co-dependents would also be significantly less differentiated from their families of origin than non-co-dependents (Yearing, 2001:77).

A co-dependent person’s deeper problems can be represented with two cycles in the counselling process (Hemfelt et al., 1989:21). The first cycle is generated by the original family pain – the abuses leading to lost childhood. As that pain spirals along on its own, building just like the snowball on the hill, it may become so heavy it triggers a second addiction cycle, as a snowball might break in two. They both roll inexorably downward, gathering more weight between them than would one alone. The co-dependent is now enslaved to two compulsions or addictions.

Hiding always has some fruit or symptom. The isolation of some part of their soul from love will always produce a problem. Therefore it is of utmost importance to submit to God, effectively to allow Him to reach into the soul where the hurt parts of the person have been stuck in their injured places. One way in doing this is for the person to ask Him to lift the co-dependent blinders from his/her eyes.

Firstly, a look at the ten stages of the recovery progress as set out by Hemfelt et al. (1989:206-207) (which will be discussed in further detail within following chapters):

1. Exploration and Discovery – to explore past and present to discover the truth about self.
2. Relationship History/Inventory – to examine and perhaps reset personal boundaries.
3. Addiction Control – to get a handle on addictions and compulsions and take first steps toward mastering them.
4. Leaving Home and Saying Goodbye – say the good-byes appropriate to healing. The person might think that this was done years ago. Probably it was not.

5. Grieving the Loss – grieving is both the bottom of the curve, the very pits of the persons emotions and feelings, and also the start upward. It’s almost like the dentist hanging up his drill. The person know he is not done yet, but he worst is over.

6. New Self-Perceptions – the person will gain fresh perceptions about him or herself and make new decisions. What an eye-opener this stage is!

7. New Experiences – the person will build a foundation of new experiences to bolster the decisions just made.

8. Re-parenting – the person will rebuild his or her past in a sense, and also the present and future, as this person become involved in what we call re-parenting.

9. Relationship Accountability – the person will establish accountability for his or her new and refreshed personal relationships.

10. Maintenance – the person will embark on a maintenance program that will keep him or her on track for the remainder of that person’s life.

Having said that, it is necessary to explore avenues to understand why the above ten steps towards healing are of utmost importance.

3.2.1 Background

When a person thinks about being dependent, they quickly realize that it is the basis of life. All people start in a totally dependent state called infancy. The new-born, left to its own devices, would quickly die of thirst and starvation. As infants grow, they develop skills and abilities. They are slowly able to assume more responsibility for themselves. But, it is a painfully slow process that fosters co-dependence of all kinds for 16+ years, 192+ months and more than 5840+ days. Then the adult child and his /her parents are supposed to say a prayer and let go. Sometimes it works and sometimes it does not (Pentzer, 2012:9).

According to Pentzer (2012:9), co-dependently prone families do not let go so easily. They become addicted to the parent to child position. They want to help, protect, and
provide for their adult children in all kinds of ways. They are afraid to let go completely. The same is true for the adult children of co-dependent parents as Pentzer (:9) further indicates. They too are addicted to the child to parent position and are afraid to let go completely. So begins a painful ‘dance’ (JoyToMeU 1995:2). This dance of co-dependency is a dance of dysfunctional relationships, of relationships that do not work to meet our needs. That does not mean just romantic relationships, or family relationships, or even human relationships in general, for the fact that dysfunction exists in romantic, family, and human relationships, is symptomatic of the dysfunction that exists in people’s relationship with life. In reality, it is symptomatic of the dysfunction which exists in our relationship with ourselves as human beings (JoyToMeU 1995:2).

The ‘dance’ of the now adult (child) behaving like a child and the co-dependent family members behaving like they did the day the child was born brings about that the diapers of adult children can be much messier than those of a new-born. It must be understood that while co-dependency replicates the parent to child position, co-dependency is by no means limited to parents (Pentzer 2012:9). Adult siblings, aunts and uncles, cousins, partners and even non family members can fall easily into that trap. For those prone to be in the co-dependent position, rescue is their middle name (Pentzer, 2012:9).

Co-dependency is a love that has gone wrong (Litchfield, 2001:170). It is not unselfish love like the description of love in 1 Corinthians 13:4-6. Such persons think they love but it is not true love – the over-responsibility taken for other persons creates the false idea that it is genuine love. However, this kind of love is a compulsive, sickly, mushy, enmeshed and controlling (Litchfield, 2001:170). They think they are caring and serving but are usually controlling. This is parasitism and abuse and is certainly not love. Many confuse love and abuse, largely because of poor modelling from past authoritarianism (Litchfield, 2001:170).

Hemfelt et al. (1989:29) explain the love that Litchfield refers to as the Love hunger. They explain that in the ideal love-tank, a huge heart tank hovers above the parents’ and children – God. Our love is flawed; His is perfect; ours has limits; His does not. Ours depends upon the responses we receive. He acts in our best interests whether we require His love or not. We cannot make each other happy; He can. He is the ultimate source of nurturing. Under the best-case scenario, the parents receive His love freely and send it freely on the child (Hemfelt et al., 1989:29).
A vital question to consider is what if the parents are at odds as long as they can adequately love the child (Hemfelt et al., 1989:29). The point is, unless they love each other they cannot adequately pass on a filled tank to their child. In fact, they further exclaim that friction often engenders a particularly sad situation. Without realizing it, one or both parents may reverse the flow. To meet their own innate needs they draw from the child’s tank what little he or she has, leaving the child with less than nothing. In co-dependency then, the love tanks are running on empty (Hemfelt et al., 1989:29).

Co-dependent persons believe they are unselfishly helping but in fact, they are hindering growth in the other person (Litchfield 2001:170). They may well be interfering with one of God’s unchanging inviolable laws, that of sowing and reaping (Gal. 6:7, 8) in the life of the other person. This law of cause and effect is a basic law of life. If one intervenes and rescues the person by taking responsibility off their shoulders onto themselves, it harms the person and also themselves.

Litchfield (2001:170) further states that co-dependents are so busy seeking love that they have no energy left to give love. They do not see it that way and get very offended if this is suggested. All love must begin with a healthy self-love. This means that the person is comfortable and has a healthy respect for who he or she is. If this person does not love him or herself in this right sense, this person then can never love others. We are commanded to “... love your neighbour as [you do] yourself (Matt 22:39)”. If this person’s true self is shamed and hidden and a false self has been substituted, it is impossible to love and be intimate with yourself (Litchfield, 2001: 170).

### 3.3 RELATIONSHIPS

The inability to form intimate relationships is another feature of co-dependency as it is in all addictions (Litchfield, 2001:171). There may be closeness in the form of enmeshment but no real intimacy (Pentzer, 2012:5-6).

**The Identified Dependent (ID)**

In theory, no one wants to be an adult in the ID position. It is an insult to one’s pride and sense of self. There is no dignity in dependency – rather, it places a chronologi-
cally adult person in an infantilized position. It recreates their youth. It is a universally disliked position from which people try to escape as quickly as possible. Why then would someone seek to be in that position on a repetitive basis? Why would anyone want to be weak, needy and helpless? The simple answer is that it is not a conscious choice. It comes about as interplay of complex individual and family dynamics. It is a key component of the disease process. Here is a summary of forces that can cause a person to be in the dependent position: Pentzer (2012:5-6) summarises forces that can cause a person to be in the dependent position:

- A disease, such as addiction, panic, or an eating disorder over which an adult is powerless to overcome which creates serious dependencies.
- Trauma and adverse conditions of one’s youth that caused a hole in the self that gets temporarily filled by the secondary gains of dependency.
- Serious emotional problems such as bipolar disorder and other complex and debilitating syndromes.
- Being raised in an indulgent, overprotective and enabling environment in which loved ones who are co-dependent try to spare the identified dependent hurt, pain, problems or consequences.
- The toxic influence of masochistic self-destruction.
- A blockage in the ID’s system that interferes with learning from their experiences and allows them to stay stuck in denial on an on-going basis (Pentzer, 2012:5-6).

**The Co-dependent (CD)**

CD’s are very nice people. In fact, one might say they are too nice! Their love is real, strongly felt and genuine. They are selfless in their devotion to their family, in general, and their ID in particular. For them, family is everything and they see their role as protector of the family fate (Pentzer, 2012:6). In so doing, they stand at the family gate, blocking their loved one from ever really leaving home. Although their ID may no longer live at home, there is a long invisible rope that ties the ID to the CD and vice versa (Pentzer, 2012:6). In this model, the ID’s personal growth is stunted by the CD’s protection, overindulgence and enablement. Instead of learning to modify their behaviours because of the adverse consequences, the ID learns there are not any. In fact, the secondary gains reinforce negative behaviours over and over (Pentzer, 2012:6).
Clearly, in trying to protect the ID, the CD does the very opposite. He/she exposes the ID to ever more serious consequences as the ‘dance’ unfolds. As both the ID and CD’s lives become more and more unmanageable, the pace of the dance intensifies and all involved wear down. Is it any wonder that the first thing CD’s are taught is to detach with love? This, as (Pentzer, 2012:6) puts it, allows the rope to fall and the dance to finally stop. This ‘dance of co-dependence’ is a movement of dysfunctional relationships, of relationships that do not work to meet our needs. That does not mean just romantic relationships, or family relationships, or even human relationships in general. Here, too, the fact that dysfunction exists in our romantic, family, and human relationship is a symptom of the dysfunction that exists in our relationship with life – with being human. It is a symptom of the dysfunction which exists in our relationships with ourselves as human beings (JoyToMeU, 1995:2). CD’s often extend too much of themselves to non-family as well. Their kind, caring, giving hearts can push them to be too helpful to too many, leaving them exposed, exhausted, enmeshed and vulnerable to getting hurt over and over (Pentzer, 2012:6).

Why do adults from dysfunctional families end up with dysfunctional adult relationships? Mostly, according to Hemfelt et al. (1989:117-118, 123-124), it is because they became co-dependents and it is a sadly intriguing fact that people who are very co-dependent literally blind themselves to the red flags other people would flee from. Some other reasons are:

- The co-dependent suffers an unclear or faulty self-image and therefore tends to become absorbed into other people.
- Because co-dependents’ love tanks have been running on empty, they cannot understand and recognize the fundamental human function, true love.
- Co-dependents tend so strongly to compulsivity and addiction that they bring these addictive qualities to their personal relationships as well.

### 3.4 ASSOCIATED PROBLEMS

Hemfelt et al. (1989:130-145) identify and explain the co-dependent relationships and its associated problems in the following detail:

- **Compelled relationship**

There is a certain flavour to a co-dependent relationship that might be described as driven or intense, there is a compulsive nature to it. The members are tied to each other almost as with an invisible rope. The slightest move in one causes a reaction in
the other. The positions are rigid. Every word and thought is guarded, weighed against the other's imagined response.

- **Identity threatened**
  As two people become enmeshed, they feed upon a mutual illusion, as the one person become closer to the other the one person’s own identity becomes clearer. Each attempts to draw from the other a vivid personal identity, a clear picture of the self.

- **Illusion of strength**
  Often, the co-dependents believe that their strength derives from the other person or from the relationship. The reality is tragically the opposite. Even as both partners in a co-dependent relationship are convincing themselves that, this relationship is my lifeblood. I have to stay connected! In real life, the relationship is draining their energy, sapping their strength. Both are trying to draw from mutually empty tanks.

- **Melodramatic**
  Co-dependent unions suffer such radical fluctuations that if you were to use parallel lines as an example, this would separate widely during the bad times. Then the lines actually interest during their reunions. Identity gets confused and merged. Enmity results, perhaps even violence. The happy times, the together times, become bad times too.

- **Possessiveness**
  Generally, co-dependency relationships exhibit a fair degree of jealousy. Though born of insecurity, it stretches far beyond the common uncertainties of life to reach, at times, true clinical paranoia.

- **Narrowed focus**
  If a person were to use a pie chart of the life he or she is living right now, they would find the co-dependent’s chart will appear distorted, particularly if the wedges represent the amount of emotional energy spent on the curious roles. In terms of emotional effort, the co-dependent is so obsessed with one overbearing relationship that every other wedge shrinks. There are just so many hours in a day, just so many ergs of available energy. The co-dependent squanders huge blocks of time and energy.
dealing with one person and that one person's problems. With one thing absorbing so much of the co-dependent's focus, precious little time and energy remain to be focused upon the other wedges.

- **Stock market syndrome**
  The one person would say that he or she is tied to the barometer of the other person's moods. If that person is up, then this person is up. If that person is down, then this person is down. That person becomes unhappy by sensing that this person is unhappy. Any rumour or problem, real or imagined, really rattles that person’s cage.

- **Repetition compulsion**
  Unresolved issues in childhood, particularly matters having to do with abuse or neglect dooms the emerging adult to re-create, to repeat, the past. This compulsive need effectively eliminates freedom of choice. The need intensifies for persons in denial – by denying problems, they deny the chance to work through them. They must unconsciously restage the past in a fruitless attempt to deal with what they are consciously denying. It is infinitely worse for the Christian. The ability to hear and follow God’s will is stifled. The compulsion becomes the guiding force.

- **Need to control**
  In a dysfunctional home, control is the name of the game. Perhaps a perfectionist, critical, legalistic, domineering parent created a climate of over-control. Or a parent mired in substance abuse caused chaos; nobody could do anything because no one knew what to expect next. If control was an issue in the original family, the emerging adult possesses a tremendous need to control. That need will be voiced one way or another. Sometimes control will be the only painful issue in an otherwise nurturing home.

- **Fear of abandonment**
  A healthy step backward to create breathing room is tantamount to complete abandonment for a co-dependent in a consuming relationship. Any spaces in the togetherness equate with rejection, even death. Whispering in the undercurrents of the co-dependent's mind is the warning 'if you are forsaken, too much will be lost; you will perish.'
It is clear from the above that there are many associated problems surrounding co-dependency within the interpretive task and that the necessary healing steps indicated within the descriptive task be taken to assist within the recovery process, of which reconciliation and forgiveness play a big role. These aspects are treated in the next chapter.
CHAPTER 4

NORMATIVE TASK

4.1 ORIENTATION

As stated in Chapter 1 of this study, in keeping with Osmer’s model the importance of the need to find out what is going on is a necessity (Hanekom & Rousseau, 2013: 4). In this study, it is necessary to investigate the phenomenon of co-dependency to find out what the causes are from the dependency within the original family home. Clarity must be gained in how they got affected, but also how this affects others, in the past, present and future within relationships.

4.1.1 Background

People’s personal lives are basically an intricate web of interpersonal relationships. Co-dependency can distort that web dramatically. It can create roles that should not be part of a person’s life, and it can warp those roles essential to people according to Hemfelt et al. (1989:162). People are not having their warfare within the flesh, but rather within the spirit (Litchfield 2001:164). Litchfield quotes several portions/texts of Scripture to drive this reality home:

...for though we walk (live) in the flesh, we are not carrying on our warfare according to the flesh and using mere human weapons. For the weapons of our warfare are not physical [weapons of flesh and blood], but they are mighty before God for the overthrow and destruction of strongholds, [Inasmuch as we] refute arguments and theories and reasoning’s and every proud and lofty thing that sets itself up against the [true] knowledge of God; and we lead every thought and purpose away captive into the obedience of Christ (the Messiah, the Anointed One). (2 Cor. 10:3-5.)

All we like sheep have gone astray, we have turned everyone to his own way; and the Lord has made to light upon Him the guilt and iniquity of us all. (Isaiah 53:6).
For My people have committed two evils: they have forsaken Me, the Fountain of living waters, and they have hewn for themselves cisterns, broken cisterns which cannot hold water (Jer. 2:13).

Each person fills many intricately woven interpersonal roles on the observable level: parent/child (and the same person is probably both simultaneously, playing different roles with different relatives), husband/wife, boss/subordinate, to name a few – and all that fails to take into account birth order: eldest, youngest, older brother/younger brother in all the combinations. The person who grew up in a dysfunctional family, the person whose love tank is low, unconsciously shifts these complex parts/roles around, seeking to re-create with the persons available at hand the original family dynamic, the original family pain, and the original family situation. This time around the problem will be mended, the pain eased, the situation corrected (Hemfelt et al. 1989:163).

4.1.2 Roles of the family members

There are certain roles that persons assume within the family. All families develop them to some extent, but for persons in a dysfunctional family situation the roles become a coping mechanism, a way to get through life with a minimum of upset. They become rigid, mindless patterns of behaviour easily visible to those outside the family, unrecognized by those within (Hemfelt et al., 1989:165). Co-dependents unconsciously change and shift these roles, but they do emerge in adult relationships also. Roles that functioned satisfactorily as coping mechanisms in the original family simply do not work in adulthood, when all the interpersonal relationships change. If they aren’t altered, they destroy happiness and peace with God (:165).

The roles that are assumed very early on are as follows (Hemfelt et al., 1989:165):

- **Hero**
  
  The hero is the fixer-upper, the glue man. The hero keeps the dysfunctional family functioning and takes up the slack where the parents do not have it together.
• Scapegoat
The scapegoat is the black sheep. Regardless of what sweet words of denial the scapegoat hears from his parents’ lips, he knows down inside that this household is just not getting things right.

• Mascot
The mascot is the black sheep with a white reputation, the proverbial family clown. He earns his attention by grabbing it.

• Lost Child
The lost child makes the perfect hero in a classic western or romance novel, the loner who keeps his own counsel. While the hero is excelling and the mascot is goofing around, and the scapegoat is getting into scrapes, the lost child simply isn’t noticed.

The respective roles of hero, mascot, scapegoat, and lost child may shift from person to person as family circumstances change. An only child may move from one to another (Hemfelt et al. 1989:165-168) shifting the dysfunctional family roles are generated by co-dependency itself and not like the above where they occur in every family to a limited extent and are magnified by co-dependency which is the enabler (:168-172). If it were not for the enablers, a family’s dysfunction could not long exist. The tragedy is that the enablers cannot grasp that fact (:172). The enabler’s additional suits of roles are (Hemfelt et al. 1989:168-172):

• Placater
Even a small child can adopt the placating role, the one who is going to somehow make it all better.

• Martyr
The martyr will pay any personal price to alleviate the family situation.

• Rescuer
The rescuer is going to salvage the situation, whatever it may be.
• Persecutor
  The persecutor loves to accuse “It’s all your fault!” – laying blame liberally everywhere and on everyone but on self.

• Victim
  Oh, poor victim – she/he did not ask for any of this.

4.1.3 Restoration through reconciliation and forgiveness

Reconciliation and forgiveness are the two sides of rectifying what might be wrong between people – frustrations, animosity, old feuds. The two aspects of rectifying are indispensible to each other – neither aspect can proceed or succeed without the other. Together, the two resemble a cross: the vertical pole or upright, and the horizontal crossbar. Without one another both are incomplete: without the horizontal crossbar the upright is just a pole; without the upright the crossbar just lie there for it cannot keep itself aloft.

4.1.3.1 Reconciliation

Reconciliation can be referred to as the preceding horizontal aspect of settling problems between people. As such, reconciliation is the other side of the coin of forgiveness, the subsequent necessity that people owe one another. Together this uncluttered relationship with others is the definitive imperative to be right with God. This vertical aspect is maintained in the Biblical imperatives for people to be in a holy relation to God.

Reconciliation is that indispensable action by someone that did something wrong to another. Louw and Nida (1988 II:502) treat reconciliation in the semantic domain of Reconciliation and forgiveness. Firstly, to reconcile, the guilty party must “...re-establish proper friendly interpersonal relations after these have been disrupted or broken...” Reconciliation is the vital initiative that someone that owes another an apology and needs that person’s forgiveness is obliged to take. Scripture admonishes that no one should owe anyone anything (like to be reconciled for instance) but to love one another in Christ (compare Rom. 13:8).
If relations between people are strained through something – even the very slightest – that someone did to another, in Jesus’ definition in Matthew 5:8 (read with Matt. 5:23-24) that ‘guilty’ person is unclean of heart and not fit to approach God or to honour him even with a sacrifice. From the context it is clear that God reminds you of what is wrong (Matt. 5:23) and the divine imperative is uncomplicated and straightforward: go and reconcile (Matt. 5:24) so that you are fit to honour me with your gift.

Without reconciliation by the wrongdoer, strictly speaking no forgiveness is possible. That is God’s way in dealing with our sins too, as it is so clearly stipulated in Scripture: if we confess our sins, he is faithful and just to forgive us our sins, and to cleanse us of all unrighteousness (1 John 1:9). Therefore, if someone refuses to confess or admit what God convinced him/her (of what was done wrong/sinned against another,) that person cannot expect any forgiveness from God. Sometimes people are required to simply ‘forgive’ someone who treated them unjustly – that is not only unbiblical and theologically flawed to require that from someone who suffered by another’s wrongdoing, but per se it exonерates the wrongdoer’s actions and absolve him/her regarding onus and responsibility towards reconciliation.

The serious disposition before God of people at loggerheads with others through something that they are responsible for speaks for itself – as long as someone denies his/her sin (“hide” – Prov. 28:13) they are at odds, even hostility, with no less than God himself if they persist in irreconcilability. Not even the most serious doses of religion can put that right or gain God’s favour. To be right with God, to walk in purity of heart (Matt. 5:8; Ps. 24:4; Ps. 51:12), men and women must be innocent with everybody – do not owe an apology, offer it.

4.1.3.2 Forgiveness

In 1 John 1:9 the God-given duty of the person with whom someone desires to be reconciled is stipulated: “...to remove the guilt resulting from wrongdoing – to pardon, to forgive, forgiveness” (Louw & Nida, 1988 II:503). People are obliged to forgive as God justly forgives (Matt. 6:12) for to be unforgiving, to reject reconciliation, might be even worse than irreconcilability. From the perspective of the person to whom a wrong was committed, there is no replacement for forgiveness. It frees one from bitterness, releases God to move on one’s behalf, it frees the other person from the bondage that is placed on him/her due to his/her wrongdoing.
All people have a past, a reservoir of good and bad memories that can influence one's lifestyle even today (Gibson et al., 1995:1). Therefore, to practice what Paul avers in Philippians 3:13-14, everyone must deal responsibly with his/her past. Paul states:

I do not consider, brethren, that I have captured and made it my own [yet]; but one thing I do [it is my one aspiration]: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal to win the [supreme and heavenly] prize to which God in Christ Jesus is calling us upward.

It is true that all have a past and that our past is our spiritual existence that influences our present functioning. Parents had an effect on the children's upbringing and therefore it is of crucial importance to look at that past relationship in order to discover the truth about current circumstances so that one can come to understanding and reconciliation to his/her past.

Sometimes, one's circumstances are not based on the (real) truth as Gibson et al. (1995:1) state, but someone's experience of his/her circumstances is that person's 'truth.' Our mind tells us our parents love us. Our being attempts to convince us of rejection, hate, bitterness. Our mind tells us, that one is not allowed to hate father and mother, that they are always right. This paradigm causes conflict and gets stored in one's subconscious and covered with a lid. The subconscious now becomes a steam pot covered with a lid where the steam keeps on getting released that determines one's reactions (Gibson et al., 1995:1).

What is happening in our consciousness? Although Satan knows a huge part, God knows everything. One really does not know everything, so all we can know is our life is upside down (Gibson et al., 1995:1). Now there are two voices that have carte blanche to speak into our life and the one affected can choose which one that person is going to listen to. Satan says: "that person is unhappy" (Yes, this person agrees) "That person is un-worthy" (Yes, this person agrees) "That person is extremely tense" (Yes, this person agrees) "I (Satan) will bring that person a comforter to compensate for the hurt of rejection." That person's reaction might be to pull back to a total state of un-worthiness or rebellion especially against authority figures and those close to him/her (Gibson et al., 1995:1).
This condition that someone can be in opens a door for Satan to have access deep into one’s subconscious and then starts to control such person. Gibson et al. (1995:1) states further that Satan says: “I will take that person’s pain away. Get rid of un-worthiness and stress through alcohol, nicotine, drugs, pills, sex, impulsive buying, eating, sport, sleeping, et cetera...” which puts one into slavery and/or bondage. Those things also become the fruit one’s life-tree bears. It does not help for someone to change the fruit as an apple tree only bears apple. That person has to go down to the roots which are rejection, rebellion, hate, bitterness and un-forgiveness.

These are the "bamboobars" of that person’s jail (Gibson et al., 1995:1). These unholy emotions within such a person cause that person to be a slave of Satan and he then keeps that person hostage in his jail. That person has to look at the truth and admit what is happening in their life and ask the Holy Spirit to reveal the truth to them and that, which is seated deep in their subconscious (Gibson et al., 1995:2).

The vital question is how one can become free of this dilemma (Gibson et al., 1995:2). What people experienced in the past is an integral part of who they are and it has an influence on their present and future. They cannot free themselves, or buy themselves freedom from it but through forgiveness and forgiving God can break the hold that the experience of pain retains and heal them completely (Gibson et al., 1995:2). It does not matter what happened with a person in their past, God’s purpose is to bring them to a state where their condition no longer attracts negative issues to affect their present and future, in Him (Gibson et al., 1995:1).

In Joel 2:25-27 God’s promise is that He will restore or replace the years that the locust has eaten, it does not matter what happened with you. Even though it might feel as if one was destroyed, with God the restoration is not impossible. People are urged on to ’stop drinking’, ‘stop smoking’, ‘stop taking unnecessary medication’, in other words, the problem gets a name, but even so they know that they cannot. They try and try and fail time-and-again because Satan has a foothold in their life. He has a legitimate foothold as they opened a door for him (Gibson et al., 1995:1).

God, contrarily, beckons and implores to be free indeed, and Gibson et al. (1995:2) gives sound advice to the heavily laden (dependents and co-dependents):

1. Pray the Holy Spirit to reveal the truth and then handle the knowledge regarding their spiritual pain and trauma by thinking differently of themselves. They need to be re-created in their thoughts (compare Rom. 12:2), not only to think of them-
selves as a new person (2 Cor. 5:17), but as someone that needs the other and no longer someone who is wounding another. People in the dependent-co-dependent relationship must no longer consider the other the ‘enemy’ – what they did is part of them, their sin and their guilt is part of them, but God has freed the one asking the forgiveness, He thinks differently of such a person and re-created such person in His thoughts.

2. Acknowledge that there is hate, bitterness and un-forgiveness in their lives and that they will determine their reactions with every situation that arises by asking the following: Do they react from brokenness? Or do they handle every situation from the current circumstances and emotions in their life.

3. Confess their part as a sinner and ask God to forgive them, but above all, make their confession real by also putting things right with whoever was wronged (Matt. 5:24).

4. Speak forgiveness to every person that has ever done them unjustly or grieved them. The start must be with the authority figure in their life, their father. There are three groups (listed here 1, 2, and 3) that must be approached and handled independently:

- **Those that show remorse**: Hebrews 9:22: [In fact] under the Law almost everything is purified by means of blood, and without the shedding of blood there is neither release from sin and its guilt nor the remission of the due and merited punishment for sins. There must then be an offering that takes place, Jesus offered the biggest sacrifice, namely His blood. What is now the only offer they can bring? Repentance!

  Jesus connects/joins repentance with forgiveness. Luke 17:3-4: “Pay attention and always be on your guard [looking out for one another]. If your brother sins (misses the mark), solemnly tell him so and reprove him, and if he repents (feels sorry for having sinned), forgive him. And even if he sins against you seven times in a day, and turns to you seven times and says, I repent [I am sorry], you must forgive him (give up resentment and consider the offense as recalled and annulled).”
• **Those that show no remorse and continue to hurt:** they do so with a spirit of hate and bitterness and therefore another principle is used, for example: 1 Thessalonians 5:15 “See that none of you repays another with evil for evil, but always aim to show kindness and seek to do good to one another and to everybody”;

Matthew 5:44 “But I tell you, love your enemies and pray for those who persecute you”;

Luke 6:31: “And as you would like and desire that men would do to you, do exactly so to them”; Luke 6:36 “…so be merciful (sympathetic, tender, responsive, and compassionate) even as your Father is [all these].

• **Those that unknowingly sinned against you or whom you have sinned against but the person(s) are unaware of it** (Gibson et al., 1995:2).

**Reconciliation** as shown above then comes through confessing and seeking God’s forgiveness through prayer. People who were estranged from one another can now reach out to one another to start anew. A father to his child: “I want to be your father again”; a wife to her husband: "I want to be your wife again." "I want to be your friend again; we belong to each other." And God says: "I want to be your Father.”

Forgiveness is not to "forget" because the miracle takes place when they do remem-ber and then they forgive. It is also not to wait for a "feeling" to forgive, as it may never come. It is also not to "pretend" that they did not get "hurt”. It is also not to say that what the person did was "correct"; it also does not mean that they have to "trust" the other person. This is why they can trust in God because they trust in His character. They can trust again, because when the person proves to be trustworthy then they have to give that person a chance. It is also not to release other people from their "responsibility". God is very capable to make sure that the person will be held responsible. Forgiveness allows God to further the restoration process in that person’s life.

Sometimes people can be so ‘hard of heart’ that he/she can resist the conviction of the Holy Spirit of sin against another. Consequently, the imperative that he/she will submit to God to reconcile with someone that he/she sinned against either dwindles or is simply ignored. At the very best such a person may confess to God – do the right/religious thing, but that ‘confession’ does not afford the wronged person/‘victim’ the opportunity to forgive. The only remaining possibility for a victim then, to go on.
with his/her life and not to get stuck in the rut of bitterness, is to forgive the guilty party without his/her reconciliation.

Such forgiveness is a "...wilful decision" that they make to be obedient to God and as a lifestyle to move in a higher realm to not depend on, or allow their actions and attitude to be influenced by others (Gibson et al., 1995:3). Such forgiveness is "expensive" (Gibson et al., 1995:3) because a decision to forgive without having been made peace with carry the penalty of the damage that someone’s sin caused in the hurt person’s life. Pain is part of the damages and can only become less over the passage of time until it disappears through forgiveness.

If someone in this position refuses to forgive, even for their own sake, the possibility is that the pain will get worse and might become a root of bitterness within (Gibson et al., 1995:3). Forgiveness is the only remedy, the only way how they can always undertake the commission of Jesus to love one another because it is only by the grace of God that they can accomplish this task.

The first and most important step in godly restoration and if they want to experience God's forgiveness for their own wrongdoing, is that they forgive those who sinned against them. When they pray and forgive those people, they ask the Holy Spirit to assist them and to help the one that was hurt. They release the other person(s) in the Name of Jesus and leave them in the hands of God to do as He sees fit because recompense/retaliation is not their responsibility (Gibson et al., 1995:1).

4.1.4 Scripture and pastoral therapy

In therapy the objective is not hermeneutic – to tell or try to teach anyone how the Bible ought to be interpreted. Regarding Scripture in therapy however, the therapist like the preacher in a pulpit or a pastor in counselling individuals of his flock is under the divine obligation to “work” with Scripture in a God-honouring way, to cut straight panels to shape the right outcome (2 Tim. 2:15). God’s Word is the declaration of His being (1 John 4:8b ["...God is love...]) and this fact is communicated to each of us individually. How it speaks and what it says is a very private matter between that person and God.

In Practical theology and pastoral work, it needs to be emphasized that pastorants must hear God’s words – in the context of this study, unfiltered by co-dependent bonds and preconceptions (Hemfelt et al., 1989:181). From a psychological point of
view (and no less from a pastoral-theological) it can be intriguing how two persons can study the same passage of Scripture and, depending upon each person’s emotional predisposition, come away from that exercise with radically different ideas or a sense of what it means. Such unconscious winnowing is normal, because in the deep recesses of each person’s mind they ‘sift’ incoming information (Hemfelt et al., 1989:181).

This same process might have been present when Jesus was teaching in one of the synagogues on the Sabbath. And there was a woman there who for eighteen years had had an infirmity caused by a spirit (a demon of sickness) (Luke 13:10-12). She was bent over and unable to straighten herself, even to look up. When Jesus saw her, He called [her to Him] and said to her “Woman, you are released from your infirmity.” Litchfield (2001:164) avers that even as Jesus released the woman with the infirmity, so too the co-dependent can be released and Hemfelt et al. (1989:181) explain, the co-dependency must be dealt with before that person with unmet emotional needs can hope to grasp the reality of God and the gospel. Until the deep problems are resolved, anything God says to that person is subject to gross misinterpretation.

Two things may happen in a co-dependent’s relationship with God. First, because of that polarizing filter, the person sees and hears only a narrow portion of God, not enough to get the necessary scope of both His judgment and His mercy. Moreover, the person cannot adequately perceive what agape (unconditional) love should be. Second, the person unconsciously tries to develop a relationship with Him on that limited or skewed basis (Hemfelt, et al. 1989:183-184).

Jesus used the concept of a strong family under a loving, nurturing father when He said, “What man is there among you who, if his son asks for bread, will give him a stone? Or if he asks for a fish, will he give him a serpent? If you then, being evil, know how to give good gifts to your children, how much more will your Father who is in heaven give good things to those who ask Him!” the earthly family becomes the shadow of the heavenly family with God the all-wise, all-nurturing head (Hemfelt et al., 1989:185).

The basis of co-dependency – unsatisfied narcissistic hunger (Hemfelt et al., 1989:185) – is thus not something new under the sun. Four thousand years ago in His Word God warned parents of their responsibility, and the warnings continue throughout Scripture. A solid, nurturing, stable family became the God-given pipe-
line to happiness, long life, and a clear understanding of love and the heavenly Fa-

Here, then, is still another powerful reason to deal with co-dependency in the per-
son’s life. Their children and their children’s children (by which we mean any children 
under their influence, whether biologically theirs or not) need full love tanks (a con-
tent, fulfilled life) if they are to find happiness, enjoy true love, spread happiness and 
know God well. At the Minirth Clinic this ‘love tank’ is illustrated by a drawing of a 
heart-shaped ‘tank’ (reservoir for love – Hemfelt et al., 1989:26). These ‘tanks’ need 
to be filled and emotional needs cannot be satisfied so long as they suffer lack. 
Scripture affirms that they are the key to their children’s future (Hemfelt et al., 

In short, it is not just to improve lifestyle, encourage real happiness, and solve prob-
lems that they should seek to root out co-dependency. The Christian’s foremost 
privilege and responsibility is to hear and respond to God. The co-dependent can 
neither hear clearly nor respond adequately (Hemfelt et al., 1989:181-182). Rightly 
so, as only God can fill these deep human needs of security, self-worth and signifi-
cance, which He place in every person – “[f]or He satisfies the longing soul and fills 
the hungry soul with good. You will show me the path of life; in Your presence is full-
ness of joy, at Your right hand there are pleasures forevermore” (Ps. 107:9, 16:11) 
(Litchfield, 2001:164).

No man can therefore see the full extent of God. But when the whole of Scripture is 
absorbed and examined, there emerges the multidimensional picture of a wonderful 
Master and love beyond human understanding (Hemfelt et al., 1989:186). Even as 
He demands, He understands. He loves faultlessly, guides perfectly, reigns abso-
lutely. Every man sees the truth as through a glass darkly, even the apostle Paul. 
But the co-dependent, tragically, sees as through a twisted glass very darkly, the vi-
sion warped into a dwarfed view falling short of truth. “See here!” says Jesus in a 
paraphrase of John 15:15, “I do not call you servants (slaves) any longer; for the 
servant does not know what his master is doing (working out). But I have called you 
My friends, because I have made known to you everything that I have heard from My 
Father. [I have revealed to you everything that I have learned from Him.]”
CHAPTER 5

PRAGMATIC RESPONSE

5.1 INTRODUCTION

The path to becoming free is contained in the acronym F-R-E-E and this path leads to Christ and a whole new dependency, namely on God (Hunt, 2008:516-567). This path-acronym consists of the following:

F — Face the truth of your own negative habit.

R — Recognize the inner need(s) you are trying to meet through this negative habit.

E — Exchange trying to meet your own need for allowing Christ to meet that need.

E — Experience Christ’s inner strength as your source for change.

When a dependent and/or co-dependent pastorant’s negative habit must be dealt with, good practice is to turn to the topical chapter within the Bible addressing that problem and learn how to pull that person out of the ditch Hunt (2008:516). Scripture can guide that struggler down a step-by-step path leading to the Road to Transformation (Hunt 2008:516-567).

5.1.1 Background

The concept of co-dependency is ill-defined and not well understood by mental health professionals outside the field of chemical dependency. Several authors (cited by Prouty, 1996:146 [compare Cermak, 1986; Coleman & Smalley, 1987; Gierymski & Williams, 1986]) proposed the development of diagnostic criteria which would place “co-dependency” in the Diagnostic and Statistical Manual of Mental Disorders as a specific Personality Disorder.

However, determining where the false “love” of co-dependency ends and true love begins can be confusing to some (Litchfield, 2001:171). True and unselfish love must, at times, act tough to confront someone with the realities of his/her situation.
In this study, the dysfunctional outcomes of abuse of something were covered, and the very detrimental effects foisted by dependency of any kinds on family members – to make them co-dependents were considered.

Co-dependency will not improve with time. It will not get better tomorrow. It will get worse. Happiness and contentment, so elusive now, will fade ever further even if external circumstances improve (Hemfelt et al., 1989:22). Can it be fatal? Yes. Co-dependency is never written as the cause of death on a death certificate but extreme co-dependency can lead to severe depression and suicide. Physical health deteriorates, permitting illnesses that would otherwise not be a problem. Many of co-dependents’ compulsions and addictions, such as alcoholism, drug abuse, and eating disorders, are life-threatening. Rage and physical abuse can endanger the lives of innocents (Hemfelt et al., 1989:22).

Litchfield (2001:171) approaches the problem from the perspective of love together with the Christian viewpoint. This is a valid, indeed necessary approach, as Rousseau (2003:2) indicates that love is the inalienable constituent of humanity. Regarding co-dependent persons, they need to exercise love in the right way and break away from their excessive “loving” and “helping” of others, to protect and care for themselves (Litchfield, 2001:171). However, this can become excessive. The co-dependency movement can easily become a religion in itself and thus draw people away from self-sacrificing Christian love.

It is so easy to join the solipsism of the day – the view that self is all that exists and can be known. The “self” movement, so current and active today, with its self this and self that, runs contrary to the Christian position of self-denial and self-sacrifice. Self-acceptance has to be rightly understood, and must be based on the redemptive work of Christ.

There are many false notions about love (Litchfield, 2001:171). True love is little understood – as Rousseau (2003:1) states: “[t]he most significant emotive and motivational force in the world is love, but it may also be the most misunderstood.” This may be due to the fact that love is an abstract concept of which the qualities are difficult to define in precise terminology (Funderburk, 1975:989) and so, myths and misconceptions associated with “romantic love” and “falling in love” abounds in today’s society. Hollywood, television, romantic novels, fairy tales, distorted advertising and the like have all contributed to false notions about love. This may be re-
ferred to a ‘secular’ understanding of love (Rousseau, 2003:2): someone who has not heard of love as depicted in the Bible but had been exposed to the variety of so-called soap opera television programmes would attach totally different connotations to love than for instance someone who has grown up in church (Van der Watt, 1997:557). True love involves choice, decision, commitment, promise, activity, and work. It is not primarily a feeling. It is an act of the will (Litchfield, 2001:171).

Hemfelt et al. (1989:22, 152) firmly states that there are steps to take that will help one to reverse their descent into misery, but they must take them. They won’t just happen. Much depends upon their desire to free themselves from the ghosts of their own past, the causes of co-dependency. This is possible as one thing we do know, and that is that Barbara Yearing has discovered that the long-held belief that being in a relationship with an alcoholic is not sufficient to determine co-dependency, therefore this is challenged. Previous researches who specified the parameters of co-dependency by providing a definition of the term and who developed a means to measure co-dependency based on those definitions, made it possible to attempt to discern whether the assumed connection to alcoholism could be quantified in some way, and found that there was no evidence to suggest a specific relationship of co-dependency with alcoholism.

What is known is that the addiction cycle is so malignant; the only way to break it is to interdict it in several places at once (Hemfelt et al., 1989:83). They found that a major reason people fail to break an addiction cycle is that they intervene at only one or two points, and some steps to break this cycle are now looked at.

5.2 THERAPY

Like an umbrella in a furious rainstorm, therapy interrupts this highly dysfunctional system and adds a protective layer. It is like a time out for the rope and those who have been tugging furiously at either end. It is a time to learn, think, talk and modify previously existing patterns. It is also a wakeup call, akin to diabetes, high blood pressure or open heart surgery. While it would be nice if people could wake up sooner in the process, the majority need to hit bottom before they get it (Pentzer, 2012:12).
Long ignored in substance abuse treatment, the families of alcoholics provide powerful alternatives for change. By identifying co-dependent characteristics in relationships, family members can be helped to break dysfunctional patterns by changing behaviours. Being able to help parents see their role in individuation and differentiation and helping them to change their responses to adolescent children are ways in which therapists can help families make this transition successfully (Yearing, 2001:157).

In therapy, the adult tries to learn that he/she is powerless over the addiction and work their program for recovery. Relapse rates reflect how difficult these lessons are to embrace. Yet, there are many “white chip wizards” around, who get it the first time around, give up their drug(s) of choice and get hooked on meetings and health instead. Hopefully, the addict eventually gets it and eventually reclaims his/her life. It is an opportunity to add substance to one’s life instead of making life all about a harmful substance (Pentzer, 2012:12).

As parents and children change their patterns of relating, there is hope for larger change within the family as a whole (Yearing 2001:158). Using co-dependency as a framework for understanding a family’s dysfunctional patterns and how they might be affecting an adolescent’s eventual ability to function independently can provide the family with a basis for understanding their own conflict.

Yet, that very same person can have multiple adverse consequences in an allergic-like reaction to their drug(s) of choice (physical, familial, financial, legal, and social) and continue to return to that “lobster” of a drug, time after time. That it makes so little sense makes us wonder if drugs (unlike shellfish) become part of the brain’s chemistry of an addict in ways that create these illogical, but overpowering cravings. Right here is where the disease is rooted. The fact that recovering addicts can finally override these cravings shows it is possible to dismantle chemical and psychological urges via therapy, 12 step support, self-discipline and strength of will. When the denial bubble is finally burst, amazing things can happen in the direction of personal growth and disease recovery (Pentzer, 2012:13).

While the addict is working his/her program, the family is being encouraged to work theirs. In a process similar to separating Siamese twins, co-dependents are slowly, but surely encouraged to disconnect from the rope that binds them to the identified
dependent. They are given permission to finally “cut the cord” (better late than never) (Pentzer, 2012:13).

This is a critically important step in busting the co-dependence with each side of the rope taking a step toward independence. The family effectively says, “Grow up or not, it is your choice. We cannot help you anymore. We can only impede your growth. Good luck and God speed.” These may not be the exact words in a given situation, but that is the intent – cutting the cord stops the tug-o’-war. There is no more rope on which to pull. Once the family members let go, it is likely the addict will as well. The floor is where that rope belongs. Without it, the ‘dance’ of co-dependency stops (Pentzer, 2012:13). This metaphorical ‘dance’ of co-dependency describes a system of dysfunctional relationships – relationships that do not work to meet our needs. That does not mean just romantic relationships, or family relationships, or even human relationships in general. The fact that dysfunction can exist in our romantic, family and human relationships, is a symptom of the reality of dysfunction in relationship with life (JoyToMeU 1995:2).

Even among Christian believers, the hard reality remains that the problems of life do not go away. Despite the fact of newness in Christ, everyday life each has its own problems that must be dealt with (Song, 1998:5). We still find ourselves on earth, and in responsibility to life itself, ourselves and to everyone we have a relationship with irrespective of whether it is family, colleagues or people in general, we must deal with “...living ‘the great task of life’ on a day to day basis” (Janetzki, 1998:11).

Intriguingly, just as the addict gets hooked on drugs, the family can get hooked on their quest to rescue the addict (Pentzer, 2012:13). Although participants’ roles differ, it is really the same addictive process. In a chicken-and-egg way it is hard to determine which came first, but the two addictive processes form the basis for the dysfunctional patterns and family disease that occurs. Just as the addict can relapse, can the family also. This is why support meetings are so important. They continuously remind the co-dependents to stay out of their rescue truck. These vehicles sit, like ghosts, in their emotional garage and the addict, as master mechanic knows just how to start the ignition. Those in the co-dependent position need to stay away from the wheel – forever! (Pentzer, 2012:13).
5.2.1 Helpful aspects

- Active listening
- Understanding the respondent
- Non-judgemental attitude that the Counsellor displayed
- Complete acceptance towards each respondent
- Inviting of the Holy Spirit in performing His will
- Guiding respondent One and Respondent Three to Christ
- Strengthening each Respondents relationship with God
- Affording each respondent the opportunity and time to give their history and to actively listening to each respondent
- Giving hope to the respondent
- Insight given to each respondent to help each one to understand better through the knowledge they gained in what was going on and what the reason was for the current functioning
- Each respondent was afforded the opportunity through Life Coaching as well in taking and making their own wilful decisions
- Rapport was gained within the first session with each respondent and the counsellor creating presence, attunement, resonance, and trust
- Forgiveness for self and their abusers and others and God.

5.3 BOUNDARIES

Towards making relationships work, one must understand that the opposite of dependence or co-dependency is not independence, but rather interdependence (Hemfelt et al., 1989:47). When we look at the relationship wheel, we find at the top of the wheel is that happy circumstance, the healthy interdependent marriage. Two people stand close together with enough space between them to comfortably make room for God. Growth and beneficial change have room to work there also. The scale that would weigh dependence against independence is balanced. They go on to say, that as we travel the circle in a clockwise direction we tip the scale toward in-
dependence. The farther we go, the more deeply we get into independent attitudes. Counter clockwise motion indicates an exaggerated dependence in the relationship. Neither will serve the marriage well.

The first stop on the counter clockwise route may be labelled simply “dependence” or “a dependent relationship” wherein one person begins to lean excessively upon the other. The dependence might be caused by random or innocent circumstance – one of the partners becomes gravely ill, perhaps, or is incapacitated. It sometimes happens simply through laziness or convenience; let George do it. Or authorities may counsel the couple that the wife must be subservient, dependent upon the husband’s whim and will. Less frequently, the husband may surrender independence to his wife. Should substance abuse enter the picture, the couple almost invariably slides counter clockwise, as the addictive partner leans ever more heavily upon the spouse. Whatever the trigger mechanisms, however random or innocent the beginning, both partners stand at great risk of slipping down into the next stage, “co-dependency” (Hemfelt et al., 1989:147-148).

As the circle is traversed in a clockwise direction the scale tips toward independence. The farther we go, the more deeply we get into independent attitudes. Counter clockwise motion indicates an exaggerated dependence in the relationship. Neither will serve the relationship well (Hemfelt et al., 1989:148). Reversing the co-dependent tendencies within a healthy union, the couple will work back up toward the top of the circle on the relationship wheel bringing balance into their lives. But what if dependence develops and the couple slides the other way, downhill counter clockwise? The leaner leans harder. The leaner, the “strong” one, in unconscious ways begins to lean as well, ‘galloping co-dependency’ (Hemfelt et al., 1989:148-149).

Both unhealthy co-dependency and unhealthy independence can end up in malignant co-dependency. It is therefore important to move back the other way on the wheel and here are a series of steps:

- Countering the slide toward independence

  If the couple has been experiencing a clockwise drift into potentially damaging independence, the following steps are recommended:
First, the couple must confront the problem, which means declaring to both self and each other that a problem exists. Even in mild cases there may be subtle denial. “That’s just what happens when you’ve been married as long as we have.” “You don’t expect as much enthusiasm as when we were first married, do you?”

Second, it is recommended to do a time inventory. Where, how, and under what circumstances does the couple come together? When do they share time and space, or fail to? The inventory is best done on paper, in clear black and white.

Third – and this step is best not only committed to paper but performed in the presence of a third party, such as a counsellor, a pastor, or a trusted friend – the couple must cut a new covenant, make a new deal, promise a recommitment. The essence of the new deal is to spend more time together and to create more points of convergence to narrow the distances that now separate them. This recommitment might take any form that works and will be different for every couple. In order to execute it, the couple almost always must reduce outside demands on time and energy.

Fourth, work out some way in which the couple will maintain accountability. The third step is useless if it drifts into oblivion like so many other good intentions. Here is where the third party can be an immense help. If the couple make themselves accountable to a trusted third person, the commitment will almost certainly stand.

- Countering the slide toward co-dependency

A couple drifting counter clockwise into dependence needs help to go the other way. Spending more time together may well exacerbate their problem, weaken their bond.

It is recommended first (as with any couple) to acknowledge the problem. Admitting dependence is difficult and challenging when the dependence is unavoidable, as for example with a chronic or debilitating illness. But it must be done.

The second step consists of an inventory, in this case an analysis of where boundaries are being violated. Boundaries are violated when one person takes false, unnecessary, or excessive responsibility for the other. They are violated when one partner clings excessively to the other. In an overly simplistic example,
a wife with cerebral palsy needs help getting her shoes on over her twisted toes. Her husband puts her shoes on her. But when he puts on her stockings and laces her shoes — things she can handle herself — he is taking on an unnecessary task. The same wife may violate boundaries by calling her husband at work four or five times daily concerning inconsequential or perhaps nothing at all. The secret to success lies in resetting boundaries so that dependence is not intensified.

The third and fourth steps should be committed to paper. In the third step, each party declares the boundaries he or she believes are appropriate — the amount of personal interaction he or she wants. Understand the party may not get them, but they should be listed.

The fourth step is a list of what each party is willing to give up. In essence, this statement says, “I hereby declare which rescuing and enabling actions I am willing to give up. This is how I will back away from you. This is what I want to give you.”

Fifth, each person must commit to new ways of caring for self — for self-responsibility. Here it is not just the more dependent person, but both. This statement says, “These are the ways I will take responsibility for myself so that you do not intrude across my line.”

Finally, and this may be most important of all, look carefully at one’s relationships with healthy third parties, and at healthy activities the two of them do not share. A man who feels trapped in a marriage — who needs breathing room — might join a support group or common interest group. He might increase his role in church activity; develop friendships with other males who share his interests. In this he is not abandoning his marriage commitment; and if the marriage has slipped down toward dependence-co-dependency, these will be healthy moves toward a comfortable and fruitful balance.

The “dependent” partner in such a marriage is encouraged equally to develop outside interests. This step is just as important for the leaning party and probably more so.

It is important to note that the relationship wheel is not limited to marriages. Parent-child relationships, friend-friend bonds, perhaps even bonds in the workplace, church, or school will profit from a close examination (Hemfelt, et al. 1989:149, 154-157).
5.4 TEN STAGES OF RECOVERY

Through their ten stage model for recovery Hemfelt et al. (1989:188-298) lead clients to deal with lost childhood, with what are called adult-child-issues. In so doing, recovery from co-dependency is possible. These ten steps or stages are not meant in any way to compete with or replace the twelve-step recovery programs of Alcoholics Anonymous, Al Anon, and similar groups. These stages do, however, touch upon those twelve steps and recast the principles behind them.

Firstly, a look at what characterizes a functional family (Hunt, 2008:3668-3631):

The Cultivating Family

- Structure and discipline are maintained by parents
- Individual responsibility is required
- Love and obedience to God are developed
- Children are secure

Result: Family relationships are balanced.

Remedy: “There, in the presence of the LORD your God, you and your families shall eat and shall rejoice in everything you have put your hand to, because the LORD your God has blessed you” (Deut. 12:7 – Hunt 2008:3668-3670).

The ten stage model for recovery (Hemfelt et al., 1989:188-298):

1. Stage one

They will explore their past and present to discover the truth about themselves. This is done through acknowledging the elements that are addictive, compulsive, and obsessive in their present lifestyle and the issues of lost childhood. Examining of what is going on in their present life, and also what happened earlier in their life is accomplished by telling their story and the best Person here to listen is God. The person to ask Him to lift the co-dependent blinders from their eyes and then re-tell their story to a person as this has a profound healing influence.
2. Relationship history/inventory

The person will examine and perhaps reset their personal boundaries and this will be done through completing a careful, in-depth relationship history or inventory. Specifically, he or she is to identify all the persons, past and present, who either left a memorable mark for some reason or who exercised an obvious influence in their life. This will bring their relationships into clear and deliberate focus.

3. Addiction control

The person will get a handle on their addictions and compulsions and take the first step toward mastering them. It is important that he or she must, as part of the recovery process, go into at least a temporary abstinence from the addictive against or behaviour as any major addiction, compulsion, or obsession is a massive distraction in counselling.

4. Leaving home and saying goodbye

The person will have to say the good-byes appropriate to healing. They might think that they did that, years ago. Probably they did not. There are two separate ways in which we must leave home: we have to make certain we have genuinely left the family of origin, saying good-bye to Mom and Dad. And we must literally say good-bye to false security symbols. Neither step is easy.

5. Grieving the loss

Grieving is both the bottom of the curve, the very pits of one’s emotions and feelings, and also the start upward. It’s almost like the dentist hanging up his drill. You know he is not done yet, but the worst is over. The stages through which every grieving person passes are (1) shock and denial, (2) anger, (3) depression, (4) bargaining and magic (5) sadness and, finally, (6) resolution and acceptance. The details of loss in lost childhood must be grieved and also the losses incurred because of addictions, compulsions, and obsessions, past and present.
6. New self-perceptions

The person will gain fresh perceptions about themselves and make new decisions. What an eye-opener this stage is! This is done through seeing who they are, seeing themselves in a new light through new messages that will give them a sense of value.

7. New experiences

The person will build a foundation of new experiences to bolster the decisions they have just made and this is done through giving it out what they accomplished when they made those new decisions about themselves in stage six. They can choose to trust when they wish. They can choose to love or not, and they learn that depending on God is safe and rewarding. The final work that must be done by themselves is building healthy boundaries.

8. Re-parenting

The person will rebuild their past in a sense, and also the present and future, as they become involved in what we call re-parenting. This is done by another person that will become the bridge parent until they develop the parent within them and develop a firmer relationship with God. The second surrogate parent will be themselves to develop a new, positive voice within themselves using the stage six techniques they already know. The final, ultimate Parent refers to Himself as the Father God. This person is to take a big step beyond the original family and adopt God as an actual parent. It’s the future. One way to see Him as their Father is to seek out in Scripture the advice a parent would give a child.

9. Relationship accountability

The person will establish accountability for their new and refreshed personal relationships which will do two things for them. It will reveal any co-dependent patterns as they emerge, and it will help them avoid the pitfalls of painful relationships at a time when they are every vulnerable. If they allow themselves to be held accountable by a trusted confidante, they will be much less likely to engage in a co-dependent relationship.
10. Maintenance

The person will embark on a maintenance program that will keep them on track for the remainder of their life and this is daily maintenance that should include a time for prayer in addition to the pauses for prayer during the day when things come up requiring them. Every three months, they need to do an inventory to compare with their earlier relationship – and self-inventories and also support groups are a form of good maintenance which will do two things for them. It will reveal any co-dependent patterns as they emerge, and it will help them avoid the pitfalls of painful relationships at a time when they are very vulnerable. If they allow themselves to be held accountable by a trusted confidante, they will be much less likely to engage in a co-dependent relationship.

Finally, in a personal relationship to a personal God, they learn to trust Him, and then progressively turn control over to Him. This is the term *spiritual surrender* in action. When they accept His friendship, they are surrendering that part of them. When they admit they cannot master their addictions without Him, they are surrendering that control to Him. Surrender is not tossing the whole chunk at His feet. It is giving Him every aspect of their life, aspect by aspect, an area at a time. They are much farther along that road than they would imagine.

Hunt’s (2008:1977) stages to overcome co-dependency is based on her statement that in an out-of-balance relationship, both individuals wind up in the ditch of co-dependency – a place detrimental to relationships with God and others. God wants you to depend on Him, to totally rely upon Him. He wants you to trust Him to meet all your needs, take care of your loved ones, and overcome destructive dependencies (Hunt, 2008:1975).

5.5 CONFRONTATION TO RECOVERY

Hunt (2008:1977) list four sizable steps to set your feet on the path to recovery and your heart on the hope of healthy relationships. Essentially, these steps are confrontational – to understand the reality of what you must deal with. Towards this understanding, a pastorant must be guided in a *nouthetic* way as Powlison (1994:51, footnote 19) explains the Pauline form of ‘confrontation’ – the person being counselled must be made aware – be *confronted* – and from Scripture remedially
coached from Scripture (Adams, 1970:41). From this perspective, confrontation does not suggest a negative or unfriendly approach, but a sympathetic guiding to awareness – that the pastorant shall realise that he/she is grappling with a real problem with devastating potential (Rousseau, 2010:192). Confrontation is not to provoke anger, but to guide in the acceptance and appropriating of specific biblical precepts to bring about positive personal and lasting conduct change by the Holy Spirit (Rousseau, 2010:192).

**Step 1: Confront Your Co-dependency**

*Confront the fact you are co-dependent*

Admit the truth…

- To yourself.
- To a trustworthy person who will hold you accountable to change.
- To God.

“Confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective” (James 5:16).

*Confront the consequences*

Accept responsibility for…

- How your past experiences and reactions have hurt your relationships.
- The pain you have caused yourself by being jealous, envious, selfish, or obsessive.
- The ways in which your co-dependency has weakened your relationship with God and caused you to lose both quantity and quality time with the Lord and intimacy with Him.

“He who conceals his sins does not prosper, but whoever confesses and renounces them finds mercy” (Proverbs 28:13).

*Confront your painful emotions*

Understand that…

- You will have pain no matter what you choose. If you leave the co-dependent relationship, you will hurt. If you stay, you will hurt. Your only hope for future healing is leaving the co-dependent lifestyle.
When the intensity of the relationship diminishes, you will experience emotional withdrawal.

You will need the support of others to get through the initial pain and to help you avoid another co-dependent relationship.

“A friend loves at all times, and a brother is born for adversity” (Proverbs 17:17).

**Confront current co-dependent relationship(s)**

Acknowledge…

• Your co-dependent role in the relationship, and stop relating through co-dependent patterns.

• Your destructive behaviours, then replace them with constructive behaviours. It helps to write them down.

• The natural pain of emotional withdrawal, which is common to the healing of addictions. Focus instead on God’s supernatural purpose, which is to conform you to the character of Christ.

**Confront your co-dependent focus**

Stop focusing on…

• What the other person is doing. Start focusing on what you need to do to become emotionally healthy.

• The other person’s problems. Start focusing on solving your own problems, and stop neglecting people and projects in your own life.

• Trying to change the other person. Start focusing on changing yourself.

“The wisdom of the prudent is to give thought to their ways, but the folly of fools is deception” (Prov. 14:8).

**Confront what you must leave to receive healing**

Leave your…

• Childhood and your dependent thinking (“I can’t live without you”), then enter into healthy adulthood (“I want you in my life, but if something were to happen, I could still live without you”).

• Immature need to be dependent on someone and embrace your mature need to be dependent on the Lord.
Fantasy relationships (“You are my all-in-all”) and nurture several balanced relationships of healthy give-and-take. “Wounds from a friend can be trusted, but an enemy multiplies kisses” (Proverbs 27:6).

**Confront your need to build mature non-co-dependent relationships**

Establish…

- Several interdependent relationships and not just one exclusive relationship.
- Emotionally balanced relationships without being needy of the extreme highs and lows of co-dependent relationships.
- Personal boundaries, saying no when you need to say no and then holding to your no.

“I will maintain my righteousness and never let go of it; my conscience will not reproach me as long as I live” (Job 27:6) (Hunt 2008:1956-2047).

**Step #2: Look at past love addictions**

One effective way to confront co-dependent love relationships is through the process of journaling. Writing things down over a period of time helps you to paint a more complete picture of what’s happening, and enables you to gain insights. Start writing about your co-dependent relationships: put the name of each person at the top of a separate page.

Answer the following questions for each relationship:

**Write out**

- How did you meet and attract this person?
- How did you pursue him or her?
- How did you fantasize about this person?

Conclude by answering…

- How do you think God feels or felt about your choices?
- Realize the Lord is ready to meet your deepest emotional needs.

**Write out**

- How did the relationship progress
- Fascination, fantasy, fog, fear, forsaking, fixation, frenzy?
- How did you feel in each stage?
• How did you act during each stage?
  Conclude by answering…
• How did you fail to involve God in your life during each stage?
• Realize how ready the Lord has been to intervene.

Write out
• How you became preoccupied with the relationship.
• How did you start neglecting yourself and start focusing on taking care of the other person?
• How did you come to expect that person to meet all your needs?
  Conclude by answering…
• How did you start neglecting God…when did you stop relying on Him?
• Realize how ready the Lord has been to make you fruitful.

Write out
• How has each relationship replicated your painful childhood experiences?
• How were you mistreated in the relationship, and how did you react?
• How does the relationship impact you today?
  Conclude by answering…
• How is God replacing, or wants to replace your self-destructive patterns with constructive, healthy, holy patterns?
• Realize how ready the Lord is to “re-parent” you to meet your deepest needs and heal your deepest hurts.

Write out
• How you experienced fear, envy, jealousy, abandonment, and anger in the relationship.
• How you assigned a higher priority to each person than to everything else.
• How you made them the focus of your thought life.
  Conclude by answering…
• How you can appropriate “the mind of Christ” to overcome destructive feelings and live out of your resources in Christ.
• Realize how ready the Lord has been to give you His thinking.
Write out
- How do you feel about each person and the relationship now?
- How has your perspective changed?
- How did things, people, and circumstances become factors in changing your perspective?

Conclude by answering…
- How has God been involved in changing your perspective?
- Realize how ready the Lord is to complete His perfect plan for your life. “Do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand” (Isaiah 41:10) (Hunt 2008:2106).

Step #3: Pursue interdependent relationships
Develop an intimate relationship with God and form interdependent relationships with significant people in your life.
Commit to…
- Becoming actively involved in Bible study and group prayer.
- Reading God's Word on a daily basis and memorizing Scripture.
- Finding an accountability group and a Christian “relationship mentor” who will be available to you, spend time with you on a regular basis, be honest with you, and coach you in your relationships.

Make a plan to move toward maturity
Ask…
- God to help you discern where you are stuck in the relationship developmental stages.
- Your mentor or another wise person to help you identify your relationship needs.
- Your accountability group to help you establish appropriate goals for meeting your relationship needs.
Make your relationship with your parents complete
Choose to…
- Resolve any unhealthy patterns with your parents.
- Not be emotionally enmeshed, needy, or controlled by your parents. If necessary, separate yourself emotionally until you can respond in a healthy way, with no strings attached.
- Identify and process your “family of origin” problems, forgive your offenders, and grieve your losses. Say, “That was then; this is now.”

Make a vow to be a person of integrity
Learn to…
- Free yourself of any family secrets, refusing to carry them.
- Listen…say no…set boundaries…give and receive…and ask for what you need. Now practice these new, healthy patterns.
- Feel your feelings…express hurt…withdraw and think about what you need to do or say. Write out your action plan, rehearse it, and do it.

Make a new job description
My new job is to…
- Discern the character of a person and respond accordingly with maturity.
- Be a safe person and be present and attentive in my relationships.
- Take care of myself and be responsible for myself without hurting, punishing, attacking, getting even, or lying to myself or to others.

Make a new commitment to yourself
I will…
- Let go of the old, self-centred me because I am growing into a new, Christ-centred me.
- Exchange the lies I’ve believed about myself for God’s truth about me as found in His Word.
- Not betray myself by making immature choices. I will redeem my past by making good, mature choices.
Make maturity your highest goal

Focus on…

- Forming friendships where you are free to learn, grow, and mature.
- Guarding your heart against any relationship that has the potential to trigger co-dependent tendencies.
- Building relationships with trustworthy, mature Christians whose goal is Christ-likeness. “Let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us” (Hebrews 12:1) (Hunt 2008:2159).

Step #4: Find freedom through effective communication

Finding freedom from co-dependent relationships requires communicating your new convictions in a consistent, loving, and straightforward way. The following guidelines can help:

Communicate the necessity for change

- “I realize I have been responding to you in an unhealthy way. I have been far too dependent on you to meet my needs as I have sought to meet all your needs. I am committed to healthy relationships and putting God first in my life. I know I have had negative responses to you and I will begin having positive responses by making decisions based on what is right in God’s eyes.”

Communicate your need for forgiveness

- “I realize I was wrong for _________ (not speaking up when I should have, not being the person I should have been in this relationship). Will you forgive me?”

Communicate your limits of responsibility

- “I feel responsible for _________. I am not responsible for _________ (making you happy, making you feel significant). I want you to be happy, but I don’t have the power to make you happy.”

Communicate your limits

- “I want to do ________ with/for you, but I don’t feel led by God to do ________.”
Communicate what release is not...and what it is.

- Follow through by actually releasing the other person:
- Releasing you is not to stop loving you, but loving enough to stop leaning on you.
- Releasing you is not to stop caring for you, but caring enough to stop controlling you.
- Releasing you is not to turn away from you, but turning to Christ, trusting His control over you.
- Releasing you is not to harm you, but realizing “my help” has been harmful.
- Releasing you is not to hurt you, but to be willing to be hurt for healing.
- Releasing you is not to judge you, but letting the divine Judge judge me.
- Releasing you is not to restrict you, but restricting my demands of you.
- Releasing you is not to refuse you, but refusing to keep reality from you.
- Releasing you is not to cut myself off from you, but pruning the unfruitful away from you.
- Releasing you is not to prove my power over you, but admitting I am powerless to change you.
- Releasing you is not to stop believing in you, but believing the Lord alone will build character in you.
- Releasing you is not to condemn the past, but cherishing the present and committing our future to God (Hunt 2008:2159).
CHAPTER 6

SUMMARY AND CONCLUSION

There is more to co-dependency than originally assumed. Co-dependency has relevance as a psychological construct that is not necessarily exclusive to addiction. As a way of behaving in relationship, or as a complex combination of personality characteristics, co-dependency seems to be related to family-of-origin variables pertaining to separation and attachment that may be inherent in all families, not simply those in which addiction is present. Better understanding of co-dependency and its aetiology could facilitate changing families in ways that might improve their capacities for healthy separation and attachment, the bases of differentiation (Yearing, 2001:167).

The misery of co-dependency need not spoil the happiness of family members or another involved person, and neither should it be passed involuntarily to the children and the family around them (Hemfelt et al., 1989:21). The time to end the misery is now to pursue and seize happiness. They can reject misery and choose love instead.

There is however, a price to pay, even a heavy price that might involve pain to expose the deep wounds of the abuse of both substance and people before healing can take place and freedom to live. The relationships must be revealed and tested, and from case to case that might be very hard to put right again.

There is always hope. Recovery from co-dependency is possible, especially if one submits to, and follows God’s supernatural way of healing. Anything less at best will bring about partial recovery. Recovery from addiction is serious business. There can be no half-measures otherwise it will be incomplete (Pentzer, 2012:13).

The first and continuing step is introspection. The next is to understand the mechanics of what is happening within and then comes the march to true healing. The light at the end of the tunnel will definitely be sunlight and not an approaching train (Hemfelt et al., 1989:87).
Biblical counselling is relevant and effective together with life skills regarding dependency and co-dependency. It has been proved that an individual's life that is founded in Christ receives the necessary healing, hope and forgiveness from God. Biblical counselling has a sound methodology through which dependents and co-dependents can be helped.

The plight for help does not end when dependents and co-dependents have grown up therefore prevention is better than cure. Ongoing research is required to keep abreast of our constantly changing society to educate adults through vital life skills. This research must be focused on pastoral aid in the prevention of all forms of abuse within the educational environment as well as the community in general.

Further research is vital towards establishing programs which can be put into place to help young children entangled in the confusing atmosphere of dependency and abuse by parents, even older siblings. It should be seriously questioned if co-dependency as a phenomenon can ever be rooted out – as long as people expose themselves to dependency in any form, co-dependency is lying in wait for its victims – but it should not stymie all the best efforts to conquer co-dependency.
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ADDENDUM A

Quantitative Informed Consent

Dear Respondent,

I, Ronelle Joubert am doing a Practical Theological research regarding CO-DEPENDENCY AND DEPENDENCY WITHIN HOEDSPRUIT. The research takes place under the supervision and mentorship of Dr. P.A. Rousseau. His contact particulars are: Cell 082-0886265, E-mail address 20170041@nwutheology.co.za.

Thank you for your participation.

The aim of this study is to obtain pertinent information regarding respondent’s current level of psychological and social functioning.

The procedure is to collect necessary information in this form through structured questions. The findings will be published for academic purposes only.

Confidentiality is highest priority and all information received will be regarded as personal and confidential. It goes without saying that respondents’ personal details are treated with the same priority.

In the reporting of findings, a neutral pseudonym will be used to convey particulars of the research rendered by research respondents.

The questionnaire will be stored by the researcher in a lockable steel cupboard and will be destroyed after 5 years.

Informed consent Declaration:

I, _____________________________ (Name and Surname),
Hereby state that I voluntarily participate in the above mentioned research. I understand the aim of this study as set out above. I understand the parameters of research and the undertakings regarding my identity as set out above. I understand that I may withdraw participation at any stage.

I understand that the information supplied within this study by myself is within my own personal knowledge and is to the best of my knowledge and belief true and correct.

_________________________ Date: __________________
Signature of Respondent: