The Echo Within: The Codependent's Journey Through Love with Someone with Borderline or Narcissistic Traits

When Loving Hurts and Staying Feels Safer than Leaving

"We are all longing to go home to some place we have never been."
– Starhawk

There is a peculiar grief that codependents carry when they find themselves tethered to someone with traits of Borderline Personality Disorder (BPD) or Narcissistic Personality Disorder (NPD). It is not the sorrow of losing something that was good. It is the sorrow of never having had it, while still believing—achingly, devotedly—that if they try just a bit harder, it will finally arrive. That the person they love will soften. That the apology will come. That the outbursts will stop. That love will finally feel like love.

But what the codependent experiences is not love in the nourishing, reciprocal sense. It is love distorted through the lens of trauma—love filtered through fear, fawning, emotional labor, and a near-constant state of nervous system vigilance. These relationships often begin in a whirlwind of intensity—mirroring, chemistry, connection so thick with energy it feels transcendent. But slowly, or suddenly, the dance begins: praise turns into criticism, intimacy becomes accusation, and the person who once seemed to understand your soul now seems to punish you for needing one.

To those on the outside, it's often incomprehensible. "Why don't you just leave?" they ask. But the codependent knows this is not simply a relationship—it's a reenactment. A psychic homecoming. A looping of a very old story that predates the lover, that echoes the cries of a child left alone with their pain, or taught that love must be earned, not received.

Dan Siegel's (2012) work on interpersonal neurobiology (IPNB) illuminates how early relationships shape not only our emotional expectations, but our very neurology. Our first attachments carve templates into the developing brain—what Siegel calls "neural integration"—and those templates inform how we perceive safety, intimacy, and belonging. If our early caretakers were dysregulated, inconsistent, or self-absorbed, we will come to expect that love is something that arrives in fragments, accompanied by spikes of fear or guilt, and that to be loved, we must manage someone else's emotions while ignoring our own.

This is the silent architecture of the codependent's inner world. They don't choose the narcissist or the borderline out of conscious desire. Their nervous system recognizes a pattern that feels like home. As Diana Fosha (2000) writes, "What was once adaptive becomes maladaptive when the environment changes." The codependent's adaptive brilliance—reading mood shifts, anticipating needs, suppressing their truth to preserve harmony—becomes their prison in adulthood.

In a general sense, codependency is when someone puts other people's needs ahead of their own so often that they lose touch with what they really feel or want. It shows up as people-pleasing, trying to keep others happy, or taking care of others at the cost of your own well-being and boundaries. It can make it hard to know who you are outside of the relationship. People that live this reality tend to be overly self sacrificing and self erasing. From a more clinical perspective, codependency can be seen as a maladaptive relational style characterized by excessive reliance on external validation and a preoccupation with the needs of others at the expense of one's own autonomy, affect regulation, and identity development. It is marked by impaired boundaries, compulsive caregiving or controlling behaviors, and difficulty maintaining a differentiated sense of self within close relationships.

It is easy to pathologize this. But what if, instead, we honored it as survival? The child of emotional neglect does not become codependent because they are weak. They become codependent because they are exquisitely attuned. Their capacity to feel others is often vast. Their empathy, while self-erasing, is a form of brilliance born from necessity. But that brilliance, if never examined, becomes a tragedy: they lose their own voice beneath the noise of everyone else's needs.

This is why the pain of these relationships is so profound. They are not merely difficult—they are developmental reactivations. They expose the raw nerve of attachment wounding, igniting early internal working models, as Bowlby described, of "self as unworthy" and "other as dangerous or withholding." Schore deepened this by showing how disorganized or anxious attachment not only affects cognitive models but deeply imprints the body's affect regulation systems. This is not just a psychological pattern—it is a somatic loop. It lives in the tissue.

The codependent's hope is not naïve. It is ancestral. It is the hope of the infant for the mother to return with milk. It is the hope of the five-year-old that dad will stop yelling. It is the hope that maybe this time, if I am kind enough, still enough, strong enough, the person who is hurting me will stop. That I will be loved back. That the chaos will subside. That I won't be left.

This attachment-based longing explains why even the most intelligent, insightful, and self-aware people can stay in destructive relationships for years. The logic of the prefrontal cortex—the adult mind—is no match for the limbic imprinting of developmental trauma. Logic says: "Leave." The nervous system says: "If you leave, you will die alone."

And so, they stay. They explain. They rationalize. They make therapy appointments for their partner. They blame themselves. They hold out for the moment when things will shift. But the truth, as Carl Jung warned us, is that "Until you make the unconscious conscious, it will direct your life and you will call it fate."

For the codependent, the unconscious is alive in every act of self-erasure. Every time they say yes when they mean no. Every time they protect the dysregulated partner from consequences. Every time they apologize for having needs. Every time they tell themselves it's not that bad. Every time they feel grateful for crumbs. These are not simply behaviors—they are symptoms of an inner system still trying to keep the child inside them safe.

In these relationships, the codependent often becomes the container. They hold the chaos, absorb the projections, filter the rage. If the partner is borderline, they brace for the swings—craving and abandonment, idealization and vilification. If the partner is narcissistic, they shrink in the shadows of superiority and manipulation, trying to prove they are enough. Either way, their inner child is doing the labor of love without ever feeling its reward.

But there is hope in this story.

What begins as a reenactment can become a revelation. These relationships, as brutal as they can be, also surface the deepest patterns that were once hidden. They force the codependent to ask: *Who was I before I learned to disappear? What if I am worthy without being needed? What happens if I stop fixing and start feeling?*

As Henri Nouwen wrote, "The real journey of the spiritual life is from illusion to prayer, and from prayer to compassion." In that spirit, this exploration is not merely diagnostic—it is devotional. It invites us into the underworld of the psyche—not to shame or blame, but to retrieve what was lost.

We begin with the premise that the codependent is not broken. They are brilliant. Adaptive. Beautiful. And tired. Tired of proving. Tired of absorbing. Tired of loving so hard and still being so alone. This article, then, is not just an analysis. It is a map. A remembrance. A way back to the Self—the core Self that Fosha describes as innate, radiant, and waiting to be uncovered beneath the rubble of protective parts and adaptive strategies.

It is possible to unlearn the script. To feel what was once unfelt. To grieve what was never given. And to become what you needed—not for someone else, but for yourself. We begin by naming it all: the pattern, the wound, the longing, the rage, the hope. We begin, as all healing must, by telling the truth and looking with clear and sober eyes at ourselves.

While clinical terms like *borderline* or *narcissistic* have been used to describe certain patterns, it's important to understand that these labels including the codependent label and perhaps all psychological labels represent points along a wide spectrum of human experience. On one end are people whose patterns are so intense and disruptive that they meet criteria for a diagnosable disorder. But far more often, people simply carry traits that echo these same patterns—traits like high emotional sensitivity, fear of rejection, self-protection, or strong self-focus. These qualities are not signs of being broken; they are ways the nervous system has adapted to early experiences.

Think of yourself like a tree shaped by the wind. If the wind always blew from one direction, the tree would grow at an angle. It might have deep grooves where storms tore off branches, and scars where lightning struck. But the tree is still a tree—alive, rooted, and capable of new growth in any direction if the conditions allow. Its shape tells a story, but it does not define its worth.

In the same way, the patterns you have in relationships, emotions, and self-perception are part of your story—but they are not your *entire* story, and they are not your destiny. These patterns contain *gifts* as well as challenges: intensity can bring passion, high self-focus can bring vision, emotional sensitivity can bring empathy, and independence can bring strength. As my mentor Doug would say, from our deepest wounds come our greatest gifts. It's not about erasing who you are—it's about learning to bring those gifts into balance, so they work *for* you instead of against you. In exploring the challenges which exist as wounds held within what Jung refers to as the shadow, we can bring these gifts into balance with the unexamined parts of ourselves.

Often the unexamined shadow material for many with codependent tendencies are things like, unacknowledged needs, unspoken anger and resentment, unexpressed desire for autonomy and freedom of expression, and the need for more power and control.

Seen through Jung's lens, codependency is not just about giving too much—it's also about what is being disowned and hidden. Healing involves bringing these shadow elements into awareness with compassion: recognizing unmet needs, reclaiming healthy anger, and allowing oneself to hold both care for others and care for self.

The Codependent Psyche: A Developmental Blueprint for Self-Effacement

"The child who is not embraced by the village will burn it down to feel its warmth."
– African proverb

To understand the codependent, we must understand the child. Not just the biography, but the inner terrain—the relational ecosystem in which the child developed their earliest sense of self. Codependency is not a personality trait. It is not a flaw or an illness. It is a response. A deeply intelligent, adaptive, and at times life-saving way of being born out of necessity in environments where direct expressions of need, boundary, or authenticity were punished, ignored, or made dangerous.

The codependent psyche forms not in a vacuum, but within a system—often a family—where love is conditional, attunement is sporadic, and emotional labor is a form of currency. In these systems, the child quickly learns: *"I must not make waves. I must be good. I must take care of them. I must disappear to survive."*

These lessons are not verbalized. They are absorbed through experience, patterned into the nervous system, imprinted into what Bowlby called the *internal working model*—the unconscious map that governs how we expect to be treated and what we believe we must do to be worthy of connection.

Dan Siegel's work in Interpersonal Neurobiology (IPNB) helps us understand how these experiences literally shape the brain. When an infant's distress is met with soothing and regulation, the child's right brain—responsible for processing emotion and attachment—develops coherent neural integration. But in homes marked by unpredictability, volatility, emotional neglect, or enmeshment, the child's developing nervous system never learns how to regulate itself internally. Instead, the child externalizes their regulation—often through hyper-vigilant attunement to others, scanning for danger, reading subtle cues, and adjusting behavior to keep the peace.

Allan Schore's research into affect regulation reveals that this kind of chronic stress in early relational life leads to insecure or disorganized attachment styles. The child's relational field becomes a source of both safety and threat—a double bind that confuses the instinctual systems. In a disorganized attachment structure, the caregiver is both the haven and the source of harm. The result is an anxious, compulsive yearning: the child seeks to soothe the very person who frightens them, blames themselves for the chaos, and learns to perform safety by regulating the parent's emotional state.

This pattern becomes the scaffolding for codependency.

The codependent child often becomes an expert in emotional attunement to others—but remains estranged from their own inner world. Their developing identity is filtered through the needs of those around them. If their parent was emotionally volatile, depressed, narcissistic, addicted, or simply absent, the child became the emotional caretaker, the rescuer, the mediator. If there was no space for their own feelings, they learned to suppress them. If being "good" earned temporary stability, they became perfectionistic. If showing anger meant punishment or withdrawal, they became compliant or fawning. These adaptations are brilliant—they are evidence of a system doing whatever it must to survive.

But survival is not the same as thriving.

By the time the codependent reaches adulthood, these strategies have become embedded into the structure of self. Not only are they experts in managing others' emotions—they are often strangers to their own. Diana Fosha writes that these adaptations lead to what she calls the *"self in hiding."* The true self—spontaneous, feeling, expressive—is buried under protective strategies. These parts of the psyche—what Richard Schwartz's Internal Family Systems (IFS) model would call "managers"—work tirelessly to keep the person safe by controlling how they are perceived: appeasing, accommodating, staying silent when angry, smiling when sad, minimizing when hurt.

This leads to a fragmentation of identity. The codependent feels exhausted, resentful, invisible, but often cannot articulate why. They are over-functioning in relationships, over-giving in service, under-expressing their needs. And when they are not needed—or if they try to express a need and are met with dismissal or hostility—they often feel worthless.

Carl Jung might say they have over-identified with the Persona and exiled the Shadow. The Persona, in this case, is the pleasing, helpful, capable mask they wear in the world. The Shadow contains the anger, the hunger, the grief, the desire to be loved for who they are without performing. But to express the Shadow would threaten the protective system. So instead, they find themselves inexplicably drawn to people who carry those disowned qualities—who are selfish, explosive, seductive, or demanding. The unconscious says, *"Maybe if I can make them love me, I'll finally get to feel those things too."*

But this is not conscious. The codependent doesn't wake up and say, *"Let me find someone who reminds me of my mother who ignored me, or my father who shamed me."* Rather, the nervous system detects something familiar. As Jaak Panksepp's SEEKING system describes, we are biologically driven to pursue what we associate with reward—even if that reward was once intermittent, unpredictable, or painful.

Thus, the codependent finds themselves in relationships where they repeat the childhood pattern: attune, suppress, serve, collapse. The partner with BPD or NPD traits reenacts the original dynamic, often with shocking precision: alternately loving and rejecting, needy and punishing, charming and contemptuous. The codependent, entranced and retraumatized, digs in deeper. They try harder. They blame themselves. They confuse anxiety with connection. As Pema Chödrön writes, "Nothing ever goes away until it has taught us what we need to know."

At the core of the codependent psyche is a tragic confusion: that love must be earned through sacrifice, that safety comes from being useful, and that their pain is their fault.

This is why traditional advice like "just set boundaries" or "just love yourself" often falls flat. For the codependent, setting a boundary can feel like betrayal. Choosing themselves can feel like death. Their protective parts believe that if they stop over-giving, they will lose connection entirely. They fear becoming the selfish parent, the abandoning mother, the withholding father. Their shame is primal, embedded in the very fabric of their relational knowing.

But healing is possible. Diana Fosha reminds us that transformation is not about fixing brokenness—it's about *undoing aloneness.* When the codependent begins to explore their inner

world with a compassionate witness—whether therapist, partner, or self—they begin to rewire their nervous system. Through affective experience (not just intellectual insight), they start to feel what they could not feel before: grief, anger, longing, joy. And in the process, they reclaim the Self that was buried beneath the performances of protection.

As we move into the next section, we will explore the traits and dynamics of the borderline and narcissistic partner—and why they so often feel like home to the codependent. But for now, let us pause and honor this truth:

The codependent was never broken.
They were once a child who learned to survive in a home that demanded their silence.
They adapted by loving too much, needing too little, and blaming themselves for everything in between.
And they deserve a new map. One where love is not earned by disappearing.
One where they are allowed—at last—to take up space.

The Borderline and Narcissistic Partner: The Dance of Dysregulation and Defensiveness

"All forms of self-hate are really expressions of ungrieved grief."
– Diana Fosha

To understand the borderline or narcissistic partner is to enter a world of profound contradiction: hunger for intimacy coupled with terror of being known, moments of warmth that give way to contempt, declarations of love followed by cruel withdrawal. For the codependent, these behaviors are baffling and deeply painful—but for the borderline or narcissistic individual, they are often reflexive, defensive survival strategies rooted in early relational trauma.

In this section, we will explore the origins and manifestations of BPD and NPD traits, not to excuse harmful behavior, but to contextualize it. When we understand the internal world of the partner with a disorganized or fragmented self-structure, we begin to see why these relationships often become crucibles for both injury and awakening.

The Disorganized Self: Fragmentation and the Inability to Hold Coherence

At the core of both BPD and NPD is a profound difficulty with self-regulation—emotionally, cognitively, and relationally. Allan Schore's work on early right-brain development demonstrates that when infants experience misattuned, inconsistent, or frightening caregiving, they do not develop stable neural templates for regulating affect or forming a coherent sense of self. The caregiver is both the source of comfort and the source of terror, and the infant's system becomes organized around contradiction.

For the borderline individual, this manifests as a disorganized attachment style—a deep yearning for closeness that activates intense fear of abandonment. Their internal working model, forged in early trauma, tells them: *"I will be left. I am too much. If I don't cling, I'll disappear. But if I get too close, I will be hurt."* They live in a state of hyperarousal, scanning for the slightest sign of rejection, and often responding with panic, rage, or withdrawal.

For the narcissistic individual, the defense is different—but the wound is similar. Beneath the grandiosity, entitlement, or emotional detachment lies a fragile, shamed self. The narcissist learned early that vulnerability was dangerous or humiliating. Perhaps they were idealized and never allowed to fail, or perhaps they were chronically shamed and told they were never enough. Either way, they developed a *false self* (Winnicott) to mask the emptiness within. Their relational template becomes: *"If I am perfect, powerful, or needed, I will not be abandoned. If I show weakness, I will be annihilated."*

What the borderline and narcissist have in common is the lack of a coherent, integrated self capable of regulating affect and maintaining stable relationships. What differentiates them is how they manage that instability:

- **The borderline partner** externalizes their pain. Their emotional intensity, impulsivity, and desperate fear of abandonment can overwhelm the codependent, who often responds by becoming more accommodating, more stable, more emotionally available.
- **The narcissistic partner** dissociates from their pain. Their defenses of superiority, detachment, or blame can leave the codependent feeling unseen, devalued, or exploited—yet still desperately trying to earn validation.

Diana Fosha's framework of *core affect and defense* helps us understand how both personality structures operate. The borderline partner is often flooded with *core affect*—grief, terror, longing—but has not learned how to stay with those feelings. Instead, they defend against the overwhelm through projection, idealization/devaluation cycles, or self-harm. The narcissist, conversely, has buried their core affect beneath layers of defense—control, coldness, or rage. In both cases, their protective strategies developed in environments where feeling deeply was too dangerous to tolerate.

The Dance: How the Codependent and BPD/NPD Partner Lock Together

For the codependent, being with a borderline or narcissistic partner feels like living in a relational earthquake zone—moments of calm interrupted by tremors of volatility. But beneath the chaos is an uncanny familiarity.

The borderline's intensity often activates the codependent's childhood role as emotional stabilizer. Their pain feels urgent, tragic, and deeply familiar. The codependent's adaptive parts—caretaker, empath, fixer—spring into action. They try to soothe, reassure, prove their love. But when the borderline devalues them, pulls away, or accuses them of betrayal, the codependent is retraumatized—and yet often doubles down. This loop echoes what Diana Fosha

calls “the aloneness that feels unbearable”—not just loneliness, but *misattunement in the face of vulnerability.*

With the narcissist, the dynamic is subtler but just as insidious. The codependent may be drawn to the narcissist’s charisma, confidence, or magnetism. They feel seen and chosen—at least at first. But over time, they find themselves walking on eggshells, managing the narcissist’s ego, avoiding topics that trigger defensiveness, and shrinking their own needs. The narcissist may use tactics like gaslighting, blame-shifting, or emotional withholding to preserve their grandiose self-image. The codependent, afraid of rejection and driven by a belief that love must be earned, becomes trapped in an invisible audition.

Both dynamics are powered by what Jaak Panksepp would identify as the SEEKING system gone awry. The codependent’s brain is driven to pursue connection, to resolve the wound, to make it work. The intermittent reinforcement—affection followed by withdrawal, praise followed by criticism—activates the brain’s reward circuits, mimicking addiction. This is why leaving can feel impossible, even when staying is excruciating.

Projection, Idealization, and the Collapse of Empathy

In relationships with BPD or NPD partners, the codependent often becomes the screen upon which the partner projects their internal chaos. This is particularly evident in:

- **Splitting:** A common defense in BPD, where the partner alternates between idealizing the codependent and viewing them as entirely bad. This black-and-white thinking reflects an inability to hold ambivalence—an undeveloped capacity to tolerate complex emotional states.
- **Projective identification:** A psychodynamic concept where the borderline or narcissistic partner unconsciously disowns unwanted feelings (shame, fear, dependency) and provokes the codependent to feel and enact them. The codependent, unaware of what’s happening, may feel increasingly confused, guilty, or enraged—and then blame themselves.
- **Collapse of empathy:** In moments of dysregulation, the BPD or NPD partner may seem incapable of seeing the codependent’s pain. This is not always due to maliciousness. As Fosha and Siegel both note, when the nervous system is in a threat state, access to empathy, curiosity, and reflection is severely limited. The partner’s survival brain hijacks the relational field, and all that matters is self-preservation.

The Illusion of Redemption

One of the most painful aspects of these relationships is the fantasy of redemption. The codependent often believes that if they love hard enough, stay long enough, or suffer patiently enough, they will finally unlock the "real" person beneath the disorder—the loving partner

glimpsed in brief moments of tenderness. They believe they are the exception, that they can succeed where others have failed.

This illusion is often rooted in a repetition compulsion—what Freud described as the unconscious drive to recreate early trauma in hopes of changing the outcome. The codependent is not just trying to fix the partner—they are trying to repair the wound of childhood, to finally be loved by the one who could not love them before.

The High Cost of Staying

The psychological and somatic toll of these relationships is immense. The codependent often becomes dysregulated themselves—losing sleep, developing anxiety, abandoning their values, isolating from friends, doubting their reality. They may start to dissociate, collapse into depression, or develop physical symptoms as their body absorbs the partner's projections and emotional chaos.

Over time, they may lose touch with their own internal compass, mistaking trauma bonding for devotion. As Peter Levine reminds us, "Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness."

The codependent is often that witness—for everyone but themselves.

As we move forward, we will explore the deeper roots of these patterns, tracing the codependent's early family roles and the multigenerational systems that prime them for these partnerships. But for now, it is worth pausing to name this truth:

You are not failing because you can't fix them.
You are hurting because you are losing yourself trying.
And your soul is not asking you to work harder.
It's asking you to come home.

Family Systems Roots: Multigenerational Wounds and the Legacy of Emotional Fusion

"We are not only formed by our parents, but by our parents' unresolved traumas, and the unspoken contracts passed silently through generations."

To fully grasp the experience of the codependent—and their susceptibility to entanglement with borderline or narcissistic partners—we must widen the lens. We must move from the individual

psyche to the family system that shaped it, and beyond that, to the generational currents of loyalty, silence, and adaptation that pulse beneath the surface.

Family Systems Theory, developed by thinkers like Murray Bowen, Salvador Minuchin, and Virginia Satir, offers us a powerful frame: the individual is never separate from the emotional field in which they were raised. Problems are not born in isolation; they emerge as expressions of systemic tension, inherited roles, and attempts to maintain homeostasis in unstable environments.

For the codependent, this often means they were not simply raised in a difficult family—they were recruited into a role. A stabilizer. A peacekeeper. A surrogate spouse. A sponge for unspoken pain.

And long before they found themselves in a romantic relationship that demands self-erasure, they were already trained in it.

The Family Myth: Roles, Rules, and Unconscious Agreements

Every family has its mythos—a set of unspoken beliefs and expectations that define who matters, what emotions are allowed, and what survival requires. These myths are not consciously chosen; they evolve through generations as adaptations to trauma, loss, cultural pressure, or parental wounds. They are transmitted not just through words, but through tone, posture, timing, gaze—what Allan Schore would call the "nonverbal affective field" of early development.

In codependent-prone families, these myths often include themes such as:

- **"Don't feel too much."** Emotions—particularly anger, grief, or vulnerability—are shamed or ignored.
- **"Don't need too much."** Autonomy is discouraged; dependence is rewarded when it benefits the parent.
- **"Be good."** The child's value is linked to compliance, helpfulness, or performance.
- **"Protect the parent."** Children must attune to the adult's needs, often reversing the caregiving role.
- **"Keep the secret."** Family dysfunction—addiction, abuse, betrayal, mental illness—is cloaked in silence or denial.

These myths are reinforced through *roles*—rigid relational identities that children adopt to maintain equilibrium in the system. The codependent often grows up in roles such as:

- **The Caretaker**: Emotional support system for the parent; praised for being "mature for their age."
- **The Hero**: High-achieving, responsible; distracts from family chaos with success.
- **The Lost Child**: Quiet, independent; disappears emotionally to avoid conflict.
- **The Scapegoat**: Expresses the family's unspoken rage; blamed for systemic problems.

These roles are not inherently pathological. They are brilliant. As Fosha reminds us, adaptation is a form of genius. But over time, the child's role calcifies into identity. And when a particular way of being earns connection—even if that connection is conditional or manipulative—it becomes internalized as a relational blueprint.

Emotional Fusion and the Loss of Self

Murray Bowen's concept of *emotional fusion* is particularly helpful here. Fusion occurs when there is little differentiation between individuals in a family system—when personal boundaries, emotions, and even identities are blurred or shared. In fused systems, individuation is seen as betrayal. Autonomy threatens the fragile balance. Speaking a difficult truth, setting a boundary, or expressing a divergent perspective can trigger guilt, rage, or withdrawal from the family unit.

In such environments, the child learns to *merge* rather than differentiate. They become what others need them to be. They silence dissent. They feel responsible for the moods and needs of others. And they confuse enmeshment with love.

This emotional fusion becomes the fertile ground in which codependency grows.

When these individuals enter romantic relationships in adulthood—particularly with partners who are emotionally volatile or self-absorbed—they slip back into familiar roles without even realizing it. The emotional climate may be chaotic, but it feels *known*. It echoes the early family system: instability, intensity, unspoken contracts, and the demand to prioritize someone else's emotional reality over one's own.

Multigenerational Transmission of Trauma

Bowen's theory also emphasized the *transgenerational* nature of emotional functioning. Unresolved trauma—particularly when unspoken—ripples across generations. Parents unconsciously pass down their own attachment wounds, defenses, and unmetabolized pain to their children. Not out of malice, but out of repetition. Out of loyalty. Out of blind spots formed in childhood.

Mark Wolynn's work in inherited family trauma reminds us that what is unspoken is often the most powerful. A grandmother's depression, an uncle's suicide, a great-grandfather's abuse—if these events are shrouded in silence, they often reappear in the lives of descendants as anxiety, compulsive caregiving, identity confusion, or relational dysfunction.

The codependent often carries not only their own burdens, but the emotional weight of generations. They may feel an aching guilt when choosing themselves. A sense that they are abandoning someone—often without knowing who. They may chronically over-function, not just

out of personal habit, but as an unconscious attempt to "repair the system," to atone for family shame, to earn love denied to their mother, or protect their father from his unspoken grief.

This is *trauma loyalty*—a concept similar to Fosha's "transference in the body." The codependent is not merely bonded to their partner—they are tethered to an entire lineage of unmet need.

Family Sculpting and Relational Templates

Virginia Satir, another pioneer in systems theory, used the metaphor of *family sculpting* to explore how children internalize relational dynamics. Through early experiences, they construct a sculpture in their psyche: "This is how love works. This is who I need to be. This is what will get me connection."

This sculpture becomes an unconscious template. And when the codependent meets a borderline or narcissistic partner, they often fit the sculpture precisely. The partner's rage may mirror the father's unpredictability. Their emotional withdrawal echoes the mother's coldness. Their neediness replicates the sibling who was always in crisis. The codependent does not see this consciously. But the body remembers. The nervous system says: *"This is familiar. I know how to do this."*

This is not fate. But it is powerful. As Jung said, "Until you make the unconscious conscious, it will direct your life and you will call it fate."

The Way Through: Differentiation, Grief, and Truth-Telling

Healing from these systemic imprints requires what Bowen called *differentiation of self*—the ability to stay connected while remaining authentic, to hold onto one's truth even when the emotional field pulls for regression or compliance.

For the codependent, this often means grieving the roles they once cherished. It means risking disconnection from a partner, parent, or sibling to find connection with themselves. It means questioning the family myths. It means revisiting the child they once were, and saying: *"You never had to be the one who held it all."*

Diana Fosha's work is vital here. Through her AEDP model, the codependent can access the *Core Self* that was once buried beneath the roles. Through affective experience, not just insight, they learn to feel what was once forbidden: anger, grief, longing, and joy. They begin to de-fuse from the emotional system—not by abandoning love, but by finally including themselves in it.

As we move next into the psychodynamic foundations of codependency—the inner world of the false self and disavowed needs—we carry with us this understanding:

The family system did not mean to wound you.
But it trained you to disappear.
To be safe, not whole.
To be good, not true.
And your task now is not to hate the system,
but to step out of its trance.

Psychodynamic Echoes: Object Relations, the False Self, and the Hunger for Repair

"We enter adulthood still aching for the love we needed in infancy. And until we grieve that emptiness, we mistake reenactment for intimacy."

While family systems theory shows us the intergenerational dynamics that shape the codependent's role, psychodynamic thought reveals the internal world: the architecture of the self, the unconscious longing for repair, and the inner figures that haunt or comfort us. The codependent does not merely respond to their partner's behavior; they carry within them a landscape shaped by early relationships, fractured attachments, and disowned parts of self.

In this inner landscape, love is filtered through memory, longing is burdened by shame, and the search for connection often becomes a repetition of an old injury.

Object Relations: The Relational Template Within

Object relations theory, an evolution of Freud's early work, posits that our earliest caregivers become internal "objects"—mental representations of self and other that persist into adulthood. These internalized relational templates guide how we engage with others, how we view ourselves, and how we interpret relational conflict.

For the codependent, the primary object may have been a parent who was loving one moment and rejecting the next, present but emotionally absent, or enmeshed but critical. The child does not develop a stable, cohesive experience of being loved. Instead, they internalize confusion: *"I am loved only when I perform. I am too much. I am not enough. I must manage your feelings so I don't get abandoned."*

These internalized messages become the basis of the *relational unconscious*—the background software that runs every adult relationship. The borderline or narcissistic partner, often unknowingly, activates these early scripts. And so, the codependent responds not from the adult self, but from the child self, still hoping to finally resolve the original injury.

The False Self and the Adaptive Self in Hiding

Donald Winnicott's concept of the *false self* is central to understanding codependency. The false self is not a deception—it is a survival strategy. It forms when a child's spontaneous expression is met with misattunement, ridicule, or punishment. The child begins to censor themselves, expressing only what is acceptable to the caregiver. Over time, this becomes a personality: agreeable, accommodating, empathic, resilient. And beneath it, the true self remains hidden, unformed, or exiled.

The false self becomes the codependent's primary mode of interaction. It is the "good partner," the "strong one," the "caretaker." But it is not a full expression of the person's authentic being. It is a mask worn so convincingly that even the wearer forgets it's a mask.

Richard Schwartz's Internal Family Systems (IFS) model echoes this with the concept of *managers*—parts of the psyche that organize behavior to protect the vulnerable exiles beneath. The codependent's managers are highly refined: appeasers, fixers, planners, pleasers. These parts work tirelessly to prevent rejection, control chaos, and maintain connection. But they also prevent intimacy—with others and with the self.

Beneath these managers are exiles—parts burdened by shame, grief, and unmet need. These exiles hold the truth the system couldn't afford to feel: *"I was never chosen." "I had to disappear." "I needed too much."*

Diana Fosha writes that these truths are not inherently traumatic. What makes them traumatic is the *aloneness* in which they were first experienced. The core wound is not the feeling—it's the abandonment in the face of the feeling. And so, healing begins not with explanation, but with presence—with someone who can stay, witness, and help metabolize what was once unbearable.

The Hunger for Repair: Repetition Compulsion and the Fantasy of Redemption

Freud's concept of *repetition compulsion* describes how we unconsciously recreate early relational wounds in adult life—not because we are masochistic, but because we long for a different outcome. We repeat the injury in hopes that this time, we'll be chosen. This time, the other person will stay. This time, we'll be enough.

The codependent often selects partners who resemble early attachment figures. The emotionally unavailable mother becomes the narcissistic boyfriend. The volatile father becomes the borderline wife. The childhood plea—*"Please see me"*—morphs into a decades-long relationship of self-sacrifice, endless empathy, and quiet suffering.

This hunger for repair drives the codependent to work harder when the relationship becomes painful. They interpret their partner's dysregulation as evidence of need. They confuse their own anxiety with love. They interpret the silence after a fight as a test of their loyalty.

But what they are really doing is trying to change the past.

They are trying to rewrite a story that already ended. And in doing so, they abandon the present—and themselves.

Disowned Parts and the Partner as Shadow

Carl Jung wrote that the Shadow is not just the dark or shameful parts of the self—it's anything disowned or unconscious. For the codependent, this often includes healthy aggression, entitlement, boundary-setting, and the capacity to express needs.

These qualities are not gone. They are projected.

Enter the borderline or narcissistic partner.

The BPD partner expresses raw emotion, rage, need, fear. The NPD partner embodies self-focus, entitlement, grandiosity. And while these traits can be destructive, they also carry qualities the codependent has disowned in themselves.

The borderline's emotional intensity mirrors the codependent's repressed anger. The narcissist's confidence echoes the codependent's buried longing to feel important.

Thus, the partner becomes a mirror of the Shadow. And the relationship becomes a stage on which the codependent both enacts and avoids their own inner material. They may despise the narcissist's selfishness, but they also wish—secretly—to be that unapologetic. They may resent the borderline's outbursts, but they also yearn to scream *"Don't leave me!"* without shame.

This is why these relationships are not merely painful—they are alchemical. They stir the unconscious. They reveal the exiled self. They break down the false identity.

And in doing so, they offer a door to integration.

Toward Wholeness: From Projection to Reclamation

The path forward, then, is not just to leave the relationship (though that may be necessary). It is to withdraw the projections. To reclaim the Shadow. To unblend from the false self. To turn inward and say to the lost parts: *"I see you. I've blamed others for you. But you are mine."*

Fosha's model gives us the roadmap:

- First, feel with—not about—the disowned emotion.
- Then, undo the aloneness around it.
- Finally, allow transformation through *core affective experience*.

When the codependent begins to feel their own rage, grief, and longing—when they let these feelings move through the body in the presence of compassion—they begin to rewire the system.

They are no longer performing.
No longer projecting.
No longer waiting to be rescued.

They are becoming.

As we move next into **The Internal Working Model** and its neurobiological foundations, we'll deepen our understanding of how attachment templates from childhood continue to animate adult choices—and how they can be reshaped through healing, presence, and emotional coherence.

The Internal Working Model: Attachment Templates and the Repetition of the Known

"The expectations we carry into love are the children of our earliest bonds. We do not fall for someone new—we fall for the familiar shape of absence."

The Internal Working Model (IWM), introduced by John Bowlby and expanded upon by researchers such as Mary Main and Allan Schore, is one of the most powerful mechanisms shaping adult relationships. It is the blueprint, forged in our earliest years, that organizes how we interpret intimacy, safety, and the self's place in the emotional world. In relationships marked by codependency and attachment to partners with BPD or NPD traits, this model doesn't just influence behavior—it drives it, often beneath conscious awareness.

To understand why a codependent person feels magnetically pulled into a painful, often humiliating dynamic—and why it can feel harder to leave than to stay—we must enter the architecture of the IWM. Because it is here, in this invisible scaffolding of expectation, memory, and nervous system imprint, that the repetition of the known begins.

Bowlby's Insight: The Relational Map Beneath Consciousness

John Bowlby proposed that infants develop a model of the world based on the availability and responsiveness of their primary caregivers. If the caregiver is consistently attuned, emotionally present, and safe, the child internalizes a sense that:

- I am worthy of love.
- Others can be trusted.
- The world is generally safe.

But when caregiving is inconsistent, rejecting, neglectful, or frightening, the child's model reflects that:

- I am too much or not enough.
- Love must be earned or chased.
- Others will abandon, engulf, or harm me.

These templates are not stored as thoughts—they are stored as procedural memory and emotional expectation. They become the baseline from which all future relationships are evaluated. And they are reinforced not just by cognition, but by *neurobiology*.

Schore and the Right Brain: The Body Remembers What the Mind Cannot Say

Allan Schore's extensive work in affective neuroscience and early relational trauma offers a bridge between Bowlby's theory and the nervous system. He shows that the attachment bond—especially in the first two years—primarily develops in the right hemisphere of the brain, which governs emotional regulation, body states, and nonverbal communication.

When a caregiver fails to attune to an infant's emotional cues—ignoring distress, punishing expression, or overwhelming with their own needs—the child's right brain becomes organized around *misattunement*. This leads to insecure or disorganized attachment styles, each associated with specific patterns of self-regulation:

- **Anxious attachment**: Hyperactivation of affect and vigilance. "I must cling or I will be left."
- **Avoidant attachment**: Deactivation of affect. "I must suppress to stay safe."
- **Disorganized attachment**: Fragmentation, shame, confusion. "I want closeness but fear it."

The Internal Working Model here is not just mental—it is visceral. It is stored in the body, in implicit memory, in the autonomic nervous system. And when these early templates are reactivated by an adult partner—especially one who mirrors the original wound—the emotional and physiological responses can feel overwhelming, even life-threatening.

Repetition of the Known: The Compulsion to Repair the Past

The child who was met with inconsistency or intrusion still longs to feel safe. But because safety was never reliably experienced, they are left with a paradox: they can only recognize love when it feels *unfamiliar* or unsafe.

Enter the partner with BPD or NPD traits.

The borderline's pattern of idealizing and then rejecting, clinging and then accusing, floods the codependent's nervous system with early chaos. The narcissist's emotional unavailability and grandiosity echo the parent who was cold, dismissive, or self-absorbed. But rather than avoid these dynamics, the codependent is *drawn to them*. The body says: *This feels like home. Maybe this time I'll get it right.*

This is the internal working model at play.

- The codependent doesn't just love their partner—they are trying to repair their childhood.
- They don't just stay because of fear—they stay because leaving would mean accepting that the original wound cannot be undone.
- They don't just tolerate mistreatment—they are replaying an old role, hoping for a new ending.

Diana Fosha speaks to this when she writes that trauma is not only what happens to us, but what happens *inside us in the absence of an empathic witness.* The IWM is not just a memory—it is a living, breathing system of belief that must be metabolized through relational presence and affective experience.

The Attachment-Altered Nervous System: When Intimacy Feels Dangerous

Dan Siegel's concept of "window of tolerance" offers another essential layer. For securely attached individuals, intimacy, vulnerability, and emotional expression fall within their window—they can feel deeply without becoming dysregulated. But for those with insecure attachment histories, even small emotional cues can push them outside that window, into hyperarousal (panic, anger) or hypoarousal (numbing, collapse).

In relationships with BPD or NPD individuals, the codependent is repeatedly pushed beyond their capacity to regulate. The partner's outbursts, manipulation, or dissociation may trigger unresolved attachment fears, causing the codependent to freeze, fawn, or over-function. The nervous system reads the partner's behavior as life-threatening—not metaphorically, but *biologically*. Cortisol floods. Muscles contract. Breath shortens.

And yet—the codependent doesn't leave.

Why?

Because the threat is *intertwined* with the promise of love. The pain is fused with the hope of repair. The abandonment terror is coded as *intimacy*.

This is the tragedy of the internal working model left unexamined: it repeats itself not because it is good, but because it is *known*.

Updating the Template: From Implicit Expectation to Conscious Choice

The good news is that the IWM is not destiny. Though it is formed in early life and rooted in procedural memory, it can be reshaped. But not through insight alone—it must be restructured through *new relational experience*.

Fosha's AEDP offers a process by which the codependent can access core affective states—grief, longing, terror, joy—in the presence of an attuned other (therapist, partner, self). When these emotions are felt and not abandoned—when the nervous system experiences coherence instead of chaos—the internal model begins to shift.

Schwartz's IFS complements this by unblending the parts organized around early roles. The inner child can be retrieved. The managers can relax. The Self can emerge. Not the false self that performs for love—but the real one, that *knows* it is worthy.

Siegel, too, emphasizes *integration*—the linking of differentiated parts into a coherent whole. Through mindful awareness, somatic presence, and compassionate witnessing, the once-fragmented system becomes flexible, resilient, and capable of new relational choices.

Signs the Internal Working Model is Healing

- You no longer feel pulled to "prove" your worth in relationships.
- You can tolerate ambivalence in others without collapsing into anxiety or control.
- You recognize early signs of emotional manipulation or dysregulation—and set boundaries.
- You begin to desire peace more than intensity.
- You can say "no" and trust that it doesn't make you unlovable.
- You begin to feel, in your body, that safety is allowed.

As we move forward into the neurobiological underpinnings of codependency and the hijacked self, we build upon this central truth:

You are not broken.
Your body and mind adapted brilliantly to early danger.

But you are no longer in that home.
You are no longer that child.
And you are allowed—finally—to rewrite the map.

Neurobiology of Entrapment: IPNB and the Hijacked Self

"The body is the container of our story—every heartbeat, every contraction, every pulse of fear or longing. It remembers what the mind forgets, and it will not rest until we listen."

For many codependents, the pull to stay in painful relationships—especially those marked by borderline or narcissistic dynamics—is not merely emotional or psychological. It is *biological.* It lives in the body. It pulses through the vagus nerve. It hijacks cognition and hijacks the sense of agency. It is a deeply ingrained state of survival, encoded through years of early attachment misattunement, now activated by a partner's unpredictability, rejection, or intensity.

Interpersonal Neurobiology (IPNB), pioneered by Dan Siegel, offers a powerful framework for understanding how early relational experiences shape the brain, body, and sense of self. From this lens, the codependent is not weak or foolish. They are entrapped in a complex neural network shaped by trauma, disconnection, and the longing for coherence. This entrapment can be understood through the interplay of multiple systems: attachment, emotion regulation, memory consolidation, and nervous system arousal.

The Relational Brain: Wiring for Connection and Regulation

From birth, the human nervous system is designed to co-regulate. A newborn cannot calm itself—it relies on the caregiver's touch, voice, and gaze to organize its internal states. This process, known as "interactive regulation," helps develop the prefrontal cortex and establish a coherent sense of self.

When a caregiver is emotionally attuned, the child learns: *"My feelings make sense. I can be soothed. The world is safe."*

But when the caregiver is misattuned, neglectful, intrusive, or frightening, the child's system becomes overwhelmed. There is no co-regulation. The stress response—governed by the hypothalamic-pituitary-adrenal (HPA) axis—goes unchecked. The amygdala (threat detection) becomes hypersensitive. The prefrontal cortex (reasoning, self-awareness) remains underdeveloped.

This creates a brain organized around danger, not connection.

Allan Schore's work shows that repeated emotional misattunement wires the right hemisphere—responsible for emotional processing and self-other integration—to expect disconnection. The child doesn't learn to regulate affect; they learn to anticipate loss. They don't develop a stable self; they develop a survival strategy.

Fast-forward to adulthood: the codependent enters a relationship with someone who mirrors the original wound—a partner who is intense, reactive, self-absorbed, or abandoning. And the body remembers.

The Hijacked Self: Survival Over Sovereignty

In relationships with BPD or NPD partners, the codependent's nervous system is frequently dysregulated. Their partner's volatility—whether expressed as abandonment threats, rage attacks, gaslighting, or emotional neglect—pushes them outside their window of tolerance. They may:

- Freeze: dissociate, go numb, "check out" emotionally.
- Fawn: appease, over-function, prioritize the other's needs to restore peace.
- Fight: erupt in reactive protest, then feel guilt or shame.
- Flight: leave emotionally or physically, only to return when the panic of separation hits.

These responses are not choices—they are reflexes. As Stephen Porges' Polyvagal Theory explains, the autonomic nervous system constantly scans for cues of safety or threat. This process—neuroception—operates below consciousness. The codependent's neuroceptive radar is hyper-tuned to relational shifts. A sigh, a silence, a change in tone can feel like an earthquake. The nervous system floods. Cortisol rises. Blood rushes from the brain into the limbs. The thinking mind goes offline.

In this state, logic doesn't help. Mantras don't land. Insight isn't enough. The body has taken the wheel.

This is what Antonio Damasio calls the *somatic marker hypothesis*—emotional memory embedded in bodily states that influence decision-making without conscious awareness. The codependent may *know* the relationship is harmful. But their body says: *"You must stay. You'll die if you leave. You'll be alone. You'll be no one."*

The Addictive Loop: Trauma Bonding and the SEEKING System

Jaak Panksepp's research on the brain's primary emotion systems reveals another key layer: the SEEKING system. This system, located in the mesolimbic dopamine pathway, motivates exploration, anticipation, and pursuit. In healthy relationships, it fuels curiosity, intimacy, and shared adventure.

But in trauma-bonded relationships, the SEEKING system is hijacked. The intermittent reinforcement—moments of closeness followed by withdrawal, affection followed by rage—creates an addictive cycle. The codependent's brain associates the high of temporary safety with the presence of danger. The loss of that high feels intolerable. And so, they pursue, plead, repair, and remain—desperate to regain what was never stable to begin with.

This is not weakness. This is neuroscience.

It's the body trying to find coherence in the chaos. It's the child's longing for the attuned gaze, reactivated in the adult's pursuit of someone who mirrors the original disconnection.

The Loss of Interoception and the Fragmentation of Self

In this state of chronic dysregulation, the codependent becomes estranged from their own body. They stop recognizing hunger, fatigue, or desire. They dissociate from pain. They stop trusting their intuition. This is a loss of *interoception*—the sense of internal state awareness.

The codependent may spend all their energy reading the partner's moods, anticipating explosions, or minimizing their own feelings to keep the peace. They become a satellite orbiting someone else's storm, unable to land.

This leads to a fragmentation of self. The IFS model captures this eloquently: the person is no longer led by the *Self*—the centered, compassionate core—but by manager parts trying to survive chaos. Over time, these parts become burdened, exhausted, brittle. The system begins to break down. Symptoms emerge: anxiety, depression, autoimmune issues, chronic fatigue, digestive distress.

The body is speaking. It is saying: *"This is not sustainable."*

The Role of Shame in Somatic Entrapment

Peter Levine, in his work on trauma, emphasizes the importance of *completing survival responses*. When a threat is not resolved—when we cannot fight, flee, or fawn effectively—our system locks into freeze. We become stuck in time, carrying the unfinished trauma in muscle memory and posture.

For the codependent, shame is the glue that keeps the trauma frozen. It whispers: *"You're weak. You can't leave. You're the problem."*

This shame binds them to the partner. It prevents movement. It ensures silence.

And in this silence, the hijacked self remains hidden.

The Neurobiology of Healing: Reclaiming the Self

Healing begins when the body begins to feel *safe enough to feel*. This requires more than insight—it requires *experiential, embodied* work. The nervous system must be regulated. The body must be welcomed back. The Self must be reinstalled as the inner compass.

- **Somatic therapies** like Sensorimotor Psychotherapy and Somatic Experiencing help complete trauma responses, restore movement, and repair interoception.
- **Fosha's AEDP** creates a relational context where core affect can be felt and integrated—grief, rage, terror, longing—without retraumatization.
- **IFS** helps unburden protective parts and restore leadership to the core Self.
- **Polyvagal-informed practices**—like breathwork, grounding, and safe social engagement—widen the window of tolerance.
- **Mindful neuroplasticity** techniques (as taught by Siegel) support the creation of new neural pathways through repetition, safety, and attuned presence.

Healing does not happen in the head. It happens in the heart, in the gut, in the breath. It is slow. It is tender. But it is possible.

And it begins with one embodied truth:

You are allowed to feel safe in your own body.
You are allowed to trust your instincts.
You are allowed to come home to yourself.

Fosha's Transformational Process: From Core Affects to the Core Self

"The core self is not a goal. It is not something we must build. It is what remains when the defenses no longer need to defend."

At the heart of codependency is not just pain—it is disconnection. Not just from others, but from the self. From one's own internal truth, from unspoken griefs, from the birthright of affective aliveness. In relationships with BPD or NPD partners, the codependent is often so focused on managing the other's emotional storms that they lose all contact with their own weather systems.

But beneath this disconnection, as Diana Fosha writes, there lives a *core self*—a vibrant, innate center of being that holds the capacity for joy, clarity, courage, and connection. It is not created through effort or analysis. It is revealed through emotional truth, somatic presence, and the undoing of aloneness.

Fosha's Accelerated Experiential Dynamic Psychotherapy (AEDP) is more than a therapy model—it is a map of transformation. It speaks to the deepest yearnings of the codependent's psyche: to be seen, to be safe, to feel without being punished, to become whole without losing love.

In this section, we explore how Fosha's framework helps the codependent return to themselves—not through rupture, but through resonance.

The Core Affects: Feeling Fully, Safely, and in Relationship

At the center of AEDP is the principle that transformation happens through *core affective experience in the presence of an empathic other*. These *core affects*—grief, fear, anger, joy, disgust, pride, and tenderness—are the most basic expressions of our emotional reality. They are biologically hardwired. When felt fully and safely, they move through us, reorganizing the nervous system and restoring coherence to the self.

But for the codependent, many of these core affects have been historically unsafe. Anger was punished. Grief was ignored. Pride was shamed. Joy was too vulnerable. These affects became entangled with fear, guilt, or rejection. They were exiled, buried beneath strategies of accommodation and caretaking.

In AEDP, the therapist creates a *secure attachment context* where these affects can re-emerge—not as threats, but as pathways to healing. The codependent begins to *feel with* the emotion, rather than analyze or avoid it. And through this embodied presence, a profound shift occurs.

The protective parts begin to trust. The inner system, long organized around danger, begins to reorganize around safety.

Undoing Aloneness: The Antidote to Developmental Trauma

Perhaps the most revolutionary aspect of AEDP is the idea of *undoing aloneness*. Fosha writes that trauma is not simply the presence of overwhelming emotion—it is the experience of facing that emotion *alone*. When a child has no one to witness their fear, shame, or grief, the emotion becomes intolerable. The self splits. Affective experience is exiled. Protective strategies form. The person survives—but at great cost.

In AEDP, the therapist does not remain neutral or distant. Instead, they enter into the client's emotional world with warmth, resonance, and affirmation. They offer what was missing in childhood: a present, attuned other who says, through every gesture and word, *"I am here. You are not alone. Your feelings make sense."*

For the codependent—whose life has often been spent attuning to others while being emotionally invisible—this experience is radically corrective. It is not the therapist's insight that heals. It is their presence. It is the moment the client sobs and, instead of being shamed, is met with tenderness. It is the moment anger is voiced and welcomed, not silenced. It is the moment the inner child says, *"I was hurt,"* and someone finally hears it.

This is not just therapeutic—it is neurological. It rewires the system. It widens the window of tolerance. It reactivates the internal working model and updates it with new information: *"Now, when I feel, I am not abandoned. I am not wrong. I am not alone."*

The Triangle of Experience: From Defense to Emotion to Transformation

AEDP's clinical process can be visualized through what Fosha calls the *Triangle of Experience*:

1. **Defense** – The protective strategies: intellectualization, detachment, people-pleasing, caretaking, denial. These are the "manager parts" in IFS terms, or the false self in Winnicott's terms.
2. **Core Affect** – The buried emotional truths beneath the defenses: rage, grief, terror, longing. These are often associated with early wounds and carry the felt sense of trauma.
3. **Transformational Experience** – The emergence of the *core self*: spontaneous joy, inner calm, vitality, clarity, courage, and compassion.

The movement through this triangle is not forced—it is facilitated through safety, attunement, and affective presence. The codependent begins to realize: *"I don't have to earn love by disappearing. I can show up, feel, express, and still be held."*

This is not just a therapeutic moment—it is the reclamation of the self.

The Emergence of the Core Self

When core affects are felt and integrated, what emerges is not more pain—but more *self*. Fosha describes this state as one of *transformational affects*—feelings of relief, joy, gratitude, empowerment, and deep connection. These are not sentimental emotions. They are the embodied expressions of coherence.

For the codependent, this can be a revelation.

They begin to differentiate between:

- *Authentic care* and compulsive caretaking.
- *True connection* and trauma bonding.
- *Healthy empathy* and self-erasure.
- *Responsibility for others* and responsibility to themselves.

The Core Self is not a role. It is not a performance. It is not contingent. It is what remains when the system is no longer bracing for harm.

It is not the "independent self" celebrated by pop psychology. It is the *integrated self*—one who can feel, connect, protect, express, and love without losing their center.

The Practice of Being With

One of the most healing practices AEDP teaches—clinically and existentially—is the art of *being with*. Not fixing. Not managing. Not analyzing. Simply being present with one's own experience and that of another.

For the codependent, this is a radical shift. They are used to being *for* others. To solving, softening, disappearing. *Being with* means allowing space for what is—not to control it, but to feel it. This applies in therapy, in relationships, and internally:

- Being with one's grief without silencing it.
- Being with one's anger without punishing oneself.
- Being with one's joy without waiting for it to be taken away.

This presence reclaims sovereignty from the hijacked nervous system. It allows the codependent to shift from reaction to response. From self-abandonment to self-inclusion. From compulsive fixing to relational truth.

Transformation Is Not an Event—It Is a Way of Relating

Fosha is clear: transformation is not a singular moment. It is a process, a path, a repeated experience of core emotion held in safety. For the codependent, this means learning to re-enter themselves, again and again, each time with more compassion.

It means:

- Choosing relationships where affect is welcome.
- Speaking truth even when it risks rupture.
- Feeling emotions all the way through, not just "processing" them.
- Reconnecting to the body as a source of knowing.
- Living from the Core Self, not the adaptive role.

As we move to the final section, we will explore the practices of liberation—concrete tools and guiding principles for stepping out of codependent patterning and into authentic, embodied relating.

But for now, we rest in this:

You are not too much. You were never not enough.
Your feelings are not flaws. They are guides.
And your Core Self has always been here—

waiting patiently beneath the armor of survival,
ready to lead.

Practices of Liberation: Boundaries, Self-Compassion, and Earned Secure Attachment

"To heal is to learn how to hold the parts of you that once held everyone else."

For the codependent—long shaped by survival roles, emotional fusion, and the persistent echo of unmet needs—liberation is not a moment. It is a practice. A series of choices, often quiet and tremulous, to return to oneself. Again and again. Even when it feels selfish. Even when it feels unfamiliar. Especially when it feels dangerous.

Having traced the roots of codependency through family systems, attachment theory, psychodynamic depth, and neurobiological imprinting, we now arrive at the most sacred terrain: **integration**.

This section offers not a formula, but a living invitation. A collection of relational, emotional, and somatic practices to help the codependent step out of the trance of abandonment and into the experience of wholeness. These are not checklists. They are devotions. They are how we begin to embody a different kind of love—one that includes the self.

Boundaries as Acts of Devotion

Most codependents have learned that boundaries are dangerous. They were trained to believe that saying no leads to punishment, disconnection, or guilt. So they overextend. They override. They blur. They collapse.

But in truth, **boundaries are not walls—they are invitations**. They say to the world: “Here is the shape of my dignity.” They say to the self: “I will no longer abandon you to be loved.”

Boundaries are not always spoken aloud. Sometimes they are internal recognitions:

- “I am not responsible for your feelings.”
- “I can love you without rescuing you.”
- “I do not have to stay in proximity to earn worth.”

They may be expressed through small choices:

- Leaving the room when chaos escalates.
- Not replying to a text when dysregulated.
- Choosing silence instead of justification.

Setting boundaries often triggers the codependent's internal working model: the fear of rejection, of being bad, of being alone. But this is where the work lives—*in staying loyal to the truth even when the body trembles.* Each time a boundary is honored, the nervous system receives new data: *"It is safe to protect myself. I do not have to disappear."*

Self-Compassion: The Antidote to Shame

Kristin Neff's research on self-compassion shows that compassion toward the self activates the brain's caregiving systems—releasing oxytocin, calming the stress response, and building resilience. But for the codependent, compassion is often reserved for others. Turning it inward feels uncomfortable, even self-indulgent.

Yet the transformation from self-erasure to self-honoring *requires* compassion. Not the saccharine kind, but the kind that sits in the rubble and says: *"Of course this hurts. Of course you stayed. Of course you forgot yourself trying to be loved."*

Self-compassion sounds like:

- "I make sense."
- "I adapted to survive."
- "I am learning, and that is enough."

In practice, it means tending to the body:

- Placing a hand on the heart when fear arises.
- Naming the exile: "This is the little one who wasn't chosen."
- Soothing the system: "I'm with you now. You don't have to earn it anymore."

As Diana Fosha teaches, **when core affect is held in the presence of compassion, transformation unfolds.** The protector softens. The exile breathes. The Self steps forward.

Reparenting: Becoming the One Who Stays

At the heart of the codependent's pain is the inner child who learned that their worth was conditional. This part still waits—for the parent to return, the partner to soften, the world to give what was never given.

Reparenting is the radical act of becoming what was missing.

It means:

- Validating your own feelings without minimizing them.

- Meeting your own needs instead of outsourcing them.
- Creating rituals of care—food, rest, movement, expression.

It also means speaking the words you always longed to hear:

- "You didn't deserve to be ignored."
- "Your needs matter to me."
- "I see how hard you tried. You're safe now."

This isn't indulgence. It's integration. It's the moment the fragmented parts begin to trust that someone is finally in charge—**the Self**, calm, compassionate, and connected.

Earned Secure Attachment: Rewriting the Template

Dan Siegel and Mary Main coined the term *earned secure attachment* to describe individuals who, though not raised in secure attachment environments, develop secure relational capacities through reflection, emotional processing, and new experiences.

For the codependent, this means slowly updating the internal working model through relationships that are safe, reciprocal, and honoring. It means replacing old scripts with new truths:

- Old: "I must perform to be loved." → New: "I am loved when I am honest."
- Old: "My needs are too much." → New: "My needs are sacred, and they guide my choices."
- Old: "I am responsible for their feelings." → New: "I am responsible for my own nervous system."

This process doesn't require a perfect partner—but it does require a *willing* one. And if that person doesn't exist yet externally, it begins internally.

You become the secure base.
You become the witness.
You become the safe haven and the launchpad.

Relational Discernment: Choosing From the Core Self

As healing deepens, the codependent gains the ability to discern not from fear, but from truth. They begin to ask: "Does this connection support my wholeness?" "Do I feel free to be myself here?" "Am I shrinking to stay safe?" This is where relational patterns shift. The codependent may find themselves: No longer attracted to emotional volatility. Drawn to gentleness over intensity. Less reactive to manipulation. More willing to walk away without collapse. This is

not detachment. It is clarity. It is the result of a nervous system no longer addicted to drama, a psyche no longer reenacting the trauma, a soul no longer pleading to be chosen.

Practices That Support Liberation

1. Parts Work (IFS): Dialoguing with protective and wounded parts to unblend from old roles.

2. Somatic Tracking (Levine/Ogden): Feeling into sensations, tracking safety, orienting to the present.

3. Transformational Affect (AEDP): Fully experiencing emotions with support—especially grief, anger, and joy.

4. Embodied Boundaries: Practicing saying "no" with breath, grounding, and integrity.

5. Nervous System Regulation (Porges/Siegel): Daily tools like breathwork, vagal toning, safe touch, singing, or movement.

6. Journaling & Voicework: Giving expression to exiled parts through unfiltered writing, drawing, or vocal release.

A New Way of Loving

As the codependent heals, their definition of love changes. Love is no longer self-sacrifice. Love is no longer earned. Love is no longer a battle to be won. Love becomes spacious. Slow. Reciprocal. Rooted in the present. And most importantly: **Love includes the self.**

As we move to the final section—a conclusion that weaves the threads—we'll reflect on the sacred thread of longing that guided the codependent not only into pain, but ultimately into transformation.

Conclusion: Becoming the One You've Been Waiting For

At the end of the long seeking, you find yourself—not the version that adapted, not the one who disappeared—but the one who never left you. The self beneath the role. The home beneath the hunger.

The journey through codependency—especially in the context of a relationship with someone who carries traits of Borderline Personality Disorder or Narcissistic Personality Disorder—is not merely a psychological passage. It is an existential one. It asks you to confront the original

wound: the child who waited at the window for someone who never fully came. The child who learned to love by overfunctioning, to belong by appeasing, and to matter by disappearing.

These relational patterns are not shallow. They are rooted in the deepest soil of your being. They are not signs of weakness, but of brilliance—adaptations that once kept you emotionally alive in systems that could not hold your truth. You survived by loving others more than you were loved. By managing emotional chaos before you could spell the word "boundary." By scanning for rejection like it was weather. You didn't fail. You *adapted.* But the price of that adaptation was steep. In trying not to be abandoned, you abandoned yourself. In trying not to be rejected, you rejected your own needs. In trying to be good, you forgot to be whole.

And then, years later, you met someone who mirrored the very dynamic you once barely survived. A partner whose intensity awakened your nervous system, whose unpredictability felt strangely familiar, whose wounds spoke to your own. And like a moth to flame, or perhaps more accurately, like a child to their missing parent, you moved toward them—not because it was safe, but because it felt like home. But you are not that child anymore.

This entire exploration—through family systems, psychodynamic insight, interpersonal neurobiology, trauma theory, and transformational therapy—has not been about blaming the past. It has been about reclaiming your *agency* in the present.

You now understand that your codependency was not a flaw. It was love distorted by fear, brilliance shaped by trauma. It was the intelligence of your nervous system doing what it had to do. But you are allowed to outgrow survival. You are allowed to evolve beyond the roles. You are allowed to let your protective parts rest. Because now, the one you were waiting for is here. **It's you.**

Healing Is Not Heroism—It's Integration

It's tempting to think of healing as some kind of conquest: that if we read enough, therapize enough, spiritualize enough, we will finally "arrive." But the codependent must be careful not to turn healing into another performance. Another way of proving worth. Another role to play.

True healing is more humble than that. It is quiet. Cellular. Somatic. It happens in the moment you speak up and your voice shakes. The moment you don't respond to the text. The moment you walk out of the room without explaining. The moment you cry and don't judge it. The moment you feel your own heartbeat and stay. As Fosha teaches, transformation is not effortful—it is what happens when defenses no longer need to protect. When affect can move. When the Self is safe to emerge. It's not about becoming new. It's about becoming *you*.

Love Will Still Matter—But It Will Not Be a Bargain

There is a myth in trauma healing that once we "do the work," we stop desiring relationship. That we become so sovereign, so self-sufficient, that we no longer long for touch, for closeness, for being known. That is not true. Healing does not erase longing. It purifies it.

You will still want connection. You will still want intimacy. But you will no longer chase it in places where your dignity must be forfeited to receive it. You will no longer mistake volatility for passion. You will no longer silence yourself to keep someone else's love intact. The love you want is real. The longing was never the problem. What changes is *how you seek it*—from what center, with what expectations, and with what boundaries. When you meet someone now, you will no longer ask: "Will they complete me?" "Can I fix them?" "Will they finally choose me?"Instead, you will ask: "Can I be myself here?" "Do they meet me where I am?" "Can we grow together without losing ourselves?"

This is how you'll know that your template has shifted. That your nervous system now recognizes peace. That your soul is no longer trying to finish an unfinished childhood.

There Will Be Grief—And That Grief Will Set You Free

To heal from codependency is to grieve what never was.

- The parent who couldn't see you.
- The love that was always contingent.
- The years spent trying to be enough.
- The relationships that hurt more than they held.

This grief is sacred. It is not weakness. It is the mourning that precedes rebirth. As you allow yourself to feel it—not in theory, but in your body—you will begin to release the fantasy. The fantasy that one more sacrifice will earn love. The fantasy that you must be someone else to be loved. And into the space left behind, something new will grow: self-tenderness, relational clarity, calm in your chest where chaos used to live. As Rumi wrote: *"Don't grieve. Anything you lose comes round in another form."* That form may be the love you now give to yourself. Or the community that holds you. Or the partner who meets you with reciprocity. Or the quiet pleasure of simply existing without apology.

Your Presence Is Enough

This entire journey—into the darkest corners of codependency, into the emotional fire of being tethered to someone with BPD or NPD traits, into the slow untangling of survival and identity—has one final message: You are allowed to be whole. Not because someone said so. Not because you earned it. Not because you healed perfectly. But because you exist. You were born with value. You are worthy of rest, of joy, of love that does not demand your disappearance. You are allowed to want. To say no. To be soft. To be fierce. To be seen. And when you forget—and

you will—you can return to yourself. Because the one you were waiting for is no longer outside you.

It is the you who stands now, not in fragments, but in fullness.
The one who belongs to no one but yourself.
The one who remembers: I am no longer a role. I am a soul.

In my writing, I occasionally collaborate with AI tools as an aid in organizing, synthesizing, and refining ideas. These tools, much like editors, function as an assistant—helping with structure, flow, and integration of sources—but the vision, clinical perspective, and lived experience behind the work are entirely my own. My writing grows out of more than thirty years of therapeutic practice and personal reflection. AI helps me articulate this more clearly, but it does not replace my voice, values, or responsibility for the words on the page.

Bibliography

- Bowlby, J. (1988). *A Secure Base: Parent-Child Attachment and Healthy Human Development.* New York: Basic Books.
- Bowen, M. (1978). *Family Therapy in Clinical Practice.* New York: Jason Aronson.
- Damasio, A. (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness.* New York: Harcourt Brace.
- Fosha, D. (2000). *The Transforming Power of Affect: A Model for Accelerated Change.* New York: Basic Books.
- Jung, C. G. (1969). *The Structure and Dynamics of the Psyche.* Princeton, NJ: Princeton University Press.
- May, G. (1982). *Will and Spirit: A Contemplative Psychology.* San Francisco: Harper & Row.
- Nouwen, H. J. M. (1972). *The Wounded Healer: Ministry in Contemporary Society.* New York: Image Books.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the Body: A Sensorimotor Approach to Psychotherapy.* New York: W. W. Norton & Company.
- Panksepp, J. (1998). *Affective Neuroscience: The Foundations of Human and Animal Emotions.* New York: Oxford University Press.
- Sapolsky, R. M. (2017). *Behave: The Biology of Humans at Our Best and Worst.* New York: Penguin Press.
- Satir, V. (1983). *Conjoint Family Therapy.* Palo Alto, CA: Science and Behavior Books.
- Schore, A. N. (2012). *The Science of the Art of Psychotherapy.* New York: W. W. Norton & Company.
- Schwartz, R. C. (2021). *No Bad Parts: Healing Trauma and Restoring Wholeness with the Internal Family Systems Model.* Boulder, CO: Sounds True.
- Siegel, D. J. (2012). *Pocket Guide to Interpersonal Neurobiology: An Integrative Handbook of the Mind.* New York: W. W. Norton & Company.

- Welwood, J. (2000). *Toward a Psychology of Awakening: Buddhism, Psychotherapy, and the Path of Personal and Spiritual Transformation.* Boston: Shambhala.
- Whyte, D. (2014). *Consolations: The Solace, Nourishment and Underlying Meaning of Everyday Words.* Langley, WA: Many Rivers Press.