

CODEPENDENCY: A REVIEW OF THE FEMINIST CRITIQUE AND OTHER VOICES

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and has not previously in its entirety or in part been submitted at any university for a degree.

Abstract

This review begins by tracing the history and initial formulations of codependency, followed by the presentation of ten main themes distilled from the feminist critique of codependency: disparate and problematic definitions of codependency; viewing codependency as a disease; the use of codependency as a label; codependency as blaming the victim; codependency as a plot against women; codependency has an attack on femininity and traditional female roles; issues of individualism, narcissism and interdependence; lack of research in the field; over simplification of complex realities; and codependency as big business. These themes are presented along with recent developments and other perspectives in the field. The review concludes with a number of alternative formulations of codependency, as well as a recommendation of a number of criteria against which to evaluate future conceptualisations of the concept.

Opsomming

Hierdie werkstuk begin met 'n uiteensetting van die geskiedenis en vroeë formuleringe van mede-afhanklikheid, gevolg deur 'n voorlegging van tien hoof temas gedistilleer uit die feministiese kritiek van mede-afhanklikheid: disparate en problematiese omskrywings van mede-afhanklikheid; die bedinking van mede-afhanklikheid as 'n siekte; die gebruik van mede-afhanklikheid as 'n etiket; die gebruik van mede-afhanklikheid om slagoffers te blameer; die gebruik van mede-afhanklikheid om vroue te onderdruk; die gebruik van mede-afhanklikheid teen vroulikheid en die tradisionele vroue-rol; narsisme en inter-afhanklikheid; gebrek aan navorsing; oor-veroevoudiging van komplekse realiteit; en mede-afhanklikheid en groot besigheid. Hierdie temas word uiteengesit tesame met huidige ontwikkelinge en ander perspektiewe in hierdie gebied. Hierdie werkstuk word afgesluit met 'n aantal alternatiewe formuleringe van mede-afhanklikheid, sowel as aanbevelings van kriteria wat in die toekoms as 'n maatstaf gebruik kan word om nuwe konseptualiserings te evalueer.

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Table of Contents

		Page
Chapter 1	Overview of codependency	1
1.1	Introduction	1
1.2	The tale of Echo and Narcissus	2
1.3	Modern origins of the codependency concept	3
1.4	Codependency according to Melody Beattie	4
1.5	Codependence according to Pia Mellody	8
1.6	The formulation of codependency by T. L. Cermak, M.D.	10
Chapter 2	The Feminist Critique	14
2.1	Defining codependency	14
2.2	Codependency as a disease	18
2.3	Codependency as a label	23
2.4	Codependency as blaming the victim	25
2.5	Codependency as a plot against women	30
2.6	Codependency as an attack on femininity and traditional female roles	35
2.7	Individualism, narcissism and interdependence	39
2.8	Lack of research in the field	43
2.9	Over-simplification of complex reality	45
2.10	Codependency as big business	47
2.11	Feminist merits of the codependency concept	48
Chapter 3	Alternate Formulations of Codependency	52
3.1	Codependency as learned helplessness	52
3.2	Psychodynamic formulation of codependency	54
3.3	Family systems view of codependency	60
3.4	Codependency as being over-responsible	62

3.5	Codependency as definitional ambivalence	63
3.6	A call to feminist activism	64
Chapter 4	Conclusion	66
	References	68
	Appendix A : Beattie's criteria	73
	Appendix B: Measures of codependency	82

Chapter 1

Overview of codependency

1.1 Introduction

The notion or concept of codependency has maintained a steady rise in lay and professional arenas over the last two decades. While it continues to spawn a range of self help books, groups and therapists offering specialist intervention, it has also drawn critical fire from a number of perspectives, particularly from the feminist movement. While many of the concerns raised by the feminist movement are shared by other writers in the field, themes that have been distilled in the main feminist critique will be used as a broad framework from within which to examine and explore the notion of codependency.

This review begins with an introduction and presentation of three popular conceptualisations of codependency, followed by a review and discussion within the main themes of the feminist critique. It ends with alternative conceptualisations of codependency, and the proposal of evaluative criteria to be used in assessing future conceptualisations.

This review has had to contend with two logistical difficulties. Firstly, there is no single, unified, or concisely presented feminist position, let alone a unified feminist critique of codependency. The collection of writings from a range of feminist critics, as collected by Babcock and McKay (1995), will be regarded to contain a representative range of thinking within the feminist critique. While these contributions have all been reproduced in the book published in 1995, they consist of a wide range of articles published from as early as 1981. Secondly, as this review will show, there is also no broadly recognised or agreed upon

definition of codependency. The net result of these two difficulties is the onerous task of attempting to apply a disparate perspective to an undefined and complex phenomenon.

Difficult as they may be, it is argued that endeavours such as this are necessary to contribute towards the establishment of broad criteria with which to evaluate conceptualisations of codependency, as well as to highlight valuable advances made in this growing field.

1.2 The tale of Echo and Narcissus

In an interpretation that may be somewhat mystical and controversial, Cermak (1986) proposes that the first account of codependency was presented nearly 2000 years ago in the account of Narcissus and Echo in Ovid's *Metamorphoses* (in Cermak, 1987, p. ix-xii). Echo was said to be very talkative and the fairest of the wood nymphs, qualities which got her into trouble with Hera, wife of Zeus. In a bout of suspicious jealousy, Hera condemned Echo by robbing her of the ability to initiate conversation, so she would only ever again be able to speak by repeating words that were spoken to her. When Echo eventually happened upon Narcissus, a young man of great beauty, she fell in love with him but had no way of telling him how she felt. All she could do was to follow him around, hoping for a scrap of his attention.

Her chance came one day when Narcissus heard a sound and asked the question "Is anyone here?". She hid behind a tree and called back "Here.... here!", whereupon Narcissus shouted "Come!". Echo then stepped forward and beckoned to Narcissus sweetly "Come.", but he turned away from her outstretched arms in disgust saying "I will die before I give you power over me." To this Echo responded forlornly "I give you power over *me*." As Narcissus left,

Echo felt deeply ashamed and spent the rest of her life pining for him alone in a cave. Even though Echo is said to have had the greatest appeal for Narcissus, he was unable to love anybody other than himself, spending the rest of his days staring longingly into his own reflection in a clear pool.

Cermak (1986) asserts that Freud recognised the complementary role co-dependent others play in the life of the narcissist when he wrote that "*... one person's narcissism has a great attraction for those others who have renounced part of their own narcissism and are seeking after object-love.*" (p. xi). Echo was said to have had the greatest effect on Narcissus, and Cermak makes the bold statement that "*Power through sacrifice of self lies at the core of codependence.*" (p. xii).

1.3 Modern origins of the codependency concept

While no particular person or organisation has been specifically credited with discovering or naming the concept of codependency, proponents and critics alike trace its origin to treatment centres for alcoholism in the early 1970s in the United States of America (e.g., Beattie, 1987; Babcock, 1995). The term appears to have grown from a slightly earlier notion of "enabling", used to describe the behaviour of the family members of addicts that appeared to mirror or sustain the addictive syndrome. Family members were thought to become reliant on their helping role in the life of the addict to such an extent that their identity and meaning became contingent on the person with the alcoholic dependency, and hence "co-dependent " on the drug or alcohol.

Following the same principles of voluntarism and recovery through a 12 Step programme pioneered by Alcoholics Anonymous, an allied movement called Adult Children of Alcoholics (ACoA) was established to accommodate and assist

family members of alcoholics (Mitchell, 1991). Codependency or enabling was the condition that the family members of alcoholics were thought to need recovery from, and this remains its present-day focus. As time progressed, and the concept of codependency began to be used to identify somewhat similar behaviours in people who were not necessarily family members of alcoholics specifically, eventually another 12 Step organisation called Codependence Anonymous (CoDa) was formed (Babcock & McKay, 1995; Irvine & Klocke, 2001).

Since those early beginnings, the concept of codependency has been the subject of numerous best-selling self-help books with titles such as "Codependent No More" (Beattie, 1987), "Women Who Love Too Much" (Norwood, 1985) and "Facing Codependence" (Melody, 1989), as well as large numbers of professionals offering specific treatment for the condition (Haaken, 1995). And as this review will show, many question its validity or usefulness, but none deny that it has become a significant phenomenon, warranting either vehement opposition, further investigation, or qualified support.

1.4 Codependency according to Melody Beattie

Beattie has been credited with making codependency a household word (Beattie, 1989). Her book entitled "Codependent No More" (Beattie, 1987) was on the New York Times bestseller list for over three years, and in the first five years of publication it sold over 3 million copies. A sequel entitled "Beyond Codependency" addresses issues of "staying in recovery", aimed at those who have done the initial work of confronting their codependency (Beattie, 1989, p. 11). A self confessed former alcoholic, drug addict and a recovering co-dependent, she first came into contact with the concept of codependency while working at a rehabilitation centre for alcoholics. In her books she makes no

attempt to be scientific or academic, but writes from a point of self disclosure, recounting stories and anecdotes of her own struggles and those of her clients. The first book has very little in the form of structure, and is written in a conversational style, filled with sage like sayings and poignant messages of hope for those who are hurting in relationships with others, and with themselves.

Her ground breaking book is divided into two sections, descriptions and stories of what codependency is, followed by more stories and examples about what self-care or recovery is. As far as a concise definition of codependency is concerned, Beattie offers her personal definition:

"A codependent person is one who has let another person's behaviour affect him or her, and who is obsessed with controlling that person's behaviour." (Beattie, 1987, p. 36).

Addressing the state of confusion or wide range of definitions surrounding codependency, she makes a statement that typically draws heavy fire from critics:

"There are almost as many definitions of codependency as there are experiences that represent it. In desperation (or perhaps enlightenment), some therapists have proclaimed: 'Codependency is anything, and everyone is co-dependent'." (p. 33).

Much more will be said in subsequent sections about the definitional difficulties surrounding the concept of codependency, particularly with reference to its elasticity and the danger in attempting to explain everything, and therefore nothing (Lindley, Giordano, & Hammer, 1999).

Despite her succinct definition, Beattie goes on to present a long list of characteristics of codependency, gleaned from the literature and her personal and professional experience. These characteristics are grouped under several headings:

- Caretaking: 25 characteristics
- Low self-worth: 33 characteristics
- Repression: 3 characteristics
- Obsession: 13 characteristics
- Controlling: 8 characteristics
- Denial: 15 characteristics
- Dependency: 26 characteristics
- Poor communication: 34 characteristics
- Weak boundaries: 8 characteristics
- Lack of trust: 7 characteristics
- Anger: 16 characteristics
- Sex problems: 18 characteristics
- Miscellaneous: 16 characteristics
- Progressive development: 12 characteristics

For a full listing of the above characteristics see Appendix A. The reader is strongly advised to go through this list before continuing, in order to get a feel for what each of these categories imply.

After listing a total of 234 characteristics of codependency, Beattie goes on to qualify it as follows :

"The pre-ceding checklist is long but not all-inclusive. Like other people, codependents do, feel, and think many things. There are not a certain number of traits that guarantees whether a person is or isn't codependent. Each person is different; each person has his or her way of doing things. I'm just trying to paint a picture. The interpretation, or decision, is up to you. What's most important is that you first identify behaviours or areas that cause you problems, and then decide what you want to do.... Who's codependent? I am." (p. 53)

The above excerpt illustrates well Beattie's style of listing pain, and then frankly owning up to experiencing them herself ("*Who's codependent? I am.*"). This is

then typically followed by some message of hope for the future. Whether it is the extremely wide definitional net she casts, or her particular self disclosing style, or her charismatic messages of hope that has made the book a bestseller, will probably be a matter of debate for many years to come.

1.4.1 Recovering from codependency

Besides recommending following the 12 Step programme outlined by Al-Anon, Beattie offers the following suggestions for recovery, in language that typically includes herself:

As codependents we should:

1. Finish up business from our childhood, as best we can. Grieve. Get some perspective. Figure out how events from our childhoods are affecting what we're doing now.
2. Nurture and cherish that frightened, vulnerable, needy child inside us. The child may never completely disappear, no matter how self-sufficient we become. Stress may cause the child to cry out. Unprovoked, the child may come out and demand attention when we least expect it.
3. Stop looking for happiness in other people. Our source of happiness and well-being is not inside others; it's inside us. Learn to centre ourselves in our selves.
4. We can learn to depend on ourselves. Maybe other people haven't been there for us, but we can start being there for us.
5. We can depend on God, too. He's there, and he cares. Our spiritual beliefs can provide us with a strong sense of emotional security.
6. Strive for 'undependence'. Begin examining the ways we are dependent, emotionally and financially, on the people around us (p. 106).

Beattie's book contains a number of lists and tables that compare recovered behaviour to co-dependent behaviour, healthy relationships to unhealthy ones, etc. She defines paths and characteristics of recovery almost as widely as she defines codependency, possibly ensuring that any reader will find a message that he or she can relate to. More specific examples of her particular brand of

wisdom will be referred to in subsequent sections when feminist critics take particular issue with certain aspects of codependency in general, or with her in particular.

1.5 Codependence according to Pia Mellody

In another self-help-styled book entitled "Facing Codependence" co-authored by Miller and Miller (1989), Mellody presents a more systematic formulation of codependency than that of Beattie. Unlike other authors, she does not attempt to distill or formulate a succinct definition of codependency, but proceeds directly to outlining five core symptoms that she believes make up the condition. Like Beattie (1987), she regards herself as a codependent and uses self inclusive language throughout the book.

Core symptom one: *difficulty experiencing appropriate levels of self-esteem.* This may consist of a low or inflated self-esteem, or a vacillation between the two.

Core symptom two: *difficulty setting functional boundaries.* This refers to both internal emotional boundaries, and external physical boundaries. Variations including having no boundaries at all; rigid walls of anger, fear, silence or words instead of boundaries, or a variation of these depending on different life circumstances.

Core symptom three: *difficulty owning our own reality.* This includes not being aware of our physical health, what our opinions and values are, what their feelings are, or what our behaviour patterns or its effects are.

Core symptom four: *difficulty acknowledging n meeting our own needs and wants.* This ranges from being too needy in some areas, to being antidependent or needless or wantless in other situations. Codependents are also said to confuse their wants and their needs.

Core symptom five: difficulty experiencing and expressing our reality moderately. This refers to extreme or blunted feelings, these being either over- or under-expressed.

Mellody then goes on to describe five ways in which she believes the core symptoms sabotage the life of the codependent (Mellody & Miller, 1989, p. 43) :

Negative control: we give ourselves permission to determine someone else's reality for our own comfort

Resentment: we have a need to get even or punish someone for perceived blows to have a self-esteem that caused us to shame about ourselves

Distorted or non-existent spirituality: we have difficulty experiencing connection to a power greater than our selves

Avoiding reality: we use addictions, physical illness, or mental illness to avoid facing what is going on with us and other important people in our lives

Impaired ability to sustain intimacy: we have difficulty sharing who we are with others and hearing others as they share who they are with us without interfering with their sharing process or with what they share.

Mellody devotes a large part of the book to tracing the roots or causes of codependency. She maintains that codependency is formed in dysfunctional families, where the possible manifestations of abuse include physical abuse, sexual abuse, emotional abuse, intellectual and or spiritual abuse.

1.5.1 Recovering from codependency

Like most authors in the self help movement, Mellody recommends joining a 12 Step programme such as the one run by CoDa. She has also produced a comprehensive workbook entitled "Breaking Free" (Mellody & Miller, 1989) as a companion volume to her initial book, which consists of a guide through the 12 Step Recovery Programme, followed by a range of reflective exercises. The path to recovery begins by acknowledging that the person has the condition or

'disease', followed by a process of confronting each symptom individually, preferably with the assistance of a group or "sponsor" (p. 204)

1.6 The formulation of codependency by T. L. Cermak, M.D.

In his book entitled "Diagnosing and treating Codependence: A guide for professionals who work with chemical dependents, their spouses and children", Cermak (1986) begins his professional treatment of the concept of codependency by acknowledging that one of the major road blocks to understanding, diagnosing, and treating codependence has been the lack of a generally accepted definition.

Besides competing theoretical frameworks from within which codependency is formulated, he suggests confusion also arises through the different levels of meaning in which the concept of codependency can be located:

Codependence as a didactic tool: By broadly describing and legitimising many of the feelings family members of addicts are said to go through, the term codependency suggests that family members also have something to recover from, opening the door for psychoeducation by mental health professionals. Cermak maintains that its value to client education alone is sufficient reason for mental health professionals to take the concept of codependency seriously.

Codependence as a psychological concept: As a potential psychological concept, it shares the benefits of other abstractions such as 'the ego' and 'enmeshment'. These enable the raw data of human behaviour to be organised into coherent frameworks, enhancing communication about psychological phenomenon, and suggesting potentially valuable areas of research and the development of treatment approaches .

Codependence as a disease entity: This refers to a consistent pattern of traits and behaviours that are recognisable across individuals, and that causes significant dysfunction. Cermak believes that this is the best conceptualisation of codependency, and sees it as a diagnostic entity potentially comparable to other already established conditions, such as phobia, narcissistic personality disorder and post-traumatic stress disorder.

It would appear that many popular and self help treatments of codependency confuse these levels of discourse, at times adopting a psycho-educational approach, while at times hinting to codependency as an identifiable construct and/or a disease akin to a substance addiction.

1.6.1 Proposed formal diagnostic framework for codependency

Cermak (1986) proposes the following somewhat 'deferred' formal definition of codependency:

"Codependence is a recognisable pattern of personality traits, predictably found within most members of chemically dependent families, which are capable of creating sufficient dysfunction to warrant the diagnosis of Mixed Personality Disorder as outlined in DSM III." (Cermak, 1986, p. 1)

He concedes rather graciously that clinical research has yet to prove whether family members of chemical dependents do in fact develop a recognisable and diagnosable pattern of personality characteristics, and whether these can become sufficiently inflexible and maladaptive so as to warrant a formal diagnosis. Cermak points out that research cannot be conducted unless diagnostic criteria for codependence have been articulated, and suggests conceptualisations and diagnostic criteria as a point of departure for such further investigation.

Situating codependence within the framework of Mixed Personality Disorder, he cautions that a diagnosis of codependent personality disorder can only be made in the face of identifiable dysfunction, resulting from excessive rigidity or intensity associated with the listed traits. Cermak (1987, p. 11) proposes the following criteria for inclusion in the DSM III for the diagnosis of Codependent Personality Disorder.

Diagnostic criteria for codependent personality disorder

- A. Continued investment of self-esteem in the ability to control both oneself and others in the face of serious adverse consequences.
- B. Assumption of responsibility for meeting other's needs to the exclusion of acknowledging one's own.
- C. anxiety and boundary distortions around intimacy and separation
- D. enmeshment in relationships with personality disordered, chemically dependent, other co-dependent, and/or impulse disordered individuals.
- E. Three or more of the following:
 - 1. Excessive reliance on denial
 - 2. Construction of emotions (with or without a dramatic outbursts)
 - 3. Depression
 - 4. Hypervigilance
 - 5. Compulsions
 - 6. Anxiety
 - 7. Substance abuse
 - 8. Has been (or is) the victim of recurrent physical or sexual abuse
 - 9. Stress-related medical illnesses
 - 10. Has remained in a primary relationship with an active substance abuser for at least two years without seeking outside help.

Cermak concedes that whether or not one considers codependency to be a disease depends somewhat on how one understands or defines disease. If non-psychotic psychological disorders are defined "as patterns of maladaptive behaviour which lie outside an individual's conscious ability to control, such as phobias, depression and personality disorders, then codependency can be seen as a true disease" (p. 3). While failing to make his reasoning explicit, Cermak clearly equates the concept of disorder with that of disease.

1.6.2 Treating codependence

Cautioning against simplistic formulations and treatments for codependency in popular literature, Cermak contends that once it is accepted that codependency is a disease comparable to any of those found within the DSM three, intervention requires comparable therapeutic sophistication when it comes to treatment. He does, however, regard the joining of a self-help group an important adjunct to therapy, where individuals can gain a sense of hope that comes from direct contact with people who are recovering from codependency.

Cermak (1987, p. 77) spells out four stages of recovery, each with a number of specific treatment goals: Firstly, in the Survival Stage, clients are assisted to: begin dismantling their denial system; focus attention back on themselves; and begin recognising how they are perpetuating their own problems. Secondly in the Re-identification Stage, clients are helped to: solidify their identity as codependents; work through the grieving process that accompanies the loss of the illusion of power; come to a new awareness of their compulsivity; and initiate an investigation into the realistic limits and uses of will power. Thirdly, in the Core Issues Stage, clients are helped to become aware of how their codependence has pervaded all aspects of daily life, and how they can generalise what they learnt in the previous stage about how their efforts to control the chemically dependent person has intensified the problem. Lastly, during the Re-integration Stage, clients are prepared for the termination of therapy.

Chapter 2

The Feminist Critique

2.1 Defining Codependency

The lack of a broadly accepted definition of precisely what makes up codependency is the limitation most frequently cited by both feminist (e.g. Babcock, 1995; Haaken, 1995; Kaminer, 1995; Krestan & Bepco, 1995) and other writers (e.g., Lindley, Giordano, & Hammer, 1999; Cullen & Carr, 1999; Fuller & Warner, 2000). Objections in the feminist critique to this lack of a unified and acceptable definition range from highly charged emotional statements "... *the definition does not hold still for a minute, oozing and slithering and ever-expanding...*" (Armstrong, 1995, p. ix), to assertions that there are as many definitions of codependency as there are professionals and writers using it (Kaminer, 1995). Without any validated and professionally accepted definition of codependency, proponents of the term are said to provide an ever-increasing list of symptoms to make the label stick (Babcock, 1995).

The following definitions of codependency are cited by Krestan and Bepco (1995, p. 96), who maintain that such definitions are irresponsible and so vague as to be meaningless:

"Codependency is a primary disease and a disease within every member of an alcoholic family" (Wegscheider-Cruise, 1994).

"Codependency is a pattern of learned behaviours, feelings and beliefs that make life painful" (Smalley, 1986).

"Codependency is an emotional, psychological, and behavioural pattern of coping that is born of the rules of a family and not as a result of

alcoholism " (Subby, 1984).

"Codependence affects not only individuals, but families, communities, businesses and other institutions, states, countries" (Whitfield, 1984).

"A codependent person is one who has let another person's behaviour affect him or her, and who is obsessed with controlling that person's behaviour" (Beattie, 1987).

"The co-dependent is anyone who lives in close association over a prolonged period of time with anyone who has a neurotic personality" (Larsen, 1983).

"Codependence is a toxic brain syndrome" (Cruse, 1989).

"Codependence is immaturity" (Mellody, 1989).

Many of the broad criticisms against definitions (or lack thereof) of codependency are levelled against these types of definitions of codependency, used somewhat loosely in the self help movement or the popular press. As can be noted above, the definition by Beattie is included in the "condemned list", but neither the conceptualisations of Cermak (1987) or of Mellody and Miller (1989) are specifically mentioned.

2.1.1 Other voices

Chiauzzi and Liljegren (1993) concur with the sentiments of many of the authors referred to above that there is no generally accepted definition or list of symptoms for codependency. They express their concern that codependency has been used to describe too wide a range of behaviours. They are particularly critical of the tendency to pathologise care given even to those who are not addicted to any particular substance. They hold that the term, if used at all, should only be applied in the context of substance abuse or addiction.

Codependency is regarded by many authors as a term that has become over-used in the self-help literature, in labeling and in self diagnosis (Fuller and Warner, 2000). They contend further that the term has become too elastic by including nearly anyone who has emotional difficulties in interpersonal relationships. While it may have started off as a more precise and clinically useful term, the inflation and popular usage of the term has rendered its usefulness questionable. This is taken further by Lindley, Giordano and Hammer (1999) who contend that a too broad approach to codependency results in the loss of theoretical rigour. This critique can most appropriately be leveled at extensive lists of characteristics of codependency such as those proposed by a Beattie (1987).

Despite these difficulties, Lindley et al. (1999) are able to distill the following generally accepted dynamics of codependency:

"Co-dependent persons focus so much on what is happening with those around them and on trying to have some control over the lives of others are that they lose touch with their own thoughts and feelings. They therefore use control to gain a sense of fulfilment and emotional support from their intimate relationships with others. Co-dependent individuals also seek the approval of others to build their low self confidence. Thus, in theory, some of the primary characteristics of codependency are lack of autonomy, excessive involvement in caretaking for the purposes of gaining emotional support, and low self confidence." (p. 60)

2.1.1.1 The self help movement and issues of definition

As far as the self-help movement goes, they appear unwilling to be drawn into the definitional controversy, as the following statement by CoDa, from a handbook of theirs entitled "What is Codependency?" shows: "We offer no definition or diagnostic criteria for codependency, respectfully allowing psychiatric and psychological professionals to accomplished that task." (Fuller & Warner, 2000, p. 6).

Instead of attempting a theoretical definition of codependency per se, they define themselves rather broadly as "*a fellowship of men and women whose common problem is an inability to maintain functional relationships*" (Irvine & Klocke, 2001, p. 29). To assist individuals to determine whether they have a measure of codependency, and can benefit from attending CoDa meetings, they have developed the Codependence Anonymous Checklist. This checklist consists of 38 self report items, using a Likert type scale (1 to 5), with higher scores said to reflect higher levels of codependency, and lower scores reflecting lower levels (Lindley & Giordano, 1999). Consistent with their position of leaving the development of formal diagnostic criteria to professionals, CoDa makes no claim as to formal psychometric properties of the checklist, expecting individuals to reach their own decisions about whether or not CoDa has anything to offer them.

2.1.1.2 Definition by research and factor analysis

In a research project that involved 236 patients in mental health settings, factor analysis was used by Martsof, Hughes-Hammer, Estok, and Zeller (1999) to operationalise codependency and develop the Codependency Assessment Tool (CODAT). Their research indicated that codependency, as a construct, comprises of five main concepts:

Other focus/self neglect: This is regarded as the core concept, and defined as "The compulsion to help or control events or people through manipulation or advice giving. It focuses on control and boundary issues." (p. 98). Put another way this is 'other focused to the point of self-neglect', and leads to secondary symptoms such as low self-worth, hiding of self, and medical problems .

Family of origin issues: "Current unhappiness as a result of growing up in a family that was troubled, chemically dependent, or overwrought with problems in which thoughts and feelings were not expressed and discussed, and in which affection was not openly

displayed" (p. 98). Unresolved issues lead to the use of learned behaviour such as denial of feelings, and contribute to the lack of development of adequate self esteem .

Low self-worth: Defined as "thoughts of self criticism and self-hatred and feelings of shame, self blame, and humiliation" (p. 98)

Hiding self: "The use of a positive front to cover and control negative emotion with repression of feelings. Thus a false self emerges." (p. 98)

Medical problems: "A sense of current ill health when compared with family and friends, accompanied by worry and preoccupation with real or imagined health difficulties and impending body failure" (p. 98)

The development of this research based conceptualisation of codependency is relatively recent, therefore it remains to be seen whether it will gain broader acceptance and help unify the definitional divergence, or whether it will also merely form part of the many disparate definitional options in the field.

2.2 Codependency as a disease

As a lower-ranking staff member in a treatment centre for alcoholics, Beattie (1987) was assigned the task of organising support groups for the wives of the men in the programme. Harper and Capdevilla (1995) are alarmed by the conclusion Beattie arrives at when she says "*those crazy codependents are sicker than the alcoholics*" (p.45). They contend that while the disease concept has been beneficial in the chemical dependency field in reducing guilt and removing undeserved moral stigma previously attached to addicts and their families, codependency as a disease label has had the reverse effect. They join others (Lodl, 1995; Haaken, 1995; Kokin, 1995; Sloven, 1995) in maintaining that it has served to increase stigmatisation and guilt of spouses, particularly of

wives of addicts. Harper and Capdevilla (1995) trace the path of codependency as it is conceptualised as a causal concept, as a disease, as dysfunctional behaviour and as a personality disorder. They conclude that writers have been unsuccessful or lacking in attempts to explain codependency in terms of behaviour, inevitably reverting back to some disease formulated definition.

Tracing the close links between Alcoholics Anonymous and the codependency movement, Haaken (1995) regards the extension of the disease concept of addiction to pervasive personality and character phenomenon a troubling trend in popular psychological literature. She disagrees somewhat from Harper and Capdevilla (1995) when she notes that by drawing comparisons between those who need drugs to feel good, and those who need to take care of people to feel good, a reduction occurs in the moral comparisons between addicts and their families. While this may be praiseworthy in some regards, Haaken contends that on the other hand it provides a morally and psychologically impoverished substitute, "devoid of the tensions and complexities inherent in analysis of differentiated consciousness" (p. 60).

According to Haaken, combining the hypothesis of a disease process with systems theory, for example, may result in sacrificing much clinical and distinctive material. These details include different genetic predispositions, different ego strengths, psychopathology of individual family members and the like. Some alcoholics are abusive when drunk, while others are not, some are able to maintain good relationships with their children, and others are unable to. She maintains that reverting to simplistic disease concepts of addiction or codependency results in rudimentary assessment and gross simplifications.

In forwarding self psychology as a preferable model or conceptual lens with which to analyse relationships, Sloven (1995) echoes the above sentiments in the following statement:

"The danger of using a codependency model lies in the facile equation or focus on relationship with symptoms of illness - "defects of character". This attribution feels for too many women like "personal insufficiency". The focus on attaining a state of serenity may short circuit not only the development of skills in tolerating tension and conflict, but the realistic and adult expectation that life at times involves tolerating pain. It is crucial for women to learn to accept the moods without pathologizing them." (p. 163)

van Wormer (1995) suggests that the utilisation of the disease concept of codependency constitutes a confusion of cause and effect to a dangerous degree, while Harper and Capdevilla (1995) fear that sweeping and vague use of loosely defined terms result in "enablers" being blamed for alcoholism or abusive behaviour. These views are echoed by Kokin (1995) when she contends that therapists are inclined to interpret coping styles of women caught in bad relationships as illness, creating confusion and further decreasing their self-esteem and self-confidence. Lodi (1995) forwards the idea that Post-traumatic Stress Disorder is a more appropriate diagnostic or conceptual representation of what many have called codependency in women. While this also has some of the negative 'disease' features of the DSM III, she maintains that it indicates more accurately the source of trauma and does not re-victimize the victim.

Articulating a strong theme of protests in the feminist critique of codependency, Lodi (1995) also argues that viewing codependency as a disease 'medicalizes' the problem, and as such takes it out of the political and power arenas where it belongs. In addition to avoiding the real problems, this serves to pave the way for a profitable self help and treatment industry. The themes of female oppression and capitalist industry in the codependency field are addressed more fully in subsequent sections.

2.2.1 Other voices

In agreement with the feminist lament about codependency as a disease, Cretser and Lombardo (1999) regard this tendency to view ever-increasing ranges of psychological phenomenon as disease as part of a broader movement they call "The diseasing of America" (p. 634). They assert further that there is no research that supports a disease process in codependency, and that environmental influences are under-estimated in the cause and treatment of even supposedly well established diseases like alcoholism. They recommend that, to prevent careless labeling and to enable individualised treatment, careful biopsychosocial assessments of each individual who presents himself or herself for therapy is required. They further align themselves with the feminist position on codependency as a disease when they point to social influences:

"The leap from compulsive behaviour to addiction to disease is hazardous and usually not well conceptualised. The tendency to reduce complex problems to syndromes, diseases, and addictions detracts needed attention from societal and political factors that shape unhealthy behaviour." (p. 311)

In what the investigators believe to be a scientific investigation into the existence of a "codependency syndrome", Lyon and Greenberg (quoted in Rotunda and Doman, 2001) designed an experiment to test whether women with an alcoholic parent would be inclined to give significantly more help to an exploitative experimenter than to a nurturant one. Their results confirmed their hypothesis, and as they expected them found that women who do not have an alcoholic parent gave more assistance to the nurturant experimenter than to be exploitative one. While these results could conceivably lend support to the trait theory of codependency, Rotunda and Doman (2001) suggest that the conclusions drawn by the experimenters presuppose the belief in a morbid theory of dependency in the first place. It could be argued by critics that the behaviour was merely a learned response to a familiar queue.

2.2.1.1 A dual conceptualisation of codependency

It can be seen from the debate surrounding the nature of codependency that there are those who view it as a more-or-less normal reaction to adverse circumstance, while there are others who view it as disease or disorder. In response to these two streams of thought, Wright and Wright (1999) designed an empirical study to investigate the difference between endogenous (intrapersonal in origin) and exogenous (circumstantial and reactive) codependency. They used two measuring instruments, the ADF-C5 that measures codependent relating within a specific relationship, and the SFCS designed to measure up codependency as a dispositional entity. Both these instruments are reported to have good psychometric properties, although questions regarding the overall conceptual validity of the concept clearly still remains. The sample included a total of 603 men and women, ranging from ages 20 to 65 years old.

Exogenous or reactive/ circumstantial codependency

'Exogenous codependents' were found to be everyday individuals whose socialisation has emphasised attitudes and attributes like compassion, cooperativeness, self-forgetful care giving, and concern for the well-being of others. These individuals do not necessarily come from dysfunctional families of origin, but more often are reared in stable, supportive homes encouraging healthy interdependence and a genuinely communal orientation. Should these individuals find themselves with exploitative partners, they are vulnerable to being manipulated into enabling and excessive caretaking roles. They would however not, in spite of being over-protective caretakers in these unrewarding relationships, organise their lives around their partners and would still have reasonably fulfilling lives apart from those relationships. As far as therapy is concerned, exogenous codependents would be expected to more readily change relational attitudes, behaviours and self perceptions in response to treatment. They would be less likely to have been involved in multiple dysfunctional relationships, and would focus their attention in treatment on

current and contemporary relationship dynamics rather than family of origin issues (Wright & Wright, 1999).

Endogenous or intrapersonal codependency

Endogenous codependents were purported to be not only vulnerable to becoming co-dependent relators, but were likely to gravitate towards troubled relationships and become enmeshed in those relationships. While not all endogenous codependents come dysfunctional family backgrounds, those who do fit this category are likely to come from such backgrounds. As far as therapy is concerned, endogenous codependents have more difficulty changing behaviour and relationship patterns than exogenous codependents, and more time is expected to be spent on dealing with family of origin issues before the focus could shift on to current relationships.

The experimenters conclude that while their studies confirm their own clinical observations of these two types of codependency, much has to be done in order to differentiate codependency from other distressed patterns of relating, and to further explore its conceptual substance (Wright & Wright, 1999).

2.3 Codependency as a label

According to Haaken (1995), the term codependency carries the same dangers and disadvantages of diagnostic labeling generally, ie. the potential of reifying the patient or using labels as a substitute for careful and a non-judgmental analysis. She asserts that labeling can also be used defensively by therapists in response to pressures and anxieties felt in therapeutic situations. Kaminer (1995) objects to the negative and disempowering effect of labeling women's struggles as codependency, or any of the other similar terms used in the field, as the following rather impassioned statement reveals :

"The point is simple. Words influence - they can enhance or distort the way we perceive reality. When we affix negative labels to wives of alcoholics, these women start to look negative, feel negative, and suffer negative treatment at the hands of society and professionals, who should know better... The name-calling should stop - they are not co-dependent, co-alcoholic, co-addicted, near-alcoholic, or enablers; they are simply human beings living in a tremendously difficult situation that requires immediate, urgent attention. They need proper information, education, and support. They need professional services that will treat them in an understanding, sensitive manner and help to highlight how well they have actually done in their efforts to keep themselves and their families together against spectacular odds." (p. 86)

Notwithstanding the possible validity of the point made, the question must be asked whether Kaminer is not guilty of precisely the same thing by labeling those who are struggling to control their drinking behaviour as "alcoholics". Do these individuals not equally need information, education, support and understanding rather than name-calling?

While having reservations about the term codependency in general, Schrieber (1995) maintains that it may be useful insofar as it is used to describe problematic behaviour. Similarly, using the word "enabling" may be useful in examining behaviour, but becomes problematic when it is changed to the label "enabler". Schrieber cautions therapists not to focus only on how the client speaks, but to take care on how therapists themselves speak and to encourage the use of words that describe behaviour, rather than those that function as labels.

2.3.1 Other Voices

The issue of accepting or rejecting a label such as codependency is an important one, not only in light of the arguments forwarded above, but in that writers such as Beattie (1987) and Finnegan (1990) see this as the all important first step in

breaking denial. Writers in the self help and addiction movements clearly regard codependency as a disease paralleling substance addiction, and agree that by accepting that one is an "alcoholic", i.e., the label, marks the beginning of the recovery process.

On the other side of the coin, however, Chiauzzi and Liljegren (1993) contend that using a label such as codependency may lead to a self-fulfilling prophecy. As other writers above have pointed out, relationships are confusing and often filled with difficulties, and any labeled that describes these tensions may be all too easily adopted without question. In support of O'Gorman's (1993) conceptualisations of codependency as a learned helplessness, Fuller and Warner (2000) make an appeal to describe specific problematic behaviours and attitudes rather than affixing broad and stigmatising labels such as codependency. A presentation of O'Gorman's treatment of codependency is presented in a subsequent sections of this review.

In what can be regarded as one of the most compelling arguments against labeling from within the addiction field itself, the some treatment centres have discontinued using the term codependency (Chiauzzi & Liljegren, 1993). This decision was made after finding ample evidence of a variety of functional coping skills in families of alcoholics. This clearly is in line with much of the feminist critique against using labeling and the disease concept of codependency, as well as their objections outlined in the following section on "Blaming The Victim".

2.4 Codependency as blaming the victim

Phyllis and Golden (1995) regard the term codependency as an example of a label that blames the victim in a situation or pattern of exploitation or abuse. They insist that any term or label used to describe a condition or situation should

not disempower or further victimise the persons involved. Terms such as 'post traumatic stress disorder' and 'incest survivor', capture not only some of the realities involved, but possibly also some of the strengths of the person referred to. van Wormer (1995) suggests that the term "survivor syndrome" would help dispel the myth of codependency and suggests that any symptoms linked to it are more akin to battle scars, and should be respected accordingly (p120). Using a term such as 'incest survivor' avoids victim blaming by clearly placing the source and responsibility for suffering outside the person. This sentiment is emphasised further by Babcock and McKay (1995) who point out that in a situation of family violence, few would ever label the woman as a "co-abuser", but that the prefix "co" in the word codependency implicates the victim of mutual involvement in the pathology.

Melody Beattie is singled out by Babcock (1995) as one of the most commercially successful self-help advocates of codependency, but more damningly, as one who is blatant about victim blaming. As clear evidence of this, she quotes Beattie as stating that *"...the notion of codependency requires each of us to decide what part we played in our victimisation"* (p. 23). This victim blaming by Beattie is driven home by Harper and Capdevilla (1995) when they quote the following rather blunt statement made by her: *"No wonder the alcoholic drinks: who wouldn't with a crazy codependence spouse?"* (p. 40)

Babcock (1995) contends that the closely allied term "enabler" has also been used to implicate or directly blame the spouse of the alcoholic for the problem. She records with some alarm the following statement made by Miller and Miller in 1989: "The common cause of alcoholism is the non alcoholic... without the enabler, alcoholism would dwindle." (p.11). Women of Alcoholics are frequently pressured, according to Asher and Brissett (1995) into accepting a codependency label by their spouses and by treatment professionals at rehabilitation centres. This takes some pressure off the man by enabling him to see his spouse as equally "sick" (p.142).

Some have argued that family systems theory itself contributes to victim blaming by ignoring power differentials, variations in ego strength, the possible location of illness within an individual mind or body, and by so doing taking the focus off the alcoholic/addict and redirecting it to the spouse or the entire family (van Wormer, 1995; Babcock, 1995; Haaken, 1995). Referring to an even broader context, van Wormer (1995) contends that victim blaming is the culmination of the questionable American belief that "*there is a just world, that people control their own destinies, and that individual responsibility reigns*" (p. 125).

2.4.1 Other Voices

When considering the complex responsibilities and relationship patterns within distressed families, Stafford (2001) concurs somewhat with feminist thinking by proposing that the concept of "role conflict" may be more appropriate and less pathologizing or blaming than that of the concept of codependency. This is forwarded by Burris (1999) as a preferable conceptualisation, considering the fact that the concept of codependency has at times been linked to behaviours that only *inadvertently* reinforce the addictive patterns of family members. Fuller and Liljegren (1993) align themselves closer to the feminist critique by alleging that victim blaming occurs particularly frequently against women, by ignoring both complex social and political realities within which they typically find themselves.

2.4.1.1 Codependency and abuse

There can be little doubt about the intention behind, and message of, the self-help book by Ackerman and Pickering (1989) entitled "Abused No More: Recovery for women from abusive or co-dependent relationships". They regard

codependency as a pattern of negative ways of thinking and behaving as a result of living with someone who is addicted and/or abusive. They employ the concept of codependency, among others, to assist women to resist abuse, and/or to leave abusive relationships. Avoiding an oft-levelled criticism against the movement by feminist critics, these authors issue a direct challenge to social and other pressures that keep women in abusive relationships. They are particularly emphatic about the fact that victims are not to blame for the abuse they suffer, as the following statement reveals:

"Overcoming self-blame means that you no longer accept his excuses for his behaviour. It also means that you raise your opinion of yourself and that you establish boundaries about the kinds of responsibilities you will and won't accept. Allowing someone else to make you feel responsible for their problems is an indicator of how severe a problem it has become for you. You did not cause the abuse. You have endured the abuse. Don't accept either blame or the abuse" (p. 116).

2.4.1.2 Distinguishing between enabling and codependency

In what may be considered by many to be controversial, Rotunda and Doman (2001) maintain that enabling is a valid, preferable and separate construct from codependency. They contend that the concept of codependency may be seen as the latest version of individualistic and pathological trait theories that unproductively dominated mental health conceptions during the last century (p. 258). Trait theories that ascribe negative intrapsychic characteristics to alcoholics or their partners are viewed as inadequate explanations of alcoholism and related distress. They make the important assertion that broad definitions of codependency were readily accepted because a void existed regarding diagnosis and treatment for distressed family members of alcoholics and addicts.

The authors argue strongly for the complete omission of the term codependency in favour of "enabling" or "coping behaviours". They believe that this allows for

the concept to be operationalised, studied empirically and avoids the confusion surrounding attempts to define codependency. It must be noted that the term enabling is not changed to "enabler", in keeping with their proposal to name behaviours rather than intrapsychic traits. While it raises eyebrows around possible victim blaming, this position brings them closer to feminist and other writers reviewed above who resist labeling. Anticipating controversy, they point out emphatically that it is irresponsible to suggest that spouses in some way *cause* the alcoholics drinking. They contend that enabling should be conceptualised as a learned set of behaviours that only has the *potential* to reinforce substance abuse, possibly increasing the *probability* of such behaviour (p. 266). These would include direct behaviour such as buying drugs for their addicts, as well as negative reinforcement mechanisms such as assisting the addict in avoiding natural consequences of their addiction (such as calling in sick for them).

They continue their conceptual tightrope between supporting the concept of enabling on the one hand, and rejecting victim blaming and disease formulations on the other when they report with approval on programmes designed to assist the spouses of alcoholics in bringing about change. A programme called "Pressures to Change", for example, involved training spouses of alcoholics in responses that provided incentives for sobriety, while at the same time empowering the spouses themselves. The programme reported significant reduction in the drinking behaviours of spouses, but interestingly enough no improvement in life satisfaction and distress ratings by the non drinking partners. The authors speculate that improvements in life satisfaction may take more time to manifest as partners waited for their spouses to remain sober or none addicted over time.

The writers are emphatic in absolving spouses from blame, and promote more widely accepted behavioural principles of reinforcement to assist partners of alcoholics change ineffective coping behaviours to more effective ones. Indeed,

they report on a study by Wiseman (1980) who documented a range of ineffective direct and indirect attempts by wives to influence their husband's drinking. They go as far as suggesting that if wives could be reached early enough, they could be saved from such futile attempts to cure their husbands. They also report on other treatment interventions for wives of alcoholics specifically aimed at ineffective coping and "enabling behaviours". These have resulted in a reduction in enabling behaviours and in lower levels of depression and anxiety, as well as an increase in the self esteem of the spouses of alcoholics .

2.5 Codependency as a plot against women

The following statements reveal the extent to which some authors believe that codependency forms part of a larger conspiracy targeting women specifically:

"Codependency and its treatment lie at the heart of how the recovery industry seeks to manipulate and control women." (Tallen, 1995, p. 172)

"Of all the labels with which mental health professionals have tried to ensnare and diminish women (in the name of treatment), codependency is the most downright insidious... A further reason why the concept of codependency is so destructive is that it is so clearly designed to keep women hooked, rather than to free them...Behind every no-good man, this dictum goes, is a culpable woman" (Armstrong, 1995, p. ix)

Babcock and McKay (1995) allege that most treatment programmes for codependency have more women than men, and that the membership of codependency self help groups are also predominantly women. They contend that codependency is part of a backlash against feminism, and that it remains a misogynist construct, notwithstanding attempts by some to disguise it as a form of 'disturbed personality disorder' (p. 21). They suggest that this bias against

women in psychology can be traced back to early Freudian notions of female hysteria and women as "enduring seekers of pain" (p. 21).

Even in more modern times, codependency is alleged to be particularly well suited to the oppression of women (Schrieber, 1995; Tavis, 1995), and said to be presented in such vague, broad and all-encompassing terms by treatment centres that most women are vulnerable to conviction (Fabunmi, Frederick, & Bicknese, 1995). Although this would inevitably provoke alarm in many self-help-type circles, Hagen (1995) suggests that women would be more empowered by referring to themselves as oppressed rather than codependent.

Kokin (1995) maintains that the concept of codependency is designed specifically to pass responsibility from the male addict to the female spouse:

"... when attempts to cope are defined as enabling, that responsibility for drinking or not drinking is turned over to the wife. Our understanding has always been that alcoholics do not need to be enabled to drink. They are quite adept at enabling themselves, whatever the circumstances, if that is what they choose to do. The alcoholic needs to assume responsibility for his disease and for doing something about it. Instead, well intentioned theorists too often pass the buck and pointed the finger at the wife." (p. 84)

Instead of name-calling, Kokin believes that wives of alcoholics and addicts need proper information education, and support. They also need to be affirmed in their efforts to keep their families and themselves together against considerable odds. van Wormer (1995) has reservations about whether or not women even need intervention and treatment, or whose interests such treatment really serves, as the following statement by her reveals:

"Women are harmed by being diagnosed as showing pathology when they react normally to an extreme situation. Women are harmed when they are enrolled in lengthy treatment more for the agency's benefit than

their own." (p. 126)

2.5.1 Other Voices

2.5.1.1 Codependency and the self help movement

Irvine and Klocke (2001) issue a strong challenge regarding what they believe to be an over-estimation of the percentage of women involved in CoDa and/or readers of related self-help books. They warn that these figures come about through the careless use of secondary data. Claims that women constitute 85 per cent of CoDa as members are traced to a statistic claimed by the feminist writer Kaminer in 1991. Kaminer is said to have based her estimation of attendance at self help meetings on a headcount of female professionals at a conference on codependency in New York during 1990. Irvine and Klocke contest that the numbers of professionals attending a conference on codependency cannot be extrapolated to the numbers of females attending self-help groups, or indeed the number of females who buy self-help books. Statements made by Babcock (1995) that 85 per cent of the readership of codependent materials are women are traced back to this rather questionable extrapolation.

At the time of their writing, Irvine and Klocke (2001) could find only two studies that specifically and directly investigated the attendance patterns of CoDa. Both studies found that women made up around 60 per cent and males 40 per cent of the self-help groups, and confirm their own findings in a survey of over 200 CoDa support groups in the New York and New Jersey areas . They contend that since women typically constitute higher membership in therapeutic interventions, this figure is no different from any other help seeking behaviour in the general population. Indeed, they contend that despite the socialisation of men not to attend groups like CoDa, they nevertheless attend in impressive numbers

indicating that they are well represented among those who regard themselves as co-dependent.

2.5.1.2 Codependency in the workplace.

According to Allcorn (1992), books on codependency have primarily targeted women, and lack balance in that they do not examine codependency in the lives of men. Focusing on the business rather than relationship arena, he contends that almost all employees suffer from codependency in one form or another, and that this negatively affects individual and group productivity. He maintains that, upon closer examination of different subtypes of codependency, there may be an equal number of men and women who suffer from this condition.

He lists the following subtypes, as well as the family of origin dynamics and characteristics thought to be associated with the subtypes:

Type 1 - The Self-sacrificial type is the one most commonly referred to in self help books as being co-dependent, the good and caring people who do too much, and are over responsible. Their parents would have been powerful, controlling, critical, punitive and not available for caring, and their actions autocratic, remote, absent, physically and emotionally brutal, judgmental and critical.

Type 2 - The Dominating type are those whose actions are aimed at dominating and controlling others who have to be told what to do and are to be kept from taking control. In terms of gender differences, women traditionally may exercise this form of control over children, while men exercise this control financially and or physically. Feelings of being "bad" or powerless are attributed to others. Parents of this type would most likely have been powerful, controlling, manipulative, withholding or excessively caring, and their behaviour subtly

controlling, invasive, constantly present, manipulating and withholding, and would have minimised the child's need to develop.

Type 3 - The Withdrawn type perceive a threat in acting self-sacrificially or in a dominating way, and rather chooses avoidance of people and action, tending to watch life pass by as a spectator. This type comes closer to the addict pattern of under-functioning and under-responsibility. Parents of this type would have been powerless, permissive, non-judgmental, laissez faire and require caretaking themselves. Their style would have been unassuming, not controlling, unoffensive, always in need of nurturance, and would have used guilt to control the child.

The above conceptualisation of codependency is based on a psychodynamic model, and according to Allcorn, involves an analysis of strategies to cope with or defend against anxiety. Strategies are located on two basic axes: High and Low Control on the one axis, and Abandonment versus Involvement on the other axis. While this particular conceptualisation may be debated on empirical and other grounds, Alcorn maintains that it applies equally to men and women when all the types are considered together.

2.5.1.3 Empirical studies comparing codependency in males and females

In response to the concern that women are in danger of being victimised and singled out, a study by Martsof et al. (1990) was conducted to assess levels of codependency amongst male and female helping professionals. The study used the Span-Fischer codependency scale, measuring the prevalence of codependency among nurses, family physicians, psychologists and social workers. Contrary to expectations, males showed higher levels of codependency overall than females, and especially so in the sub scales of Hiding Self and Family of Origin Issues. Countering the myth that codependency is necessarily

rampant amongst the general population, and amongst helping professions in particular, this particular study found that the majority of professionals scored low on this measure of codependency. This once again raises the question about over inclusive notions of codependency in the popular press that have not been operationalised and quantified empirically.

In a study designed to measure codependency levels in a sample of 165 college students in southern California, Cretser, and Lombardo (1999) found that a significantly higher proportion of males was classified as co-dependent. They suggest that women may be more easily inclined to accept the label of codependency and more comfortable in seeking treatment, giving the impression of having higher levels of codependency without this necessarily being the case. They conclude that it is important not to overlook the symptoms in male clients, given this general bias in clinical and popular writings that regard women to be the prime candidates for codependency.

2.6 Codependency as an attack on femininity and traditional female roles

Most central in the feminist critique of codependency is the allegation that codependency not only specifically targets women, but is primarily an attack on femininity and amounts to the pathologising of socially reinforced female roles of caring , nurturing and investment in relationships. (e.g., Asher & Brissett, 1995; Babcock & McKay, 1995; Fabunmi, Frederick, & Bicknese, 1995; Tallen, 1995). According to Babcock (1995), there is a striking similarity between the concept of codependency and traditional feminine roles. She argues that the concept of codependency makes toxic even the most positive aspects of female roles, when the care becomes infantilising, attachment becomes enmeshment, and empathy becomes intrusiveness.

van Wormer (1995) comments on this gender bias by holding that the main characteristics of codependency, such as sensitivity to other's needs, vulnerability and dependency, are exaggerations of women's prescribed cultural roles. She is joined by Sloven (1995) who contends that, in a move to establish codependency in a disease paradigm, women's 'other' focus is labeled as unhealthy while ignoring its value to human relationships. It also ignores the social, political, and economic factors that contribute to women developing skills in this direction in the first place.

Fabunmi, Frederick, and Bicknese (1995) contend that women have a different path of individuation than men, moving from dependence to relationship-orientated interdependency, while men are encouraged more towards independence. Women are typically acculturated to value responsibility to and for others more highly than they value their own right. Almost by way of adding insult to injury, Babcock and McKay (1995) argue that the behaviour and attitudes of the ruling and powerful group, i.e., men are seen as normal, while those of the disempowered are seen as pathological.

While maintaining that there is a tendency to impose socially dominant male-defined differentiation on to women, Fabunmi et al. (1995) concede that some women do manifest an extreme dependence or fusion with others, and may benefit from assistance that will help them balance the focus between themselves and others.

2.6.1 Other voices

Fuller and Warner (2000) concur with feminist writers when they express the fear that the codependency movement may be pathologising stereotypical female traits. They speculate further that codependency can be seen as a female coping

strategy in the face of environmental stress, while men's coping strategy could be that of conduct disorder. Of the two strategies, they suggest that the female strategy is more functional.

2.6.1.1 A study of men in the Codependency Recovery Movement

Besides pointing to areas of secondary data in over estimating the number of women participating in the recovery field in codependency, Irvine and Klocke (2001) contend that most research on CoDa and its discourse has ignored and trivialised the experiences of men, rather focusing exclusively on the potential castigation of women or the neglect of gender politics. They contend that feminists are guilty of selective perception when it comes to the symptoms of codependency, focusing almost exclusively on those symptoms which appear to relate to female stereotypes. Irvine and Klocke point out that the symptoms of control and hiding of feelings are not only virtually always included in definitions of codependency, but that these are primarily *masculine* traits (p. 40).

Without any attempt to minimise the challenges and pain faced by women, they argue for a more balanced examination of the way in which traditional roles have harmed men by, inter alia, requiring control and the denial of feelings. In their study of over 200 CoDa support groups using grounded research methodology, they record the following statement made by one of the men attending a CoDa group:

"Everything revolved around my father at home. My father was the strong arm, the strong hand. Everything revolved around him. I learned that. It's very, very hard living in that role. You have no other outlets. You're the strong guy." (p 41).

They document the men's experience of the pressures of being a stereotypical

male. These include a continual requirement or burden of proof of Manhood, in a never ending series of elusive tests. Failure is regarded as a taboo, and as men they are expected to be able to fix anything, including broken relationships. Men are under continual pressure to prove that they are contenders; physically, sexually and/or economically. Failure carries the threat of exclusion from the status of being male.

Irvine and Klocke (2001) document how CoDa meetings have proven to be a powerful arena for the increase of awareness of hegemonic masculinity, and the evolution to egalitarian personhood or democratic manhood. Group norms such as equal participation, a mutual respect, unconditional acceptance and a personal confessional climate assist men in examining how their traditional coping patterns have not only failed, but cost them emotionally and physically. Men, typically, initially viewed CoDa as a movement that could fix their spouses, but soon found upon entering it personally that they themselves were in need of personal transformation.

2.6.1.2 An empirical study into a traditional female roles and codependency

Working on the assumption that older women are more socialised in traditional female roles, Martsof, Sedlak, and Doheny (2000) conducted a study to assess codependency levels using the CODAT assessment tool in 238 women whose ages ranged from 65-91. Subjects were selected from a variety of community based clinics where clients came to receive annual flu injections in the Midwestern United States of America. The study also had the dual purpose of assessing whether the results of previous studies showing a correlation between measures of codependency and depression could be replicated.

Contrary to claims made by writers such as Beattie (1987) that over 90 per cent of people are codependent, as well as fears expressed by critics that

codependency equates with traditional female roles, the researchers found that 99 per cent of the subjects scored low on codependency. They go on to conclude that more scholarly definitions and formerly operationalised conceptualisations of codependency do not pathologise female roles, nor find the majority of the population to be co-dependent. A correlation between codependency and depression was replicated, raising some questions about the extent to which notions of codependency and depression are discreet entities, or whether having codependency is simply a depressing condition.

2.7 Individualism, narcissism and interdependence

According to Walters (1995), the whole recovery movement in the United States of America coincided with the Reagan decade, with its glorification of the individual, the me, the self, the loss of community and the increase of social alienation. Taking care of the self became the hallmark of power and healthy adjustment. In this Reagan era a whole range of new buzzwords like separation, boundaries and self-esteem became touchstones of a new consciousness:

"Mental health was not measured in terms of interdependency, affiliation, connection, involvement, or taking care of others. Unsuccessful separation from one's family could lead to the most dire of behavioural disorders. There was no room for the concept of family as an ongoing process of negotiation and renegotiating affiliation - where the operative word is affiliation rather than separation." (Walters, 1995, p. 182)

A somewhat ironic point is made by Kaminer (1995) when she contends that buying a self-help book in itself is an act of dependence, and that it forms part of a broader "refusal to confront the complexities of solitary creative effort, as well as its failures" (p. 78). She sees the entire self-help movement as part of a culture where, on the one hand, individualism is idealised, and, on the other,

critical thinking is discouraged and the isolation of being free is feared.

Krestan and Bepco (1995) warn against a magical quest for a relationship in which a person would be perfectly self fulfilled, without ever focusing on the other person. Furthermore, Schrieber (1995) cautions that since perfect individuation is impossible, everybody is vulnerable to being diagnosed as co-dependent. Walters (1995) raises a related point by "wondering" what happened to the poor reputation of narcissism, when mature behaviour is now conceptualised as taking care of oneself, putting one's needs first and loving oneself. She takes this challenge further when she asserts that systems theory sanitises concepts such as incest when it talks about 'lack of clear generational boundaries', rather than the blatant and narcissistic abuse of power (p. 100).

2.7.1 Other Voices

In order to shift possible over-focus on pathology, several academic and self-help writers have called for a more careful analysis to distinguish between healthy and pathological caregiving and focus on relationship (Porter, 2001; Fuller & Warner 2000; Groom, 1991, Springle, 1990). Caregiving and focus on relationships are regarded as interdependent qualities, and more needs to be said in the literature about what the healthy manifestations of these behaviours are. Stafford (2001) further challenges the notion that a sense of self should be emotionally disconnected from others, and argues that a sense of personal empowerment can best be achieved by the power of connection with others. This requires that an analysis of the nature of the connection between people begins with the premise that connectedness and interdependence are necessary and healthy basic human qualities in a first place.

2.7.1.1 Codependence and interdependence in Korea

In an insightful comparison between American and Korean cultures, Kwon (2001) examines culturally determined notions of codependence and interdependence. She observes that Asian or Korean conceptualisations of self are relational, while American conceptualisations of self rely on the attribution of individual intrapsychic qualities. Personal boundaries of identity and relationship, a key concept in most co-dependent literature, can therefore be said to be *culturally* defined, rather than objectively. In addition to this, she notes that for Americans, relatedness is always subjected to a higher cultural ideal of individual autonomy. Within this ideal of personal autonomy is a double bind of "control or be controlled" (p. 46). This sets up an oscillation between two extremes - to have control (suppress or repress) or to lose control (become addicted).

Kwon contends that Americans can learn from Koreans with respect to healthy interdependent and more relationally defined identities, while Koreans in turn can learn from Americans to separate or introduce boundaries between their personal and professional identities and lives. Introducing concepts such as codependency can help Koreans examine critically the extent to which they are over-defined or controlled by their relationship and connection to others. Such cross-cultural learning may benefit Americans in dismantling the fantasy that they can happily live 'independent' lives, with "autonomy masquerading as freedom" (p 42). With such learnings, the negative connotations of the word dependency and its equated meaning of "failure to be autonomous", may be tempered or released.

2.7.1.2 Recovering from codependence in Japan

Popular codependency literature such as the book by Beattie (1987) have been entering Japan through translated texts in the past decade, and have been

instrumental in establishing a comparable self help and recovery movement (Borovoy, 2001). The adoption of the notion of codependence in Japan is set in a context where alcoholism has become increasingly a subject of social concern. Borovoy asserts that "Japanese women who define themselves as co-dependent must forge a distinction (blurred by dominant cultural ideology) between socially valued interdependence and unhealthy or systematically exploitative forms of asymmetrical ties" (p. 94). She points out that it is difficult to draw a sharp distinction between asymmetrical or interdependent relationships that are compelling, ritualistic, and viewed as deeply Japanese, as opposed to relational exploitation and structured inequalities.

Reflection on Japanese culture lays bare some of the poverties in construction in the American language of codependency, which leaves little room for the conceptualisation of healthy and necessary forms of interdependence. Such relationships may be asymmetrical, unequal and confining in some moments, but unavoidably form part of ongoing social relationships and participation (Borovoy, 2001):

" In the context of dominant American ideologies that fetishize individual rights and view freedom and self-cultivation as the liberation from social constraints, there is little language for conceptualising the necessary compromises of self-determination that sociality entails; ambiguous relationships that contain evidence of both power asymmetries and complicity are readily classified as abusive or exploitative - an infringement of human rights. In contrast, the social compact that has emerged in various social contexts in post-war Japan (including the family and workplace) hinges on discourses and practices that encourage individuals to tolerate asymmetrical relationships of power in the belief that these are combined with benevolent forces of intimacy, mutualism, and protection. From the standpoint of Western social theories - particularly liberalism and liberal feminism, which politicise the personal through the language of rights and self-determination - it is not clear what resistance to such social compact might entail." (p. 108)

From the conceptual framework of codependency, it could be said that one of the

key words in the above quote is the word "mutualism". Most conceptualisations of codependency point to an *unequal* and overly sacrificial relationship between an addict and a codependent (e.g., Cermak, 1987; Melody, 1989).

In a what may surprise some feminist writers, Borovoy (2001) concludes that, without buying into American individualism, the codependency discourse has played a significant role in assisting Japanese women to forge distinctions between interdependence and codependence. This is enabling them to resist post-war state, social and domestic demands that come at their expense.

2.8 Lack of research in the field

While issues of research and empirical investigation are not particular to feminism, writers in this paradigm like Babcock and McKay (1995) contend that there is a dearth of empirical investigation into the concept of codependency. They also challenge the popular notion that the spouses of addicts "fall apart" when their alcoholic husbands recover, leaving them no familiar codependent identity and function to perform. They assert that, at the time of their writing, there was no research validating this de-compensation hypothesis. On the notion of codependency generally, they maintain that any research that has been done is flawed in that it assumes codependency to exist, rather than attempting to establish its existence in the first place.

2.8.1 Other Voices

Martsof et al. (1999) acknowledge early criticisms of feminist and other writers who were concerned about the lack of research and scholastic study in the field of codependency. They assert that the 1990s have seen the beginning of serious

research in the field, and that recent studies support the idea that codependency exists separate from the field of chemical dependency. A range of instruments with good psychometric properties that operationalise and measure codependency have been developed through factor analysis and other standard research methods (Stafford, 2001; Cullen & Carr, 1999; Fuller & Warner, 2000; Wright & Wright, 1999). A brief summary of instruments is contained in Annexure B.

Chiauzzi and Liljegren (1993) claim that there is an anti-intellectual and anti-research bias in the field of addiction treatment. They attribute this in part to the fact that many councillors in the field are recovering addicts themselves, untrained in research mythology. They add however that behavioural scientists and medical practitioners have contributed to this problem by their initial dismissal and underestimation of the value of self-help groups such as Alcoholics Anonymous. Furthermore, they maintain that professional disciplines within the addiction field work in isolation from each other and do not share information.

With regard to the possible causes of codependency and its historic links to the addiction field, Cullen and Carr (1999) conducted a study to test the construct validity of codependency, as well as ascertain aetiological factors in family of origin for those people measuring high on codependency scales. Supporting the suspicion alluded to in previous sections by some writers that a direct link between chemical dependency and codependency is overly simplistic, they found that chemical dependency in a family of origin was neither necessary nor sufficient to produce measurable levels of codependency. Rather than substance abuse, the researchers identified a number of family experiences thought to foster and maintain codependency: child abuse, parental coercion, non nurturance, maternal compulsivity, the authoritarian paternal parenting style, dysfunctional parenting, repressive family atmosphere and physical and verbal abuse, lack of acceptance, lack of communication, satisfaction and support, and higher levels of control (p. 520).

Cullen and Carr argue that their investigations support similar findings in the field, and call for a focus of attention on specific family dynamics and individual histories, rather than direct cause-and-effect assumptions between codependency and addiction in families of origin. Beside separating the field from rigid links to addiction, they also make a call to distinguish codependency from healthy, culturally sanctioned caretaking. Operational definitions of codependency should specify an excessive focus outside the self, and that this unhealthy locus of control may be related to a broad range of stressful family environments. They request that future scholastic conceptualisations of codependency should be done in such a way that promotes understanding, while avoiding pitfalls highlighted by critics.

2.9 Over-simplification of complex reality

Babcock and McKay (1995) quote Wilsmack and Wilsmack (1992) in a lament about the over-simplification of concepts of addiction and codependency:

"In trying to understand human behaviour, we often want to believe that life is simpler than it really is... as behavioural science matures, it should move away from wishful over-simplification towards a more complex, subtle and difficult understanding of human behaviour." (p. xv)

The construct of codependency embraces too much in one psychopathological net, according to Haaken (1995). She concedes that while self help groups do offer comfort and hope to individuals who share a common experience of being disempowered, or in some way out of control, these groups unfortunately draw on literature that pathologises caretakers and vastly oversimplifies human dependency and interdependency. Similarly, Krestan and Bepco (1995), in an article that is less strident in its condemnation of codependency, point out that the unique life experiences of the individual become blurred in this type of framework of over-defined and over-generalised 'codependent' identities. They

contend that while the term codependency initially came from powerful and important observations of the pattern or imprint of trauma on children who grew up with alcoholic parents, a gradual shift has taken place from the describing of symptoms, to describing notions of pathology.

Arguing for a more contextual look at notions of codependency, Fabunmi, Frederick, and Bicknese (1995) point out that women who are in relationships with physically abusive and dangerous men, depend on their ability to focus on subtle changes in their partners as an important survival tool. Care must be taken not to leave women vulnerable to further abuse while working in a programme of recovery entails taking the focus off the abuser.

2.9.1 Other Voices

Recent scholastic and empirical investigations into codependency such as those discussed in this review so far (e.g., Cullen & Carr, 1999; Fuller & Warner, 2000), have operationalised codependency in specific ways, and have avoided simplistic statements objected to by feminist and other critics in popular literature. It may also be said that Cermak (1987) did indeed attempt to define clearly, albeit broadly, what his definition of codependency entailed. Only one conceptualisation of codependency that specifically addresses societal pressures on individuals and women who remain in potentially co-dependent relationships (Ackerman & Pickering, 1989) was found in the process of completing this review. It is hoped that social analysis will be included more in future when individual and relationship functioning is examined.

2.10 Codependency as big business

Kaminer (1995) claims that the codependency field is set up to generate huge revenues for publishers and authors, and questions her motive when Beattie (1987) concludes that 96 per cent of all Americans suffer from codependency. Addiction treatment centres and professionals offering recovery interventions and programmes are also said to have benefitted financially from popular consumption and buy-in of the term (Babcock & McKay, 1995). Indeed, according to van Wormer (1995), medicalising codependency as a disease places it on a parallel path to the chemical dependency field in becoming a billion dollar a year industry.

McKay (1995) takes broader ideological issue with the whole human behaviour industry when she contends that psychiatry and psychology function to conceal tensions inherent in capitalist society by individualising and personalising structural problems. Class interests are thereby obscured and conveniently hidden from direct public scrutiny.

2.10.1 Other voices

As in the previous chapter, no conceptualisations of codependency could be found in the process of this review that specifically addressed vested interest and capitalist motives. In defence of the codependency movement, however, it may be pointed out that organisations such as CoDa are purely voluntary. Not only do they provide services free of charge to individuals who could possibly otherwise not afford them, but they are run by volunteers and in this regard they cannot be accused of being part of capitalist money-making. Whether or not economic success in the publishing of books, such as those by Beattie (1987), necessarily

constitutes or proves sinister motives, remains a matter of opinion.

2.11 Feminist merits of the codependency concept

2.11.1 The self help movement

While it may be fair to say that most feminist authors regard codependency to be more evil than good, several writers (e.g., Krestan & Bepco, 1995; Walters, 1995) do credit the movement and the concept with some benefits to women. Haaken (1995) concedes that self-help groups offer comfort and hope to individuals who share a common experience of being disempowered, or in some way out of control.

Self help movements such as Alcoholics Anonymous and Al Anon have, according to Krestan and Bepco (1995), been "unquestionably significant in relieving the pain associated with addiction. They have become more successful than most forms of professional treatment in promoting healing and change" (p. 980). But they caution that, as an individual's personal life experiences become blurred in a too broad framework, unproductive elements begin to surface. In addition, placing persons in a rigid external structure that defines their conditions as personal deficit and disease may perpetuate rather than address the so-called problem.

Preferring self-psychology as a paradigm from within which to address identity and relationship issues, Sloven (1995) still acknowledges the benefits of self-help groups in the recovery and codependency field by providing tremendous support for women undergoing change:

"Self help groups provide free support meetings, available day or night, weekday or weekend, lots of literature, and many other people available

to accept one unconditionally. These aspects of support group involvement can be immensely healing. Combined with therapy, it is a powerful treatment. It's wildfire-like spread amongst the population attest to its magnetism and easy applicability." (p. 158)

While she has many reservations about the codependency phenomena, Walters (1995) recognises that there has been huge benefit by this de-professionalised grassroots movement. Many have found recognition and validation of their pain, and support has become more readily available at community level.

2.11.2 Similarities with feminism

Haaken (1995) concedes that codependency literature, in its basic form, describes the emotional condition of the oppressed i.e. of women. Kaminer (1995) agrees with what could be a central message of codependency, namely taking personal responsibility and avoiding spending our lives heeding or pleasing others. She concedes further that it may share some feminist ideals of relationships based on equality between responsible and actualising individuals. She also regards codependency as having some useful heuristic value when she states that "encased in silliness and jargon are some sound, potentially helpful insights into how character takes shape in the drama of family life" (p. 73).

More qualified acknowledgments from feminist writers of the beneficial aspects of the concept are well illustrated by the following statements:

"Sometimes the spouse of the alcoholic suffers from a too intense emotional involvement with the alcoholic. Treatment in the area of assertiveness and emotional detachment may be beneficial. I object to the tendency today, however, to label such an individual codependent (or enabling or self destructive). My arguments are twofold: there is no actual entity that can be called codependency, and this label is currently used in a discriminatory way against women." (van Wormer, 1995, p. 117)

"While the codependency construct does not have any real diagnostic discriminator validity, the popular literature that has emerged under this idiom clearly suggests that it articulates important themes in the lives of many - again, particularly of women. Its appeal lies in giving a name - a conceptual container - to a broadly defined set of emotional ills, interpersonal pressures, and conflictual dependencies, and in providing a message of hope, that is, a path to recovery." (Kaminer, 1995, p. 56)

"There is unquestionably some pattern of behaviour and feeling that characterises the experience of many people who have felt the negative power of an addictive process somewhere in their lives. An understanding of these patterns can only inform and enhance our clinical work. But our understanding so far remains at a fairly elementary, unresearched level. The codependency movement can be credited with bringing these patterns to our attention and awareness, but it has also created another set of problems." (Krestan & Bepco, 1995, p. 108)

More leniently, Schrieber (1995) goes so far as to concede that the label of codependency itself is not always troublesome, and that clients sometimes wear it in good health. Yet, where possible, it may be helpful as a therapist to express dismay at the label, and substitute it with a behavioural description, such as "You are very concerned with your husband's drinking." (p. 180)

2.11.3 Other Voices

Martsof et al. (1999) contend that clinical treatment based on a concept of codependency has been helpful in decreasing emotional pain of women, and hasty dismissal of the entire field would be inappropriate. They contend further that, despite the limitations of the concept of codependency, therapy has shown to mitigate the harmful effects of this type of relating.

In light of its obvious mass appeal and the proliferation of therapists offering treatment for codependency, and given recent advances in its conceptualisation,

it would be prudent to maintain objectivity and not reject the concept as a totally useless notion (Stafford, 2001). On the other hand, Stafford points out that some tough questions regarding codependency need to be addressed:

- (1). Is codependency a useful explanatory construct for the distress, dysphoria, a low self-esteem, and other negative effects that certain individuals often experience?
- (2). Could the codependency concept simply represent an arbitrary, artificial grouping of affects and behaviour observed in many persons who have unresolved family of origin issues that lead to disturbed interpersonal relations?
- (3). Is it ethical to encourage an individual to accept that he or she is codependent and to seek treatment for this "disease" or "health problem?"
- (4). Does it make sense to conduct research on treatment interventions for codependent persons before the construct has achieved a universal operational definition? (p. 283)

Chapter 3

Alternate formulations of Codependency

3.1 Codependency as learned helplessness

In agreement with Fabunmi, Frederick, and Bicknese (1995) who forward the notion that self-defeating behaviours displayed by women are learnt (and not part of a disease), O'Gorman (1991) has developed a learned-helplessness conceptualisation of codependency. Her model is put forward in a collection of works entitled "Feminist Perspectives on Addictions" (Van Den Burg, 1991).

O'Gorman (1991) contends that redefining codependency as learned helplessness will empower women by refuting notions of their sickness or second-class status. This will also begin to separate the field from the disease-orientated theorising around alcoholism and addiction. She maintains that approaching codependency from a feminist perspective allows for the introduction of empowering concepts for change. A new language system is needed that, while capturing the pain and injustice of codependency, does not blame the victim or disempower those it seeks to assist. A brief outline of her conceptualisation is presented below:

3.1.1 A particular form of learned helplessness

Broad social norms of women being passive and receptive lay the groundwork for learned helplessness (O' Gorman, 1991). From a developmental perspective, it may be said that nobody is born co-dependent, and that they learn to be that way through dysfunctional family traditions and experience. These learnings are

said to remain in place because the process of change is full of uncertainty, anxiety and potentially painful realisations. Furthermore, to break from family traditions, however painful they may be, carries with it the threat of separation and isolation.

In a family where reactions and reinforcement change radically when the alcoholic is drunk or when he/she is sober, the child is caught in an environment with inconsistent and contradictory feedback. This confusion creates the co-dependent tendency to scan the external environment for cues on how he or she should feel in order to remain safe. A process of discounting her internal feelings continues until she begins to rely on what others say she should be feeling or doing, promoting an external rather than internal locus of control.

"Dependency is learned as a result of living in a family where a behaviour is rewarded one time and punished the next. Children, in general, learn to be dependent on cues from their environment in order to know how to act. If the family teaches them that they should not follow their feelings but rather the actions of another, reacting instead of acting, then the child will grow up to be dependent." (O'Gorman, 1991, p. 157)

She identifies four common contributors to learned helplessness:

a) little or no control of the environment: The child in a chaotic family soon learns that he/she cannot control parental drinking, fighting, arguing or other destructive parental behaviour that negatively impact on his or her life. This feeling of powerlessness is gradually generalised to school, peer and other arenas of life. This limiting self-belief prohibits the development of assertive coping skills.

b) no task involvement: A great deal of emotional and psychic energy is used up as the child feels anxiety, anger and fear in a turbulent environment over which he or she has little or no control. This leaves less energy for personal, social and

academic development.

c) disrupted normal routines: As cycles of drinking or abuse create different norms and routines, the child becomes confused and has difficulty grasping what is indeed "normal". The child experiences great difficulty in defining what is acceptable and secure, translating into poor self concept and low self-esteem.

d) avoidance of social support: In conjunction with the no-talk rule that often silences family members, the child begins to feel different from others, and has a constant fear of what might happen at home. This increases withdrawal and isolation from peers and anybody outside the family system

Rather than viewing 12 Step programmes such as Al-Anon and Adult Children of Alcoholics only as part of a greater plot to subordinate women, O'Gorman suggests that they may be a place of solace and healing for wounds inflicted by society and dysfunctional families. She suggests the following guidelines for treating women who believe they have a form of codependency: develop realistic treatment goals, encourage attendance at 12 Step Recovery Groups, redefine the concept of codependency away from that of being "sick" to that of learned helplessness, use empowering concepts such as self-parenting, emphasise strengths and accomplishments, focus on growth and encourage spiritual exploration (p. 159).

3.2 Psychodynamic formulations of codependency

While still writing from within a feminist critique of codependency, Haaken (1995) argues that the codependency literature contains a range of insights consistent with a range of psychodynamic constructs such as: projective identification; focusing on externalised bad objects and splitting. It also parallels psychoanalytic

emphasis on interpersonal phenomenon and character pathology. Specifically, in codependency the good self preserves its sense of goodness by maintaining contact with an externalised bad object, thus warding off disturbing self knowledge. The initially dominated partner begins to assume control by taking over the ever-decreasing ego functions of the abuser or addict. Haaken points out the following differences in popular and psychodynamic formulations of codependency:

"Whereas projective identification refers to a primitive mechanism of defence central to particular character pathologies, the codependency construct is used as a label for a broad range of conditions and as a basis for individual and group identity. A key difference here is that the co-dependent literature fails to differentiate between extreme pathologies and those neurotic conditions that afflict people with some real object relational capacity and ego strength." (p. 63).

Haaken warns that by focusing only on pathology, the codependency literature produces the same risk faced by some psychodynamic clients who are made to feel sicker than they really are.

3.2.1 Codependency and narcissism

Typical co-dependent characteristics such as being very needy and picking partners who under-function, and then focusing on them to the exclusion of their own needs, at first glance does not look like narcissism. Yet Farmer (1999), in her analysis of codependency from a psychodynamic developmental perspective, contends that codependency may be viewed as a particular brand of narcissism or entitlement, arising from interruptions in the psychodynamic developmental process.

She puts forward the notion that disorders of entitlement cut across diagnostic

categories, and entitlement in subservient individuals is masked by a form of self-righteous rage and envy. Anger and righteous indignation arise when others do not reciprocate by taking responsibility for anticipating the codependent's needs. This task is made all the more difficult as codependents often do not know what they want or need, and have difficulty asking for this directly. Codependent giving is, therefore, seldom genuine giving. It is often a disguised wish of how they would like to be treated, an attempt to manipulate or coerce the other in some way, or to keep him or her from leaving the relationship. They tend not to hear or inquire as to what the other person actually wants, often spending vast amounts of energy meeting needs they imagine or propose the other person should have, or indeed needs they secretly wish to have met in themselves.

Farmer traces the psychodynamic developmental aetiology of codependent narcissism from interruptions in early symbiotic binding, and/or to difficulties in the individuation process. Using a developmental psychodynamic analysis may be useful in a client thought to be struggling with codependency in that it helps identify which issues are important, why they are important, and what the client's next step is in the developmental process. A brief outline is presented below.

Symbiosis

Symbiosis is the first psychological task of the infant and stems from attachment to a primary caregiver. Disruption at this stage typically gives rise to codependent entitlement and desperation as clients seek to establish a primitive symbiotic relationship with significant others in adult life. When this attachment is threatened or ends, these clients are vulnerable to disintegration and panic of life-and-death proportions. Until deficits in symbiosis are resolved, clients perceive most confrontations and therapeutic interpretations as harsh. They possess few interpersonal conflict resolution skills, quickly retreating when their anxiety rises. They desperately want to be loved, but their connections to others are tenuous.

Clients with relatively primitive intrapsychic structures will not be able to adequately function in relationships that involve give and take, empathy for others, acceptance of differences, and negotiation of competing interpersonal agendas. In order to develop the capacity for autonomous functioning and satisfying object relations, symbiotic entitlement claims must first be relinquished.

Separation - individuation

As clients emerge from their symbiotic phase, it is important to recognise the beginning of the separation - individuation stage, characterised by three themes: object permanence, aggression and omnipotence/grandiosity:

Object permanence: In addition to learning that significant others have object permanence, clients need to focus on and recognise their feelings in response to the actions of others. Codependents not only over focus on behaviour, but many believe destructive actions are legitimate in response to intense feelings. With regard to their own intensity of feelings and actions, they need to learn that they can tolerate uncomfortable feelings without having to take habitual and/or ineffectual action.

Aggression: Clients with codependency often lack healthy aggression. This may be traced to parents who demand continuing merger, forcing the child to choose between object-loss and renunciation of differentiation. This compromises the evolution of the self, creates frustration, and aggression becomes fused with anger.

Omnipotence and grandiosity: In addition to a magical sharing of power by association with mother, the child's rapidly maturing apparatuses of self locomotion, perception and learning create a peak of magic omnipotence for the toddler. Difficulties at this phase of development cause significant aspects of the self to be assimilated into a grandiose self structure, and in so doing they are kept out of the normal maturation process.

"When the autonomous functions are assimilated into a pathological grandiose self structure, they are not available for achievements and experiences that contribute to healthy, reality - based self - esteem."
(Farmer, 1999, p. 63)

Serious disturbances of self-esteem, even those presenting as low self-esteem, are nearly always indicative of the existence of a grandiose self. A pathological grandiose self-structure predisposes clients to depression, humiliation, and inhibit productivity and creativity.

3.2.1.1 Psychodynamic intervention

Clients need to be assisted in realising that their need for primary symbiotic relationship with a significant other will never be realised, and help them grieve that loss. Moving through the separation - individuation conflict, clients must be supported and their efforts reinforced as they move towards more mature needs of adult companionship and relationship mutuality. This includes learning the difficult tasks of how to: manage conflict; give with an open heart; and the ability to receive.

Farmer (1999) forwards the following factors as important in therapeutically dealing with co-dependent entitlement:

(1) *Developing a genuine sense of compassion towards the self and others.* Co-dependent clients tend to be simultaneously self-critical and defensive about any character flaws they or others may perceive in them. Genuine compassion is also needed towards others, seeing them as individuals with strengths and weaknesses, not villains or "sick people" who must be placated, taken care of, pleased or escaped. Farmer (1999) suggests that this one-dimensional view of others is encouraged in the popular disease model of addiction and codependency.

(2) *Recognising the hidden agenda inherent in co-dependent actions.* Once clients become aware of their hidden agenda for the meeting of unmet needs, they are able to access the feelings associated with it and work through underlying conflicts more directly.

(3) *Maintaining an awareness of both the good and the bad in oneself and others.* Without this awareness the client is stuck in self criticism and/or blame in a way that reinforces self-righteousness and greatly hinders their enjoyment of themselves and other people.

(4) *Taking open and direct responsibility for meeting one's own needs and wishes.* Instead of elaborate, exhausting and often inaccurate attempts to get their own needs met by anticipating or projecting needs onto others, clients must develop both the humility and the courage to ask directly for what they need. In addition to this, clients are encouraged to pursue the meeting of appropriate needs outside the primary relationship, such as in reciprocal friendships and other outside interests. As the following quote illustrates, Farmer is not suggesting a stoic independence:

"Assuming responsibility for getting one's own needs met does not involve operating in an interpersonal vacuum. However, it does involve learning to ask and negotiate for what one wants rather than to expect it, and to recognise the right of others to say no." (Farmer, 1999, p. 67)

She sounds a warning that therapy with co-dependent clients is not as straightforward as frequently portrayed in the popular literature. Efforts to encourage a client to stand up for him or herself and assertively push for his or her rights is only useful once the primitive self-structure has been evolved, and capacity for relatively mature level of interpersonal functioning established.

3.3 Family systems view of codependency

Both Scaturo et al. (2000) and Kirby-Green and Moore (2001) argue that the concept of codependency is linked to already well established concepts in the field of family systems theory. These include notions of complementarity, interlocking pathology, the one-up verses one-down marital relationship, and the over-adequate verses under-adequate relationship. Scaturo et al. (2000) report with some alarm that ACOA group members use self help terminology almost ubiquitously, and are incoherent in their statements when they attempt to describe their parent-child relationships using these self-help terms. They insist that it is important for the therapist to challenge and correct inaccurate use of descriptive terms, and introduce clarity and precision into deliberations.

Scaturo et al. (2000) begin their analysis of codependency within the family systems theory by recalling that Bowen (1960) hypothesised that the client's symbiosis with the mother stemmed from an incomplete sense of self, and necessitated a new path to autonomy and differentiation from the family of origin. Emotional maturity is therefore synonymous with the degree of differentiation of the self as established within the family of origin. They go on to contend that partners typically choose individuals with similar levels of differentiation. Emotional fusion exists in marital relationships where both members are poorly differentiated, leading to three strategies to alleviate this discomfort:

Lack of conflict resolution: Periodic distancing from the fused partner may be achieved by argumentation (sustained and recurrent verbal conflict), prolonging the distance by terminating discussion prior to achieving a resolution. In families with this pattern there is typically an "avoider" who tends to find a way to circumvent the confrontation or simply to physically leave the scene of conflict when the "non-avoider" brings up an area of difficulty (p. 68). The net result is

that open and direct negotiation is avoided, leaving issues unresolved that surface again and again in ongoing cycles. The codependent may avoid conflict in their constant striving to please others, attempt to hide issues or influence behaviour through indirect caretaking or placating strategies. When the codependent partner does confront an addict, he or she may use a range of denial or intimidation strategies to avoid honest discussion and resolution of problem behaviour, effectively switching avoider and non-avoider roles.

Triangulation: involving another person in to the conflict between two family members is another strategy to moderate fusion. One adult will frequently attempt to create an ally with a child in opposition to the other in order to increase influence or defuse conflict. Codependents are particularly vulnerable to being drawn into the rescuer role when they attempt to intervene between an abuser and a victim. The rescuer here may be an adult intervening between the spouse and a child, or a child attempting to intervene in the conflict between two parents.

Complementarity: Scaturo et al. (2000) forward the idea that complementarity in dyadic relationships are in essence what most people referred to as codependency. This is a form of interlocking pathology where in there is a "one up" partner who is in a controlling position by providing caretaking behaviour, as opposed to the "one-down" partner who accepts the caretaking. Another description of this pattern would be over-adequate / in-adequate reciprocal functioning, whereby the dynamic equilibrium is maintained by unequal but interlocking patterns or power positions.

3.3.1 Therapeutic considerations

Scaturo et al. (2000) warn against the cavalier use of the term codependency by

family therapists in treatment settings who underestimate the intricacies of the concept and its origins. They make a call for increased accuracy and professionalism by bringing the more well established concepts in the field of family systems theory to bear on the issues of codependency.

The following treatment guidelines are suggested: confrontation of co-dependent behaviour while acknowledging well intended responses and assisting the codependent spouse in finding new ways of being useful; psychoeducational intervention enabling clients to distinguish between codependency and normative nurturant behaviours; substituting self labelling with self-exploration and avoiding describing complex life experiences in highly abbreviated forms.

3.4 Codependency as being over-responsible

Krestan and Bepco (1995) report that more and more clients who arrive for treatment have read some self-help material, and adopt codependency as a label for themselves. They suggest that for women specifically it means losing their identity in an over-focus on another person or relationship. Instead of disempowering and rigid labels such as codependency, terms such as over-responsible or under-responsible are preferable in that they focus on potential behavioural change, rather than on recovery from a type of 'disease'. Codependency can be reframed as a positive impulse gone awry. Recovery then entails couples listing functional and emotional responsibilities required in the total family system, and negotiating a fair distribution of responsibility. Both men and women in this process have to give up taking inappropriate responsibility for others, and taking responsibility for themselves. This must include relational responsibility and appropriate responsiveness to each other, avoiding the extremes of narcissism.

"Finally, the myth of codependency may need some revision. We need to create a new story about mutual responsibility and about relational responsibility. We need a story in which the characters are no longer constricted by rigid parameters of maleness and femaleness. We need a story in which power is balanced, and we need a story in which victims are replaced by wounded but responsible heroes and heroines." (Krestan & Bepco, 1995, p. 109)

3.5 Codependency as Definitional Ambivalence

Approaching the subject of codependency from her sociological, rather than psychological, perspective, Asher (1992) refers to the confusing task faced by the spouse of the alcoholic of defining what the problem is, as "definitional ambivalence" (p. 27). Conflict in defining the husband, the self and the relationship arise out of an awareness of a number of competing, and more or less plausible, explanations or definitions of the pain experienced. The process of definition and redefinition of self she calls the "moral career" (p. 8).

While most of the women in her study identified themselves as codependent, they disagreed widely as to whether it was a disease, what the impact on themselves was, its locus as a personal or a social phenomenon, and whether or not it was limited only to alcoholic marriages. Despite its devious definitional status, many of the women were able to use the concept of codependency to reflect on other ways to responded to the pain of alcoholism. Asher concludes that, despite contributing to the medicalisation of problems, the concept of codependency is undoubtedly pragmatic and has value for many women who are married to alcoholics.

3.6 A Call to Feminist Activism

In a line of argument that is central to the feminist paradigm, Tavis (1995) maintains that the reason women stay in abusive relationships is often more to do with external and rational reasons, rather than internal issues of self-esteem. The notion of codependency may be more an effort to solve the problem without challenging and changing the external situation. From this perspective, looking outside of themselves for some of the causes of their pain would more likely increase the self esteem and power of women. Tallen (1995) asserts that focusing only on personal dysfunction creates the hope that it is possible to achieve health without challenging the basic institutions of capitalism, heterosexism, sexism, racism, and classism that produced patriarchal family systems in the first place. She posits that codependency in some way describes the dilemma, but miss-diagnoses the cause:

"Why then is the concept of codependency so attractive to so many feminists and lesbians? A primary reason, in my view, is that codependency theory so accurately describes the reality of many of our lives. We feel powerless and unhappy. We live in a woman hating culture where we pay a high price for resisting internalising messages of feminine weakness and unworthiness. Codependency treatment offers the (false) hope that we can achieve our own private health." (p. 175)

Suggesting that the term 'codependency' be substituted by the term 'internalised oppression', Hagan (1995, p. 205) expresses her feminist analysis of the situation in the following typically strongly worded statement:

"Recovery from codependency is a myth. We cannot recover what we have never had. When we identify codependency as the practice of dominance and subordination, we see that as women we are conditioned to accept a subordinate position from the moment we are born. I believe that by addressing our conditioning of dependence with a combination of

self examination and social consciousness, we can discover effective ways to challenge both our internalised oppression and the culture of dominance that surrounds us." (p. 205)

McKay (1995) identifies three key principles in feminist therapy: a) women are oppressed; b) what is labelled female pathology is caused by external, not internal, sources; c) women must attain economic and psychological independence in order to combat the first two problems (p. 232). She believes that the exploration of sex role stereotypes and internalised oppression during feminist therapy would help women engage in a process of cognitive and emotional restructuring, and that this would transform the devaluation of the self from patriarchal and other destructive power relations.

Looking towards the future, Hagan (1995) asks some searching questions and suggests a vision for the way ahead:

"Without illusion, lying, indirect communication, passive aggression, manipulation, self sacrifice, projection, the need to control, rescue, persecution, codependency, dominance and subordination, what is intimacy, anyway? What does it feel like, look like, act like? How do we begin to connect with one another at the level of our essential selves? What are the guidelines for intimacy between and among self-loving, self aware beings. We have no models, no guidelines, no environment of support. We must create them. Becoming partners in the wilderness, we must dare to rock the boat." (p. 206)

Chapter 4

Conclusion

The concept of codependency cannot responsibly be embraced or rejected without due consideration of a range of theoretical and ideological issues. The reader may be left with more questions and concerns now than at the outset of this review. This reflects the state of flux and multiplicity in the field of codependency, and it is hoped that this discomfort will mobilise efforts to reach greater clarity and rigour. Nevertheless, from its early roots in the addiction field two decades ago, codependency has evolved into a substantial movement, reportedly offering help and support to millions. Recent times have seen the formal operationalisation of the construct, the development of a range of instruments to assess its presence or absence, as well as experimental and empirical investigations into its validity.

At the time of this writing, no particular conceptualisation or measurement of codependency appears to have been widely accepted as an adequate and sufficient representation of codependency. In light of this review, the following attributes or guidelines are suggested as a standard by which to measure future conceptualisations:

Conceptualisations of codependency should:

- ◆ Contain a concise and clear definition, as well as a discrete and identifiable list of related behaviours or beliefs.
- ◆ Avoid labelling codependency as a disease, character trait or pathological condition, rather using behavioural descriptions that are open to change.

- ◆ Avoid blaming the victims of present or past abuse, clearly holding perpetrators and addicts responsible for their own behaviour.
- ◆ Take particular care not to pathologise socially reinforced gender roles, nor single out any particular gender as prime candidates for codependency.
- ◆ Define clearly what behaviours are considered to be healthy, interdependent and functional in healthy relationships and communities.
- ◆ Where possible, use measures of codependency that have proven and adequate psychometric properties.
- ◆ Avoid simplistic and over-inclusive definitions or judgements of the complexities of human relatedness.
- ◆ Consider whose economic interests are being served, guarding against mere financial exploitation or profiteering.
- ◆ Include direct commentary and challenge on the social forces that disempower women, with particular reference to those that make it difficult for women to leave abusive relationships.

During the course of this review, not a single South African journal article or book on codependency could be found. Given the prevalence of domestic abuse and substance addiction in South Africa, it is hoped that this review will contribute to and stimulate research into responsible and empowering conceptualisations of codependency in this country.

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Appendix A

Codependent Characteristics (Beattie, 1987)

Caretaking

Codependents may:

- Think and feel responsible for other people - for people's feelings, thoughts, actions, choices, wants, needs, well-being, lack of well-being, and ultimate destiny.
- Feel anxiety, pity, and guilt when other people have a problem.
- Feel compelled - almost forced - to help that persons solve the problem, such as offering unwanted advice, giving a rapid-fire series of suggestions, or fixing feelings.
- Feel angry when their help isn't effective.
- Anticipate other people's needs.
- Wonder why others don't do the same for them.
- Find themselves say yes when they mean no, doing things they don't really want to be doing, doing more than their fair share of the work, and doing things other people are capable of doing for themselves.
- Not know what they want and need all, if they do, tell themselves what they want and need is not important.
- Try to please others instead of themselves.
- Find it easier to feel and express anger about injustice done to others, rather than injustice done to themselves
- Feel safest when giving
- Feel insecure and guilty when somebody else gives to them
- Feel sad because they spend their whole lives giving to other people and nobody gives to them
- Find themselves attracted to needy people
- Find needy people attracted to them
- Feel bored, empty, and worthless if they don't have a crisis in their lives, a problem to solve, or someone to help
- Abandon their routine to respond to or do something for somebody else
- Overcommit themselves
- Feel hurried and pressured
- Believe deep inside other people are somehow responsible for them
- Blame others for the spot the codependents are in

- Say other people make the codependents feel the way they do
- Believe other people are making them crazy
- Feel angry, victimised, unappreciated, and used
- Find other people become impatient or angry with them for all the preceding characteristics

Low self-worth

Codependents tend to:

- Come from troubled, repressed, or dysfunctional families
- Deny their family was troubled, repressed, or dysfunctional
- Blame themselves for everything
- Pick on themselves for everything, including the way they think, feel, look, act, and behave
- Get angry, defensive, self-righteous, and indignant when others blame and criticise the codependents - something codependents regularly do to themselves
- Reject complements or praise
- Get depressed from a lack of compliments and praise (stroke deprivation)
- Feel different from the rest of the world
- Think they're not quite good enough
- Feel guilty about spending money on themselves or doing unnecessary or fun things for themselves
- Fear rejection
- Take things personally
- Have been victims of sexual, physical, or emotional abuse, neglect, abandonment, or alcoholism
- Feel like victims
- Tell themselves they can't do anything right
- Be afraid of making mistakes
- Wonder why they have a tough time making decisions
- Expect others to do everything perfectly
- Wonder why they can't get anything done to their satisfaction
- Have a lot of "shoulds"
- Feel a lot of guilt
- Feel ashamed of who they are
- Think their lives aren't worth living
- Try to help other people live their lives instead
- Get artificial feelings of worth from helping others
- Get strong feelings of low self-worth - embarrassment, failure, etc - by other people's failures and problems

- Wish good things would happen to them
- Believe good things will never happen
- Believe they don't deserve good things and happiness
- Wish other people would like and love them
- Believe other people couldn't possibly like and love them
- Try to prove they are not good enough for other people
- Settle for being needed

Repression

Many codependents:

- Push their thoughts and feelings out of their awareness because of fear and guilt
- Become afraid to let themselves be who they are
- Appear rigid and controlled

Obsession

Codependents tend to:

- Feel terribly anxious about problems and people
- Worry about the silliest things
- Think and talk a lot about other people
- Lose sleep over problems or other people's behaviour
- Worry
- Never find answers
- Check on people
- Try to catch people in acts of misbehaviour
- Feel unable to quit talking, thinking, and worrying about other people or problems
- Abandon their routine because they are so upset about somebody or something
- Focus all their energy on people and problems
- Wonder why they never have any energy
- Wonder why they can't get things done

Controlling

Many codependents:

- Have lived through events and with people that were out of control, causing the codependent sorrow and disappointment
- Become afraid to let other people be who they are and allow events to happen naturally
- Don't see or deal with their fear of loss of control
- Think they know best how things should turn out and how people should behave

- Try to control events and people through helplessness, guilt, coercion, threats, advice giving, manipulation, or domination
- Eventually fail in their efforts or provoke people's anger
- Get frustrated and angry
- Feel controlled by events and people

Denial

Codependents tend to:

- Ignore problems or pretend they aren't happening
- Pretend circumstances aren't as bad as they are
- Tell themselves things will be better tomorrow
- Stay busy so they don't have to think about things
- Get confused
- Get depressed or sick
- Go to doctors and get tranquillisers
- Become workaholics
- Spend money compulsively
- Overeat
- Pretend those things aren't happening, either
- Watch problems get worse
- Believe lies
- Lie to themselves
- Wonder why they feel like they're going crazy

Dependency

Many codependents:

- Don't feel happy, content, or peaceful with themselves
- Look for happiness outside themselves
- Latch on to whoever or whatever they think can provide happiness
- Feel terribly threatened by the loss of any thing or person they think provides their happiness
- Didn't feel love and approval from their parents
- Don't love themselves
- Believe other people can't or don't love them
- Desperately seek love and approval
- Often seek love from other people incapable of loving
- Believe other people are never there for them
- Equate love with pain
- Feel they need people more than they want them

- Try to prove they're good enough to be loved
- Don't take time to see if other people are good for them
- Worry whether people love or like them
- Don't take time to figure out if they love or like other people
- Centre their lives around other people
- Look to relationships to provide all their good feelings
- Lose interest in their own lives when they love
- Worry other people will leave them
- Don't believe they can take care of themselves
- Stay in relationships that don't work
- Tolerate abuse to keep people loving them
- Feel trapped in relationships
- Leave bad relationships and for new ones that don't work either
- Wonder if they'll ever find love

Poor communication

Codependents frequently:

- Blame
- Threaten
- Coerce
- Beg
- Bribe
- Advise
- Don't say what they mean
- Don't mean what they say
- Don't do what they mean
- Don't take themselves seriously
- Think other people don't take the codependents seriously
- Take themselves too seriously
- Ask for what they want and need indirectly - sighing, for example
- Find it difficult to get to the point
- Aren't sure what the point is
- Gauge their words carefully to achieve a desired effect
- Try to say what they think will please people
- Try to say what they think will provoke people
- Try to say what they hope will make people do what they want them to do
- Eliminate the word No from their vocabulary
- Talk too much
- Talk about other people

- Avoid talking about themselves, their problems, feelings, and thoughts
- Say everything is their fault
- Say nothing is their fault
- Believe their opinions don't matter
- Wait to express their opinions until they know other people's opinions
- Lie to protect and cover up for people they love
- Lie to protect themselves
- Have a difficult time asserting their rights
- Have a difficult time expressing their emotions honestly, openly, and appropriately
- Think most of what they say is unimportant
- Begin to talk in cynical, self degrading, or hostile ways
- Apologise for bothering people

Weak boundaries

Codependents frequently:

- Say they won't tolerate certain behaviours from other people
- Gradually increase their tolerance until they can tolerate and do things they said they never would
- Let others hurt them
- Keep letting people hurt them
- Wonder why they hurt so badly
- Complain, blame, and try to control while they continue to stand there
- Finally get angry
- Become totally intolerant

Lack of trust

Codependents:

- Don't trust themselves
- Don't trust their feelings
- Don't trust their decisions
- Don't trust other people
- Try to trust untrustworthy people
- Think God has abandoned them
- Lose faith and trust in God

Anger

Many codependents:

- Feel very scared, hurt, and angry
- Live with people who are very scared, hurt and angry
- Are afraid of their own anger
- Are frightened of other people's anger
- Think people will go away if anger enters the picture
- Think other people make them feel angry
- Are afraid to make other people feel angry
- Feel controlled by other people's anger
- Repress their angry feelings
- Cry a lot, get depressed, over eat, get sick, do mean and nasty things to get even, act hostile, or have violent temper outbursts
- Punish other people for making the codependents angry
- Have been shamed for feeling angry
- Place guilt and shame on themselves for feeling angry
- Feel increased amounts of anger, resentment, and bitterness
- Feel safer with their anger than with their feelings
- Wonder if they'll ever not be angry

Sex problems

Some codependents:

- Are caretakers in the bedroom
- Have sex when they don't want to
- Have sex when they'd rather be held, nurtured, and loved
- Try to have sex when they're angry or hurt
- Refuse to enjoy sex because they're so angry at their partner
- Are afraid of losing control
- Have a difficult time asking for what they need in bed
- Withdraw emotionally from their partner
- Feel sexual revulsion towards their partner
- Don't talk about it
- Force themselves to have sex, anyway
- Reduce sex to a technical act
- Wonder why they don't enjoy sex
- Lose interest in sex
- Make up reasons to abstain

- Wish their sexual partner would die, go away, or sense the codependents feelings
- Have strong sexual fantasies about other people
- Consider or have an extra-marital affair

Miscellaneous

Codependents tend to:

- Be extremely responsible
- Be extremely irresponsible
- Become martyrs, sacrificing their happiness and that of others for causes that don't require sacrifice
- Find it difficult to feel close to people
- Find it difficult to have fun and be spontaneous
- Have an overall passive response to codependency - crying, hurt, helplessness
- Have an overall aggressive response to codependency - violence, anger, dominance
- Combine passive and aggressive responses
- Vacillate in decisions and emotions
- Laugh when they feel like crying
- Stay loyal to their compulsions and people even when it hurts
- Be ashamed about family, personal, or relationship problems
- Be confused about the nature of the problem
- Cover up, lie, and protect the problem
- Not seek help because they tell themselves the problem isn't bad enough, or they aren't important enough
- Wonder why the problem doesn't go away

Progressive

In the later stages of codependency, codependents may:

- Feel lethargic
- Feel depressed
- Become withdrawn and isolated
- Experience a complete loss of daily routine and structure
- Abuse or neglect their children and other responsibilities
- Feel hopeless
- Begin to plan their escape from a relationship they feel trapped in
- Think about suicide

- **Become violent**
- **Become seriously emotionally, mentally, or physically ill**
- **Experience an eating disorder (over - or undereating)**
- **Become addicted to alcohol or other drugs**

Appendix B

A summary of measures of codependency

(Stafford, 2001, pp. 278-279)

The Fried Adult Child/Co-Dependency Assessment Inventory.

Based on a framework of codependency that draws largely on a developmental perspective, focusing on core symptoms learned in the family of origin, such as inappropriate guilt. This tool consists of 60 true/false statements, with a possible top score of 60. Scores reflect a range from mild to severe codependency

The Codependency Assessment Questionnaire (CAQ)

Developed by Potter-Efron and Potter Efron (1989) this questionnaire is made up of 34 yes/no questions that reportedly measure specific effects of living in a situation where chemical dependency, or any chronic stressful family environment, is present. The CAQ attempts to assess for cognitive and affective states such as despair, anger, denial, fear, rigidity, and so forth.

The Co-Dependency Inventory (CDI)

Developed from the Co-dependents Anonymous Checklist - originally developed by the support group CODA. To date no studies on the psychometric properties of this measure have been reported in the professional literature.

The Spann-Fischer Codependency Scale (SFCDS).

Developed by Fischer, Spann, and Crawford (1999), this questionnaire consists of 16 items with responses assessed on a 6 point Likert scale. The SFCDS attempts to assess codependency through the presence of three characteristics: absence of open expression of feelings; maintenance of an external focus; and use of denial, control and rigidity to give meaning to relationships.

The Beck Codependency Assessment Scale (BCAS)

Developed by William Beck (1991), the BCAS is comprised of 35 statements in a Likert format that attempts to assess characteristics of control and social concern, as well as obtain biographical data.

The Eight-Factor Codependency Scale (EFCDS)

Created from a factor analysis of selected items taken from two existing codependency instruments: the BCAS and the CAQ. The creators (Kottle et al., 1993) of the EFCDS claim that it is a broader measure of codependency than the SFCDS, as it measures affective traits, background, and family of origin factors, as well as core aspects of codependency (responsibility, control, etc.).

Codependent Questionnaire (CdQ)

Roehling and Gaumond (1996) developed this instrument in order to reflect Cermak's criteria for a diagnosis of codependency. The 36 item questionnaire attempts to assess what Cermak considers the essential features of codependency: problems with excessive responsibility, control, enmeshment, and intimacy.

The Codependency Assessment Tool (CODAT)

This questionnaire is based upon the concepts of Wegscheider and Cruze (1990), and is a multivariate tool that conceptualises codependency as being concerned with five major factors: other focus/self-neglect, self-worth, hiding self, medical problems, and family of origin issues.