Co-dependency: A Disease of Inequality?

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Abstract

This article is an attempt to review various approaches towards co-dependency including pathologising characteristics associated with women as a social entity. A critique from feminist perspective, role of unequal distribution of power and resources is discussed alongside the power strategies of control exercised in intimate heterosexual relationships. As co-dependency has been observed to promote an identity based on powerlessness and co-dependency model increases separation from the family of origin rather than association, an empowerment approach to support the clients is discussed with implications for the future practice.
Keywords: Co-dependency, Women, Family of Origin, Dysfunctional Family, Feminists, Gender Roles, Loss of Self, Low Self-Esteem, Power Strategies, Empowerment

Introduction

The construct of Co-dependency was introduced during 1980s to explain a range of interpersonal behaviours that obstruct personal functioning. Initially, it was addressed in relation to substance abuse treatment movement which also emphasised upon the importance of treatment for the families of alcoholics. The concept was later expanded to anyone who gets involved in dysfunctional relationships with extreme preoccupation and dependence upon another person. Although theoretically, men can also be co-dependent but the literature almost exclusively, refers to women with this condition (American Psychiatric Association, 2013; Bacon, 2017).

There has been numerous efforts to provide a working definition of Co-dependency but the truth which proliferates the amorphous nature of the construct is the breath and diversity of its definitions and suggested symptoms. The definitions range from dysfunctional behavioural patterns, addiction & a treatable diagnostic entity (Cermak, 1984; Gierymski & Williams, 1986), to a condition of internalised[1] oppression (Kasl, 1992; Rice, 2017).

According to Rice (2017), twenty two of the co-dependency movement leaders convened prior to the opening proceedings of *First National Conference on Co-dependency* in 1989 to reach some consensus to define the construct. They defined co-dependency as a pattern of painful dependence on compulsive behaviours and on approval from others in an attempt to find safety, self-worth and identity.

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[1] Internalisation is a product of combination of person's attitudes, values and standards with other's opinions into person's own sense of self (Kelman, 2017).

Although, literary attempts to define the construct of co-dependency resulted into the discussion of various fame works or models of co-dependency but this realm certainly requires further research. One of such models is described as *Co-dependency Model*.

The Co-dependency Model

It had also been emphatically proposed to qualify as a personality disorder in *Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised* (DSM-III-R) (American Psychiatric Association, 1987) and is also been included indirectly in DSM-5 (American Psychiatric Association, 2013) as a personality disorder. It has been maintained that *dependent personality disorder* has a strong correlation with co-dependency as qualifies as having many prominent features of co-dependency (Knapek, Balázs, & Szabó, 2017) alongside being treatment resistant (Cermak, 1984).

Individuals with co-dependency, which are considered predominantly women were found to be more at risk for domestic abuse (American Psychiatric Association, 2013; Leemans & Loas, 2016). They are found to have economic and/or emotional dependence on their abusive partners (Hentati, et al., 2016; Loas, Cormier, & Perez-Diaz, 2011). Clinical literature (Rice, 2017) mentions co-dependents to be naïve and having poor boundaries. They are more prone to get engaged into new relationships without consideration of potential risks involved. They are also at further risk of exploitation by predatory individuals. Individuals with co-dependency may try the patience of abusers who are of course, prone to violence but the persons with co-dependency will tolerate the abuse as they are afraid of abandonment and believe that they are unable to function without abuser's support while establishing a very unhealthy relationship dynamics.

A *non-clinical approach* also defines Co-dependency (Kasl, 1992) as "a disease of inequality- a predictable set of behaviour patterns" (p.279) adopted by the people in subordinate positions to subsist in a dominant culture as a euphemism of internalised oppression. It is also suggested that this condition has an onset with a definable progression followed by an expected outcome (Schaef, 1986; Fuller & Warner, 2000; Rice, 2017). The origins of the disease are proposed to be in early childhood, when a future-co-dependent learns a predisposition to get engaged into addictive relationships.

Researchers have observed and mentioned multiple *family of origin* experiences responsible for Co-dependency. A few of those factors include authoritarian parenting style (Fischer & Crawford, 1992; Rice & Dolgin, 2005); childhood abuse (Carson & Baker, 1994; Rice, 2017); parental intimidation or coercion, non-nurturance and maternal compulsivity (Crothers

& Warren, 1996; Fuller & Warner ,2000); suppressive family atmosphere, physical and verbal abuse (Zuboff-Rosenzweig, 1996; Rice, 2017). Dysfunctional family and bad parenting (Kottke, et al.,1993; Fuller & Warner ,2000) has also been observed as an important cause of co-dependency including lack of approval (Fischer and Crawford, 1992; Kottke et al., 1993), communication, satisfaction and support (Fischer and Crawford, 1992; Fischer et al., 1991; Spann & Fischer, 1990; Yaghoubnezhad, et al., 2016); and enmeshment with high levels of control (Fischer and Crawford, 1992; Fischer, et al., 1991; Rice, 2017). On the contrary, Wolin and Wolin (1993) also mentioned the probable positive effects of such upbringing in *The Resilient Self*. It has been mentioned that continuing family stressors might instil a higher sense of competence as a result of the survivor's facing the dare of getting brought up in an "emotional wasteland" (p.6).

A Critique from Feminist Perspective

During 1880s, feminist writers started to observe the resemblance between Co-dependency and female gender specific roles. The argument proposed that co-dependency model brands the women with the gender roles; they have been encouraged and taught to follow, as pathological. Women as a social entity are generally trained and socialized to engage in excessive caretaking of others and to ignore their own well-being to feel attached with others (Rice, 2017). Consequently, it disregards the role of oppressive socio-political structures in determining the personalities of women.

The Co-dependency model distorts the power-discrepancy between the doer and the audience. It also hazes the cause and effect by accusing the victim. Labelling the women as co-dependent seems rather stigmatising as this incriminates them in their partners' substance abuse. This presents them as sicker than the actual addict with a personality disorder (Harper & Capdevilla, 1990, Rice, 2017) that is also a reminiscent of articles published in the 1940s and 1950s labelling the female partners and wives of alcoholics as dependent and pathological.

Another argument presented by feminists, purports that the so-called "co-dependent" behaviour is actually a subordinate behaviour rather than a personality disorder and in fact, women's powerlessness and gender inequality leads towards over-bearing attitude with other's needs (Chelser, 1989; Hagan, 1989; Jack, 1991; Rice, 2017). Gus Napier, a family therapist also considered this preposterous to label co-dependency as a disease. According to him, it is a culturally conditioned response of an over-functioning person in relationship with an under-functioning person (Meacham, 1990-1991).

One of many common themes in co-dependency literature is loss of self and low self-esteem. When the feelings and desires are stifled and needs are surrendered to delight the partner then symptoms of co-dependency and loss of self, low self-esteem or identity/intimacy disturbance ensues at the same time (Brannon, 2017; Bartlett, Iverson, & Mitchell, 2018). It has been observed that women acknowledged the loss of self through the behaviours such as suppression of anger, submission, self-sacrifice, external-referencing and constraints towards self-expression (Jack, 1991). These characteristics are also attributed to co-dependents (Cermak, 1984). Jack (1991) identified such behaviours as a logical consequence of gender inequality where women's subordination or submission in interpersonal relationships shows a larger societal inequality. This means that the power and resources are distributed unequally among genders (Rice, 2017). Analysing the power strategies enables to observe the many of the ways in which control is exercised by the abuser on a co-dependent individual.

Co-dependency and Power Strategies

Power has been defined as the ability to get others to do what one wants them to do despite their preliminary resistance (Cartwright & Zander, 1968). When power is exercised to influence others then according to Keltner et al. (2003), individual's relative capacity modifies another person's state as it provides or withholds resources on which that person depends or by administering punishments.

One of the methods to analyse power is to observe the strategies, people administer to influence or control others. Falbo and Peplau (1980), in an interesting study, analysed students' open ended responses about how they "get their way" in an intimate relationship. Thirteen power strategies were identified as a result. These power strategies were subjected to multi-dimensional scaling resulting into two dimensions as direct/indirect and bilateral /unilateral or interactive/non interactive. It was observed that bilateral and direct strategies were used by men and women both who preferred and perceived as having greater power than their partners. It has also been acknowledged (Howard, Blumstein & Schwartz, 1986) that structural resources such as income, education, age and attractiveness impacted upon the power strategies. It has been observed that partners with comparatively limited structural resources generally utilise weaker power strategies such as manipulation, disengagement and supplication (Keltner et al. 2003).

The significant behaviours used to describe co-dependency, subordination and loss of self seems to overlap and purports a relationship among these three constructs. The connection between them seems to be a power hierarchy that prioritises the dominant and pathologises

the subordinate one (Kasl, 1992). Feminist analysis also suggests that the co-dependency and the loss of self has resulted from this hierarchical system and may illustrate powerless behaviour in subordinates which are also overwhelmingly women.

This is also a fact that coercion by the male partners is generally normalised in heterosexual intimate relationships. An analysis of heterosexual adolescents' dating in New Zealand and England revealed that adolescents consider the use of male sexual coercion as a usual fragment of masculinity and heterosexual relationships (Hird & Jackson, 2001). Another qualitative analysis revealed that women use the romantic narrative to rationalise and comprehend abuse in their relationships and define themselves according to heteronormative model of femininity which describes providing love and care to abusers as their duty with the hope of facilitating and helping them (Jackson, 2001; Wood, 2001).

Research has shown that adherence to traditional gender roles in heterosexual intimate relationships decreases autonomy for women and encourages their submissive behaviour with dominant behaviour of men (Clement, 2018; Andall, 2017; Katz & Wigderson, 2012).

The Empowerment Approach

Co-dependency describes the effects of oppression with feeling responsible for others and promotes an identity based on powerlessness. Although the co-dependency literature considers such behaviours a result of learning in a patriarchal social structure and dysfunctional families but this fact has not been addressed sufficiently in their proposed solutions (Walters, 1990; Ralston, 2014).

Therapists who focus on empowerment utilise many of strategies to bring women clients to awareness that they are not diseased and their feminine features of nurturance and sensitivity are not degraded (McDonald, 1988; Dominelli, 2002). During this process, diagnostic labels are avoided alongside an emphasis on strength and spiritual power, which comes from within. Women are helped by the support worker to understand the bearing of cultural dynamics and gender socialization onto their lives and issues with a focus on the needs of women as individuals. That is defined independently of how others anticipate them to be. Support worker assumes her role as a consultant and provides information about parenting skills, job-seeking, self-defence, assertiveness, self-advocacy, and community change (Dodd & Gutierrez, 1990; Miley, et al., 2016). Such professional support is not intended to replace the family's use of natural support networks (Dunst & Trivette, 1987; Sheridan & Kratochwill, 2007). Women are also encouraged to get engaged other women in groups or programmes often with a feminist orientation (Avis, 1988; Ivey, D'Andrea & Ivey, 2011). Most successful

women empowerment programmes share a few common themes such as consciousness-raising about gender roles, awareness about the right to live without domination/violence and to be treated with respect, awareness regarding restructuring family to equally share child-rearing and home-maintenance responsibilities among partners, teaching women to make personal development and social action plans to bring about conducive change in their lives. Conflict is not avoided but is appreciated as central to the process of developing intimacy. Common problems are addressed without denying the individual differences among women. Efforts are made to discover who the person is besides being a victim, in a non-blaming way. In this way, women start to see their shared oppression with a need to change their environment (Shulman, 2012).

According to Anderson (1994), it is important to recognize for the women that if their parents did not give them love and attention they deserved then it is about what they could not get rather than about, them. In order to facilitate the positive change, they need to modify and expand the stories about their families. Such negative and defensive stories maintain clients' position to feeling sick and stuck. The worker needs to gently challenge such negative stories which enable the client to get unstuck and grow. When family losses and vulnerabilities are understood then, the client can be helped to mourn the time they wasted in anger. It helps in gaining some level of emotional neutrality about their family so they can have autonomy in their other relationships. As the client gets reconnected with her family of origin, she can be helped to change. In this process, the clients can also be empowered by identifying the sources of potential power in their lives while mutually reinforcing personal and social change (Townsend & McWhirter, 2005).

Conclusion

The support programs and groups based on empowerment approach are able to make significant contributions to the existing literature. Dubois and Miley (2013) mentioned empowerment as the heart of social work practice and social justice as it's soul, while also providing affirmation towards Lee's empowerment approach that connects personal and political power. It also considers all types of social work practice as empowering which puts individual needs and environment change into primal consideration. While discussing various stances about co-dependency, the topics raised in this article have applicability beyond the chemical dependency. Such as, the term "*dysfunctional family*" explains a notion that specific family patterns come before the development of behavioural/mental condition in children. Actually, these patterns may be a result of living under catastrophic conditions. Likewise,

Frank and Golden (1992) are of the view that "*Calling a woman who is living with a batterer a co-dependent is tantamount to victimizing her again*" (p.5). Research literature on battered women also mentions that any woman going through intimate partner's abuse suffers from a damaged self-esteem or loss of self as a result and is not a cause of it (Bartlett, Iverson, & Mitchell, 2018). Hopefully, the support programmes with inner feelings and a higher power as a core will broaden their focus. Additionally, while reconnecting with their families of origin and finding out their inner power, it should be acknowledged that they can resolve their difficulties through the change in social and political institutions that created those complications.
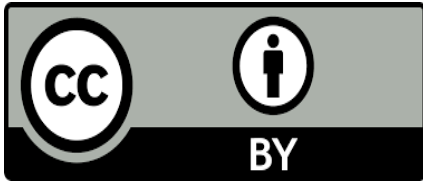
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