

Family Shelter Service

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Ø **BLAMING BY NAMING: BATTERED WOMEN AND CODEPENDENCE** ⊕

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Codependency is an increasingly popular term for describing an expanding population of individuals. This concept, originally identified by drug and alcohol counselors, was formulated to describe those individuals who make relationships with substance abusers, “enable” them, and fail to leave them even after it becomes clear that the relationship is a damaging one (Rockland County Department of Mental Health, Alcohol and Substance Abuse Services, 1989-1990). It appears as if the partners of the substance abusers have a peculiar addiction: that is, they are addicted to a person who has an addiction. The codependent analysis indicates that these people seem to *need* to be with someone (an abuser) who does not function in a healthy way and cannot or does not meet the codependent person's needs.

The problems of codependent individuals are defined as clearly rooted in deficits of early nurturing, such as abusive or neglectful parenting (Rockland County, 1989-1990). For example, codependent behavior seems to be found among many adult children of alcoholics.

From the original notion that people who marry and remain with substance abusers have their own illness, the concept of codependency is beginning to enlarge (Rockland County,

1989-1990). It is now an ever-widening theory that is commonly used to describe anyone who is coupled with an abusive partner. The current definition of codependency reads: “a pattern of painful dependency on compulsive behavior and approval seeking in order to gain safety, identity and self-worth” (Rockland County, 1989-1990). This includes all who are coupled with anyone who is viewed as an addict or as compulsive. Then does it also include any person in a marriage that is less than adequate? Are all who stay in these inadequate marriages, where their needs are not met, codependent?

Any label that includes more than half the population raises serious clinical questions. An immediate concern is applying the concept of codependency to battered women. Calling a woman who is living with a batterer a codependent is tantamount to victimizing her again. The prefix “co” implies shared responsibility for the behavior of another, as in coconspirator, coauthor, and so forth. Codependency implies shared responsibility for the abuse, which directly opposes an important segment of the work with battered women – clarifying that women are not responsible for the violent behavior of their abusers (Frank & Houghton, 1987).

One can readily see how the codependent label might be

used to diagnose or explain the situation of a woman who is being abused and does not leave her partner. The implication here is that if a woman were healthy, she would not be coupled with an abuser. Codependency suggests that her staying is caused by some early deficit, first in her environment and then, as a result, in herself. It intimates that a woman finds or even seeks out a violent partner whom she may continue to try to please, change, and protect, and whom she may not leave.

Research on battered women makes it clear that any woman – whether she had alcoholic or non-drug-abusive parents, is privileged or impoverished, has or lacks self-esteem – can find herself with an abuser. Having a good childhood is not an insurance policy against coupling with an abuser (Schulman, 1979).

Men who assault their partners know that they can, and they have done so, often for years, with complete immunity. Most men who abuse their partners believe that it is justifiable and appropriate. Women brought up in the same atmosphere share these beliefs. Societally and culturally, abuse of women has been condoned and sanctioned as men abuse their power to control what they believe to be theirs. Because the structure of our patriarchal history has supported the concept of male

entitlement vis á vis wives, all women have been and continue to remain at risk of coupling with an abuser, even those who are "healthy" who do not have deficient early nurturing.

Many complex variables may determine whether an abused woman will leave her partner. These include, but are not limited to, the legal response to this crime within her community, the number and ages of her children, economic factors, availability of shelter and community support, willingness of family and friends to help, and her employability (Frank & Houghton, 1987). The extent of the danger to the woman and to her children is another factor. More battered women are killed when they leave their abusive mates than when they stay (U.S. Department of Justice, 1983).

As to self-esteem and psychological background, current research indicates that all aspects of both categories are represented in the battered and non-battered populations of women (University of the State of New York, State Education Department, 1982). An additional factor indicates that self-esteem is destroyed by battering, not a cause of it (Pence, 1985). Our sense of value certainly depends on how well we were loved and nurtured in childhood. That sense of value, however, equally depends on the situation we find ourselves in and the messages our culture delivers about our worth. Certainly, battered women come to a relationship with a history. They are, however, as all women, living in an

oppressive and violent society that consistently gives messages that a women's physical and emotional well being is largely insignificant (Pence, 1985).

Consider a battered woman who is doing more care giving than her partner, is providing most of her family's physical and emotional nurture, and is receiving little for herself. Are we looking at a woman socialized to disregard her own well being, to care for others and to assume responsibility for the behavior of a partner? Are we now calling the results of traditional feminine training, including getting one's identity from one's husband, with which society has persecuted women for generations, an illness in the woman? A term such as *codependent* obscures the reality of the situation that we often are dealing with: a system of oppression for which the woman is not responsible but to which she is struggling to find a response.

Terms like *posttraumatic stress disorder* are more illuminating and accurate in that they do not burden an already suffering human being with a slightly masochistic diagnosis suggesting complicity in one's own misery. The term *incest survivor* acknowledges a syndrome of trauma and pain, while also recognizing the person's strength and drive toward health. It also locates the responsibility for the suffering squarely outside of the individual.

Social Workers must be careful, when they feel they have happened upon a term that is

descriptive of a problem, not to begin using the term in a manner that may compound the problem.

References

- Frank, P.B., & Houghton, B.D. (1987). *Confronting the batterer: A guide to creating the spouse abuse education workshop*. New York: Volunteer Counseling Service.
- Pence, E. (1985). *criminal justice response to domestic assault cases: A guide for policy development*. Duluth, MN: Domestic Abuse Intervention Program.
- Rockland County Department of Mental Health, Alcohol and Substance Abuse Services. (1989-1990). Volunteer Counseling Service training seminars, New York.
- Schulman, M.A. (1979). *A survey of spousal violence against women in Kentucky*. Washington, DC: U.S. Government Printing Office.
- University of the State of New York, State Education Department. (1982). *Addressing domestic violence: A guide for school personnel*. Albany, NY: Author.
- U.S. Department of Justice. (1983). *Report to the nation on crime and justice: The data*. Washington, DC: U.S. Government Printing Office.

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