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**ESCAPING OUR LEGACY AS DAUGHTERS OF
PATRIARCHY:
A Feminist Consciousness Raising Group for Adult
Daughters of Alcoholics**

**by
DEBORAH FORAN, B.A.**

**A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirements for the degree of
Master of Social Work**

School of Social Work

**Carleton University
Ottawa, Ontario
January 4, 1994**

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ESCAPING OUR LEGACY AS DAUGHTERS OF PATRIARCHY:
A Feminist Consciousness-raising for Adult Daughters of
Alcoholics

submitted by Deborah M. F. Foran, B.A.
in partial fulfillment of the requirements for
the degree of Master of Social Work

Thesis Supervisor

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January 12, 1994

ABSTRACT

This paper assesses the viability and value of a feminist alternative to the codependency recovery movement for women. A feminist critique of codependency exposes the movement's collusion with patriarchy in labelling the psychological impact of female oppression a disease or dysfunction. A fourteen week feminist consciousness-raising group for adult daughters of alcoholics is documented and assessed. Changes in participants' attitudes and behavior are analyzed as evidence of empowerment resulting from an examination of internalized oppression. This analysis challenges the construct of "Adult Children Of Alcoholics", in particular, and "Codependents", in general. The focus is shifted from the impact of a particular family environment on the individual to the impact of a patriarchal capitalist society on families and individuals.

ACKNOWLEDGEMENTS

First and foremost, I wish to express my deepest gratitude to the five wonderful women who shared this journey with me and who created a womb in which to heal some of our deepest wounds.

I also want to thank my supervisor, Bessa Whitmore, for her gentle, patient, and expert guidance; and my thesis committee members Eleanor Burwell and Shirley Judge for their invaluable input.

To my most nurturing friend and companion, Barb - Thank you so much for letting me cry on your shoulder while I grieved the unfinished pain of my childhood; for listening to me talk into the 'wee' hours of the morning about the personal-political connections I was making; and for the pumpkin you brought home that made me laugh when I thought I had lost all sense of delight in the panic of my final thesis chapter.

A special thanks to my friends and family who were rooting for me every step of the way; and an extra special thanks to my mother who was my first feminist teacher, although neither of us knew it then.

Last, but not least, to my very precious feline companion, Astra. - Thanks for being with me throughout this project, from greeting the women with me when they came for meetings and saying good night to them when they left, to staying by my side to make the long hours alone with my computer so much less lonely.

Table of Contents

	Page
Abstract	ii
Acknowledgements	iii
Table of Contents	iv
List of Tables	vii
Introduction	1
Personal Experience Related To The Research Topic	3
Literature Review	6
Literature Data Sources	6
History of Codependency	7
Codependency Assumptions About the Development of Women's Behavior and Attitudes	9
Feminist Critique of Codependency Assumptions	13
Codependency vs. Feminist Assumptions About "Codependency Symptoms"	20
Codependency vs. Feminist Assumptions About "Treatment"	43
Summary	48
Theoretical Framework	51
Principles of Feminist Structural Social Work	51
Elements of Feminist Group Process	53
Method	56
Research Design	56
Participants	59
Provision For Risks to Participants	61
Data Sources	64
Data Analysis	66

Results	68
Group process	68
Participant Profiles	68
Group Setting	73
Group Meetings	73
Group Content	86
Changes in Participants' Attitudes and Behavior	111
Initial Assumptions	111
Individual Changes	113
Changes Common To All Participants	115
Participant Satisfaction/Dissatisfaction	119
Perceived Benefits	119
Structure	122
Group Support	126
Content	126
Emotional Expression	126
Feminist Perspective	128
Conflicts	129
Perceived Limitations	129
Comparison to Twelve Step Groups and Individual Counselling	130
Summary	132
Analysis	135
Analysis of Results	135
Redefinition of Women's Reality	135
Focus on Personal Strength Rather Than Pathology	146
Reduction of Isolation and Validation of One's Voice and Perceptions	148
Feminist Consciousness Raising As A Core Element of the Healing Process	151
Political Action Rather Than Personal Adjustment	153
Differences Between Feminist Consciousness-Raising Groups and Codependency Self Help Groups	154
Limitations of the Research	156

LIST OF TABLES

TABLE	DESCRIPTION	PAGE
I - 1.1	Codependency vs. Feminist Assumptions about "codependency Symptoms"	22
II - IX	Changes in Participants' Attitudes and Behavior	179
X	Differences Between Codependency Self Help Groups and Feminist Consciousness Raising Groups	155

"Women have adapted to abuses in order to survive and to enable their families to survive. Such women are suffering not from codependency but from what might be called 'the survivor's syndrome.' Their symptoms, the battle scars, should be respected accordingly." (Van Wormer, 1989: 62)

CHAPTER I

INTRODUCTION

This research project is rooted in my deep concern with the negative impact of the Codependency Recovery Movement on women's lives. The term codependency was originally used to describe the logical reactions of wives of alcoholics (a history of the movement follows). As will be demonstrated in this thesis the term codependency has, in recent years, been expanded to describe almost any behavior, typically including the socially prescribed behavior of women. My concern is that the codependency model labels women and our behavior as personally "dysfunctional" without any view to the political, social and economic realities that condition behavior. Furthermore, proponents of codependency assume that women's behavior is maladaptive because it deviates from standards of maturity and mental health which are derived largely from research on the male population.

The assumptions of codependency have been incorporated by most mainstream therapists in counseling wives and daughters of alcoholics. Groups, both self-help and therapist-lead, are springing up across North America to assist codependents to overcome their "disease". My belief, which is shared by many feminist counselors and theorists, is that these groups contribute to the oppression of women. Feminist writers who are critical of the

Codependency Movement have repeatedly challenged social workers and counselors to develop feminist alternatives to this movement. From my investigations I could find no feminist groups for women to address the personal and political implications of having lived with an alcoholic parent. For this research, then, I chose to form a feminist consciousness-raising group for women who grew up with an alcoholic parent to address the pain in their lives that may or may not be related to living with the alcoholic.

The purpose of my research was to assess the viability and value of a feminist alternative to the codependency recovery movement for women. I have documented the formation of a feminist consciousness-raising group of women with an alcoholic parent(s). My assumption was that feminist consciousness-raising would reduce self-blaming and destructive attitudes and behavior and empower women by developing a broader analysis of our experiences. The process of the group as well as the changes in behavior and attitudes of participants were documented. I assumed the role of participant/observer and facilitator of the group. As facilitator, I was responsible for ensuring that participants received sufficient follow-up support and counseling, if necessary. I also shared my own experiences, knowledge and questions regarding the socio-political context of women's experiences.

The research question, therefore, was threefold: (1) how does a feminist consciousness-raising process work in a short term support group for women whose parent(s) were alcoholic?, (2) what effects will participation have on behavior and attitudes of participants (related to self-esteem, gender roles, and relationships)? and (3) how satisfied will participants be with the group?

I will begin this report with a brief account of the impact of the labeling of codependency in my own life, which will serve as an example of how women can be victimized by our mental health institutions. This account will be

followed by a review of the literature on codependency and on the feminist critique of codependency (with a particular focus on assumptions about women's attitudes and behavior, and recommended methods for change specific to both ideologies). I will next elaborate the theoretical framework and the research method with its location in principles of feminist structural social work. Finally, I will describe and analyze the results, and include a discussion of how the findings relate to codependency and feminist assumptions.

Personal Experience Related to the Research Topic

Several years ago (prior to my introduction to feminism) I was referred by a counselor to an "Adult Children of Alcoholics" (ACOA) program to deal with problems I was encountering in intimate relationships. It was explained to me by a counselor of this treatment program that I was "codependent" because I had grown up with a father who was alcoholic. On her advice, my entire family of origin entered into family therapy at the addiction treatment center.

The program began with an education component on the dynamics of the "alcoholic family". Their theory, presented as "scientifically proven" knowledge, suggested that the alcoholic suffers from a disease beyond his/her control and that each member of the family takes on a specific role to adjust to the alcoholic's "disease". Consequently, every member of the family, they explained, enters an unconscious state of denial and, in essence, becomes "dysfunctional". Counselors emphasized that the success of the program would depend on the individual's ability to relinquish denial, admit to their dysfunction, and accept responsibility for their part in perpetuating the family disease.

My mother, who had given her heart and soul to keep her family together through the many painful years of my father's alcoholism, was told she must come to terms with her role as the "co-alcoholic". This meant facing the fact that

she had actually enabled her husband's addiction through her "unhealthy need to control him" and her "comfort with the familiarity of their dysfunctional relationship". As the well-socialized "good" mother and wife that she was, she had already assumed responsibility for the failure of her family. Now her guilt was being confirmed by this "expert" counselor's explanation that she was as accountable for the pain in the family as he was. Needless to say, she was never able to fully explore her own oppression. It was only years later that I realized that the outrage I felt then had to do with my father, the well socialized oppressor, once again being excused for his behavior while the victim, my mother, was being blamed.

During the individual, group, and family therapy that I underwent as an "Adult Child of an Alcoholic", I internalized much shame about my "defective personality". Several books were recommended and used in group therapy. The one most frequently followed was Janet Woititz' Adult Children of Alcoholics which outlines thirteen characteristics of adult children of alcoholics. These characteristics include: "adult children of alcoholics guess at what normal is, adult children of alcoholics lie when it would be just as easy to tell the truth, and adult children of alcoholics constantly seek approval and affirmation" (p. 104). I was careful to keep my "illness" from my friends and co-workers. I believed that the only people I could safely share my feelings (which I believed to be abnormal) with and who would not be repulsed would be other "adult children of alcoholics". I was also repeatedly advised by these "experts" that my disorder was one from which I would never fully recover. Therefore, it would be important for me to attend 12 step Al-anon or ACOA group meetings for the rest of my life. These meetings would control my unhealthy patterns such as my "addiction to relationships" and my "sick need for abandonment".

All of this shame added to what I had already internalized about growing

up in a working class family in a society that values middle class status. The pain of the classism I had experienced as a child was almost unbearable in itself. I certainly did not need to add all this other shame through "therapy".

Fortunately, some years later I became involved in the women's movement where feminist consciousness-raising became a central part of my life. As I connected the personal with the political I began, for probably the first time in my life, to feel that I was a normal person. The shame of my working class background and of my "dysfunctional" self and family gave way to anger toward our society that relies on self-hate and oppression (an analysis of this oppression follows); and the traditional therapies that psychologize and individualize social problems. I began to see that I was not inherently "dysfunctional" but was responding appropriately to my oppression as a woman in a sexist, classist, racist society. I came to understand how mental health institutions frequently act unwittingly as social control agents in a system of enterprise built on various forms of oppression. I felt empowered to examine the source of my problems as a patriarchal society rather than my defective personality, and to sort through my options to change the situation.

I have become increasingly concerned with the number of women who have come to me for counseling to overcome their "codependence". I am appalled that a multi-million dollar industry is profiting from women who are accepting the labeling of their internalized oppression as the disease of codependence. While I was unable to locate Canadian statistics on this treatment industry, one author claims that in the United States treatment for spouses and children of alcoholics was the largest growth area in the field of alcoholism during the 1980's. "Total drug and alcohol treatment expenditures in the United States are now around \$2 billion annually" (McKay, 1992: p. 72). I will assume Canadian statistics parallel those of the United States.

CHAPTER II

LITERATURE REVIEW

Literature Data Sources

The literature reviewed for this research pertains to: (1) dominant literature on codependency and (2) feminist literature critiquing codependency, and feminist assumptions about women's attitudes and behavior. For the review of codependency literature I have chosen to highlight popular authors of best selling self-help books on the issue as well as leading theorists in the field. These self-help books are being read by millions of public consumers, are being used in self-help groups, and are incorporated in the practices of countless therapists, feminist and non-feminist alike.

One such author is John Bradshaw who was born in Texas and earned three degrees from the University of Toronto. He has not only written a number of books but has also appeared on national prime-time television several times with his mini-series, *Bradshaw On: The Family*. This television series has also served as a basis for his book of the same title which has sold over 500,000 copies. Another author is Melody Beattie, an American citizen who is a recovering alcoholic and former chemical dependency counselor. Her book *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*, of which there are more than 2 million copies in print, is being used as a guide for Codependents Anonymous (CODA) self-help groups. Last, but not least, is Janet Woititz, the founder and president of the Institute for Counseling and Training in West Caldwell, New Jersey, which specializes in working with dysfunctional families and individuals. Her book, *Adult Children of Alcoholics* was a New York Times best Seller in 1983 and continues to be used as a 'bible'

at Adult Children of Alcoholics self-help groups and in some treatment programs. It should be noted that publishers report that 85 percent of the readership of codependent materials are women (Walters, 1990: 54).

The literature review of feminist assumptions includes a feminist critique of codependency and a review of leading feminist authors on the psychology of women. The authors reviewed include: Bell Hooks, an African American writer and teacher who speaks widely on issues of race, class, and gender; Miriam Greenspan, a therapist and consultant in private practice in Boston and an active public speaker on female psychology and therapy; Carol Gilligan, a professor of education, Graduate School of Education, Harvard University who has researched women's development; Jean Baker Miller, Scholar-in-residence at the Stone Centre for Developmental Services and Studies at Wellesley College and Clinical Professor of Psychiatry at the Boston University School of Medicine who has written extensively on the psychology of women; and Helen Levine, a former teacher at the School of Social Work at Carleton University, Ottawa, who has been active in the women's movement since the 1960's, and who has published feminist critiques of the helping professions, motherhood and aging.

History of Codependency

The codependency construct essentially evolved out of the treatment of alcoholics. In 1951, Al-Anon (the support group for wives of Alcoholics Anonymous members) and its offshoots Alateen and Alatot (the support groups for children of AA members) were formed to facilitate the adjustment of individuals, primarily women, who had alcoholic family members. It was believed that the spouse, by intervening and protecting the alcoholic - e.g., lying to the alcoholic's boss, cleaning up messes, and paying unpaid bills - was

enabling the alcoholic's drinking by preventing the uncomfortable consequences of his/her own behavior. Historically it has been the wife who has played this role in relation to the alcoholic husband. The term "enabler" has been widely used in the alcoholism treatment field to refer to a family member who is characterized as resistant, angry, and self righteous. Given proper confrontation, "she (the enabler) will come to acknowledge her contribution to the family illness" (Wegscheider, 1981, cited in Van Wormer, 1989: 53).

Before long, addiction therapists embraced this concept of "enabling" as they sought to explain and address their observation that alcoholics who had successfully completed treatment often started drinking when they returned home. Addiction therapists began offering separate treatment for family members. The term "enabler" was soon replaced by the term "co-alcoholic". By the 1970's, alcoholism was being redefined as a "family disease" within alcoholism treatment facilities. Two parallel trends contributed to this development: one, the popularity of the disease model of alcoholism promoted by Alcoholics Anonymous and Al-Anon; and two, the growing influence of family systems theory which changed the focus of treatment from the individual alcoholic to the alcoholic family system (McKay, 1992: 20).

The term "Codependent" replaced the more limited term, co-alcoholic, to logically correspond to the all-inclusive term: chemically dependent (Van Wormer, 1990: 52). The term codependency began to appear in mental health literature in the late 1970's as drug and alcohol programs began to focus more extensively on "family systems" (Haaken, 1990: 399). With the development of family systems theory, problem drinking in the family was believed to persist because of its homeostatic systems benefits. Rothberg (1986) states: "the drinking symptoms may be seen as an indication of a family dysfunction. Both spouses are seen as contributors to the alcoholic problem and are affected by

it" (McKay, 1992: 18). The term codependent was soon extended to include children as well as spouses of alcoholics.

From the mid eighties to the present, the concept of codependency was expanded and popularized. Beattie (1987) stated that "as professionals began to understand codependency better, more groups of people appeared to have it: adult children of alcoholics; people in relationships with emotionally or mentally disturbed persons; people in relationships with chronically ill people; parents of children with behavior problems; people in relationships with irresponsible people; professionals - nurses, social workers, and others in 'helping' occupations" (p. 30).

Books on codependency now fill self-help sections of bookstores, and therapeutic gurus promote workshops offering relief for this newly identified population of sufferers (Haaken, 1990: 396). "ACOA has become part of this new psychotherapeutic terminology, particularly among women, and is believed to be a socially recognized emotional disability with a prescribed course of recovery. Counselors increasingly draw on "ACOA" language in their therapeutic practices and marketing tactics, offering specialty counseling for ACOAs or codependents" (p. 396).

Codependency Assumptions About the Development of Women's Behavior and Attitudes

The current codependency theory is fraught with disagreement as to whether codependency is a disease, a learned behavior or a personality disorder. However, most theorists (Beattie, 1987, Bradshaw, 1988, Woititz, 1983, Schaef, 1986, Cleveland, 1987, Smalley & Coleman, 1987, Mellody, 1989, Ackerman, 1989, Mendenhall, 1989, Wegsneider-Cruse, 1990) agree that dysfunctional rules and attitudes of specific families are the source of

personal codependent characteristics. Bradshaw (1988) takes the dysfunctional family theory a step further and offers his social analysis of the epidemic. He posits that the unhealthy rules we are now living by have been handed down from generation to generation. The back cover of his book, *Bradshaw On The Family*, states: "Our societies are sick because our families are sick and our families are sick because we are living by inherited rules we never wrote". According to Bradshaw's theory, rules and rituals that originated arbitrarily 150 years ago when the world was simpler became the reality to which all people consented. He claims that a "poisonous pedagogy" developed from the philosophy that emotions had to be repressed and obedience, rigidity, orderliness, denial of feelings were crucial to advanced civilization. He further proposes that addiction and war are evils - "they seem to have a power that transcends individual choice. Presidents, politicians and so-called religious leaders have succumbed to their sexual and adrenal addictions" (p.171).

Melody Beattie (1987) agrees with Bradshaw's hereditary notion of codependency, stating that codependency probably "trailed man as he struggled through the remaining B.C. years, right up to these generally wretched times of the twentieth century" (p. 33). Schaef (1986), who also speculates about the connection between society and the individual, propounds a theory similar to Bradshaw's conception that individuals succumb to the evils of addiction. She asserts that our society is an addictive system. Schaef emphasizes that she is not talking about individuals but rather "a system that all of us have learned and in which we participate" (p.7). According to her, the system is an entity and is an addict. "We live in a society whose institutions are built upon and exacerbate some of the chief characteristics of an addictive process, e.g. addictive love, frozen feelings, perfectionism, dishonesty and thinking disorders" (p. 20). For recovery, she submits that each of us must move

beyond our participation in the disease process and beyond our denial. "As people start shifting into a process system that is free of addictions and addictive behaviors the system itself will make a similar shift" (p.145)

Regardless of societal influences, most codependency theorists concur that the dynamics of the immediate family are the breeding ground for codependent characteristics. "The rules and attitudes learned while growing up become encoded within each family member" (Bradshaw, 1988: 4) These unwritten and unspoken rules prohibit direct honest communication, realistic expectations that one is vulnerable/imperfect, trust in self and others, having fun, and "rocking the delicately balanced family canoe through growth and change however beneficial that change may be" (Beattie, 1987: 31).

Not only are children reacting to unspoken rules, but they are also believed to develop unhealthy behaviors in response to their parents' unhealthy behavior, the cause of which is high stress. This high stress can range from alcoholism to "mom's hysterical control of everyone's feelings" (Bradshaw, 1988: 164), to any kind of an emotionally repressive family. Parents' unhealthy behavior includes inconsistency, anger and perfectionism, and restricting childhood games. Ackerman (1989) posits that for daughters of alcoholics there is not a positive resolution to normal conflicts characteristic of Erikson's eight stages of development. For example, in the "Initiative vs. guilt" stage, if childhood games were restricted and there was inconsistency in the home, many adult daughters react by becoming overly conforming or people pleasing. Mendenhall (1989) claims that the patterns of "codependency" are even more destructive and insidious than alcoholism for the individual or family.

Codependency proponents contend that children of "dysfunctional" parents had to adapt to such abnormal behavior (which may have originated three generations earlier) that they develop patterns of codependent behavior

and feelings including: denial, guilt, lying to survive, low self-esteem, intimacy impairment; excessive caretaking and lack of maturity to live a full meaningful life. Mellody (1989) claims that people who are codependent often wind up in despair and actually die from its effects but that these deaths are understood as suicides, cardiovascular problems and malignant diseases.

Theorists and clinicians, including Wegscheider Cruse (1984), Woititz (1983), Schaef (1986), Ackerman (1989) who subscribe to the dysfunctional family model assume that living with an alcoholic automatically ensures a degree of dysfunction. Woititz (1983) claims that "the literature indicates that the conditions which lead an individual to value himself (sic) and to regard himself (sic) as a person of worth can be briefly summarized by the terms 'parental warmth', 'clearly defined limits', and 'respectful treatment'...it is argued that these conditions are absent or inconsistently present in the alcoholic home." (p.2). Schaef (1986) claims that in the development of the concept of codependency was "the realization, statistically, that the children of alcoholic families tended to become alcoholics and/or develop serious problems adjusting to life" (p.6). The idea is that while the alcoholic is addicted to the drug, other family members are also out of control in terms of the compulsive behaviors they develop in response to the alcoholic's drinking.

While the authors reviewed have not offered a unified understanding of the etiology, definition, or treatment of codependency, an official definition has been determined. "At the first national conference on Codependency held in Scottsdale, Arizona in 1989, a committee of more than twenty eminent therapists and theorists agreed upon the following vague and all-inclusive definition: Codependency is a pattern of painful dependency upon compulsive behaviors and on approval for others in a search for safety, self-worth and identity. Recovery is possible" (McKay, 1992: 6).

Feminist Critique of Codependency Assumptions

The basic assumption underlying feminism is that ideology, social structure, and behavior are interwoven. Feminist therapists and theorists argue that nowhere in codependency literature is the social, political, and economic context (particularly the role of sex, race and class in determining one's fate) of the codependent's behavior addressed. Rather the characteristics of codependency are deemed to result from a lack of nurturing in childhood, specific to "dysfunctional" families. Feminists further submit that though some authors claim the concept of codependency is gender neutral, in practice the label is mainly applied to women and pathologizes women's socially prescribed characteristics and behaviors. The grave concern of feminist critics of the codependency recovery movement is that, in its failure to address the social, political, and economic context in which women and children live, it contributes to the oppression of women in the following ways:

- *Omitting reference to the ways in which the social power structure shapes women's behavior*

The central axiom of "codependency" is the myth that the 'normal', traditional, male dominated, nuclear family is functional and healthy. What is ignored is the fact that the family is itself shaped by a set of social forces that are rooted in contemporary capitalist society (Moreau, 1989: 10). Chodorow (1971), Moreau (1989), James & Mcyntyre (1983) and Levine (1982) concur that the continued economic growth of a capitalist society (which relies on the maintenance of patriarchy, profits and private property) has necessitated a particular family form. This family form is the traditional middle class family with a more powerful working father who controls the family and a mother, who is

financially dependent and fully responsible for the well-being of her children and husband, without pay. James and Mcyntyre (1983) submit that this family form actually produces the pattern of behavior that we judge dysfunctional, e.g., girl babies become mothers and boy babies become men in the world of production, thus perpetuating a cycle of over involved mothers and under involved fathers (p.123).

In our white male supremacist society the dominating ruling class defines meaning, morality, and value, permeating society with images, institutions, structures, laws and customs which reinforce these definitions (Hagan, 1989: 5). Chodorow (1971) asserts that a conditioning process begins at birth and extends throughout our lives via institutions such as the Family, Schools, the Church, the Media, and social agencies, where male supremacy is indoctrinated. It is this process that reproduces personality characteristics and relationship patterns that guarantee the reproduction of workers and consumers for the continued operation of capitalism. The relationships usually prevalent in the family (adults rule over non-adults and males rule over females) is the accepted norm. In this way our earliest family models (which exist within the larger context of gross power imbalance between men and women) prepare us for relationships of unequal power, e.g. employer to employee, of landlord to tenant, of teacher to student, of governor to governed. "In all these relationships, the power the dominant party exercises is maintained by the threat that abusive punishment, physical or psychological, could be used if the hierarchical structure is threatened" (Hooks, 1988: 120).

By containing women, as a sex, in the role of domestic servant, it ensures not only the devaluation of women but also our limited participation in the public sphere. This process goes beyond simply conditioning men and women to accept their roles in maintaining patriarchal social structure and threatens the

very lives of most women. Hooks (1988) speaks to this social reality:

"Working men are fed daily a fantasy diet of male supremacy and power. In actuality they have very little power. Yet they do not rebel against the economic order. They are socialized by ruling powers to accept their dehumanization and exploitation in the working world and they are taught to expect that the private world, the world of home and intimate relationships, will restore to them their sense of power which they equate with masculinity. They are taught that they will be able to rule in the home, to control and dominate. By condoning and perpetuating male domination of women to prevent rebellion on the job, male ruling capitalists ensure that male violence will be expressed in the home and not in the work force. Their need to dominate women (socially constructed by the ideology of male supremacy) coupled with suppressed aggression toward employers who "rule" over them, make the domestic environment the center of explosive tensions that lead to violence. Women are the targets because there is no fear that men will suffer or be severely punished if they hurt women, especially wives and lovers. They would be punished if they violently attacked employers, police officers, etc." (p.121)

• Pathologizing characteristics and behaviors that are essentially characteristics of women's socially prescribed role

Internalized oppression is the result of a process whereby the subordinate group takes in the beliefs of the dominator, accepts it as reality, and begin to oppress themselves. Hagan (1989) redefines codependency as internalized oppression in intimate relationships. She submits that "even the most benign of patriarchal families operate in a manner that cultivates the characteristics of codependency, a term that is much more acceptable than internalized oppression, which might encourage us to question authority or rock the boat" (p. 6). These characteristics, i.e. "over involved, depending upon others for approval, not taking care of oneself, having poor boundaries, intoxicated with relationships, too willing to assume blame, putting the needs of others before herself" (Walters, 1990: 54) are essentially descriptions of

women's prescribed cultural role. Women are expected to tend to relationships and to put the needs and feelings of others ahead of their own.

Jean Baker Miller, in her article, *The Development of Women's Sense of Self*, points out that in childhood, boys are out learning 'industry' most of which seems directly traceable to war games while girls are learning to be emotionally nurturing. "Luria (1981) describes the events in a grade school playground...the boys are learning to be "warlike" and to win out over others while the girls are hanging around the edges of the playground "just talking" about the issues in their families and how to solve them" (Baker Miller, 1984: p.4).

Women become involved in abusive relationships with men because they are taught to search for love and nurturing in primary relationships with men, most of whom are socialized to be abusive to some greater or lesser degree. Along the way women also internalize the message that someone is hurting them because they love them. "When you examine the context in which parents suffer their children, it is easier to understand how the victim - and the abuser - equate violence with love...Popular paperback romances, like the Harlequin series, now describe acts of hitting, rape, etc., all in the context of romantic love. Of course, the man is always white, rich, and a member of the ruling class. These romances are read by millions of women. They reinforce sexist patterns, romanticize violence against women, uphold white supremacy and Western Imperialism" (Hooks, 1988: 124).

• *Encouraging women to collude in their oppression by offering redemptive 12 step solutions whereby one allows life to happen instead of trying to control it*

The self-help groups that draw so extensively on the codependency literature provide a place and language for talking about emotional pain in a society that provides little space for such release while at the same time reducing the sense of isolation and aloneness typical of American society

(Haaken, 1990: 404). Tallen (1990) maintains that the addiction and recovery movement represent a depoliticization of feminism, however, and have thoroughly co-opted women's pain and anger. Hagan (1989) concurs that when we accept that there is something wrong with us personally, we collude with patriarchy in successfully distracting us from focusing on the truths "that would inspire us into action, revolt, resistance, and rage, much less vision, desire, felicity and joy" (p. 9), and the oppressor remains invisible. "Take the best-selling pop psychology book, *Women Who Love Too Much*. The title is a classic reversal: women are at fault again, this time for loving - what we've been reared to do - "too much". My question is, where is the book for Men Who Love Too Little? Isn't this the real core of the problem?" (Hagan, 1989: 9).

On the one hand, the goal of these 12 step programs and codependency books is to help women get stronger, to take charge of their lives; on the other hand their underlying message is subordination: first to your disease, then to a higher power (Tavris, 1990: 43). Since defining the alcoholic husband as sick implies that the wife is somehow stronger, or more healthy threatens the balance of power in traditional families, the notion of codependency became a useful way of applying family systems principles on the interests of maintaining a cultural status-quo (Kresten & Bepko, 1990).

Hooks (1988), Hagan (1989), and Tavris (1990) are among the number of feminist theorists who believe that these programs and self-help books do nothing to develop critical consciousness of the culture which designs, maintains, rewards and benefits from "codependent" behavior. Hooks (1988) describes her observation of how the reams of mainstream self-help books undermine the entire women's movement...

"Books like *Do I Think I'm nothing without a Man?*, *The Cinderella Complex*, *Men who Hate Women And the Women Who Love Them*, and the most important, the

all time favorite *Women Who Love Too Much* (which is read by women across race, class and sexual preference) ironically purport to offer the models for self-recovery that feminist work does not offer, but instead retard and undermine both the growth of women's political consciousness and the progress of the feminist movement. "While they speak to the pain that many women feel in personal relationships, particularly the pain of heterosexual women, Patriarchy and male domination are rarely identified as forces that lead to the oppression, exploitation and domination of women. Instead these books suggest that individual relationships between women and men can be changed solely by women making the right choices. The author of *Women Who Love Too Much* shares with readers that her husband did housework while she was writing, she shares this as though many men and most importantly the right men automatically assume such tasks, nurturing, while women do creative work" (p.34).

Hagan (1989) further speculates that the propagandizing of codependency is very likely the ruling class's move to dissolve consciousness-raising groups which were a central part of the excitement and power of the women's liberation movement in the late 60's and early 70's. "Imagine what might happen if instead of saying "I'm codependent", thousands of women were saying "I'm oppressed". In many ways this perspective [codependency] keeps us isolated from each other and prohibits us from seeing the political implications of our conditioning, the potential empowerment, political action or magic" (p. 10).

• Isolating women by placing a high value on autonomy, independence, and self-actualization

Mastery and individual autonomy are pivotal to the dominant objectifying/power/control mode in Western culture and are incorporated in the socialization of males, in particular. The need for acceptance (or even the "need for approval") and affiliation, which is supportive of connection, is seen as infantile, while the need for esteem, status and self-sufficiency, which is supportive of narcissism, is seen as mature (Jordan, 1987). "It is not surprising

that the ruling class promotes this ideology when one considers that the 'need for approval' seems to rely on an affiliative wish to draw near to another person while a wish for status relies on a wish for position, i.e. power, which suggests movement into hierarchy and objectification" (Jordan, 1987:10).

The codependency model has completely ignored any of the research done by researchers such as Gilligan (1982) and Baker Milier (1984). This research suggests that for women, development proceeds through relationship and connection rather than through disengagement and separation. Maturity, according to codependency theories, is equated with becoming self-sufficient, turning to God rather than depending on those around us, and learning not to be affected by the behavior of others. Kresten & Bepko (1990) point out that this last goal seems utterly ridiculous, and state: "The question is how does one avoid being affected by the behavior of another person?" (p. 220). More frightening, however, is the potential for this push toward self-autonomy to move women further away from our connections with other women.

• Failing to hold responsible the society that perpetuates values of power over others as well as the men who perpetrate violent and abusive behavior

Walters (1990) submits that "the Codependency model blurs the power differential between the doer and the one who allows or enables the doing. She who helps he who does is as responsible for the doing as the doer...it is as much there, in inference, as those old axioms about the provocative girl who gets raped, or the overbearing wife who gets beat up" (p. 54). Walters asks us to consider why we call a whole family or a couple "alcoholic" when only one member drinks. The basic assumption of contemporary family systems theory is that the "acting out" of the individual distracts the family from the real problem. Jackson (1954) notes that at times, it seems as though this view that members

of the alcoholic's family complicate the 'illness', leaves one with the impression that the alcoholic is the innocent victim of his family rather than vice versa.

The codependency recovery movement teaches women to focus on ourselves. All of the onus of healing is on the individual; there is no social responsibility or collective action involved. "In its rush to treat the individual, codependency completely ignores other systems of oppression such as racism, classism, anti-semitism, ableism, and ageism. The definition asserts that now the political is the personal" (Tallen, 1990: 394). Walters (1990) provides the example of codependency assumptions about incest: "In a book about "adult children" writers consider incest the result of "weak intergenerational boundaries" and others go so far as to define it as an inappropriate expression of love. Whatever happened to the notion of the *abuse of power*?" (p. 56). Tallen (1990) is also critical of this lack of accountability and points out that:

"Now perpetrators can join Parents Anonymous or Child Abusers Anonymous (there are actual groups in Minneapolis). Can Rapists Anonymous be far behind? I am sure it will be of great comfort for the people of Nicaragua to know that if George Bush would only enter a Twelve Step Program, their issues would be solved. One does wonder what the program would be called; two women I know suggest Conquistadors Anonymous where one admits powerlessness over the wish to conquer and exploit native peoples" (p. 34-406).

Codependency vs. Feminist Assumptions About "Codependency Symptoms"

Codependency theorists put forward a list of "symptoms" upon which they base their diagnosis of codependency. These symptoms include: problems with intimacy, excessive caretaking, low self-esteem, control issues, damaged boundaries, emotional impairment, sexual problems, and spiritual bankruptcy. Interestingly, the research group participants for the project described here

chose to cover most of these issues when topics were chosen in the initial session (details will be discussed in later chapters). In light of this coincidence, I feel it is significant to examine the codependency and feminist literature on these issues. Table 1 and 1.1 outline contrasting assumptions.

Intimacy

Codependency Assumptions

The major coping response to adapting to abnormal behavior in the family of origin is to develop dysfunctional dependency (Bradshaw 1989, Mendenhall, 1989, Smalley, 1987, Cleveland, 1987, Schaef, 1986, Beattie, 1987, Mellody, 1989, Woititz, 1983, Wegsneider-Cruse, 1990). Because their original dependency bridge with their survival figures has been broken, codependents try to find someone to take care of their inner child (Bradshaw, 1989, Ackerman, 1989, Smally & Coleman, 1987, Mellody, 1989). Mendenhall (1989), Cleveland (1987), and Bradshaw (1988) contend that this 'dysfunctional' dependency is transgenerational. "If parents never got their dependency needs met as children, they cover up this insatiability by acting either aloof (walled boundaries) or needy (enmeshed boundaries) and no one gets their needs met in a functional manner. They yearn for parental warmth and approval and seek it in other relationships" (Bradshaw, 1988).

Another characteristic that lends itself to the codependent's dysfunctional dependency is low self-esteem. Codependents have an exaggerated need for others' approval because they don't feel happy, content or peaceful themselves and in most cases have no concept of a self (Ackerman, 1989, Beattie, 1987, Bradshaw, 1988, Mellody, 1989, Schaef, 1986, Smalley, 1987, Cleveland, 1987). "Codependents use a relationship in the same way drunks use alcohol...whatever small vestige of the self that does exist is easily given away

Table 1 - Feminist vs. Codependency Assumptions About "Codependency Symptoms"

"Codependency Symptom"	Codepend. Assumptions	Feminist Assumptions
Intimacy	Because their original dependency bridge with survival figures has been broken, codependents look for someone to take care of them, run from good relationships, choose lovers who are inconsistent & pain-filled & remain in destructive relationships.	Compulsory heterosexuality & marriage ensure that many women remain physically, economically, & emotionally dependent on men; mutual empowerment is rare in relationships with men who have been conditioned away from their nurturing capacity.
Caretaking	Codependents take care of others to get artificial feelings of self-worth from helping others.	Women are rewarded and punished by society according to their ability to take care of others.
Self-esteem	Codependents have low self-esteem because their shame-based caregivers gave them the message that they are unimportant through various forms of abuse; codependents look for esteem based on appearance, money, power, attractiveness to spouse, etc.	Women live in a social context that defines them as less adequate, less powerful & less worthwhile than men; women are conditioned to define themselves through relationships, to judge their success by how happy they make others, & are valued according to their appearance
Personal Boundaries	Codependents' damaged boundaries account for women staying in abusive relationships & for perpetrators' abuse.	Men are conditioned to be aggressive & are taught that they are entitled to power over women, particularly in the nuclear family.
Perfectionism/control	Because their caregivers were out of control, codependents try to maintain control of relationships, employment, etc. by being perfectionistic.	Most women suffer from the compulsive perfectionism of the oppressed, - the self at least appears to be under one's control while the social world does not.

Table 1.1- Feminist Vs. Codependency Assumptions About Codependency Symptoms

"Codependency Symptom"	Codepend. Assumptions	Feminist Assumptions
Emotions/Anger	Codependents control emotions to try to control their lives &/or to maintain a positive self-image; their lack of or inappropriate expression of anger is due to modeling reactions after "dysfunctional" caregivers and/or living in families where they were abandoned for their reality.	The dominant culture views the expression of emotions as an impediment to action; women have faced cultural prohibitions against expressing powerful emotions; living in subordination continually generates anger which, if expressed, society defines as irrational.
Sexuality	Codependents suffer from inadequate sexual performance, they may become sexual perfectionists or, consciously or unconsciously, refuse to enjoy sex for control reasons.	Most girls internalize the societal message that their sexual feelings and bodies are shameful; at the same time they know that their failure to meet male partners' sexual demands may threaten the relationship.
Spirituality	Codependents lack serenity because they are unable to experience a relationship with a power external to and greater than the self.	Giving oneself over to a higher power is antithetical to the critical feminist principles of individual self-empowerment; dominant religions ignore the "godliness" of individuals.
Treatment/Recovery	In order to recover, codependents must acknowledge & accept the unmanageability of their lives, identify the symptoms of codependency in their lives, let go of attempts to control & 'let things happen' by surrendering to a higher power, attend a life long twelve step program.	Answers to women's problems lie in a redefinition of the problem itself. Liberation from internalized oppression requires feminist consciousness-raising, changes in unequal power relationships in personal lives, eradication of systems of domination in the social & economic order.

in order to maintain a relationship. Most children of alcoholics have never known a relationship that did not require them to give up themselves in order to survive" (Schaef, 1986: 44).

These dependency needs combined with inadequate role models, fear of abandonment, and inability to express feelings set codependents up to seek out pain-filled (even psychopathic) individuals as partners (Ackerman, 1989, Beattie, 1987, Bradshaw, 1988, Woititz, 1983). They run from good relationships and choose lovers who are inconsistent, unpredictable, extremely dependent and highly critical because they are playing out their childhood all over again and because they feel they do not deserve a person who treats them well. (Woititz, 1983, Ackerman, 1989, Bradshaw, 1988). For some daughters of alcoholics, their mothers became emotionally absent and full of resentment toward their fathers, causing their fathers to turn to daughters for emotional support, i.e. emotional incest. The daughters then fear intimacy and develop low opinions or expectations about intimacy, believing that their needs are not as important as his (Ackerman, 1989).

The emotional abandonment experienced in childhood also creates an intense fear of abandonment in relationships causing individuals to remain in destructive and abusive relationships. A mature person is one who has differentiated him/herself from all others in order to develop a clear self-identity. This crucial emotional individuation process has never taken place because of boundary distortions around intimacy and separation and enmeshment in relationships in childhood (Cleveland 1987, Bradshaw 1988).

Feminist Assumptions

"We do not fail at relationships because we are codependent, or afraid of intimacy, or fraught with patterns picked up in families. Though these problems

don't make relationships smoother, the reasons we fail are not personal at all. We fail because failure is built deliberately into mainstream patterns of relating" (Johnson, 1991: 73). For years feminists have located the failure of intimate relationships, not in the individual, but rather in the patriarchal ideology that molds them. Sonia Johnson and Adrienne Rich are among the many feminists who have argued that compulsory heterosexuality and the institution of marriage together form one of the most powerful social control forces. Johnson (1991) submits that it is important to the maintenance of patriarchy that, "two by two, we sleep together, monitor where each other is most of the time, and spend most of our free time together, narrowing down our outside contacts" (p. 91).

While compulsory heterosexuality and heterosexual marriage ensure that many women are physically, economically and emotionally dependent on men, those who choose lesbian and gay lifestyles do not escape patriarchal oppression. "The marriage model is the only model we have for relationships and we all follow it with more or less devotion" (Johnson, 1991: 140). The "myth of romantic love" (Levine, 1982) together with the "training to desire commitment of many kinds" (Johnson, 1991) entice us to "lock ourselves into what appears a loving embrace but is actually the same dreary struggle for control that both defines and constitutes male rule" (Johnson, 1991: 185). Hooks (1989) agrees that as long as the paradigm of dominance and subordination underlies all relationships, no individual in society escapes totally the internalization of this mode of interacting. Patriarchy, according to Johnson, thereby "pits us against each other from couples, the smallest unit in society, to nations so that our combined pools of personal power will not threaten the status quo" (p. 283).

Levine (1982) explains that though both sexes are influenced by the ideology of romantic, heterosexual love, there exists a decisive difference in the ideology's impact upon women. "For men love enhances adult life and

work...for women, the meaning of love frequently translates into a serious addiction to nurturing others" (p.176). Girls emerge from adolescence with a basis for empathy built into their primary definition while boys are encouraged to develop their strong masculine identity through developing aggressive behaviors and separation, i.e. negating their wish to maintain more open and continuous contact (Stiver, 1984: 5).

Baker Miller (1984), in her development of a "new psychology for women", agrees that girls are socialized to care about relationships but affirms the different starting point for women, i.e. staying with, building on, and developing in a context of attachment and affiliation. She asserts that this behavior is not pathological at all, but rather "contains the possibilities for an entirely different (and more advanced approach) to living and functioning" (p. 83). She reframes the mainstream definition of dependency as a source of self-nurturance:

"Often it is not about wanting or needing to be dependent OR independent, but about wanting to be in relationship with others, and again to really comprehend the other; to understand the other's feelings; to contribute to the other; wanting the NATURE of the relationship to be one in which the other person(s) is engaged in this way. Thus very often I have heard women described as dependent who are taking care of about six other people. Sometimes they were doing so in a framework which contained many factors of realistic dependency, i.e. economic dependency or social dependency...but that is better described as the condition of a subordinate (Miller 1976) which is still the social condition. This distinction is important." (p.10)

Surrey points to the lack of mutually empowering relationships (particularly with men) as a major problem for women. As boys are taught to emotionally and physically separate very early in life in order to become 'self-sufficient and courageous' it becomes automatic for them to disconnect from the

emotional context. In Carol Gilligan's (1982) research with children, "little girls tended to write stories of a world comprised of relationships rather than people standing alone, a world that coheres through human connection rather than systems of rules. Boys solve interpersonal dilemmas through systems of logic and law, girls personally, through communication in relationships" (p.29). Thus, relationships with men are typically not mutually empathic. Greenspan (1983) reminds us that "most women believe that men would be "nicer" if we choose the right ones. We don't think to ask ourselves why there is such an abundance of wrong men to choose from" (p.189).

Miller and Surrey agree that mutually growth fostering relationships (including growth through conflict) cannot occur if one person has an overwhelming amount of power to determine what happens and uses his/her power in that way. Yet women are subordinate in social position to men and are at the same time expected to be "centrally entwined with them in the intimate and intense relationships of adult sexuality and family life" (Gilligan, 1982: 168). Heterosexual women often find themselves struggling to understand the discrepancy between the myth of heterosexual romance and the reality of heterosexual relationships (Adrienne Rich, cited in Gartrell, 1984).

Caretaking

Codependency Assumptions

Mellody (1989) proposes that when children's needs and wants are ignored/neglected by parents in dysfunctional families, they are needless and wantless as adults. Beattie (1987) claims that while it is true that there was a time when codependents were truly victims, they begin to victimize themselves because they view themselves as victims. Bradshaw (1988) believes that it is because all members in a family live in reaction to a major distressor that they

have not had time to 'go inward' and consequently focus on the needs of others. Finally, Ackerman (1989) points to daughters of alcoholics' overidentification with their gender role. He claims that "the codependent woman's childhood may have occurred during a period in our society when gender patterns were very distinct...but these patterns may no longer be applicable" (p. 33).

Regardless of the etiology of this 'symptom', there is general agreement that codependents lack any sense of self worth. Consequently they "find meaning in making themselves indispensable to others" (Schaefer, 1986); "take care of people to give themselves an identity" (Bradshaw, 1988); "feel guilty when they want something for themselves, so focus on the needs of others to minimize the guilt" (Potter-Effron & Potter-Effron, 1989); "try to please others" (Ackerman, 1989 and Cleveland, 1987); "get artificial feelings of self-worth from helping others and offer unwanted advice" (Beattie, 1987); and "habitually lie to make life simpler for others" (Woititz, 1983).

While this selflessness would appear on the surface to be noble and benefit others, codependency proponents conclude that this behavior is motivated by selfish needs. Schaefer (1986) sums up this belief by saying that "codependents believe they are suffering for a holy cause, such as keeping the family together...in the long run their belief in the importance of suffering just helps perpetuate a destructive situation" (p. 55).

Feminist Assumptions

Women in our society are taught from birth to always be taking care of others, nurturing others, healing others, and letting our needs come second (Webster 1990, Hughes 1984, Hagan 1989, Gilligan 1982, and Baker Miller 1984). We not only judge ourselves on our ability to care (particularly for men and children) but are rewarded and punished by society according to this

ability. Hagan (1989) states that:

"As a woman in this culture, when I do not defer my needs to the needs of 'the man', be he husband, father, brother, teacher, or boss, I am punished. Punishment may take the form of harsh words, a sullen look, withdrawal of affection, invalidation, a physical blow, rape, or death. I learn this early in life. I learn it so well that I forget that I learned it. Deferring my needs for him and for others becomes my automatic choice. I forget that I have needs. Finally my needs become his needs" (p. 7).

Webster (1990) points out that "women are held and hold themselves responsible for the happiness of their children. If their children turn out well, they have done a good job. If they turn out poorly, both parents - and maybe professionals- tend to lay blame at the mother's not the father's feet" (p.62). Yet women receive no financial assistance or respite from this endless, tiring labor. Moreover, women receive little or no emotional nurturing from the men who reap the benefits of their generosity. "Woman's place in men's life cycle has been that of nurturer, caretaker, and helpmate, the weaver of these networks of relationships on which she in turn relies" (Gilligan, 1982: 75). But it is these emotional relationships (which they have been told will bring them ultimate happiness and fulfillment) which are the site of their greatest emotional deprivation. So some of them begin to become resentful, demand more from their partners, and/or, most frequently, simply become depleted. It is at this point that women are punished by psychiatry and other social institutions. They are told by psychiatry that they are emotionally, mentally, and physically exhausted because of their pathological need to be martyrs; or that they are caretaking out of our own selfish need to control others; or that their concern with relationships is a weakness, i.e. that a mature person is self-sufficient.

Self-Esteem

Codependency Assumptions

"Codependents have a hole in the cup of their psyche" (Bradshaw, 1988: 177). Dysfunctional caregivers give their children the message that they are unimportant through various forms of abuse ranging from neglect and withholding acceptance to physical and sexual abuse (Beattie 1987, Mellody 1989, Ackerman 1989). According to Bradshaw (1988) and Wegsneider-Cruse (1990), however, abuse is not the only source of this lack of self-esteem. Children need only co-habitate with a shame-based caregiver to feel flawed and defective. The child may either take on the caretaker's shame and/or it may be internalized through unresolved family messages from earlier generations.

This low self-worth and internalized shame motivates codependents to seek "other" esteem based on appearance, money, job, power, attractiveness to spouse, being valuable to someone else, etc. (Schaefer 1986, Ackerman 1989, Smalley and Coleman 1987, Beattie 1987, Wegsneider-Cruse 1990.) This "other" esteem is problematic because it is vulnerable to changes beyond one's control and because it precludes the development of an internal sense of self. Bradshaw (1988) further explains that this lack of self-esteem contributes to various forms of undesirable behavior such as being "perfectionistic, controlling, power-seeking, rageful, contemptuous, gossipy, and compulsive" (p. 91).

The external focus typical of codependents with low self-esteem also accounts for their inability to make decisions on their own. Great importance is given to external validation because they "feel like a child a lot of the time" (Bradshaw, 1988: 177), "do not believe they can take care of themselves and are afraid of making mistakes" (Beattie, 1987: 25), "organize their lives around the standards and values of others rather than around a core of personal integrity" (Cleveland, 1987: 25); "fear that others will reject or abandon them if

they fail" (Ackerman, 1989: 88), and/or "make poor decisions because they aren't aware that they can make new choices" (Wegsheider-Cruse, 1990).

Feminist Assumptions

There is reason to question the very construct of the 'sense of self' as it is defined in mainstream psychology. Baker Miller (1984) points out that this construct has been understood as an inner sense of separated individuation attained following essential separations from others through various stages of development. It has generally been held that men more successfully achieve this sense of self. Yet, as Baker Miller (1984) elaborates, "few men ever attain such self-sufficiency, as every woman knows. They are usually supported by numbers of wives, mistresses, mothers, daughters, secretaries, nurses and others (and groups of other men who are lower than they are in the social-economic hierarchy, if they are higher)" (p. 2). Surrey (1985) submits that self-esteem is related to the degree of emotional sharing, and a shared sense of understanding and regard. Yet these realms granted to women have not been incorporated in definitions of a healthy sense of self (Baker Miller, 1984).

While a redefinition of a healthy self-esteem affirming women's experiences is in order, various other social factors contribute to women's struggle to affirm themselves. To start, the patriarchal social structure requires that women remain oppressed and devalued. As Bepko (1986) explicates:

"women operate within a context that defines them as less adequate, less powerful, and less worthwhile than men, and men operate within a context that compels them never to identify with women lest they lose their power. If the predominant experience of women is one of powerlessness, inadequacy, worthlessness, and depression, that is only because it is extremely difficult to be socialized to be dependent and 'less adequate than' another segment of society and not feel or experience oneself that way" (p.69).

Not only are caretaking skills such as household management and childrearing much less valued than worldly skills of negotiation, etc. in the public world, but many women are not granted the opportunities to learn such worldly skills. Hence, many women's feelings of inadequacy, their dependence on men and their fear that they will be unable to manage their lives without men. Moreover, the financial value bestowed on this division of labor in itself bears greatly upon women's self-esteem. "In many families, the kids are 'hers', and the money is 'his' - that's a virtual recipe for low self-esteem. Money in our society is enabling; it confers power to get your way. Children in our society are disabling for women because it is women who often must choose between financial success and family, and because children are largely their responsibility" (Tavris, 1990: 43).

Similarly, women's 'external referencing' in decision-making is rooted in their social subordination, their sensitivity to the needs and voices of others, and to their fear of the dominant culture. "When women feel excluded from direct participation in society, they see themselves as subject to a consensus or judgment made and enforced by the men on whose protection and support they depend and by whose names they are known" (Gilligan, 1982: 67). Gilligan (1982) and Levine (1982) both speak to the conflicts for women when faced with decision-making. "While society may affirm publicly the woman's right to choose for herself, the exercise of such choice brings her privately into conflict with the conventions of femininity, particularly the moral equation of goodness with self-sacrifice" (Gilligan, 1982: 67).

Classism and racism also play a significant role in shaping one's sense of self. Nym Hughes, in her article, *Why I Can't Write About Class*, writes:

"I don't know yet how to disentangle the threads of class and alcoholism...I grew up poor in a society where poverty is "your own fault". I believe inside myself that I was (am) a bad person because I was (am) poor. I know better in my head...but in my guts I'm poor and bad, poor and ashamed, poor and guilty, poor and powerless, poor and silenced" (p. 22).

Poverty, even without the involvement of alcoholism, is a source of shame in a society that equates success with middle class achievements and wealth.

Likewise racism crucially affects an individual's sense of self. Brand and Sri Bhaggiyadatta (1986) discuss the impact of racism from childhood through adulthood:

"Non-white people recognize a culture of looks, glances, gestures, silences, and physical movement: meanings that are contained in the "ordinary". These silent communications mark our entries and exits through rooms, buses, streets, neighborhoods, meetings and even the bank on the corner (p.8)...As early as pre-school, children of color come to know themselves by their racist ascriptions, as a 'nigger', 'paki', or 'Chink'. They try all means to fit in. They change the way they speak. They try to change the way they look. They try to distance themselves from their neighbors and families" (p. 52).

The forces of classism and racism together with consumerism motivate individuals to look for a sense of self-worth in appearance, job, power, material possessions, etc.

Personal Boundaries

Codependency Assumptions

An individual's personal boundary system is formed via their relationships with family members. People who grow up in dysfunctional homes suffer from various forms of boundary impairment (Mellody 1989, Bradshaw 1988, Potter-Effron 1989, Schaef 1986, Smalley & Coleman 1987,

Beattie 1987, Cleveland 1987). Either they are not protected enough or too protected (Mellody, 1989) or give up their ego boundaries as a way to maintain the family system (Bradshaw, 1988).

This lack of boundaries plays a major role in keeping women in abusive relationships (Ackerman, 1989) and accounts for perpetrators' abuse (Pia Mellody 1989, Bradshaw 1988, Smalley & Coleman 1987, Beattie 1987). "Both the victim and the offender codependent have the same problem except the victim gets abused while the offender does the abusing. Over the long haul neither can stop the behavior by will power" (Pia Mellody, 1989: 52). Bradshaw (1988) also claims that "physical, sexual, and emotional battering are commonplace in alcoholic families because alcohol lowers inhibitions and knocks out the boundary between thoughts and expressions" (p. 93). Mellody (1989) further submits that codependents who have weak boundaries are vulnerable to repeated abuse because they are powerless to stop it.

Feminist Assumptions

Physical, sexual, and emotional battering are commonplace, not because boundaries were damaged in the offender's dysfunctional childhood but because of the marked power imbalances in patriarchal capitalist society. Men (who comprise the vast majority of offenders) are conditioned to be aggressive and are taught that they are entitled to power over women, particularly in the nuclear family. Feminists maintain that violent behavior is a choice, not a disease. "In our male-dominated society, men have historically been assigned the task of upholding a hierarchical structure within the family as well as within the community. Men born into this system and socialized in the traditional male role come to believe in: the superiority of men; the equation of physical power and dominance with masculinity; and the validity of using

physical force and intimidation as a problem-solving method" (Sinclair, 1985: 36). Sinclair (1985) debunks the myth that alcohol causes a perpetrator to abuse. "While alcohol is often abused by the violent partner, it is not the cause of the violence. Rather it facilitates the use of physical force by allowing the offender to abdicate responsibility for his behavior. Some men become intoxicated in order to act out their violent wishes" (p. 21).

Perfectionism/Control

Codependency assumptions:

Several codependency authors imply that perfectionism and control are interwoven and are the outcome of low self-esteem. Ackerman (1989) theorizes that many adult daughters of alcoholics become overachievers as a result of their feelings of inadequacy. But for them this perfectionism serves the added purpose of remaining in control in relationships, employment, etc.

Most other codependency proponents, who may or may not discuss perfectionism, concur that 'dysfunctional' family members develop "control issues". In Beattie's (1987) view "control issues result from having lived through events and with people who were out of control, causing the codependent "to become afraid to let other people be who they are and allow events to happen naturally. Most of them react too much and much of what they react to is nonsense. To control, they nag, lecture, scream, holler, protect, accuse, deliver ultimatums to, do things for, drag to counseling, have children with, punish, reward, and a list of other handy maneuvers I have forgotten" (p. 40).

Feminist Assumptions

Hooks (1988) reframes issues of perfectionistic and controlling behaviors as a natural response to the oppressive social structures:

"Most women suffer from the compulsive perfectionism of the oppressed. In striving to be perfect, the Victim attempts to pacify the forces she cannot control in the world. For the victim of social oppression the self at least appears to be under one's individual control, whereas the social world most certainly does not. The psychic struggle for self-perfection is thus an attempt to feel in control, rather than to feel helpless." (p.89)

Jackson (1954) also speculates that the behavior that is so often referred to as perfectionistic and controlling in alcoholic wives is perhaps a by product of taking over the roles of husband and father which have been left unfulfilled and without which the family could not survive intact.

Emotional Expression

Codependency assumptions

Codependents believe that controlling their emotions is a way to control their lives and/or to maintain a self-image that they are kind, loving persons (Bradshaw, 1988, Schaef, 1986). The codependent person is often a very angry person but is unable to express his/her anger (along with a range of other feelings) moderately, if at all (Schaef 1986, Mellody 1989, Bradshaw 1988, Potter-Efron 1989, Beattie 1987, Mendenhall 1989, Cleveland 1987). The lack of and/or inappropriate expression of anger/rage may be due to modeling their reactions after dysfunctional caregivers and/or living in family systems where they were ignored, attacked or abandoned for their reality (Mellody, 1989). Being told all their lives not to be so emotional or not to talk at all (Ackerman 1989, Bradshaw 1988); or witnessing their alcoholic parent not being held accountable for his/her actions (Woititz, 1983) also contributes to codependents' rage. Consequently, many codependents are so full of rage that they completely deny it or fear letting it go because they think others will go

away. Others don't know how to be moderate in any area of their lives, thus either feel little or no emotion or express it explosively (Mellody, 1989).

Quite frequently this suppression of emotions leads codependents to displace their anger. They may get depressed, overeat, get sick, do mean and nasty things to punish others, have violent temper outbursts, and/or substitute one emotion for another (Beattie 1987, Mellody 1989, Bradshaw 1988, Mendenhall 1989). Bradshaw (1988) submits that "emotions themselves can be addictive...women often cry when they are angry. Some codependents are full fledged sad addicts - one who is always sad. That's an addiction" (p. 98). Mellody (1989) claims that codependents' anger is typically resentment, i.e. the immature thinking that developed in childhood when they were unable to protect themselves. In her opinion, codependents must begin to mature so that they can understand that everyone is conducting their lives out of what they perceive is the right thing to do for themselves. Codependents will then be able to forgive people who hurt them and stop trying to get revenge.

Feminist assumptions

Baker Miller (1976) points out social factors that influence women's confusion about and/or repression of emotions:

"In our dominant tradition, emotionality has not been seen as an aid to understanding and action but rather as an impediment, even an evil...Men are encouraged from early life to be active and rational and women have been trained to be involved with emotions yet women have been so encouraged to concentrate on the emotions and reactions of others that they have been diverted from examining and expressing their own emotions." (p. 38 - 39)

Despite cultural training to be involved with emotions, for centuries women have been characterized as being "too emotional". We have faced

cultural prohibitions against expressing powerful emotions such as anger because we are supposed to always be "nice". The dominant group (men, in general and ruling class men, in particular) discourages conflict arising from the subordinate group by many means. These means include: "shaming strategies leading to a silencing of the subordinate's needs; articulating the rules for legitimate conflict, e.g. conflict informed by obvious feelings is indicative of 'overly emotional' functioning and labelled pathological; and the use of violence to quash insubordination" (Jordan, 1994: 5). Women's compliance, silence, and, in effect, their socialized fear of conflict is essential to patriarchy.

In our patriarchal society, men have primarily held the legitimate leadership, power and authority. Subordinates are usually dependent on dominants economically, socially, and politically. "There is great risk in disturbing the relationships which provide one's economic sustenance and one's whole psychological place in the world" (Baker Miller, 1984: 2). Men raised in a patriarchal tradition seek to avoid real conflict by using dominance strategies (hostility, violence, or withholding affection) or by withdrawing from emotional engagement in general. Jordan (1990) declares that "merely speaking one's truth in this milieu becomes an act of courage" (p.5).

Simultaneously, living in this kind of dependency/subordination continually generates anger. This anger is a normal reaction to injustice and oppression. Women come to feel powerless and weak which in turn lowers their self esteem and once again increases anger. They begin to feel "full of anger" which, if expressed, society is only too ready to define as irrational because "any anger is too much anger in women" (Baker Miller, 1983: 2). If the anger is expressed with screaming, yelling, and apologies it can then be dismissed as "hysterical" and thereby discounted. Women are also often punished for such anger by being labelled insane and/or incarcerated. At the

furthest extreme, the eventual explosion of women's rage can be dangerous and result in death. When the anger remains unexpressed, it frequently translates into depression. Webster (1990) asserts that "depression is a form of altruism protecting others from women's rage" (p. 64).

Sexuality

Codependency Assumptions

Codependents suffer from inadequate sexual performance (Beattie 1987, Bradshaw 1988, Wegsheider-Cruse 1990, Ackerman 1989, Mendenhall 1989, Mellody 1989). Codependents' lack of self-esteem and fear of abandonment may result in sexual perfectionism (Ackerman 1989, Beattie 1987, Mendenhall 1989). The sexual perfectionist "caretakes in the bedroom and has sex when she/he would rather be held, nurtured and loved; and tries to have sex when angry or hurt" (Beattie, 1987: 44). Codependents may also experience sexual disinterest due to conscious or unconscious refusal to enjoy sex and/or fear of losing control. In either case, the "codependent reduces sex to a technical act" (Beattie, 1987: 44). Wegsheider-Cruse (1990) claims that codependents are often addicted to sex "because they do not have feelings available to them. The kind of natural growing seduction that comes out of a natural passion doesn't happen. Instead they may become trapped in a cycle of seduction, only getting their rush from the romantic beginnings of a new sexual relationship or conquest. They are unable to access their deeper feelings and move on to a genuinely passionate relationship" (p. 44).

Feminist Assumptions

Most girls internalize the strong message that their own perceptions about their bodily and sexual feelings are parts of the self which are shameful

and wrong. Boys, on the other hand, get the message that their sexual needs are "rights" and "needs" divorced from emotional neediness (Stiver, 1984). Since the dominant culture demands that boys be preoccupied with achievement, competition, mastery and performance, sexuality becomes intertwined with power and independence (Jordan, 1987). "In the bedroom men can experience deep feelings and still be at their macho and phallic best" (Stiver, 1984: 9)

Yet for the heterosexual woman the experience of sex is not quite so 'empowering'. "She has been told that male sexuality is powerful and entitled to expression. The male has also picked up the idea that the woman should adapt to him" (Baker Miller, 1984: 10). She knows that if she fails to meet her partner's needs sooner or later he will leave - and justifiably seek sexual satisfaction elsewhere (Johnson, 1991). According to the *Hite Report* (1987) most women, in remembering early sexual experiences, felt they 'gave in' sexually in order to please the boyfriend and to maintain the relationship. "The push for intercourse rarely comes from the girl; she is interested in closeness, tenderness, being loved" (Hite, 1987: 494). For most women, however, this emotional closeness with men eludes them. "Women frequently complain that the man does not feel emotionally present or available to her, does not talk about his deepest hopes & fears...and expresses little interest in his inner world as well as hers. They have reported seeing their husbands as mechanically "skilled lovers" who are interested in their [women's] orgasm as proof of their [men's] sexual prowess" (Jordan, 1986: 8).

In investigating whether women try to communicate to their partners what pleases them, Jordan (1987) found that "some, depressively, have given up on trying; some are enraged at the men who don't seem to know what the women want; some try and feel unheard or judged because their experience does not fit

the stereotype of the male model" (Jordan, 1987: 17). Johnson (1991) proposes that "the frigid woman is, in essence, Woman as Body on (unconscious) strike. She unconsciously refuses to produce her sexuality, or her orgasm, for the use of men" (p.92). This does not mean she is incapable of sexual satisfaction or of sexual giving (Greenspan, 1983).

Hooks (1993), claims that for most women, the capacity to be in touch with their sensuality is stolen from them. "As little girls we are punished for pleasure; as adolescents we learn that our fundamental needs for physical touch and nurturance will only be met sexually; throughout our lives we are shaped by puritanical tradition that labels as vulgar that space where we can hang out and be wild; and we are used in this society - as breeding machines, receptacles for pornographic desires, as "hot pussies" to be bought and sold. Our estrangement from a life - giving eroticism makes sense" (p. 62).

Spirituality

Codependency Assumptions

The pain that is experienced by the child in a dysfunctional family typically results in the belief that God has abandoned her/him. In reaction to this abandonment the codependent may feel anger (Ackerman, 1989) and/or shame. Low self worth and perfectionism will cause her/him to feel unworthy to relate to a Higher Power (Mellody, 1989). Codependents may also simply have no awareness of a higher power because they are so externally focused that they have no sense of an inner life (Bradshaw, 1988: 179). If the codependent has lost faith and trust in God, he/she may become controlling which inevitably "blocks God's power" (Beattie, 1987: 104).

Regardless of the reason(s) for the codependent's "spiritual bankruptcy" most codependency theorists support the need for a Twelve Step Program for

recovery. The second and third steps require that the codependent develop a belief in a Higher Power before any recovery can occur. These steps are: Step 2: "We came to believe that a power greater than ourselves could restore us to sanity"; and Step 3: "We made a decision to turn our will and lives over to the care of God as we understood Him" (Bradshaw, 1988: 201).

While it is generally held that a Higher Power may be any conceptualization the codependent chooses, most codependency authors agree with Mellody's (1989) definition. Mellody defines spirituality as "the experience of being in a relationship with a power external to and greater than self that provides acceptance, guidance, solace, and serenity" (p. 50).

Feminist assumptions

Haaken (1990), Kasl (1990) and Tallen (1990) concur that the spiritual requirement of the Twelve Steps is antithetical to the critical feminist principle of individual self-empowerment. Anxiety is warded off by seeking comfort and hope from a God that can only be won over through relinquishment of personal will. Kasl (1990) reminds us that the Twelve Steps were formulated by white middle class men in the 1930's. "Not surprisingly they work to break down an over-inflated ego and put reliance on an all-powerful male god. But most women suffer from the *lack* of a healthy, aware 'ego', and need to strengthen their sense of self by affirming their own inner wisdom" (Kasl, 1990: 30).

Steinem (1993), Johnson (1991) and Basow (1980) also take issue with the ideology of a Higher Power as an all-powerful male god outside oneself. In her recent Canadian tour, Gloria Steinem was quoted as saying: "I find there's a big difference between organized religion and spirituality...I've come to think that religion is perhaps just politics made sacred - just up there in the sky and God looks like the ruling class. Spirituality is profoundly subversive and

revolutionary because it is the sense of the godliness of each of us" (cited in *The Womanist*, 1993: 6). Basow (1980) examines dominant religions (upon which Twelve Step programs are based) as reinforcing and perpetuating sexism. She notes that in virtually all major religions, females are clearly depicted as secondary to the males and often the subject of derogatory statements, especially about the reproductive functioning.

Finally, Johnson (1991) challenges the concept of God or Goddess as external to the individual. "In pre-patriarchal times before Jehovah toppled the goddess (i.e., the knowledge of female divinity)...every living woman knew she was the goddess - that her essence was pure creativity and power. She didn't look for guidance from some smarter, more powerful woman in the sky" (p. 136).

Codependency vs. Feminist Assumptions About "Treatment"

"Both the ACOA/recovery movement and the women's movement offer community in a society where this has become a rare commodity. Both provide a safe place for people who feel lost, lonely, subordinate, damaged or shamed, enabling them to come together and share their grief and find a path toward growth. But one movement encourages individuals to surrender to a spiritual higher power, while the other encourages people to join together to challenge and restructure power arrangements in the larger society. Their very names suggest the profound difference between these two movements - "codependency" and "adult child" on the one hand; "consciousness-raising" on the other. One is based on a deficit model of human personality; the other, on a model of competency. One focuses on the personal roots of individuals' problems; the other, on the social origins of problems that transcend the experience of the individual." (Walters, 1990: 55)

Codependency Assumptions

There appears to be no standard model of treatment offered by codependence proponents. Yet both "professional" and self-help authors in the field base their approaches on more or less common premises. In order to

recover, codependents must:

- Acknowledge and accept the unmanageability of their lives. They should be willing to label themselves codependent in order to name the problem (Bradshaw, 1988). Melody (1989) recommends doing a written Step 1 of the Twelve Steps, i.e. "We admitted we were powerless over others and that our lives had become unmanageable". By describing how their lives are unmanageable, they will be able to see the 'disease' working in their lives.
- Learn the symptoms and acknowledge them in their lives. Codependency professionals and self-help authors believe it is necessary for codependents to be educated on the general patterns of codependency and assisted, either by professionals or in groups with other codependents, to elucidate their own specific patterns.
- Begin to "Let Go" - of control, pain and anger. Codependents must allow life to happen rather than attempt to control issues they have been trying to control (Bradshaw, 1988, Beattie, 1987). It is necessary to have faith in natural order and destiny, and trust that Someone greater than ourselves has ordained it (Beattie, 1987). This detachment and faith would grant codependents serenity as they "stop creating all the chaos in their minds and environments" (p. 54).

Strategies for letting go of pain include: detaching when their emotions are "churning" and finding ways to relax; burning off anger energy; and forgiving one self, one's family of origin, and others who may have hurt them. Ackerman (1989) explains that "your healing will require that you admit injuries and forgive those who have injured you. Don't forgive them just because someone tells you to, however, because your act of exoneration will be codependent" (p. 52).

- Take Responsibility For Meeting Their Own Needs. In order to correct over responsibility and excessive caretaking, codependents must learn to be kind to themselves. Meeting one's own needs rather than those of others, may

involve: drawing up a Bill of Rights; quit blaming and victimizing themselves; developing boundaries; approaching life with moderation; and recognizing what they have missed in their lives and try to get it now.

- Restore and Rebuild Valued Relationships. Codependents lack the skills necessary to form and maintain healthy relationships. Some therapists propose that improving one's identity will automatically improve intimacy. Others recommend attendance at workshops for basic communication skills training, assertiveness training, and sexual attitudes and values exploration.
- Work a Twelve Step Program. Almost all codependency theorists insist that a Twelve Step group is crucial to the recovery process. Melody (1989) contends that "as long as we follow a recovery program, we can lead more healthy, functional lives. But we are subject to relapse when we start thinking we are "well" and no longer need to work at a recovery program" (p 203).

Feminist Assumptions

Feminists espouse that the "answers to women's struggles do not lie in therapeutic blueprints. They most often lie in a redefinition of the problem itself" (Levine, 1982: 203). Feminist writers who reframe women's struggles as appropriate responses to an oppressive culture point to the following strategies for liberation from our oppression:

- Feminist consciousness-raising groups to raise awareness of the political context of women's struggles. Tallen (1990) in her critique of codependency proclaims that "we need to create a context of support that consists of more than attempts to rewrite the Twelve steps from a feminist perspective; they are hopelessly inadequate because of exclusionary history and practices. We must create a context of support...while working together to create a society that accepts and loves all women" (p. 407). By forming feminist consciousness-

raising groups, women actively declare our self-authority, share lives we have been taught to keep private, feel supported, and explore the source of our oppression. Consciousness raising groups are not viewed as a corrective experience, as are therapy groups, but rather as a process of personal growth. Burstow (1993) points out that even feminist therapy has depoliticized the women's movement:

"The more we saw of feminist therapy, the less we saw of consciousness-raising. In the process of politicizing professional help, we "professionalized" feminism and thereby isolated women from each other. Women need to start talking to feminist therapists less and to each other somewhat more. Under 'therapeutic influence' many women are 'getting in touch with their feelings' and forgoing political action. Women have been taught to accept themselves, sure, but what they accept may not be themselves at all but the image of their oppressor" (cited in the *Womanist*, 1993: 23).

Gloria Steinem (1993) fantasizes "a great continental honeycomb of small revolutionary cells of five to thirteen women that meet at least weekly to support each other, to tell each other stories, to explore the politics of our daily lives, to see what we can do about the inner circle, in order to see what we can do about the external circle. It becomes absolutely crucial in a woman hating society to have a woman loving group in our lives" (p. 5).

- Change unequal power relationships in personal lives. Through the consciousness-raising process, personal attitudes, behaviors, roles and relationships in addition to social policies and practices, become targets for change. Such issues as control of money, major decision-making, sexual relations, primary or exclusive responsibility for domestic labor, form part of the framework within which personal problems are explored (Levine, 1982: 202). Caring for others must be turned into shared tasks. Women's emphasis on

feelings must be valued and celebrated and men must begin to share caretaking and nurturing roles. Women, who are especially deprived of nurturance, must begin to nurture themselves as much as others, including receiving mutual support and nurturance from other women.

- Work toward Changing the Social and Economic Order. Learning how to succeed (have more power) in a man's world is not the answer to women's oppression. Our emphasis must be on eradicating systems of domination (Hooks, 1984). Steinem (1993) calls for fundamental changes to the social structure, including "the school system - the system that now makes women's self-esteem diminish with each additional year of higher education; religious institutions; families - so that they are the microcosm of democracies that we hope to have in the world at large; and both men and women must be treated equally" (p. 5). Hooks (1984) contends that feminist consciousness-raising must incorporate more of an analysis of the negative impact of capitalism on our lives:

"Feminist consciousness-raising has not significantly pushed women in the direction of revolutionary politics. For the most part, it has not helped women understand capitalism: how it works as a system that exploits female labor and its interconnections with sexist oppression. It has not urged women to learn about different political systems like socialism or encouraged women to invent and envision new political systems. It has not attacked materialism and our society's addiction to over-consumption. Most importantly, it has not continually confronted women with the understanding that the feminist movement to end sexist oppression can be successful only if we are committed to revolution, to the establishment of a new social order" (p.159).

A concerted effort must also be made to understand, address and incorporate the experiences of people on the margin who suffer various forms of oppression. Finally, feminism must not become another form of oppression. "It

is important to acknowledge that we have all colluded with the existing oppressive system. We must not profess a political superiority that makes the movement just another oppressive hierarchy. Many women have left the women's movement because they felt it was too dogmatic and too exclusive" (Hooks, 1984: 161).

Summary

The term "codependency" originated from the term "enabler". The term "enabler" was used in the alcoholism treatment field to refer to a spouse of an alcoholic who was believed to contribute to the alcoholism by protecting the alcoholic from the consequences of his/her behavior. Addiction therapists adopted the "enabling" construct and started offering separate treatment for family members of alcoholics. Consistent with systems theory, problem drinking in the family was believed to persist because of its homeostatic systems benefits.

Since the mid eighties the concept of codependency has been expanded to include: adult children of alcoholics, people in relationships with emotionally or mentally disturbed or chronically ill people, helping professionals, and, according to some codependency authors, any one who grew up in an emotionally repressive family (some authors claim 96% of the population is codependent). Counsellors increasingly draw on codependency language in their practices and offer specialty counselling to codependents.

Most codependency theorists concur that dysfunctional rules and attitudes of specific families are the source of personal codependent characteristics. Some authors propose that unhealthy family rules have been handed down from one generation to another and/or that individuals succumb to their addictive desires which produce social institutions that are built on and

exacerbate the chief characteristics of an addictive process. The dysfunctional family, whose unhealthy rules prohibit direct honest communication and trust in self and others, is believed to be the breeding ground for codependent characteristics. Because children have had to adapt to abnormal behavior of dysfunctional parents they develop unhealthy patterns.

Feminist theorists, however, strongly oppose the entire notion of codependency. They assert that, while some authors claim the concept is gender-neutral, in practice the codependency label is mainly applied to women. According to feminist critics, the codependency recovery movement contributes to the oppression of women by: (1) omitting reference to the ways in which the social power structure shapes women's behavior; (2) pathologizing characteristics and behavior that are women's socially prescribed roles; (3) encouraging women to collude in their oppression by offering redemptive 12 step solutions; (4) isolating women by placing a high value on autonomy, independence and self-actualization; and (5) failing to hold responsible the society that perpetuates values of power over others as well as the men who perpetrate violent and abusive behavior.

Codependency theorists offer a list of "symptoms" upon which they base their diagnosis of codependency. These symptoms include: problems with intimacy, excessive caretaking, low self-esteem, control issues, damaged boundaries, emotional impairment, sexual problems, and spiritual bankruptcy. While feminist theorists agree that these "symptoms" describe problems in women's lives, they suggest a range of social factors that give rise to these problems rather than family dynamics. Feminists further suggest that these "symptoms" are a logical reaction to a pathological socio-political system and are not "character defects" as codependency proponents believe them to be.

The codependency movement encourages "codependents" to: acknowledge and accept the unmanageability of their lives; learn and acknowledge the codependency symptoms in their lives; let go of control, pain and anger; take responsibility for meeting their own needs; and work a twelve step program (surrender to a higher power and follow a life long recovery program to prevent relapse). The feminist movement, on the other hand, encourages women to raise awareness of the political context of women's struggles through feminist consciousness raising; change unequal power relationships in their personal lives; and join together to challenge and restructure power arrangements in the larger society.

CHAPTER III

THEORETICAL FRAMEWORK

Principles of Feminist Structural Social Work

This study is situated in the theoretical context of feminist structural social work. Both feminism and structural social work struggle to eradicate the ideology of domination. Both recognize that all forms of oppression are linked and supported by class, gender, race, age, ability/disability and sexuality. (Hooks, 1989, Moreau, 1989). Following are premises of feminist structural social work which guided my research:

Redefinition of women's reality: Most therapists assume that the larger structures are an acceptable (or unquestioned) given. Their goal is to change specific behavior in individuals and family members as though the solution lies within the psyche of women and/or in the mythical healthy family. "What is ignored is that the voluntary participation of individuals in the social relations of this economic structure [patriarchal capitalism] is reinforced by the institutions of socialization such as schools, the church, the media, the family, and social agencies" (Moreau, 1989: 23). Traditional forms of therapy reinforce disempowering survival strategies such as internalizing the guilt and degradation of sexist, racist and classist forces. "Feminists are concerned with the unequal power relations between the sexes as the source of much unhappiness among women." (Levine, 1982: 201). By locating the source of women's pain within our personal psyche and by ignoring the exploitive relationships and environments in which women live, therapists re-victimize women who are systematically stripped of self-esteem from birth by sexist structures.

•Focus on personal strength and political action rather than pathology and adjustment: Workers informed by feminism recognize the need for women to be empowered to change the source of our oppression, rather than changing ourselves to cope with the oppression. Workers of this philosophy endeavor to bring women together, whenever possible, not only for personal change and mutual aid but to question and challenge oppressive structures that give rise to the problem. "An underlying assumption of feminist counseling is that women have the potential strength to forge changes in their lives, especially together with other women" (Levine, 1982: 203).

•Consciousness-raising as a core element in the healing process: "Consciousness-raising has been defined as the attempt to bring the internalized assumptions into awareness" (Loewenstein, 1983: 535). Moreau (1989) suggests that "there is a need for psychology to further articulate the psychology of inferiorization." He further proposes that "socialist oriented practitioners might help their clients learn how to function in less self-destructive ways in the face of oppressive reality by: (a) helping clients unpack the set of assumptions that they hold about the social world; (b) exploring with them the ways that the class structure has shaped judgments about childhood, parents and family life; (c) helping relieve the deep levels of self-blaming and reversing the process by which clients have seen themselves as having been solely responsible for creating their present realities; (d) helping liberate repressed anger and helping clients find ways to channel it towards changing the conditions that generate it; (e) helping re-understand and re-experience and rework one's childhood; and (f) helping unlayer unconscious feelings and meanings that have become the patterns for a client's understanding of the world."

•The worker's own personal and political context informs her/his practice:

Unlike mainstream therapists and social workers, feminist structural workers do not set themselves apart from their clients but rather acknowledge their shared experiences of social oppression (as well as their position of privilege and power). A basic tenet of the structural approach is the expectation that workers will continually strive to increase their awareness of their own internalized oppression and use that awareness in facilitation of their clients' ability to do the same. "A feminist counselor uses her own life experience - her sorrows and joys, her traumas and learning - if relevant to the consumers life situation" (Levine, 1982: 203).

•Clients' present self-understandings must be the starting point: "Helping clients modify their self-understandings is not a moralistic attempt to get them to adopt a new set of ideas and ideals which are foreign and threatening to them" (Moreau, 1989: 28). It is essential for clients to first see and describe their own stories in their own language. The worker must then provide clients with a possible framework by which they and their situation can be conceptualized, and by which they can understand why the conditions in which they find themselves are frustrating to them.

Elements of Feminist Group Process

Following are elements of feminist group process which were incorporated in this project and which were intended to lead to empowerment of participants:

•Each woman is viewed as the expert on her own life. The focus of feminist consciousness-raising groups is on women helping women in a "non-hierarchical, reciprocal and supportive way" (Levine, 1982: 199). In such groups women share their experiences and structural analysis with each other

and facilitate each other's reflection on the structural context of their experiences. Mutually they explore oppression in their lives. Power differentials are minimized by: making skills, values and assumptions explicit; collective decision-making; sharing personal experiences; and sharing group facilitation.

•Decision by consensus. The group decides collectively what issues are central to the group, what is expected of each other, and what personal values are critical to creating a safe space within the group.

•Valuing of individual differences (in the context of commonality as women). Individual differences are seen as ultimately strengthening the integrity of the group. However, because each individual is at a different point in their engagement in feminist struggle, it is important to develop strategies for inclusive participation. It is important to take time in the beginning meeting(s) to discuss strategies to respect differences (particularly regarding race, class, age, etc.) and to constructively confront them, when necessary.

•Personal - political connections and political action: A feminist consciousness-raising group allows women to collectively reflect on the personal-political connections of the issues in their daily lives as well as past experiences which have shaped their current lives. Some survival strategies that participants have used and family backgrounds are reframed as a source of strength and wisdom rather than a source of shame and/or character defect. In addition, there is a dual focus on action and awareness. It is recognized that without action, situations may not change. Action can be as simple as taking a real step toward promoting desired changes.

•Reduction of isolation and collective validation of one's perceptions and voice: "Women learn from sharing lives they have been taught to keep private. The emphasis is on mutual aid and the commonality of experience in order to put an

end to the isolation of women from each other and to make the underside of our lives visible" (Levine, 1982: 6). Joining with other women assists women to reduce their vulnerability and dependence as women conditioned to seek happiness only with one intimate partner (usually a man). The validation of our perceptions and voice also assists us to: trust our perceptions, speak our truths, and rely less on outside 'expertise'.

•Reclaiming anger: There is the recognition that, "as with other oppressed groups, a key to regaining and retaining dignity, energy, and self-esteem is the anger that propels us to fight back, and to join together in acting to change our lives" (Levine, 1982: 204). In feminist consciousness-raising groups participants have an opportunity to explore and express a full range of emotions. Anger is reframed as a positive signal that a woman is experiencing an oppressive situation as well as an energizing force to take action toward changing her oppression.

•Mutually empathic relationships: Surrey (1987) suggests that "Personal empowerment can be viewed only through the larger lens of power through connection, and mutually empathic relationships" (p. 2). Surrey concludes that if women are in relationships where they can interact in ways that build connection and enhance everyone's personal power they become psychologically empowered. Unlike twelve step programs and traditional therapy groups where participants develop such connections typically only within the program, feminist groups encourage women to form multiple and varied mutually empathic relationships in all aspects of their lives.

CHAPTER IV

METHOD

Research Design

Philosophical Underpinnings of the Methodology

The purpose of this study was threefold: (1) to document the process of a feminist consciousness-raising group of adult daughters of alcoholics; (2) to document the effects of participation on participants' attitudes and behavior, and (3) to assess participants' satisfaction with the group.

In order to provide a detailed description of a feminist group process in which adult daughters of alcoholics shared our experiences, I chose a qualitative approach. This enabled me to describe the process in all its richness, using the words of the participants themselves. Qualitative methods were also useful in determining whether or not personal change occurred as a result of participation in the group.

My primary concern in choosing a research methodological approach was its consistency with feminist research principles. According to Maguire (1987), feminist research is concerned with "validating people's reality; helping ordinary people understand the connections between their individual experiences and the broader social, economic and political struggles; research grounded in women's everyday experiences; bringing women together to share our experiences in a group setting; the reduction of inequitable power relationships inherent in the traditional interviewer - interviewee relationship; disputing the dominant social science tenets of objective, value-free, detached research; contributing to women's emancipation; and changing the role of social scientist from expert, detached advisor to involved activist." (p. 101-108)

In employing qualitative methods, I adhered to Maguire's feminist research principles. A further advantage to using a qualitative approach was the ability to obtain a wealth of detailed information about a particular phenomenon or process. According to Haworth (1984), generalizations typical of qualitative research "are not causal explanations in the positivist sense, but represent new information to be tried and evaluated by the actors in similar situations" (p. 353).

Group Process

I initiated a support group consisting of 6 to 8 adult daughters of alcoholics which met for 2.5 to 3 hours weekly for fourteen weeks from March to June, 1993. As participants, we had the opportunity to: share our experiences; examine our own behavior and attitudes, finding roots of them in our past, and become aware of how our unique conditioning fit into and colluded with the culture of dominance; identify and express pain and anger resulting from internalized oppression; explore effective ways to challenge internalized oppression and the culture of dominance surrounding us; examine problems with intimate relationships which were reframed as futile attempts at connection within a dysfunctional system; and explored ways that we could build on our wish to maintain and enhance connection with others (involving the examination of how social arrangements of dominance and subordination impact on our relationships and of how to develop mutually empathic relationships in our lives).

As participant/observer and facilitator, I assumed responsibility for logistics of the meetings and emotional safety of participants, and shared my own experiences, knowledge and questions regarding the socio-political context of our lives as women. My experience as a counselor (described under

Provision for Risks) enabled me to identify the need for crisis intervention and to provide it if required.

We collectively determined ground rules, structure and topics in the beginning meeting. I offered some options for the format, i.e.: open discussion with spontaneous feedback and with no time division; or time divided equally among participants (either spontaneous feedback or uninterrupted); or time allocation based on individual needs as determined during check-in; or some combination of all options. Similarly, I offered options regarding topics, i.e.: predetermine and schedule topics to be discussed; or have no predetermined topics at all but rather work from themes that emerge each week, or have no topics but rather open discussion; or predetermine topics for all or part of the session; or some combination of all options.

The number of participants (6 - 8) was chosen for several reasons. Given the purpose of the study, i.e. to document a group process along with attitude and behavior changes for a specific population, gathering a wealth of information about a small number of people was most appropriate in seeking to understand the phenomenon. Furthermore, this group process was therapeutic in nature, requiring that participants have the opportunity to build trust and intimacy in order to share experiences of a very personal nature. A small group was conducive to establishment of trust. Participants had the opportunity to choose to disclose some very painful experiences which required sufficient time for expression of feelings and group support. Given the short-term nature of the group, it was important for group members to have individual time each week. A larger number of participants would have reduced the length of air time each participant had. On the other hand, if the group was smaller, the variety of experiences and insights to be documented would have decreased, and participants would have had fewer women with whom to connect, from whom to

receive support and validation, and with whom to compare their experiences.

The weekly time period (2.5 hours) was chosen to allow ample time for all women to share our experiences and feelings. This length of time granted each woman an average of fifteen minutes of individual time, if needed, and allowed for a fifteen minute break in each session. I was concerned that if the group were to exceed 2.5 hours, participants would begin to feel overwhelmed or emotionally exhausted from delving into our own stories (which would probably be quite painful) as well as from witnessing those of the other participants. Another consideration, of course, was the difficulty most women have in taking more than three hours at any one time out of their very busy schedules. As much as it may be important for women to do this, realities of child - care, etc. often do not allow for more time.

The group was initially intended to run for twelve weeks (12 meetings). As will be explained in the Results chapter, two meetings were added (for a total of 14 meetings). This number of meetings allowed women to build trust, connections, and begin to examine the oppression we had experienced and to feel empowered to change some of the circumstances lending to this oppression. It would have been naive to expect to solve all of our problems in fourteen weeks but it was very likely that we would become more aware of the source of our problems and gain some insight into how to begin to make changes. I hoped that all participants would develop an alternative framework with which to perceive ourselves and our world.

Participants

Participants were to be screened by the health services department of a local community health centre. Participants who met the criteria (any woman who was an adult daughter of an alcoholic and who was not in the situations

described below) would be informed about the group by the health services department. Social workers and/or doctors who would be informing suitable women of the group were advised to describe the group as one to empower daughters of alcoholics through a collective exploration of our personal experiences as they relate to our social structures.

The first eight women who would contact me after having been screened by the Centre's staff would be accepted. The health services department of the Centre would screen out women in the following situations: (1) women who were in immediate crisis, e.g. women who were actively suicidal (due to the exploratory and short-term nature of the project, such a group experience was possibly not appropriate for these women); (2) women who were actively addicted to chemical substances (it was possible that an addicted woman would need to address the addiction prior to uncovering past traumatic experiences); (3) women with multiple personalities (typically women with multiple personalities have suffered extreme abuse and require long term therapy in uncovering and dealing with their experiences. This group could not provide adequate support to deal with these issues. Also it could be overwhelming for other group participants to deal with the personality switches of the woman with multiple personalities); (4) women who were in individual counseling and/or Twelve Step programs (while it would have been productive to explore the effects of the group on participants who were also engaged in Twelve Step Programs and other forms of therapy, I chose to exclude such an exploration in this study).

The involvement of the Health Centre was chosen rather than random screening interviews because Health Services workers at the Centre would have a greater opportunity to get to know the women, their situations, and their suitability for the group than I would in one screening interview.

In December of 1992, I asked social workers and doctors at the Center to begin informing women about the group. By the end of January there had been no clients who met the criteria. Most of the women that they had seen who were daughters of alcoholics were either in counseling and/or twelve step programs or were chemically addicted. I decided to advertise the group in all six local Community Health Centers, a university health services department, four community centers and a local women's center. By mid February, I had received phone calls from eight interested women. Five of them, however, were in individual counseling. I finally decided that I would proceed with these women as it was unlikely that I would hear from others who were not in counseling, prior to March. Of these eight women, three had been informed of the group by social workers at two community health centers, one was on staff at another community health center, two had heard about it at the School of Social Work and one had seen the notice at a community center where she was attending a fitness program.

Provision for Risks to Participants

Once women were in the group, I was committed to ensuring that they received adequate support and services. There were two back-up sources - myself and other feminist counselors. A local feminist counseling service offered to counsel a maximum of three women at no charge. Two other feminist counselors in private practice would each counsel one woman on a sliding fee scale. My experience as a counselor included eight years of crisis and long term counseling. I had counseled in various settings around issues such as suicide, self-injury, multiple personalities, and physical and sexual assault/abuse. This experience enabled me to assess the crisis and to assist participants to explore the source of their crises, if required, and their options for

intervention. Following were possible risks along with plans for intervention:

Addiction to drugs/alcohol: I assumed responsibility for pursuing any indication of addiction with participants. The issue would be broached with the woman in the group setting so that she would have an opportunity to get group feedback and support. If she did not wish to talk about it in group I would ask to meet with her privately to explore her experiences with addictive substances and provide her with the name of a contact at a women's addiction center. I would offer to accompany her to the addiction center. It would be explained to participants in advance that if at any time they were struggling with an addiction their participation may necessarily cease while they address the addiction. If the woman chose not to see a counselor, I would negotiate the extent of my continued support with her. I would explain to her that I would be unable to counsel her but I would not cut off communication with her. I would help her to negotiate a suitable arrangement to facilitate her transition to another counseling or similar supportive situation.

Risk of Suicide: It was possible that some participants would begin to feel overwhelmed by painful memories of sexual, physical, and/or emotional abuse, including to the point of feeling suicidal. Women would be invited to discuss suicidal feelings in group and I would assist in assessing the risk of suicide. If the woman was at risk of suicide at the end of the session and chose to meet with one of the counselors I would accompany her to the appointment. If she chose not to see a counselor I would counsel her around the suicidal feelings and negotiate a suicide contract with her. If the woman chose to remain in the group while receiving individual counseling she would be allowed to do so.

Dissociation: If during the program a participant appeared to be experiencing extreme dissociation, including to the point of possible multiple personalities, I would ask to meet privately with her to assist her in assessing her experiences

of dissociation. I would discuss options for receiving individual counseling with her, if necessary. If she chose to see a counselor I would accompany her to the appointment. Depending on the degree to which she dissociated and how comfortable she and the other group participants were with her dissociation in the group, she could be asked to discontinue the group. If she did not choose to see a counselor I would explore other options for support that were possibly available in her life, ensure that she had all telephone numbers of community crisis lines, and negotiate the extent of my continued involvement with her.

Abusive Relationships: It was quite possible that participants would be in abusive relationships. It was expected that as a result of this group experience the women's self-esteem and assertiveness would increase. The abusive partner would possibly be threatened by such assertiveness, resulting in an escalation of violent behavior. The woman's challenge of the abuse could place her at risk. The possibility of this outcome would be included in a discussion of risks in the initial interview. Women would be encouraged to talk about problems in their relationships in the group meetings. If there was any indication that a woman would be at risk in her relationship we would open it up to discussion in the group, if the woman was comfortable doing so. If not, I would ask to meet with her privately to help her to assess her physical safety and to offer her the name of a contact at a local battered women's shelter. Women in abusive relationships would be allowed to continue in the group.

Termination of the group: Upon termination of the group, participants would have the option of: continuing as a self-help group with or without new members, seeking individual counseling, starting another group if there were not enough members who wished to carry on (I would facilitate this process), or disbanding. In the last few sessions we would take time to discuss how we were feeling about termination and to determine what our plans were following

termination. I would ensure that participants had complete information on community resources and hotlines.

It turned out that none of the participants were in any of the risk situations I had planned for or required back-up counselling. One woman was quite depressed at one meeting but was not suicidal. She was able to talk about her feelings in the group until her acute distress was alleviated.

Data Sources

Data were collected through in-depth individual interviews (chosen for their advantages of accessing participants' perspectives in their own words and making it possible to ask questions for elucidation of specific topics), participant observation, group evaluations, and field notes. Using different data sources and methods allowed for triangulation (comparing observational data, interview data, and group session evaluations).

Initial Interview: I conducted an initial open ended interview with each woman, using a general interview guide (Appendix A) prior to the commencement of the group. The initial interviews were done to gather base line data for the comparison of participants' attitudes and behaviors before and after the group. I asked each woman if she was comfortable having the interview audio-taped. I explained that if she was not, I could take notes during the interview while I sat next to her so that she could see what I was writing. All of the interviewees agreed to have the interview taped.

I explained that the group was a research project to determine the benefits and limitations of sharing our experiences as adult daughters of alcoholics in a support group which examines the links between our personal experiences and our social structures. I shared my background with them and explained my biases, e.g. my belief that women are devalued and exploited in

our society and that our unhappiness/problems are most often not due to personal deficiencies but rather are a logical outcome of oppressive social structures. I revealed what my role would be; how we could decide on the structure of the group; and the plans I had made for provision for risks. Finally, I emphasized that given that the group would be a pilot project and that to some extent we would be co-designing the group, their critical feedback about the process would be highly valued.

Participant/Observer Field Log: I documented the process and changes brought about by the group in detail as we went along. With their permission I audio-taped the sessions. I also kept an ongoing reflexive log about what happened during the group meetings (e.g., participant behaviors, participant conversations, my own reactions, etc.). Basic descriptive questions (Appendix B) guided my observations. My reactions to the experiences and reflections about the personal meaning and significance to me of what happened were included. Both the nature and intensity of these feelings were recorded. Finally, my insights, interpretations, and beginning analyses regarding what was happening in the setting were summarized.

Group Evaluations of Meetings: During the closing round/check-out of each meeting participants were to assess the meeting as it related to the research question (Appendix C). The group evaluation would provide participants' insights/perspectives on the group process as well as changes in attitudes and behavior. The evaluation would also serve as a means of providing closure for group participants. We were to take time to reflect on the positive and negative experiences of the session while considering how we would cope in the upcoming week. I felt it would be important to reserve sufficient time for closure

while still allowing adequate consciousness-raising time. A thirty minute closing round would grant each woman five minutes to reflect on her situation and to invite group feedback regarding coping strategies.

Final Interview: A final in-depth interview of approximately 1 to 1 1/2 hours was conducted with each woman individually following completion of the group. This interview was done to assess her satisfaction with the group, and examine her attitudes and behaviors in light of her experience and compare them with what she said in the initial interview. A general interview guide (Appendix D) explored how each participant viewed the program; how she felt the group had changed her attitudes and behaviors; and examined changes in attitudes and behavior from those prior to the group experience.

Data Analysis

Data gathered from interviews, observations, and group evaluations were analyzed using an inductive content analysis (examining data without making prior assumptions of correlative relationships). Key words/phrases and behaviors which indicated attitudes and behaviors and which referred to the group process were extracted from the raw data. I used an iterative process - going back and forth from raw data to emerging patterns - until a final set of categories were established. I began with individual interviews to analyze attitudes and behaviors of individuals and then compared similarities and differences among participants to analyze the group process. The group process also emerged from field notes. Finally, I wrote a descriptive picture of the group, making accessible to the reader all the information necessary to understand the project.

In order to enhance the trustworthiness of the conclusions (using Guba and Lincoln's (1989) framework) I used: triangulation of qualitative data sources; prolonged engagement (substantial involvement with interviewees to build the trust necessary to uncover their realities); persistent observation (sufficient observation to identify those elements that are most relevant to the research question and to focus on them in detail); negative case analysis (noting when there are exceptions to patterns/themes that seem to be emerging and seeking to understand the reasons for these exceptions), and progressive subjectivity (checking my field log at regular intervals to ensure that I am not finding only what I expected to without paying enough attention to explanations of the participants). I also checked for consistency in answers by asking several questions on the same topic.

CHAPTER V

RESULTS

GROUP PROCESS

Participant Profiles

In order to protect the identity of the participants, I have assigned pseudonyms chosen from one of my favorite science fiction novels about a group of women who escaped patriarchal planet earth to found a new colony for women on another planet. I thought the story line was symbolic of our pursuit in this group to escape patriarchy. Following is a profile of each participant:

Christa: a twenty year old single white middle class woman who grew up in a small community in Quebec in a working class family with a violent alcoholic father, an older sister, a younger brother and a mother who did not work outside the home. Christa's mother left her father a number of times after being beaten by her husband but he threatened to "track them down and kill them". Her mother decided to go back to him because she was afraid that he might kidnap or hurt her daughters and because he had agreed to go to Alcoholics Anonymous.

When the group began, Christa's mother and father were still living together and her father was still drinking and abusing his wife but less frequently. Christa lived three hours from her parents with her partner but was in regular contact with her parents, particularly her mother whom she felt compelled to support and rescue at times. She had a college diploma and worked as a Visiting Homemaker. Christa had never gone for individual

counseling because she had always found it too expensive. She went to a few Alcoholics Anonymous meetings to try to understand her father but found the meetings "cliquish" and frustrating. She joined the group to be able to share with other women who had experienced similar family situations and "to find a part of herself that was missing".

Megan: a 29 year old white single middle class woman who grew up in southern Ontario in a working class family with a single alcoholic mother, a younger stepbrother and a younger mentally challenged brother. Her mother left Megan's father when Megan was very young after he had beaten her mother on several occasions and raped her. Her mother married another man when Megan was a teenager and recently divorced him and remarried Megan's father. Her mother is currently abusing alcohol. Megan was in contact with her family on a regular basis which caused her considerable upset. She was a graduate student, shared accommodations with friends when the group began and was in a new relationship with a man. She had a brief relationship with a woman last year. Megan had a strong presence and tended to be serious with bursts of delightful humor. She joined the group to be in a women's group. She was also facilitating a work-related group and thought it would be helpful to be able to "unload some stuff" and become aware of what it is like to be in a group. She had received individual counseling in the past but was not currently in counseling and had never attended twelve step groups.

Carina: a 45 year old separated white middle class woman who had recently left her alcoholic husband after 24 years of marriage. She grew up in a city in eastern Ontario in a middle class family with an introverted alcoholic father, a "raging" mother whom she felt she had always had to caretake, and a younger

brother who was killed in a car accident when she was a teenager. Her father was still an active alcoholic and Carina was in regular contact with her elderly parents who lived nearby, primarily to take care of them. She struggled particularly with her relationship with her mother whom she felt was "always dumping her shit" on Carina. Carina worked as an administrative assistant at a high technology firm and lived with her sixteen year old son. While Carina approached her life very seriously and was dealing with a great deal of grief, she was also playful, charismatic and had an incredible sense of humor (she said she had used humor as a survival strategy all her life). She was currently seeing a psychologist once per month and had attended a couple of ACOA meetings which she had found uncomfortable. She joined this group because she wanted to find the pieces of her childhood and try to fit them together with her experience with her alcoholic husband. She also wanted to share with other women who "had been down a similar path" and gain support while she underwent an economic and career change as well as a physical move.

Kendra: a 28 year old single white middle class woman who grew up in eastern Canada in a lower middle class family with an abusive alcoholic father, three younger brothers, and a mother who did not work outside of the home. Her father quit drinking a number of years ago and is no longer abusive, and her mother had become a social worker. Kendra is a graduate student and shared accommodations with other students when the group began. She had not had a male partner in three years but had a short relationship with a woman last year. Kendra had a quiet, gentle, warm and inviting personality and told great feminist jokes. She joined the group to look at issues related to being a daughter of an alcoholic from a feminist perspective and to reinforce the work she was doing on herself with a private feminist counselor. Kendra had

attended a couple of twelve step groups but found them to be patriarchal and not helpful. She had also been looking for a feminist group of this nature but said "there didn't seem to be any". Kendra was a friend of Megan's.

Dawn: a 27 year old single white middle class woman who had grown up in a city in eastern Ontario in a working class family with an abusive alcoholic father, a younger brother and a mother who worked outside the home. Her mother left her father when Dawn was a teenager. When the group began, Dawn was in a long term relationship with an abusive man but did not recognize it then. Dawn had a high school education and was working at three part time jobs in delicatessens and shared an apartment with a friend. She still had regular contact with her mother, occasional contact with her brother and very little contact with her father. Dawn had a quiet and youthful personality and tended to be introverted most of the time but from time to time shared her dry sense of humor. When the group began Dawn said she could not remember much about her childhood and had a very difficult time getting in touch with any feelings. She had just started receiving individual counseling. She had been to an Al-anon meeting with her mother but did not find it helpful. She also said that she could not stand that her mother was always "preaching al-anon" and that her constant comments about how dysfunctional everything is "was driving her crazy". She joined the group to increase self esteem, to become more assertive, and to get in touch with her feelings.

Diana: a twenty eight year old single white middle class woman who grew up in a city in central Ontario in an upper middle class family with a "discreet" alcoholic father, an older sister, an older brother and a mother who did not work outside the home. Her father still drank "on and off" and she was in frequent

contact with her family. She taught English As A Second Language but hoped to return to school to become a social worker. She had recently ended another of a series of difficult relationships. She lived alone with her cat. Diana had a reserved but sociable nature and was notably articulate. She joined the group to get help in dealing with her father's drinking and to make friends (she thought it would be good to have friends who were doing some introspection). She was receiving individual counselling and had attended a couple of twelve step meetings but did not agree with the philosophy of "giving yourself up to a higher power". She also said she had a hard time with the idea of "men in the sky".

Minerva: a 38 year old divorced white working class woman who grew up in a working class family with an alcoholic mother, an alcoholic stepfather and five brothers. She was married twice and left her second husband nine years ago. She was also the single mother of a chemically addicted daughter whom she recently discovered was sexually abused by Minerva's husband, and a son whom she suspected was also an alcoholic. Her stepfather died and Minerva was still in regular contact with her mother who had quit drinking but who was still being abused by Minerva's brothers. Minerva worked in administration in a social service agency, lived alone and was not in a relationship. When she began the group she was dealing with a great deal of pain and grief so she had a quiet, sad but wise personality. She was also receiving counseling for her own incest. She joined the group to find out how alcoholism had affected her life and to deal with anger at her mother.

Myself (Debbie): a 35 year old single white middle class woman. I grew up in a Catholic working class family with a violent alcoholic father (who was unemployed due to a physical disability), one older sister, three younger sisters,

four younger brothers, and a mother who worked in the home as a mother and furniture upholsterer. I am a Master of Social Work student and live alone with my cat. When the group began I was in close contact with my family, most of whom live nearby. My father quit drinking ten years ago, is no longer violent or abusive but is still quite self-centered and emotionally shut down. When the group began, I was involved in a relatively new relationship with a woman but had relationships only with men until five years ago. I tend to take life too seriously but love to play every chance I get and love to be with people, particularly women. I joined this group to research a feminist process that would hopefully assist women to break out of our patriarchal conditioning (and to finally be able to complete my master's degree!).

Group Setting

Finding a location for the group meetings proved to be an unexpected challenge. I approached several women's services, counseling organizations and community centers (in that order) to request the use of a room but was unsuccessful. There was either no available space or the space that was available was unsuitable or expensive. Finally, I decided to hold the meetings in my home. My apartment had all of the qualities I was looking for, i.e. comfortable, safe, cozy and woman-centered. For our meetings the living room was arranged with a sofa, two arm chairs and three rocking chairs, as circularly as possible. The dining room was used for our fifteen minute breaks where I provided refreshments (coffee, tea, and cookies and/or squares) at all meetings.

Group Meetings

Following is a summary of the "check-in" (Appendix E), group interaction and highlighted personal-political connections. The content of our "topic"

discussions (second hour of the meetings) is elaborated later under Group Content.

Meeting 1

Summary: Introductions; explanation of my role (as outlined in the Methodology chapter); collective determination of ground rules, format, topics and conflict resolution strategy (Appendix E) based on options I presented; and "check-out" (sharing how we felt about the meeting). When we began to do our check-out, participants began to share a situation they were currently grappling with (this was not planned as part of the check-out) and began to empathize with each other. Our check-out lasted approximately forty-five minutes which all participants said they enjoyed because they were able to empathize with each other and begin to connect with each other.

Group interaction: much laughter; little dialogue until choosing topics; during check-out, relating similar experiences and asking each other questions. I assumed responsibility for group facilitation including: offering options for determining our group structure and process; asking how everyone felt about suggestions; responding to what participants said and rephrasing and clarifying; timekeeping; and ensuring sufficient closure.

Personal-political connections: Canna: gender differences in expressing grief and anger; Deb: observation of lack of fathers' involvement in family life, whether alcoholic or not; Deb: our mothers' role in teaching us to caretake men; Deb: women grow in connection with other people which may explain our discomfort with "cutting ourselves off" from our parents' (there were few personal-political connections made by other participants in this first meeting).

Meeting 2

Check-in: Kendra: stress due to work and school; Carina: difficulty in detaching from the insensitive behavior of her ex-husband; Diana, Christa, Minerva and Debbie: dealing constructively with anger at friends and partners; Megan: cried about intense loneliness (we had not discussed how we would respond to crying, Carina hugged her and cried with her until she was finished).

Topic: Shame

Group interaction: All participants, including Minerva (who had been absent in meeting 1), were present. A pattern of participants providing feedback (without the speaker asking for it) evolved which all participants found useful; open discussion for topic; interaction included observations about each other's situations/behavior, relating similar experiences, asking each other questions; I facilitated the group, including: reminding participants of the process we would follow as determined collectively the previous week, timekeeping, ensuring sufficient closure; on Megan's suggestion, we decided to rotate facilitation next meeting so that participants would not begin to view me as the leader/facilitator.

Personal-political connections: Kendra pointed out to Carina that she labels herself negatively and Diana reframed Carina's "codependent" behavior as "coping in order to live with an alcoholic"; When Diana said "Maybe I choose men who won't talk about their feelings", I (Deb) shared my understanding of gender differences in intimacy: In discussing internalized classism, Kendra and I expressed anger about how the emphasis on class has hurt many of us.

Meeting 3

Check-in : Minerva, Megan, and Christa: frustration, sadness, anger about feeling obligated to take care of their mothers & sadness about their mothers' lack of affection, also hurtfulness of emotionally distant & abusive fathers; Deb:

anxiety about exposing shame, as connected to classism in childhood; Kendra & Dawn: fear of violence against women - led to a discussion about this issue.

Topic: Caretaking.

Group interaction: Diana absent. During check-in everyone, except Minerva, participated in feedback (Minerva was feeling overwhelmed by feelings that were surfacing); we used the "talking Stick" (Appendix E) as suggested by Kendra for topic discussion (no feedback); the use of the stick helped to slow down the process and enabled us to express deep emotions; most women cried while sharing; much laughter after the last "talking stick" round; everyone commented on how close we felt to each other at the end of this meeting; Megan facilitated which ended up involving only timekeeping because the process (uninterrupted talk time and the use of the talking stick) required little else; I asked that we do a formal closing round as Megan forgot about it and I ensured that we had done enough closure.

Personal-political connections: Megan: men are typically uninterested in talking about feelings and like to debate; Megan: violence against women is a reality and making ourselves feel safe is not "paranoia"; When Christa thought she was paranoid because she was unable to watch horror movies, Kendra and Megan reframed it as healthy and pointed out that there is already enough violence in our daily lives without having to pay to see more.

Meeting 4

Check-in: Megan: realization of how different alcoholic mothers are from alcoholic fathers, guilt about anger at her mother because her mother sacrificed herself for her children; Carina, Dawn & Diana: confusion & anger about insensitive partners & struggling with ending their relationships; Deb & Christa: examination of how/why our family members cause us pain, Christa had been

able to express anger at her family which was new for her; Kendra: recognition of her fear of intimacy which opened up a discussion about fear of intimacy as connected to fear of having to take care of people and not being able to connect in ways that we want to.

Topic: 'Perfectionism/control/anxiety'.

Group interaction: Minerva was absent (decided not to continue because too many feelings/memories surfacing); participants' questions were beginning to be for the purpose of helping each other problem-solve rather than being based on their own experiences; in the closing round Diana explained that she may not continue the group because she had already dealt with most of the group's issues, participants helped her to explore what she felt was missing and whether there was something she would like to change in the group. She decided to give it further thought. Facilitation involved timekeeping only.

Personal-political connections: Carina: When I (Deb) asked for feedback about what to do about my family, Carina observed that my family, like hers, was "fairly right wing" and believed in much of what I don't believe in, making connection/validation difficult; Megan: mothers often have to set the limits while fathers are lenient and get to be "the good guy"; Megan: men's hesitancy to commit to relationships is connected to fear of a kind of closeness that women are comfortable with; Carina: observed our (participants') similar precarious financial situations and talked about the need for a global change & Kendra pointed to the need for a revolution; Christa: the connection between "control issues" and how we are taught to control all of our actions in families, schools, etc.; Megan and Deb: much of women's control and perfectionism is due to having to compete for survival in our society

Meeting 5

Check-in: Kendra & Deb: feelings triggered by Diana explaining last meeting that she wanted to "be with people who are confident" - feeling pathologized for exposing anxieties/fears; Dawn: anxiety attacks about her decision not to reconcile with her partner, also recognizing impact of her partner's abusive behavior on her self-esteem; Carina: beginning to see that by going through her own pain she was connecting on a deeper level with others.

Topic: Giving and Receiving Affection

Group Interaction: Diana discontinued the group, Christa & Megan were absent. Becoming more open with each other about 'vulnerable' feelings; deeper bonding; encouraging each other to cry; Kendra held Carina as she cried; expressed affection for each other and hugged each other before leaving.

Personal-political connections: Deb: Our society views the expression of anxiety/insecurity as a sign of an "unhealthy" person and this view is very shaming; Carina and Deb pointed out that many men believe that they have a right to interact with women in sexual ways, particularly in the family; Carina observed that lack of affection in society is one of the primary reasons people search out relationships; Kendra & Dawn commented on societal prescriptions which limit the open display of affection between same-sex friends.

Meeting 6

Check-in: Deb, Carina & Megan: awareness of how our family's conservative views were offensive/abusive, recognizing the need to set boundaries with family members - discussion of difficulty in asserting our opinions with people who are unwilling to dialogue and the dilemma in either silencing ourselves or speaking out and being abused further by them; Dawn: starting to express feelings about the break-up with her partner; Christa: recognition of how she

feels ignored by her partner; Kendra: fear of uncertain future after quitting her fourteen year job in a male dominated, conservative organization.

Topic: Relationships With Men.

Group Interaction: Becoming more relaxed with each other; coming to the group with issues to discuss whereas in earlier groups most women were identifying issues during check-in; laughter and general discussion served as closure, participants felt formal closing round was not necessary

Personal-political connections: Megan and I: disagreed with Christa and Carina's "socio-biological" theories of human behavior e.g., Megan said: "I don't know if I believe that socio-biology stuff, I mean coincidentally it fits right into the patriarchal message. I'm skeptical about those theories about men needing to sow their seed and females with this nesting instinct."; Carina: feeling emotionally exhausted by people's (particularly her family's) bigotry in her daily life; Megan and I: related family stories about trying to speak out against our family's sexism, racism, classism and I commented that our families have internalized societal myths; Carina: how nice a world it would be, particularly for children, "if all women were allowed to find their powerful center and men found their emotional center."

Meeting 7

Check-in: Megan: unexpected difficulties with moving to a new apartment with Kendra and trying to work through disagreements; Deb & Carina: struggling with self-blame for pain in family relationships & awareness of unnurturing family members & different world views; Kendra: feeling overwhelmed with frustration about her financial and living situation & unable to cry to release these frustrations; Christa: recognition of father's incestuous behavior.

Topic: Self-esteem

Group interaction: Dawn absent. Pent up feelings of discouragement, sadness released during check-in; everyone went overtime in check-in (for the first time); Beginning to ask 'feeling' questions and encouraging each other to continue crying and talking even when we had gone overtime. Megan & Kendra less vocal than previously, perhaps due to tension about their new living situation.

Personal-political connections: Megan: society teaches men not to feel; Megan & Deb: social messages discourage crying, e.g., 'we'll finish this conversation when you can pull yourself back together' and in business we are considered irrational if we show emotions; Megan: the need to find new models of families consisting of people who care about each other, and flexible roles; Megan: mother's racist belief that it is unnatural for white people and people of color to marry and have children reflects racist social myth; Carina: reframed my fear of being judged by others' as connected to being ostracized particularly in small communities for "stepping outside of the status quo" and expressed her outrage about this reality; Deb: questioning whether the need to have a "perfect self-esteem" is socially imposed and keeps people silenced about our feelings; Megan: observed that there is big business attached to our internalizing that we are "unhealthy" for having insecurities/fears resulting from our oppression.

Meeting 8

Check-in: Megan & Christa: anger about alcoholic parent's abusive behavior & unwillingness to listen to their points of view, decision not to engage in disagreements with them; Deb: working on self-esteem through spirituality (internal wisdom) to counteract my socialized need for approval from the outside world; Kendra: recognition of how the sexism, hierarchy, etc. of mainstream organizations has affected her self-esteem; Carina & Dawn: struggling to detach emotionally from ex-partners, identifying & expressing

anger & sadness about having assumed responsibility for the relationships.

Topic: Sexuality

Group interaction: Words of encouragement, validation, praise; we passed the talking stick only once, then decided to have a general discussion because there was some shyness about talking about sexuality.

Personal-political connections: Carina: women's economic dependence on husbands leaves women deprived and "owned"; Carina: we are constantly having to defend ourselves against men who "come out for the kill" not only in our families; Carina: religions have been instrumental in women's alienation from our bodies and guilt about sex; Kendra: in our society we are trained to objectify ourselves as women making it difficult to experience sexual pleasure.

Meeting 9

Check-in: Deb & Kendra: recognition that our self-esteem is connected to sexuality, e.g. being valued by men who are powerful & wealthy, also impact of sexual abuse on self-esteem; Dawn: struggling with wanting to put closure on the relationship and anger that her ex-partner had not even tried to call her; Christa: examining her discomfort with change related to facing a decision about whether or not to change jobs; Megan: considering ending the relationship with her partner and decided not to visit her mother for summer holiday; Carina: sadness/anger that her father takes an interest in her son's life but never took any interest in hers.

Topic: Relationship With Family Members

Group interaction: Much empathy and connection during talking stick round as many of us cried about hurt by family members; Dawn cried for the first time while Megan held her; we moved into an open discussion (rather than passing the talking stick a second time) to help Dawn explore her grief.

Personal-political connections: . At break time we talked about the political rally against the proposed social contract (which a couple of participants had attended) and how empowering it is to take political action as working class people; also expressed our dismay that Kim Campbell, one of the few women to run for Prime Minister, is so much like male politicians.

Meeting 10

Check-in: Dawn: recognition that sadness was about the loss of the *dream* of the relationship rather than the actual relationship; Carina, Christa & Megan: feeling empowered because they stood up to partners & parents and realized they are becoming free of feeling they need their partners and/or parents for security/approval; Deb: awareness of being attracted to people for qualities (e.g. leadership, speaking out) that I have been afraid to develop and the decision to develop these qualities myself. Kendra passed

Topic: Anger

Group interaction: Feedback evolved during the "talking stick" round (for the first time) as participants asked if they could make observations/suggestions when the speaker was struggling with feelings.

Personal-political connections: When Carina was trying to understand why she would marry someone she felt inferior to, Megan and Kendra responded that women are conditioned to "marry what they want rather than get it ourselves, e.g. "you don't become a pilot, you marry one"; Christa recognized that her father's abuse was "about him having power to think that he had a right to control everything you do"; Carina recognized that her husband hates when she disagrees with him because of his internalized "elitism/hierarchy", which helped her to not blame herself and no longer look for his approval.

Meeting 11

Check-in: Carina: mixed feelings about living as a single woman for the first time in her life; Deb: awareness of how my father silenced me through misogynist 'put downs', followed Megan's suggestion to hold father accountable for his abuse in group; Dawn: able to let go of ex-partner but still confused about whether to remain his friend, also read "Women Who Love Too Much" and recognized her "addictive behavior"; Christa: awareness that in her relationship she is "hyper conscious" while her partner "is in his own world" .

Topic: Used our topic time to discuss our plans regarding termination of the group; we decided to add two extra meetings to this group in order to cover all topics and that we would start a new group after fourteen weeks is over.

Group interaction: Megan and Kendra absent. Feedback, support, validation during check-in; open discussion after break.

Personal-political connections: Deb: awareness that my father was one of patriarchy's vehicles to train me to be subservient and understood more clearly that the rage I felt toward him was related to his sexism, racism, etc. and his oppression of everyone in my family; Christa: expressed her objection to the term "daughters of alcoholics" because she is uncomfortable with defining other people by one person's actions; We discussed how many men are conditioned to be vulgar and that women are assaulted/degraded by this vulgarity, e.g., Christa's father "struts around in the nude" & Carina's brothers-in-law do "flaming farts" & call women "pussies" & "beavers".

Meeting 12

Check-in: Megan: awareness that her fear of standing up to her mother was connected to her fear that she would be alone and destitute in the world, also ended the relationship with her partner; Dawn: becoming more assertive with

ex-partner and her insensitive male cousin; Carina: realizing that many women fear becoming a "baglady" & understanding that this fear is not irrational; Kendra: feeling very depressed and was able to identify anger about currently being abused; Christa: wrote about her anger about her father and was able to validate her wish to disconnect from him; Deb: awareness that a primary reason that I hesitate to disconnect from family is that they are a source of nurturing in a world that provides little of that for women.

Topic: We could choose to talk about either 'Grief and Losses' or 'Silence/Keeping Secrets' Most of us talked about both topics.

Group interaction: Much pride and praise as women talked about having made some very positive changes; everyone actively encouraged Kendra to explore her depression; laughter as we discussed plans for our ending celebration.

Personal-political connections: Deb: awareness that confrontation is difficult for women because we have not been taught/encouraged to "go out there and get what we want", rather we have been told someone (usually a man) will take care of us. Deb: expressed my difficulty with woman-blaming philosophy of the book "Women Who Love Too Much" and recognition that we live in a world that does not nurture women so one of many reasons some women may remain in unsatisfactory relationships is to get some affection that is not found elsewhere.

Meeting 13

Check-in: Carina & Dawn: recognition of anger and loneliness about feeling invisible with family and partners in past and present; Christa: realized her anxiety & "feeling crazy" was connected to mother wanting her to visit them and fear that her father would confront her when she tried to avoid him; Kendra: feeling much lighter than last meeting because she had "unleashed" her anger at a person who was abusing her; Deb: feeling guilty about asking partner to

move out, realized how my conditioning to be "unselfish" was keeping me from asking for what I wanted, made a commitment to be true to my own feelings.

Topic: 'Our Strengths'. Kendra played a tape of her guided visualization to help us to get in touch with our 'strong center'. We recognized strengths, e.g. determination, independence, ability to be in touch with our emotions, and rebelling against societal prescriptions. We also gained insight about what was holding us back from loving ourselves and being our "strong selves".

Group interaction: Megan absent. Christa becoming more involved in helping others explore feelings, e.g. "you must be angry about something".

Meeting 14

We met at Megan's and Kendra's apartment for our pot luck celebration (after a two week break). We spent the first hour talking informally, catching up on what was happening in each other's lives. We decided to do a check-in because some of us were feeling burdened about issues in our lives.

Check-in: Kendra: optimistic about her job search, had posted affirmations on her bedroom walls; Dawn: stood up to her ex-partner when he told her to "ease up" and expressed anger that he was still trying to control her; Carina: depressed because her husband was not managing the family business properly, decided that she was not going to assume responsibility for it anymore; Deb: grief about my aunt facing her death and about my two best friends having moved away, also asked my partner to move out and was confused about what I wanted from the relationship; Megan: difficulty for she and Kendra to live together and work through their disagreements. Kendra expressed anger at Megan for bringing it up in the group without having discussed it with her beforehand. There was a lengthy discussion as all of us worked to resolve this conflict.

Given that we did not get around to celebrating what we had accomplished in the group, we decided to take time at our first meeting of our next group to celebrate and to determine what we might want to focus more on.

Group interaction: gregarious in the first hour; tense but respectful during conflict resolution; honesty about our feelings about the conflict and tried to let Kendra and Megan work it through themselves.

Personal-political connections: Kendra & Deb: how women go through the pain of PMS and menstruation and can still accomplish as much as men, also that this pain is ridiculed in our society; Carina and I talked about the fact that our mothers depend on us for nurturing because they receive so little nurturing elsewhere and because their identity has been locked into the raising of their children and taking care of the relationship with their husbands.

Group Content

This section includes results of both the initial interviews (each woman was interviewed for base line data) and topics of meetings. Appendix E outlines the topics chosen by participants to be covered in group meetings. As explained in the Literature Review, most of the topics chosen by participants were coincidentally those described by Codependency theory as "symptoms of codependency". I have organized the group content in the categories discussed in the Literature Review, i.e. Intimacy, Sexuality, Caretaking, Self-esteem, Perfectionism/control; Emotional expression/anger; and Spirituality.

Intimacy

Relationships with Men

When asked about their relationships/friendships with men, all of the women interviewed either laughed (one woman said "ha, ha, that's a good

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one"), or sighed in despair. Three of the eight women had one or two male friends at the time of the interview and these friendships were far from being as intimate as their friendships with women. Most of the women had either never had any close friendships with men or the ones they did have were with "effeminate" or gay men because "they don't fit into that macho image".

In the initial interviews three women immediately spoke of being afraid of men and two more women spoke of their fear of men during the group. This fear was due primarily to being violated by men on a daily basis in the world, and in a couple of cases because they had also witnessed violence against their mothers and/or had been sexually assaulted themselves. One woman gave her analysis of why it is so difficult to have good friendships with men: "The men I do know have been trained that their feelings aren't important. Men are really damaged by expectations of society - to be macho. Men are also trained to see women as objects. Conditioning is so tough that, even if they try to, it is difficult for them to see women as whole human beings, which makes it hard for relationships."

All of the women related incidents of having been ridiculed themselves or witnessed other women being ridiculed by men in public. One woman's anger was expressed in her story: "I walk down the street and I feel really inferior that men are looking at you and evaluating. You can hear them if you walk by a group of men - 'oh she's a four, she's a dog' and then there's somebody else behind you and they go 'ya, she's a ten'; and I feel like saying 'well excuse me if I'm not Brooke Shields!'".

When women were asked in the initial interview whether they wanted to be married, four women said they would like to be married. Reasons included: they would like to have children, they felt marriage would provide more security, and/or they would be guaranteed ongoing emotional support. One woman

answered: "I guess it's something you come to accept - that usually you have children in this world. Some women don't but it is almost expected". Another woman also struggled with the social expectation of marriage saying:

"I'm feeling like I'm at an age where I'm ready. It's probably social expectation. I wanted to even ask Gloria Steinem: 'you're an unmarried woman and haven't had children, how do you cope with it - the expectations, how do you not internalize them?' because although I say I haven't internalized them I know people might think I couldn't get anyone. I don't think that that's true but it puts pressure on me. I think I need to be married also because I have this idea that if I can't get it together enough to be with a man then why do I think I've got it together enough to be a single parent."

Two other women had been married, one because she wanted to escape her family of origin and had few skills to financially support herself, and the other because she had internalized the message that "a woman should have a man in her life so in order to survive any man would do". Both women had left their husbands.

All of the women, except me, who were in relationships during the group were with men. None of the women were satisfied with their relationships with male partners. All of the women found their current and past male partners to be lacking in nurturing skills and unable to discuss feelings. Communication with men focused primarily on current events, factual information and frequently, at some point, became a debate. The inability to communicate on an emotional level with men caused not only frustration and loneliness but also insecurity and self-doubt for some of the women. Two women in particular describe their experiences:

"He can't give as much as I can emotionally and it's probably because of the way they grow up. But I find that typical being in a relationship with a man, you sort of

lay everything out on the table and he sort of gives you half but it's like he's still holding half of a basket and it's like what's the rest of it? I think that might be where some of my insecurity comes from, I feel that men are always holding something back and they're not being completely honest, not lying, but not being up front with you.”.

“I find men generally, maybe I choose men like this, but they drive me crazy when it comes to trying to get them to say how they feel- I have heard all the lines like 'I can't put it into words', 'you're too deep', 'the more you push me the less I'm going to talk about it', and I say 'OK well tell me what I do to get you to talk about it. If I push you don't talk about it, if I don't say anything you don't talk about it so it seems to be either way you get to not talk about it'”.

The women speculated the following reasons in attempting to understand why they remained in unfulfilling relationships: not wanting to be alone but not wanting to start over with someone else; conditioning to be in relationships with “macho” men, to be married, to do men's emotional work, to let them get away with hurtful behavior and to take responsibility for the relationship; not expecting more nurturing because they (women) never had it before; financial dependence; not recognizing the different forms of abuse; and internalizing the message that women have to be in a relationship with a man. One woman said she was attracted to and fascinated by intelligent, 'cultured' men from other countries who were physically affectionate and told her she was beautiful and sexy (“stuff you don't get from your girlfriends”) but chose men who are not emotionally available. Her counselor suggested that she chose emotionally unavailable men because they had similar family of origin issues and that she stayed with them because “it is very addictive to have someone give a little positive stuff and then negative, you keep hoping you will only get the positive”.

Several woman elaborated on how their relationships with men had

oppressed them. One woman explained how her conditioning to marry and remain married (regardless of how belittling the relationship is) impacted on her self-esteem:

"I have no idea why I stayed other than being the good little girl that, you know, you got married because society says and the church says and family says, and once you do you stay married based on Father Knows Best and all that crap. It became very important that I continue in that relationship and make it work. It seemed to matter a lot to me what he thought of me - not whether I was cute - but whether I was nice enough because he didn't like what he would consider aggressiveness. And that really mattered to me that he like my personality. At the time I just felt really bad all the time, I always felt hurt and confused, I was trying so hard to be good and he still didn't think I was good enough".

Another woman found herself squelching her feminist beliefs in order to keep her relationship: "When the relationship started to fall apart, I stopped everything that I believed, everything I fought for women. I put that all aside again for this man. If we got into conversations about rape or those kinds of political issues it brought up a lot of arguments and I got angry at him, and it was destroying the relationship and I thought if I want to have this relationship I've got to put all this stuff away."

A third woman recognized in a group meeting that because she was in a relationship with a man who was in the category of 'one of the good ones' she considered herself lucky. She realized that she is not nearly as vigilant about what she wants in her relationship with a man as she is about what she wants in her friendships with women, e.g. whether her needs are being met and whether he is manipulative.

All of the women interviewed responded that their friendships were far better with women than with men. Descriptions of what they valued about their women friendships that did not exist in relationships with men included: "I can

tell them anything", "there are no secrets between us", "women are better listeners than men", "women are supportive, real, they are there in times of joy and stress", "they are nurturing", "I trust women, I don't trust men", and "women friendships you cultivate are so dear, you share so much." Six of the eight women interviewed had many intimate, nurturing friendships with women. The two women who did not had been hurt by a female friend in the past, but also felt that their shyness and spending most of their time with their male partners interfered with establishing friendships. One woman, who currently had many close women friends, had lost a long term friend when her male partner told her that he had slept with her friend. When she related this incident to me she explained that what she found interesting, in retrospect, was her instant anger with her woman friend and the fact that she continued the relationship with the man. She explained that since then she worries about something happening between her partner and her women friends, not because she does not want to lose her partner but because she does not want to lose her women friends.

Most of the women felt that their friendships with women had been a key to their survival. One woman's response was: "I value relationships especially with women because our society tells us not to and they are also the only people who value relationships". Her only concern, however, was that because many women have to have men in their lives, they use their women friends to gain emotional intimacy to refuel themselves in order to go back to a male partner and keep the unfulfilling relationship going.

Relationship With Family Members

For all participants, except one, our relationships with our fathers were characterized by emotional distance and/or abuse. The one woman whose father was more emotionally intimate was currently in a Twelve step program

but had been verbally, emotionally, physically and sexually abusive in the past. There were many times, however, when she "felt invalidated as a person" by him because he was "self-absorbed". Most of our fathers (whether alcoholic or not) controlled the household and avoided involvement with family members. A range of behaviors were described from being totally introverted and still having the household revolve around them to yelling and screaming about everything that happened. Yet, to varying degrees, all of us felt a sense of obligation to maintain a relationship with our fathers. Our efforts to do so, however, frequently resulted in anger, sadness, and humiliation when these men either wanted to talk only about themselves, or rejected their daughters' offers to spend time with them and/or wanted only to debate.

Most of us were also confused and/or paralyzed by feelings of care and sympathy that were mixed in with feelings of rage toward our fathers. We struggled to understand these mixed feelings. Some of us recognized that at times there is some indication that they care and at some level we understand that they are incapable of attending to emotions and lack sensitivity. One woman explained her understanding of our fathers' behavior as: "men just don't think in terms of maintenance of a relationship". Most of us, in coming to this understanding, worked toward less attempts at and/or avoidance of involvement with our fathers.

Our relationships with our mothers, on the other hand, were very intimate but at times burdened with emotional caretaking. It became clear that most of us felt that our mothers relied heavily on their daughters to meet their needs for companionship and emotional nurturing, both in the past and present. It also became evident that our mothers had certain standards that we were expected to live up to as good women. One woman had spent most of her childhood and adult life as her "mother's dumping ground" and felt she received very little

nurturing from her mother in return. She explains her understanding of the dynamics of her relationship with her mother:

"my father is very introverted, my mother is extroverted so she has been lonely all her life and has not had any needs met by him. The example set for her was that you stay in the marriage whether you're happy or not. She played the martyr but dumped all her shit on me. I didn't realize until the past few years that I felt responsible for her happiness. She made no effort to amuse herself at all, no friends, hobbies, etc. At some level I had nothing in common with her, coupled with the fact that she's a fascist almost and she drives me insane. It is such an exercise in restraint to spend too much time with her. You get the impression that you're not going to be loved a hell of a lot if you don't tow the line".

Another woman spent a great deal of her time and energy worrying about her father beating her mother and tried to rescue her mother a few times when she fled to the police station. While she valued her relationship with her mother, she felt frustrated that her mother left herself vulnerable and subservient to her father. This frustration of witnessing our mothers' subservience to our fathers was shared by many of us in the group.

It also became evident that we continued to protect our parents, particularly the alcoholic parent, from having to acknowledge their abusiveness. No one in the group had told our alcoholic parent about the group. There was a general experience that even for those women whose fathers had quit drinking there was an unspoken family rule that we are not supposed to talk about their alcoholism. Many of us were afraid of hurting our fathers by making them feel guilty for their abusive behavior. We began to see that this fear was partly due to a family understanding that our fathers are emotionally fragile and must be protected.

Most of us realized that we were angry because we were expected to protect our fathers, particularly after they had abused us. One woman

expressed her anger about being silenced by this sense of her father's fragility: "I have never said anything to my father about what he did to us, I would really love to say to him 'you bastard, look what you did to my life, but you know I would be afraid of him falling apart". Another woman was angry about how her father's "fragility" had controlled her family: "When my brother died we were not allowed to discuss him ever again, there were no pictures, we never went to the grave, that was it because my father couldn't handle it". A third woman, whose father (who was not an alcoholic) had also never been held accountable for his abuse, commented that "this is another way that we (women) caretaker men - by letting them not have to talk about their abusive behavior". This woman struggled with the additional dilemma of protecting her alcoholic mother who had been emotionally abusive but had also held the family together, paid the bills and kept her alcoholism to herself.

Most of us struggled in the group with deciding whether or not to disconnect from our families because one or more family members were causing us pain. Most common was the feeling that our world views were very opposed to the conservative views of those of our families. Several women felt that our families did not even really understand us and we feared that to expose our true selves would result in disapproval and/or rejection. Many of us struggled with trying to understand these fears as well as our resistance to disconnecting from our families. The dilemma of feeling unaccepted by family members but not wanting to disconnect from them (perhaps due to discomfort with disconnecting from her past) was described in one woman's story:

"I have a lot of mixed feelings about my family. On the one hand I care a lot about all of them and they have been a part of my life for so many years now and I practically raised my younger siblings. A lot of times I feel really angry because I feel like now they make fun of me because I am not like them and it's the same

with my mother, it was so hard, she was always depressed and always close to suicide and I wanted so much for her to be happy. So I was always trying to make life better for her and then I got told how much I messed up my life. I think sometimes I'm trying to get them to accept me for who I am, not for who they want me to be and I'm always trying to defend myself. Yet there's something so deep inside that I can't turn my back on any of them. I still feel responsible for my mother's happiness. And my father, I think I just feel he needs so much help, it's like he's a little boy and I have to kind of make sure he's okay. And I'm afraid to let go of them because they are the only ones who have always been there so I can't imagine them not being around."

Other reasons for reluctance to disconnect from family included: discomfort with disconnection generally; fear of confrontation; internalizing the social/religious message: 'love thy mother and thy father'; and society saying 'how could you turn your back on your parents?'. One woman became aware that at a very deep level her greatest fear was that she would not survive without her family.

A number of us found ways to deal with this dilemma of not wanting to disconnect but not wanting to be hurt by our families. One woman decided that rather than completely cutting off communication with her family she would expand her social network. Another woman decided to disconnect from her father and continue a relationship with the rest of her family. Two other women decided to distance themselves more from their family.

Giving and receiving affection

The general experience for most women in the group regarding affection was that we receive very little of it and are uncomfortable in some situations giving it. It became clear to us that there are very few places where we can receive physical affection, one of the few places being in romantic/sexual relationships. Yet many of us felt we have had to pay a high price in other ways

to maintain a relationship for affection. In sharing our experiences, we recognized that there are societal prescriptions around how much physical affection is acceptable in different relationships. One woman said: "sometimes I would like to just lie down with someone and just hug and you don't do that with your friends. I think it is normal to want it but our society is cold." Another woman pointed out that "little children have no problem coming in to the bedroom in the middle of the night and asking to be cuddled but adults aren't allowed to ask to stay overnight to be cuddled."

We also talked about negative experiences in our families around affection. Most of us had received the message from our families and society that an outward show of affection was being "too emotional". Many of us also realized we were uncomfortable hugging men because we had been sexually violated by men, either within or outside of the family, who were conditioned to view women as sexual objects. One woman discussed the negative experience around affection with her husband:

"my husband crowded me a lot, he thought that because I was his wife he had a right to cop a feel whenever he felt like it and I used to feel really violated. Finally I told him he had no right to do that, he was really insulted. But he was raised in a misogynist family. So to him the purpose of women was they cook and you f--- them, although he's not really aware of that".

Another woman struggled with affection and sexual feelings because she had been sexually abused by her father whom she really cared about.

We recognized also that because affection is generally suppressed in our society many of us had been or were currently uncomfortable hugging people because we worried about whether we were doing it right and whether we would be rejected.

Sexuality

One primary theme for most women on the issue of sexuality was the fear that if we did not have sex on a regular basis with our partners we would lose the relationship. One woman felt so "tyrannized by the pressure that heterosexual couples have to have sex on a regular basis" that she found that her partner's just wanting to have sex felt abusive. Yet, for some, the only avenue of achieving intimacy with male partners was through sex, particularly if the men were unwilling to talk about the relationship and emotions.

All of us had received messages in our families, through religion, and in the media that it was not acceptable for us to be sexual. We had also witnessed our mothers being sexually inhibited while our fathers were uninhibited. One woman could not allow herself to masturbate. Another woman shared that this was the first time she ever admitted to anyone that she masturbated because she felt guilty about it. A third woman expressed the systematic alienation from our bodies and our sexuality that we had all experienced:

"I didn't even know about a clitoris until I was about nineteen, heading off to my first year of university. I went to the library to look up the Masters and Johnson book - I had seen them on TV - and I saw this giant clitoris on the page, and I thought 'Oh my god! look what I look like, you mean I have one of those, I've never seen it before. So I started masturbating and I was scared to death, I had no idea about my body. It was so scary and I thought 'someone is going to know I'm doing this'".

One woman alluded to the abuse of power that gets intertwined with male sexuality when she said: "Sexuality is men's driver anyhow, men just can't relate to not being horny all the time. If they were put in the one down position I wonder if they'd still be horny all the time because it's about power a lot of the time".

Two women in the group were almost completely uninterested in sex, three women claimed that the majority of the time they were uninterested and one said she was very interested in sex but believed that there were many unconscious reasons for her interest, including not wanting to lose her relationship. Several women talked about feeling disappointed in sex because they had expected it would lead to deeper intimacy, lasting love and ecstasy but instead found that while it may have been "hot" in the beginning, the desire for sex waned quickly and often required too much energy to fit into stressful lives.

Other strong themes included: women's shyness to ask for what they want sexually; fear of whether they are "doing it right"; and fear that their male partner will be "turned off" by their bodies. While one woman felt she was learning to accept her body she still experienced the fear that her male partner(s) would not. For some of the women, the lack of verbal interaction and sensuality also led to experiencing love-making as "this silent solitary experience, not any kind of loving thing".

One woman envisioned her sexual freedom as "being able to have a sexual relationship with someone that's unconditional, just having fun with it, so that you don't have to look cute, you can just experience it - it would be like play, like joy, not built in conditions, like I'm his girlfriend and all that crap, just an experience to have for that moment."

Caretaking

Many women were aware of the expectation in childhood that we and our mothers were responsible for household maintenance and emotional nurturing, and in some cases had to assume roles left unfulfilled by our fathers. One woman, in her initial interview expressed the caretaking imbalance in her home:

"When my mom was working and I was in high school I had to make sure the bathroom was clean before my father got home and that there were fresh towels.. The boys' beds had to be made and the stuff off the floor and laundry in the laundry basket. The boys didn't do it. Either they wouldn't come home after school or they would come home and play their music in the basement while I did the housework. I could go hunting and fishing and do all the boy stuff but I also had to do all the girl stuff".

Several women indicated that their male partners were limited in their ability/willingness to assist with domestic duties. One woman, in her initial interview, believed that she had her partner "well trained" because he was willing to help out when she pointed out what housework needed to be done. She was grateful that he would willingly do the laundry after she had separated it for him. Another woman's ex-husband used to "purposely do a lousy job" and when she pointed out what he had done wrong he complained that no one could live up to her standards. She said she got to the point where she stopped asking for help. She added that society is not kind to working mothers, particularly when they are choosing not to stay in the home because they want to have their own identity. A third woman spoke to the destruction to herself and her children from assuming the caretaking role that society expects of women:

"In my relationships with men I did all the nurturing I was the caretaker. It has always been part of my life. I took care of my husband as well as all the children and I lost myself completely. I believe that, except for the first year of my marriage, I lived nine years of depression. I was in and out of the hospital having one kid after another, not realizing that I had lost my complete identity. Then when I started to reclaim it when the kids were older my husband got very jealous because I wasn't obeying him. I had all the responsibility in my marriage. But now I have to admit that I became abusive to my children because I had all the responsibility. When I realized it I went and got help. That took a lot of doing too because the world is not prepared for you to admit that. I was very isolated, I had no supports. My husband didn't want me going out. As long as I was at home I

was a good wife, I did the good wife type of things. I never had money to spend on clothes except for the kids so I never went anywhere."

In the initial interview all women responded that they were more comfortable giving than receiving nurturing because that was the way it had always been. During our group meeting on the topic of caretaking a central theme was our wanting to make people feel special and wanting to experience closeness and caring. It was only in exploring our caretaking that we recognized how little appreciation/nurturing we received in many relationships. We also came to understand that we had been taught that it was our duty to take care of others.

Self-esteem

In the initial interviews and over the course of the group three strong themes emerged about the participants' self esteem: negative feelings about our bodies, shame about not living according to middle class standards, and not feeling able to trust our own opinions and perceptions because of criticisms we had internalized.

Appearance

All of the women interviewed, except for one, admitted that they were unhappy with their bodies and that they judged themselves and are judged by others based on their appearance. According to one woman, "society thinks you must be a really conscientious, well-rounded person if you look good". The one woman who said she was not unhappy with her body did, however, say she wished she did not have cellulite and said she definitely felt that her jobs were affected by what she looked like - not because she was not attractive but because she was. "They thought I was cute therefore I was dumb, or being cute

was enough so I didn't have to be bright." Many others felt that they were discriminated against in their private and public lives based on how they deviated from media images of the "beautiful" woman.

While they were very clear that their feelings of inferiority about their bodies were due to being bombarded with media advertisements that set unattainable and ridiculous beauty standards, they felt it was next to impossible to break out of the wish to achieve it. One feminist participant said "You can be as feminist as you want, you're still going to struggle with these things. I still feel sometimes that I have to compete with other women". The general feeling was that "the world didn't reflect" them because "in the movies you never see women who have wrinkles or women who are plain or overweight or if they are overweight they are laughed at." One woman said that "it also leaves women with the feeling that you can humiliate women in public and get away with it".

The effect on self-esteem of such judgments are evidenced by this woman's experience:

"My mother never had any money to spend on herself. I grew up, especially in my teen years dieting, thinking I was nothing because I didn't have a boyfriend and that I didn't have a boyfriend because I was fat and ugly. When I got older I started feeling like a woman who was sophisticated and in charge of herself but it was about wearing makeup and being able to wear dark lipstick."

Some of the changes that women wished they could make to their bodies included: "getting rid of the protruding stomach", "having larger breasts", "have a smaller nose", and "getting rid of the cellulite, stretch marks, wrinkles". One woman explained that some men helped her to accept her body by giving compliments such as "you have a beautiful, fantastic, phenomenal body".

Shame

The topic of one group meeting was shame. All seven of us talked about experiencing a deep sense of shame about deviation from middle class norms either in childhood or adulthood. Six of us were ashamed of growing up working class in middle class communities. The seventh woman felt shame because her father, who had grown up poor but who had become middle class, placed too much emphasis on a 'show' of wealth in their home and judged everyone based on their etiquette.

All of us were still affected by this shame. One woman who had grown up in an army block still felt she was trying to prove herself because she used to feel she had to prove her worth to a friend's family who were concerned that the army block was driving down their property value. Another woman who had grown up poor still felt she was trying to battle a deep sense of inferiority and found herself wanting to be accepted by middle class people because she had not been accepted by them as a child. Another woman felt ashamed of her family for many reasons including: being the only single mother family on the block where they lived next door to "Leave It To Beaver", having the only mother who would sit on the front step with a beer, having a mentally handicapped child in the family, and having her stepfather live with them before marrying her mother. She said she just assumed that everyone else's family was better than hers. A fourth woman's shame was more current and was related to having to leave a marriage where she had been financially comfortable for years and move from a large home to a basement apartment. She became aware that this shame was affecting her self-esteem not only because of societal judgments but also because her son might be ashamed of her and his new life.

Two women talked about carrying the shame of the stigma of having an alcoholic father who was known as the town drunk. While these women were

able to understand intellectually that their fathers' behavior was not a reflection of their (the women's) self-worth, they were aware that on another level they felt disrespected by society for belonging to a family with such a deviant.

Confidence in opinions, perceptions, decision-making

All of the women interviewed prior to the group responded that they had little or no confidence in their opinions, perceptions and decision making. All of them said they make their own decisions but like to get validation from others about the decision they are about to make or already made. Some women felt that this was because they had been criticized by various people in their lives such as parents, partners, friends - for being too deep, too demanding, too emotional, stupid. They felt that such criticisms caused them to feel "inaccurate" and/or "exaggerated". One woman felt that she was more emotional than logical and therefore was not capable of making good decisions.

Perfectionism/control/anxiety

We decided to discuss perfectionism, control and anxiety in the same meeting because some participants felt that they were interconnected. Five women talked about being controlling and perfectionistic about neatness and being organized, particularly with partners who were not very tidy. One of two women who said she was not controlling/perfectionistic in this area had grown up with a father who was very controlling about everything being neat and organized. The other woman said that she becomes so anxious about loss of control over her life that she thinks 'what's the use' and gives up. One woman who is 'controlling' in this area surmised that this 'control' had more to do with resentment about the laziness of others, such as her husband and son, than about needing control. Another woman talked about feeling controlling with her

male partner but also expressed resentment about her partner's behavior, e.g., putting his clothes "two feet away from the laundry basket". She was concerned that she was too rigid about such things.

Four women speculated that their anxiety and control issues were connected to experiences in childhood. One woman assumed that because she had no power at all as a child, she wanted to exercise her power over the environment. Another woman believed that the lack of predictability in her alcoholic family caused her to be unable to "let things happen". A third woman noticed that she was very perfectionistic about order in her home which she felt might be a reaction to having grown up in poverty and untidiness and trying to disassociate from working class reminders. The fourth woman had received much acknowledgment and approval from her father for keeping their home clean, resulting in her perfectionism/control about her environment.

A few women talked about anxiety and perfectionism as connected to the precarious job situations that single women face as well as the fear of violence against women. Being perfectionistic and overachieving to prove one's worth had become essential to surviving in the working world where women are not taken as seriously as men. For all of us the fear of being homeless was ever present causing everything in our lives to feel very tentative. We were well aware that at any moment we could lose everything. For most of us there was no one in our lives to rely on for financial support. Combined with the financial insecurity was the fear of violence and the need to be responsible for our own and others' lives, as expressed by one woman who summed up our fears when she said:

"My feeling about control is that I, as a woman, can have my nice little happy life but at any moment it could be blown apart because some man could rape me and that's a constant fear I have. So I'm always sort of on edge, because I feel that I

don't have a whole lot of control over my life anyway. A lot of times I feel like 'what's the use'. I'm absent-minded and trying to keep a date book but it is so hard because I always remember things too late and there are a million little details that I feel control my life I could never be a mother because I would have to remember even more things. It would wipe me out".

Other societal factors that we discussed as contributing to perfectionism, anxiety and control included: lack of women's control/power in the social hierarchy leading us to want to hold on to what power we get; being taught from birth to control everything we do, e.g. our movements, our speech, our emotions, our behavior; being pressured to excel academically, being valued based on education and being acknowledged for academic achievement in a society where there is little acknowledgment of women; and threats of punishment by men, e.g. partners for being less than perfect in the domestic sphere and/or in the workplace (in addition to our own self-condemnation/internalized oppression).

All participants found that anxiety, perfectionism and control caused us to feel emotionally, physically, mentally and spiritually "burned out" and often humiliated. One woman said that she has learned to regard her anxiety as a friend which gives her information that perhaps there is something happening to her that is not good for her.

Emotional expression/anger

Ability/willingness to share feelings with others

In the initial interview all of the women, except one, said that they were careful about who they shared their feelings with. The one who was not cautious said she would gladly share her feelings but nobody else seems to want to. Most women were hesitant to share feelings willingly because, in the

past, people had told them they were depressing or let them know in other ways that they are not able to cope with "negative" feelings. Many women related experiences of having also been punished for expressing positive emotions. One woman vividly recalled jumping and singing in a grocery store as a child and being punished by her mother whom she had embarrassed. Consequently, as an adult she was ashamed of showing joy or excitement.

Sadness/Crying

All women also spoke of having difficulty crying in front of people primarily because they were ridiculed or punished for doing so in the family and in society in general. One woman learned that crying was frightening and was to be done in private because her mother would lock herself in the bathroom and cry when her father was abusing her. She assumed that crying was "too bad" to be shared with anyone. Several women had been laughed at by male partners when they cried during movies, and were "comforted" at other times by male partners who handed them a box of Kleenex and said "cheer up". A couple of women had learned not to cry because they did not want to give abusive family members the satisfaction of letting them see them cry and knowing they could "push their buttons".

Anger

All women had even greater difficulty expressing anger. In the initial interview most women answered that they either did nothing with it, they turned it inward or they didn't know what to do with it. Five women felt they had difficulty because of: fear of being out of control; fear of violence; fear of being rejected; and/or doubting whether they had a right to be angry. One woman felt that a primary reason for her difficulty was that women are not supposed to get

angry: "We are supposed to give off this image of a lady - to be feminine, gentle, kind, loving, nurturing - someone who doesn't have angry feelings".

Over the course of the group we discussed many of the sources of our anger/rage including:

(1) *Sexism* -We were angry about having to be exposed to sexism on a daily basis, including: sexist comments made by friends, relatives and strangers; uses of women's bodies in the media and the industry that results from objectifying our bodies; being sexually harassed in public; discrimination in the workplace; and being related to as a sex object by men. One woman described her experience of being objectified and violated by this sexism: "I hated that look that you get from men - this glazed over look. You become a thing, like you're a corvette or something and it's up and down the body, and it's not really human";

(2) *Rage at abusive family members*: Four group participants expressed the rage resulting from abuse by family members. Two women feared the loss of control of their anger due to incidents where they felt they had lost control and physically attacked an abusive parent that they had actually wanted to kill. Two other women had remembered being so oppressed that they wished the abuser dead. The rage that three women experienced resulted from both being trapped in a completely powerless and oppressive situation as a child combined with being "laughed at"/ridiculed by the abuser when expressing their pain and anger;

(3) *Anger about the social structure*: We discussed anger about the injustices created by government, e.g. job insecurity, being exploited in work situations, having to fight the government to maintain social services, the misallocation of funds, and the hiring of welfare workers to police the poor while government remains financially unaccountable. One woman expressed her

fury about government injustice: "Go into the corporations and see all the write-offs they're getting away with, corporations aren't taxed, f--- that!...But Canadian citizens are treated like criminals. If you collect Welfare, UIC, other benefits you're a criminal but corporations take millions and millions of dollars, don't pour any of it into the business, they're not criminals, they're just good business men";

(4) *Anger about being silenced about our anger by people in positions of authority:* Several women vented anger about being verbally attacked, particularly by conservative men, when speaking out about oppression of women. One woman related her anger (bordering on depression) about her experiences: "I'm angry about being silenced by men when I say important things about women. I'm angry at most of the world not wanting to listen, not caring. It's an uphill battle, overwhelming. It happens a lot, working at the bank. I'm surrounded by conservative men." Another woman had worked for a very privileged white middle class woman who had no compassion for less privileged people. This participant said she was oppressed and violated first by the woman's classism and secondly by having to remain silent about her anger because she needed her job.

In our discussions throughout the group, most of us talked about guilt about having felt the urge at some point(s) in our lives to become violent. We came to understand that this urge resulted from having learned that is how anger is expressed and/or from holding in the rage of having been verbally abused and rendered powerless as a child and/or as an adult. Some women also talked about depression and realized that usually anger and feeling little control over their lives was underlying the depression. One woman, after having struggled in a group meeting with her depression came to the recognition that depression results from holding in feelings, particularly anger.

We shared what has worked for us to express anger and explored new ways of channeling our anger. One woman found it very helpful to tell the person she was angry at that she was angry, regardless of the outcome. She also talked with other women about sexism and made telephone calls and wrote letters to magazines when she was angry about degrading media depictions of women. Another woman found it helpful to vent her anger at authority figures with her partner. Another woman said she found it useful to speak out when someone made sexist and racist comments "because sometimes people actually listen". She said she had to believe it made a difference to speak out or she "couldn't stand it". Another woman found reading feminist books very validating. Her experience was as follows:

"In a book I read, the therapist said when she started to recognize the patriarchal structure and how women are raised to be submissive and men are raised to be abusive and she started feeling how angry she was. She was so furious at every man that she would cross the street to not be around them. It felt really validating to hear her say that because a friend of mine would say 'you haven't been raped so why do you have all this anger?', it's inappropriate '- but this woman spelled out how appropriate it is".

Several women realized that they needed to find empowering ways to channel the rage that they felt. One woman recognized that much of what outrages her is the sexism and racism that also reminds her of how her father used to be. Since she was not ready to confront her father, another woman in the group suggested she hold him accountable in the group by listing what it was she was angry about. When she did this she felt her rage was validated and she was able to release some of it. She expressed some of her rage in the group:

"In writing about my anger I remembered one time when my aunt had a male African American friend, and he came into our house and my father said 'you get that nigger out of here, no niggers are allowed on my property.' That's only one example. So that's the rage I feel. Every time I hear a sexist or racist remark I can just feel the rage racing through my whole body -of just wanting to lash out. I want to do something about it and then the powerless feeling of 'it's just too big'. At least now I know what it's about."

Another woman felt that she was directing a great deal of anger caused by her father at her partner and said that she would "explode and feel guilty and insane". She worked at not getting "hooked in" by her father when he would offend her. She recognized that it was futile to express her anger to her father because it would just cause him to become more verbally abusive. Instead she worked at removing herself from the situation and wrote about and expressed her anger in the group.

Spirituality

Spirituality did not become a focus of this group. However a couple of women talked about wanting to explore their spirituality in an effort to increase self esteem and reduce anxiety. All women agreed, however, that this spirituality would not be found in a church or in any religious sect. One woman shared her experience with spirituality:

"one of the things I want to do in the fall is go to a native drumming society because I really need to find my spiritual center and I find that it's not in the church, I've done that piece and that doesn't work for me. I usually find it in nature and when I'm with children and when I'm with animals. But not in any church although I'm really attracted to those Baptist churches in the south - like I'd really like to get down there and sing my guns off, there's so much joy".

Another woman made it her task one week to get in touch with her

spirituality. She reported back the following meeting that she was still on her spiritual quest but had realized that there was nowhere outside of herself that she would find the answers but rather that she would have to find a way to tap into her internal wisdom. She shared a spiritual vision she had from meditating:

"I saw our spirits go to the top of this mountain and we all joined hands and we were dancing at the top of the mountain. I saw all of your faces first and we were all laughing, smiling, dancing to free ourselves and then I saw my mother and she was laughing and I saw my three sisters, we all felt so connected - it was neat because I thought maybe I had found a way to take myself out of the struggles at times and maybe to envision a more peaceful place to go and to get energy from that."

One of the women offered to look into an advertisement she had seen in the newspaper to learn to meditate. Several women said they would be very interested in being able to "turn off their minds sometimes and become calmer".

CHANGES IN PARTICIPANTS' ATTITUDES AND BEHAVIOR

My Initial Assumptions

Attitudes and behavior of participants were chosen as the criteria of change because of the feminist assumption that our socialization by the dominant culture shapes our attitudes and behavior. It was my assumption that most women have internalized, from the dominant culture, sexist, racist, classist and heterosexist beliefs about self and the world, and are aware of these beliefs in varying degrees. Messages in western culture typically include: the essence of being female is conforming, adapting, nurturing, and looking young and sexy for men; our desire for connection is unhealthy/immature (it deviates from the

rigid ego boundaries of the normal "healthy" male); and we are in competition with other women for male attention and valuing (and all too often this is a reality, particularly regarding employment).

As a result of such structural conditioning, attitudes of women which focus on self-blame typically include such beliefs as: our unhappiness is due to our personal inadequacies; we are incomplete without marrying a man and having children; a good wife/mother/daughter is responsible for caretaking in the family; a healthy family is one with a nurturing mother who stays home with her children as much as possible and a father who is successful in the public sphere; if we were thinner and more beautiful we would be more worthy of respect and would be happier; if we were more mature, i.e. more logical and self-sufficient, our relationships would be better; when we are angry it is because we are oversensitive and/or overreacting; we are not as intelligent and logical as men therefore we are not capable of taking care of ourselves.

Some of the behaviors of women that also result from socialization and which also perpetuate women's oppression include: assuming primary responsibility for success of relationships and family functioning; accepting our position as second class citizens in the public sphere, (e.g. not challenging men's authority in our jobs); competing with other women in appearance to be valued by men; spending much of our time in isolation to perform caretaking duties in the home; remaining silent about our feelings and experiences because we think we are abnormal; deferring to others, particularly "experts" and men for their perceptions and decision-making; reluctance to express or act on our anger because of our guilt about feeling angry and our fear of being labeled a "bitch" and/or crazy; seeking traditional forms of therapy which psychologize our oppression and which result in our efforts to change ourselves to better adapt to our oppression.

Given that feminist consciousness-raising reframes these attitudes and behaviors to focus on structures (particularly patriarchy), and reframes some of these behaviors in positive terms (dependence on others is part of interdependence, etc.), I expected that sharing our experiences in this feminist consciousness-raising group would result in changes in the above attitudes and behaviors. I further assumed that these changes would lead to an increase in self-esteem and mutually empowering relationships, a rejection of oppressive gender roles, and action to change institutions.

Individual Changes

Tables 2 to 9 (Appendix F) indicate individual participant's changes in attitudes and/or behavior regarding: (1) responsibility for relationships; (2) confidence in perceptions, opinions and decision-making; (3) appearance; and (4) expression of emotions, particularly anger. The data included in the tables (direct quotes of participants and/or my summary of their words) were extracted from the initial and final interviews and from my field log.

Changes in attitude for each participant included: recognition that several relationships in our lives were not 'mutually empathic/empowering'; our unhappiness, e.g., in our relationships, was not a reflection of our personal inadequacies; and we were not overreacting when we were angry but rather we were reacting to some form of oppression. Some participants (Christa, Dawn, Megan) also became aware that, at some level, they were afraid they could not survive without a relationship with a man. When the group ended these women no longer had this fear. All three women also ended the group feeling more positively about their appearance. Christa even became aware of how women are valued according to our appearance by society and Megan was more critically examining her attitudes about her appearance from a class analysis.

Changes in behavior for each participant included: assuming less responsibility for intimate relationships, e.g. with family and/or partners; breaking silence about our experiences and feelings (both within the group and with others outside of the group); validating and expressing anger within the group and acting on it in some way outside of the group, usually in an effort to change the source of the oppression that was causing it; placing more trust in our perceptions and relying more on ourselves to make decisions, rather than looking for approval from others.

My remaining assumptions about attitudes and behaviors, which were either nonexistent for the participants or remained unchanged are as follows:

•We are incomplete without marrying a man and having children. Only three of the eight women interviewed prior to the group wanted to be married and have children. There was no direct evidence that they believed they were incomplete without marrying and having children. One of these woman only attended three meetings and there was no change in her desire to be married. One woman ended her relationship with her partner and was reconsidering everything about relationships. The third woman was still looking forward to being married.

•A healthy family is one with a nurturing mother who stays home with her children and a father who is successful in the public sphere. None of the women interviewed held this belief. When participants responded to the question "what is healthy family" they focused on how family members interact rather than gender roles.

•If we were more logical/"mature"/self-sufficient our relationships would be better. This attitude did not surface. Attitudes about what would improve their relationships involved other ways of changing themselves e.g.: choosing the right people, changing their ability to like themselves, being less demanding, trusting more.

•*Accepting our position as second class citizens in the public sphere (e.g. not challenging men's authority).* The only area where all participants felt they were treated like second class citizens was in the media and on the streets. None of them accepted this discrimination but felt there was little they could do apart from social action.

•*Competing with other women to be valued by men.* In the initial interview four women said they felt the pressure to compete with other women but worked at not acting on it. It did not become a focus of the group.

•*Isolation due to performing caretaking duties in the home.* Only two participants shared accommodations with a partner or child (Christa lived with her male partner & Carina lived with her male son). Both of these women assumed primary responsibility for domestic chores and there was little evidence of any changes in attitudes or behavior in this area (unfortunately I did not ask them about it in their final interviews).

•*Seeking traditional forms of therapy which psychologize our oppression and which result in our efforts to change ourselves to adapt to our oppression.* Only three women who completed the group were receiving counselling. There were no obvious data indicating the counselors' approach.

Changes Common To All Participants

As mentioned earlier I expected that changes in attitudes and behavior would result in an increase in self-esteem, an increase in mutually empowering relationships, rejection of oppressive gender roles and social action to change institutions. The only change related to gender roles was a decrease in participants' responsibility for the success of relationships and family functioning. There was no action taken to change institutions. The changes in participants' self-esteem and relationships are as follows:

Self-esteem:

Indicators of changes in self-esteem included: confidence in perceptions, opinions and decision-making; ability/willingness to share feelings with others; and ability/willingness to express anger. Changes in these areas are outlined in tables 2.1, 3.1, 4.1, 5.1, 6.1, and 7.1 (Appendix F). As indicated in the tables, all participants increased to varying degrees in all three areas.

When asked in the final interview about confidence in their perceptions, opinions, and decision-making, most participants felt that their confidence in decision-making was slowly increasing but they still struggled with feeling confident in their perceptions and opinions. However, Carina responded that her perceptions were excellent, Kendra and Dawn responded that they were listening to themselves more and giving themselves positive feedback, and Megan said that she had begun to "take what other people think and sort through it" for herself.

All participants became less reluctant to share their feelings and experiences with others. Their responses in the final interview about this area included: "letting it (feelings) out more rather than talking to myself in my head"; "over the course of the group I changed the feeling that I am different and that everyone is against me"; and "now I can cry about my pain, I used to cry for other people, now I cry for me".

When asked in the initial interviews about their ability/willingness to express anger, participants explained that they either internalized it, ignored it, and/or displaced. Over the course of the group, all participants began to identify and validate their anger, particularly while in the group, and most of them even began to express their anger outside of the group. People they expressed anger to included: parents, partners, friends, and abusive co-workers.

Only one woman, Kendra, responded in the final interview that she did not feel her self-esteem had increased. When I asked her about her understanding of the reasons for this lack of increase, she explained that she was being psychologically abused by someone in her personal life. She had been unable to talk about it in the group because (for complicated and confidential reasons) she was uncomfortable discussing it with Megan present. She said it took her a long time to come to the realization that she was being abused. Not only was her self-esteem being affected by the abuse but she was unable to participate comfortably in the group because of Megan's presence in the group. Kendra believed that another factor affecting her self-esteem at that time was her inability to find employment.

Relationships:

All participants assumed less responsibility for success of relationships, particularly those that were not mutually empowering. Four women ended relationships that were causing them pain and most participants distanced ourselves from and/or stood up to unnurturing family members whom we had felt obligated to care for. Two women commented in their final interviews that their relationships/friendships had improved as a direct result of the group.

Christa noticed that her relationship with her partner had improved because it helped to separate past relationships from present ones. She also felt that by being able to scrutinize past relationships in the group she could focus more on the present relationship with her partner. She commented that: "it was too much for us to do all of that and we were getting bogged down." Megan found that feeling accepted and supported in the group helped her to "soften around not being friendly initially" with people which she had felt was interfering with having more friends. She also found that she has been more

intimate with a close friend and that this friendship and the group had been building on each other in terms of her feeling more nurtured. She claimed that having these supportive people in her life also strengthened her to deflect the hurt of insensitive people.

Most of the participants did not make more friends outside of the group for various reasons (already had numerous nurturing friends, were not in situations to meet new people, or lack of time to socialize more) but Christa, Megan, and Carina claimed that the relationships with the women in the group helped them to feel less lonely. Christa found the friendships with women of her peer group to be a primary benefit of the group since she had only one female friend prior to the group.

While there was not an increase of friendships for all participants, there were definitely changes in all participants' ideas of what friendships and relationships should be like. In the initial interviews, good friendships were defined as non-judgmental, being interested in each other, strong, long term, close, nurturing, spending time together, someone who doesn't put you down, spending the same amount of time confiding problems. In the final interviews descriptions included: taking responsibility for our own issues, being respectful of ourselves the way we are, being respectful of each other, clear ideas about what the friendship is about and agreeing to that; honesty in discussions, dealing with feelings, being cared about, and someone who makes you feel good about yourself.

Similarly, in the initial interviews, the descriptions of a healthy family included: unconditional love, respect, and equality but participants were not very specific about what that meant. One woman felt that single mother families are not healthy because the lack of a father-daughter relationship negatively affects adult relationships with men. Final descriptions of a healthy family

included specific descriptions of intimacy and honesty and all participants felt family could include any combination of people. Descriptions included: a circle of people who really want to be with each other, respect each other, and empower each person in the group; equal sharing of tasks according to each person's capabilities; supporting the growth of each person; talking about feelings; doing fun things together; and being able to disagree and resolve conflicts lovingly.

Issues that participants felt they wanted to explore further: All participants felt we had only scratched the surface of many issues in our lives. Areas for further work included: comfort receiving nurturing, comfort with crying, feeling good about our appearance, sexuality, expressing anger, dealing with family, uncovering memories and feelings from childhood, fear of men, caretaking, increasing mutually empowering friendships.

PARTICIPANTS' SATISFACTION/DISSATISFACTION

Following is the participants' evaluation of the group based on questions asked in the final interviews (Appendix D):

Perceived Benefits

•*Support/community/validation.* A general benefit experienced by all group participants was a sense of support and community. Several women mentioned that they valued the opportunity to have others "really listen" to them and be sympathetic. One woman said that the group provided a place to come and be accepted for herself and "just be".

Receiving feedback and assistance in "figuring things out" was also highly valued by all participants. Two women said it made them feel special just

to be acknowledged by people in the group. One of these women explained how such validation impacted on her life:

"I would know that if something happened that really affected me, I could talk about it and that you guys would ask me questions and seemed interested, which is a new experience for me. Like getting feedback, I think that's the main thing because I can talk to almost anybody else in my life and very often I don't get that feedback. Even if somebody just says 'oh wow, what a shitty week!', just to acknowledge and validate what I was feeling made a big difference".

•*Reduce caretaking.* Most participants felt that in hearing each other's stories and having other participants help them to explore their struggles, they were able to identify family members' abusiveness and felt validated in setting boundaries on caretaking. They felt they were able to find ways to maintain connection with family more on their own terms and had a better understanding of family member's behavior and how much they were capable of giving. One woman summed up this experience by saying:

"The group helped me recognize and name my mother's alcohol abuse and abusiveness and helped me stand up to her when she visited me and was putting me in a position to supervise her. It helped me to say 'they (parents) have a problem, it's not mine, I'm tired of trying to be a perfect daughter and feeling like everything is my fault no matter what I do' and recognizing how much I do constantly try to make things okay between my mother and I. I'm always the one making the effort. It also helped in terms of identifying old feelings and patterns and how they affected present relationships."

Another woman said that hearing others' experiences provided her with "a wider realm of choice" so that when she is in difficult situations she could draw on how other group members handled similar situations and ask herself what other members of the group might do.

•Express emotions/anger. Participants were grateful for the opportunity to talk about their feelings in the group because they found that there were very few places (if any) in their lives where people were willing to talk about feelings, particularly pain. Two women emphasized the benefit of having their anger validated and being able to express it freely. One of them explained it in this way:

"It was very helpful to vent anger in the group because in the group it gets validated. If I were to say it to my mother she would say 'now there is no reason to get upset, you don't have to fly those hands around in here' and it wouldn't let me release it, it would be like trying to contain it or them trying to control it - where it should go, when it should go - and I should be allowed to do it whenever I want. It also helped to write things down, it made it more concrete, more specific, like when I wrote about the things I really didn't like about my father. It's one thing to say I don't like someone, it's another to say I don't like them because they are racist and sexist. That was launched within the group by hearing you had done that sort of work so that's what gave me the idea to do it."

•Experiences normalized. Two women felt that being able to hear others' stories and gain insights about their experiences were particularly healing. One of these women explained that her problem was not in being unable to identify and express feelings but in being unable to understand the reasons for her feelings. She felt the group provided insights to help her understand that she was not insane or overreacting. The other woman also felt she gained insight from seeing the similarities between her family and those of other participants. She describes one insight that she had:

"Hearing others stories has helped to see that other people's parents are similar to mine which says more about gender roles than alcoholism to me because in their situations their fathers are the ones who abused alcohol and mine never did

and yet there are a lot of the same situations. I mean there are a lot of issues with men - alcohol really gives them permission to be abusive and violent and is part of their sort of walking around ruling the household. It adds to all that negative behavior a lot. While my mother was the responsible one -paid the bills, sacrificed her salary and things for herself and was abusive in other ways - my stepfather was financially selfish. All the bills came in her name, she made sure we had a roof over our head."

This woman added that it was very validating to be able to talk about our fears concerning our financial situations: "There was a lot of stuff in terms of money and women that came up in the group, fear of financial circumstances and fear of living on the streets and I think those are real fears, especially for women - contract work, no vacation pay, no benefits, it's not just about low self-esteem".

Structure

•*Power-sharing.* All participants felt positively about the power-sharing structure and said they would not have preferred a pre-structured group facilitated by a leader. Several women commented that they always felt that what they said mattered and was taken into consideration in decision-making. One woman remarked that on some level she was always surprised by the consideration for each other's feelings: "I seemed to always have the opposite opinion to everybody else and if I stated it people listened and we talked about it, it wasn't like everyone would look at me and say 'yeah but we all think this'. So it's always been nice that way that people listened". Another woman, however, speculated that the success of a leaderless group could be a matter of luck, particularly if there are some participants who are not respectful of others. She said that sharing facilitation might have felt like a burden had there been more conflict in the group and if the responsibility for conflict resolution fell on the participants who were more experienced in group process.

•The effect of my role on the group. In the final interview, all of the participants responded that they did not notice a power imbalance between myself and them but were aware of my taking slightly more responsibility, at least in the beginning meetings. One woman remarked that in the first meetings she looked to me for guidance but she felt that, in time, we were all participating together and she saw me as a participant rather than a coordinator. Two women said they had not noticed any power imbalance but one of these women did ask: "You mean when you changed your role from facilitator to participant?"

Two other women were more aware that my role had an impact on the group. One woman felt that I was "the glue that held the group together". While she felt I shared power very well, she thought that the group relied on me because the meetings were always at my house, I supplied the refreshments, and I was the one asking questions about what we should do. She felt I did everything I could to share the power but suggested that I could have asked people to bring food. It was the other woman's opinion that initially there was a difference but that it was good that someone was taking a guiding role and pointing out what decisions needed to be made. She added that women in a group often wait for other people to make suggestions and then decide whether or not we agree. She thought it was good that I kept saying "let's make a decision" rather than saying "I will make a decision for us".

This woman suggested that we probably should have discussed power imbalances in the group but not within the first five sessions because participants were still deciding whether or not they want to be there. She also suspected that a power imbalance existed because of a difference in age and experience in group process. She felt it would be important to address this imbalance in some way. Her suspicion was confirmed by a younger woman

who, in her interview, said:

"I might not have always felt on the same level but it is because I don't think of myself as being as smart or having as much experience so I tend to think more of others' opinions. I felt a little bit like whatever I said didn't sound as deep as what you three (counselors) might have said, that might have intimidated me a little bit. I don't think it silenced me. It's only natural too being a little older to have more life experience and makes your perception more open or keen."

•The effect of participants who were professional counselors. All participants noted that the women who were counselors asked more in-depth questions and had more insightful feedback. However, no one felt that they were being counseled and all said they welcomed the added insight (although, as already mentioned, one woman was intimidated). At the end of one meeting, another younger, "less experienced" woman said:

"Well when I'm here I don't think of it as being counseling, I think of it as being a group of friends. Actually a lot of what I talked about here I haven't talked to my counselor about yet. I have seen her as long as I have been here but I'm actually more enthused here than with her."

•The use of the "talking stick". All participants liked using the "talking stick" because it slowed down the process and it ensured that each person had their own uninterrupted talk time. I, personally, liked it also because I focused more on speaking from the heart, so it moved me from an intellectual to an emotional level. I asked how participants felt about the change in week eight when we started to include feedback in the talking stick round. They all felt it evolved well and that we had developed our own way of doing it. One woman mentioned that she would not have wanted to include the feedback in earlier meetings but that the feedback part "came when it needed to come". Two women liked

having the feedback included better than without it but one was concerned that it could get out of hand. She suggested that if feedback is included, the open forum should only be used to respond to what the person with the stick is talking about, and not to talk about themselves. Another woman responded that there were times when she would have liked to have only an open discussion without using the talking stick at all but was concerned that the less vocal people would end up with less group time.

•*The closing round.* By the sixth meeting I was sensing that participants did not want to be bothered with the closing round because some would either laugh about it or said they felt we had done enough closure. For some reason I could not bring myself to ask them how they felt about it in the remaining meetings. Part of my hesitation was that I did not want to push it on them. I did, however, ask about it in the final interview. To my surprise, all participants felt that it was beneficial but that it had not been necessary for closure. One woman commented that she always left the group feeling regenerated, no matter how depressing the topic because "we dealt with things within the group". Some of the benefits they pointed out included: "it can give you something to build on by looking at what can I work on in the upcoming week"; "if I had to do it every meeting I would have paid more attention to what I was doing"; and "it would have nudged me to sit and think about what I am feeling". One woman suggested that we stopped doing it because we were already going overtime in our topic discussion and that it might have been better to ask a question like "who's feeling really awful right now?" so that nobody leaves feeling worse than when they came in.

Group Support

Interestingly, all participants felt they received more nurturing than they gave. One woman, however, mentioned that there were times that she 'passed' because she felt that a couple of the women had not done as much work on themselves and so felt that they might not really be attending to her. On the other hand, she liked having them in the group. She wanted to start giving back to younger women because older women had given to her. She felt there were times when the group went "off on an intellectualizing tangent" rather than just identifying and feeling the feelings. But another woman in the group said she would not have wanted to go deeper into feelings because she needed to understand more than feel.

Content

When Diana left the group she explained that one of her dissatisfactions with the group was that it was not more present-focused, e.g. planning things to do and change. In the final interview I asked participants if they would have liked the group to be more task-oriented. All of them, except one, felt they would not have wanted to be more task-oriented. The one woman who would have liked to be more task oriented said she would have liked to set goals because she tends to do a lot of talking and not doing anything about it. She added that she felt she could have done so at any point if she had really wanted to. Another woman said: "not for me, not to heal, I felt this was healing for me, that's totally what my life is about is tasks, so I would really not want it".

Emotional Expression

Four women responded that they had difficulty crying in the group. Three of these women explained that it was because they had coped by blocking their

feelings when they started to feel them. The fourth woman explained that her difficulty was partly because she was uncomfortable with feelings she had as a child and partly because she felt that some people in the group were not in a place where they would be able to help her with her feelings:

"It's hard to just sit there and feel in the group with the talking stick, it doesn't feel supportive, it just feels like all these people are just staring at you and just waiting for it to be over. Recognizing it now, that's what happens in my family, someone has an outburst, is disapproved of, my father would be disapproving, and my mother would sit there and be hurt by it. It feels like other people are enduring it. It would have been better to have people offering me hugs or saying things. I'd notice how many people wouldn't offer a hug and not say why. Being in a closer physical circle would help. It would have been better to talk about hugs. I prefer to bury my head in someone's shoulder and cry"

All of the women found it helpful when other women would encourage them to continue talking and crying, and did not experience this encouragement as pressure. One woman said she experienced a "breakthrough" when she accepted a hug because she found it difficult to accept comfort from others. However, another woman said she would not have wanted to go any deeper because it was all sort of new for her.

Two women were uncomfortable when other participants cried. In explaining their reasons in the final interviews, they connected their difficulties to discomfort when their mothers had cried. One woman said she would feel embarrassed for the person crying because she felt it was an intimate thing and that there should not be five other people seeing her cry. She realized this discomfort was connected to never seeing anyone cry in her family and when her mother cried she (her mother) would lock herself in the bathroom. She also said she did not really know what was okay to do so just waited it out. As time went on, however, she became more comfortable with it when she realized

"nobody was freaking out". The other woman said she realized she was uncomfortable with people crying because she had seen her mother crying "so much" and felt powerless to help her. She thought it would have been helpful to take some time to discuss how we felt about others crying in a group meeting.

Feminist Perspective

The feminist aspect of the group created some discomfort for all participants. The feminists found it difficult to hear non-feminists talk about "codependency" and books such as "Women Who Love Too Much". The non-feminists had trouble with feminists being "too extreme" or not having enough compassion for men. While there were disagreements in meetings, we never openly discussed our feminist philosophies. One non-feminist woman said that she is pretty open to feminism but said there were a lot of ideas she disagreed with and explained: "I just learned to shut up about it, it's not like I'm going to start arguing about it or getting on a band wagon, I just sort of let the conversation take a new course".

Another woman said she likes to "look at the big picture" in her life and that her picture includes men but she felt that some women in our group were talking about women as "divine" and men as "pieces of shit". It was her philosophy that there should not be an 'us and them' perspective because men "get a raw deal too". Another woman, who was a feminist, wanted to work on her fear of men and intimacy with men in the group but felt she had not been able to talk about it in the group because "there was a lot of animosity toward men in our group and it didn't seem like people wanted to talk about men as human beings".

The feminists said they could have at any time done any kind of analysis they wanted to and would not have rather been in a group with all feminists

because they get valuable input from women who are not as "politically correct". They felt that they did not have to accept a non-feminist analysis and could say what their own analysis was if they wanted to, which they did. However, one of these women said that if the group had moved in the direction of adopting the approach that is in the book "Women Who Love Too Much" she would not have stayed in the group.

Some of the suggestions for addressing this issue included: a discussion of what a feminist approach to examining our experiences as daughters of alcoholics is and what is beneficial about a feminist approach; a discussion of what forces shaped our parents' behavior; and a discussion about our feminist philosophies.

Conflicts

Only two women felt that there were unaddressed conflicts in the group. One of these women did not elaborate on what the conflicts were but said that if she had really felt they needed to be addressed she would have brought it up. The other woman felt that the differences in ages and experience with group process presented a form of conflict. She had also experienced "minor irritations" with one woman whom she felt talked too much but kept hoping that she would "check herself". A third woman said that she had found that one participant's "melancholy presence" made her feel weighted down. None of the women had noticed a conflict between Megan and Kendra until our last meeting when Kendra expressed her anger.

Perceived Limitations

One of the women who discontinued attending the group said that she found this type of group difficult because everyone is at a different stage of the

healing process. She found it particularly difficult to have some women in the group examining their feelings for the first time. She explained that, while she did not want to sound unsupportive, she did not want to go through it again with them because it had been such a "brutal period looking at it for the first time" in her life.

Another woman who was the only participant with an alcoholic mother found it difficult to not have others in similar situations to "bounce stuff off". It also made her feel as she did as a child - "alone, neglected and left out" at times. Another woman found that the group meetings were not long enough but noted that there was nothing that could be done about that because the meetings ran late as it was. Two other women noticed that they were grateful for the extra group time when someone was absent. One woman who had a friend in the group said she would never join a group with a friend again. Finally, one woman found it difficult having a participant in the group who did not participate very much and did not make many connections. She said that had this participant not changed in this regard she would have been very uncomfortable with her being there because "it adds an awkwardness to the group and makes it hard for the group to become cohesive."

All participants said they would have been disappointed if the group had ended after twelve weeks but it would not have created a crisis for them. One woman said "I think it's long enough to start something, this kind of personal growth and exploration is a life long thing anyway, any little bit helps".

Comparison To Twelve Step Groups and Individual Counseling

In the final interviews I asked all women how this group compared to their experiences in Twelve Step groups and individual counseling. They responded that this group differed from Twelve step groups in the following

ways: in our group we could talk about how the alcoholic's behavior was affecting us; we did not read from a book but rather talked about our experiences and gave each other feedback; our group was more intimate and there were only women, whereas in Alcoholics anonymous, particularly, "it is sort of like a meat market and the men are still abusers, even though they have quit drinking"; we could structure the group ourselves whereas groups such as Alcoholics Anonymous are very structured - "there is no input from individuals, a newcomer will be told 'you're going to say your name and after your name, you say you're an alcoholic, and everyone will say hello, then there will be twenty minutes of this person telling their story, then a ten minute question period and a five minute prayer"; and twelve step groups are patriarchal - "they don't want you to bring up anything else so you can't feel free to say anything about patriarchy". One woman summed up many of these comparisons in her response:

"I haven't been to ACOA groups but how I see it as being different is that this group is only for women, there's an understanding of what women's issues are in the group, it's a place that is supposed to be supportive of a feminist approach where I could say 'I don't agree with that because I don't agree with your perspective, I have a different one or I don't see that as being empowering of women, I see that as blaming women for qualities that society expects us to have'. An ACOA group might be a lot more victim blaming and get into codependency stuff a lot. The nice thing about our group is that you don't have to swallow all that stuff about disease and god. I couldn't go to AA and do that. I feel lucky with this group that I don't have to accept all this spirituality stuff and swallow the whole AA model in order to be supported to look at my own negative ways of coping. Looking at coping strategies in terms of how they are helping me isn't something AA likes to look at. And I don't have to start praying to this fearful god "

Only two women commented on differences between our group and individual counseling. One woman said that she liked the fact that there was

less of a power imbalance in the group because other people are sharing which does not happen as much (if at all) in individual counseling. The other woman found that there was more empathy in the group because of people sharing as well as less pressure to "get it right". She explained her experience as follows:

"The group was very nurturing and very constructive. My counselor was academically constructive - she would size up my situation and pressure me to work on certain things she felt I needed to work on. So the group nurtured me more. I didn't feel quite so much like 'oh I better deal with this before I go back to the group'. I thought with the counselor 'she's going to be kind of pissed off'. I wasn't quite clear why it was so important to her that I make sure I deal with all this - being assertive and stuff, like 'did you talk to your boss yet about getting an increase?', 'uh, no', 'well when are you going to?' Maybe I need to be nudged but emotionally a lot of my life I have felt like I have been beaten with a two-by-four so sometimes I think I need a little bit more nurturing instead of 'do what you're supposed to do, you're not doing it right, do it this way because this is what you should do, for your own benefit', I feel like saying 'yeah, I know, I know give me a break, I have to practice, I'm 45 and have been doing it this way for a long time'."

Summary

The group structure and process were collectively determined by participants in the first meeting. For the first hour of each meeting we had equally divided uninterrupted talk time with the option of feedback (referred to by participants as "check-in"). In the second hour we discussed a topic from a list of topics brainstormed in the first meeting. By our third meeting we decided to use the "talking stick" approach (Appendix E) to discuss the topic rather than having an open discussion, and to rotate group facilitation. Group interaction evolved from participants relating similar experiences to offering observations and insights about each other's situations to assisting with problem solving and facilitating deeper emotional expression.

During the "check-in" of meetings, discussion generally centred on problems with relationships with family members, partners and/or friends; self-esteem; and ability to openly express feelings, eg. anger. The twelve topics that were collectively brainstormed (Appendix E) revealed much about the political context of participants' struggles with issues that the codependency movement refers to as codependency "symptoms". For example, factors contributing to problems with intimacy included: men's inability/unwillingness to communicate emotionally, destructive gender roles in our families of origin, and conservative philosophies (internalized oppression) of family members.

Participants' changes in attitudes and behavior included increases in self-esteem, improved relationships, and rejection of some gender roles. We recognized that several relationships in our lives were not mutually empathic/empowering and we assumed less responsibility for intimate relationships. We came to understand that we were not overreacting when we were angry but were responding to some form of oppression and expressed and acted on our anger within and outside of the group. We broke silence about our experiences and feelings, began to share our feelings and experiences more spontaneously, and challenged our internalized belief that our feelings and experiences are abnormal.

In the final interviews, participants were asked about their satisfaction/dissatisfaction with the group. Benefits experienced by all participants included: a sense of support and community; receiving feedback and assistance with problems; identification of family members' abusiveness and validation in setting boundaries/limits on caretaking; validation and normalization of emotions, and facilitation of emotional expression, particularly anger; and power-sharing in structuring the group and throughout the group process. Some participants were aware of power differences in the group but

felt the power was shared well. One woman said she was intimidated at times but did not feel silenced. Another woman suggested that we should have discussed power imbalances at some point in the group.

Four women had difficulty crying in the group. One woman feared that her feelings might not be attended to; three women were not used to crying and two women were uncomfortable when other people cried. One woman said it would have been helpful to discuss how we felt about crying in the group.

The feminist aspect created discomfort for all participants. Feminists found it difficult to hear non-feminists make woman-blaming statements and non-feminists and one feminist felt silenced, to some extent, by the philosophies of some feminist participants.

Participants felt this group was better than twelve step groups for the following reasons: the group is structured by participants; participants talk about our own experiences and receive feedback rather than reading from a book; the group is more intimate and participants are all women; participants feel free to talk about patriarchy, there is an understanding of women's issues, the group is not victim-blaming; and participants do not have to "swallow all that stuff about disease and God in order to be supported".

CHAPTER VI

ANALYSIS

ANALYSIS OF RESULTS

I have used my theoretical framework (Chapter III) to organize my analysis of the research results. The following analysis also discusses the differences between the codependency and feminist assumptions as outlined in my literature review.

Redefinition of Women's Reality

Redefining women's problems as internalized oppression moves us to examine and change our own conditioned attitudes and behavior while simultaneously challenging the dominant culture. Mainstream psychology, including codependency theory, locates the source of women's pain within our personal psyche, ignoring the exploitive relationships and environments in which we live. For example, Bradshaw (1988) claims that our societies are sick because our families are sick. The evidence of this study, consistent with feminist theory, is that our families are sick because our societies are sick. Codependency assumptions are redefined according to the experiences of the participants of this study as follows ("codependency symptoms" are organized under the two categories in which participants' attitudes and behavior changed, i.e. relationships and self-esteem):

Relationships

"Codependency" theory assumes that "codependents" (the majority of whom are women) encounter problems in intimate relationships as a result of

growing up in "dysfunctional" families where they have not had their dependency needs met. According to this theory, "codependents": run from good relationships and seek out pain-filled partners who are emotionally distant and unpredictable; stay in destructive relationships because of their fear of abandonment and because they do not have a clear self-identity; take care of others to give themselves an identity and/or to get artificial feelings of self-worth; and suffer from inadequate sexual performance, sexual disinterest or caretaking in the bedroom. This study indicates, however, that the problems that the women in this group encounter in intimate relationships are more closely connected to sex role stereotypes and social distancing. The results of our discussions on intimacy, caretaking and sexuality speak to the social factors that result in oppression in intimate relationships as follows:

Intimacy: It was the participants' experience that friendships with other women were much more conducive to emotional intimacy than those with men. In general our experience was that men, including our fathers, are unwilling/unable to relate on an emotional level and are conditioned to view women as sexual objects, rather than whole human beings. Yet the women sought out relationships with men because they had internalized the social norms, values and prescriptions which they were conditioned with throughout their lives via family, schools, church, media. Such internalized beliefs included: a woman's role in life is to become a wife and mother (fitting neatly in with patriarchy's scheme of maintaining the unpaid labor of women in the world of reproduction), the relationship would provide financial security and ongoing emotional support (the myth of romantic love which is very seductive in a society that provides very little of either for women), and there is something wrong with us if we are unable to sustain a relationship with a man. Another reason that the women wanted to have relationships with men and stayed in unfulfilling

relationships was that it was one of the few socially acceptable places to receive some form of physical affection.

While the dominant belief of western society is that women seek relationships with men because they are innately heterosexual, Rich (1980) challenges the entire notion of choice in the area of sexuality. She claims that we must see heterosexuality itself as a political institution which has been maintained by a "whole cluster of forces within which women have been convinced that marriage and a sexual orientation towards men are inevitable components of their lives (p. 71).

It was well established in this study that the women were deprived of physical affection because of social norms (which are reinforced in families) that limit the amount of affection between women friends and because most men have been socialized away from their ability/willingness to be physically affectionate outside of sex. Women of western culture are taught that the only way to get physical affection is in heterosexual relationships. Women are conditioned to value relationships with men more highly than those with women despite the fact that women friendships are usually more nurturing. We are conditioned to dream of and seek happiness with one man. When that relationship is threatened or is not what they have dreamed it would be, many heterosexual women will often go to any extent to attempt to make the dream a reality, including changing themselves and sacrificing friendships with other women. Two women in this study gave up long term women friends when faced with the threat of losing a male partner, and one woman spoke of suppressing her feminist beliefs.

In general, women in this study stayed in destructive relationships, not because of "their fear of abandonment resulting from a dysfunctional childhood" but as a result of myriad social reasons including: having internalized

messages from family, church, society that you stay 'for better or for worse'; the difficulty to identify abuse in a society that prescribes aggressive behavior in men; the conditioning to be selfless and to expect very little nurturing; and financial dependence. Furthermore, women are prepared for relationships of unequal power via our earliest family models which are a reflection of the gross power imbalance between men and women in society at large.

Caretaking: Contrary to the codependency assumption that excessive caretaking results from the need for self-identity, in this study the women were expected to assume primary responsibility for the emotional and physical well-being of others and for the success of relationships. It became clear that families are a primary training ground for this caretaking role and for women's subservience to men. Fathers and husbands in all of our families were uninvolved in family life other than to control the household through finances, demands and/or violence. This finding is not surprising given that men are taught that they should be able to rule in the home, to control, to dominate in order to maintain their sense of power which is equated with masculinity. Once again patriarchy is protected, as the ruling classes ensure that male violence will occur in the private home and not on the public job where it would be open to public scrutiny. In all of the cases in this study, as daughters and wives, we were expected to assume responsibility for household chores while brothers and fathers relaxed or, if we were lucky, "helped out".

Furthermore, we had been well-socialized to ensure the happiness of family members and partners. In our families of origin, it had become our unspoken obligation to tend to the emotions of all family members, including our mothers. Lavine (1982) speaks to the realities of mothers' lives when she says:

"While men are seen to require and deserve financial independence, personal achievement, physical maintenance and nurturance, mothers are subtly excluded

from these entitlements. Hiding behind the mystique of motherlove and family, society forces women to accept a less than human life contract" (p. 196).

Having dedicated their lives to their husbands and children as 'good wives and mothers', our mothers were deprived of nurturance. Moreover, many of them had also been emotionally depleted from the ongoing emotional, verbal and/or physical abusiveness of their husbands. It is understandable, then, that our mothers turned to the only other socially acceptable or available source of nurturing - their daughters. Many of us, who had learned our role well as emotional caretakers of society, became our mother's sole source of nurturing and companionship. While most of our mothers were not overtly controlling, they used guilt and disapproval as a means, whether conscious or unconscious, of having us meet their needs for nurturing.

Additionally, mothers are conditioned to locate their success as women in how well their children turn out. This measurement most frequently involves very strict expectations that their children live according to social norms. For this reason many of us experienced our mother's love as conditional and felt that we were not able to let them see who we really are as individuals. Levine (1982) mentions that "the mother-daughter connection is one that is damaged by patriarchy yet potentially very rich" (p.205). Most of us experienced the sadness of knowing that our mothers really loved us and wanted to be close to us but felt resentful that they remained in abusive relationships and complained to us about it, expected us to be someone we were not, and did not have time to really nurture us when we were children because they were so busy "doing a million other things".

Even in our relationships with our fathers, many of whom were abusive, we found ourselves plagued by feelings of care and sympathy for them. These mixed feelings were partly a result of our conditioning that a good daughter

loves her parents, partly because we were empathetic at some level to their plight as men in our oppressive society (also seeing their vulnerability from time to time), partly because we had been taught to do men's emotional work for them, and partly because our mothers had also reinforced the rule that we must respect our fathers at all costs. After all, being a "good mother" also requires that women teach their children to love, honor and obey their fathers. One example of this was when Christa tried to protect her mother from her father's abuse by telling him that she *would* press charges against him even if her mother would not. He stopped the abuse (on that occasion) but her mother told her that it was not a very nice thing for Christa to do.

While we began to recognize the many difficulties inherent in our relationships with family members, particularly the lack of mutual nurturing and the barriers created by their internalized sexism, classism, and racism, all of us chose to maintain the connection with our family members. Most of us found ways to reduce the caretaking we did in our families. Some of us realized that we obtained some degree of nurturing from them, and for others of us they provided a financial safety net in our precarious lives. Regardless of the reason, we realized we were just not willing to disconnect from them completely. Codependency proponents would view this decision negatively as dependency but according to the Stone Center's psychology of women, "the tendency to value connectedness and to attempt to maintain even difficult relationships is a strength that is both normal and predictable rather than as evidence of underlying pathology" (Webster, 1990: 63).

In relationships with partners it was also interesting that many women in the initial interview assumed that their partners were nurturing because they would talk about "romantic stuff", do thoughtful things, hold their hand and tell them they were beautiful, listen when the women were upset and tell them

everything would be okay, and if they cried, handed them a Kleenex box and said 'cheer up'. It appears that women become very grateful for meager forms of affection. None of the women spoke of being able to talk about their feelings with partners in a way that allows a deeper expression of feelings. Instead it appeared that the male partners (who are typically socialized not to acknowledge and/or attend to feelings) were trying to get them to stop feeling.

Sexuality: There were many reasons that we were dissatisfied with our sexual lives, none of them solely related to our own "inadequate sexual performance due to our dysfunctional childhoods", if at all. Many of the women's disinterest had more to do with the lack of emotional presence and sensuality with male partners during love-making. None of us had experienced sex as "life-giving" but rather as, at best, physically pleasurable. Some of us felt pressured by the expectation that we should have sex on a regular basis to secure the relationship. Others found it to be a disappointment, and not at all the source of ecstasy and intense bonding that is presented in the media and other social institutions. Still others discovered that there was no energy left over to engage in anything sexual at the end of a day where we were functioning at 150%. Most distressing of all, we had all been shamed into becoming estranged to varying degrees from our own bodies and sexuality.

Self-esteem

According to codependency theory, codependents have developed low self-esteem because their "dysfunctional" caregivers have given them the message that they are unimportant. They further believe that this low self esteem contributes to various forms of "undesirable behavior such as being perfectionistic, controlling, anxious, rageful and spiritually bankrupt" (Bradshaw, 1988: 91). It is also deemed to account for codependents' inability to make their

own decisions and their belief that they are unable to take care of themselves.

Results of this study, on the other hand, have pointed to various social factors that impact on women's self-esteem regardless of what type of family one grows up in including:

Impact of caretaking on self-esteem: Many of us struggled in the group with our conditioning to take care of others. One woman, in particular, was conscious of the emptiness she experienced when she made a decision to stop taking care of other people. She realized that she felt like she had no self outside of doing for other people. The struggle for the rest of us, however, had more to do with the guilt of feeling "selfish" when we chose not to put others' needs ahead of our own. This is not surprising in light of our conditioning to "have no self separate from" parents, lovers and children. We come to believe that we are not worthy of love simply by being ourselves but that we have to earn it. We are conditioned to judge our worth as persons by how happy we make others, how much they love and respect us" (Johnson, 1991: 76).

Impact of sexism and classism on self-esteem: A primary factor that contributed to participants' sense of inferiority was dissatisfaction with our appearance/bodies. This assault to our self-esteem derived not only from being unable to meet sexist standards of beauty as established by the ruling classes, but more severely by the overt and covert disapproval of our appearance privately and publicly by men. We know only too well that our value/success as persons (as is also the case for men) is often dependent on how closely we measure up to the stereotype of beauty/attractiveness portrayed in the media.

Intertwined with sexist standards of beauty are classist standards of success. Naturally, the "beautiful" and "successful" woman is "well-dressed" which requires her to be able to afford expensive clothing. Together these standards ensure a steady population of consumers to maintain capitalist

reproduction and ongoing erosion of women's self-esteem. The classism that is intended to keep the majority of the population pouring their money into the hands of the upper classes holds up middle class standards for all to desire. Having internalized the ideology that one is a less valuable person if unable to be financially "successful", working class people usually blame themselves. In this study all but one of the participants grew up ashamed of not meeting these middle class standards, not only due to our own feelings of inadequacy but also because we had been overtly judged by others for not living according to the norm. As Hughes (1987) asserts, you come to believe inside yourself that you are a bad person because we live in a society where poverty is your own fault.

Anxiety/control/perfectionism: In this study many women referred to themselves as being controlling and perfectionistic when being organized and/or organizing the lives of others, particularly men. Yet it appeared that this control and perfectionism was most often a compensation for the under functioning of the men in their lives. Women are evaluated according to how clean our houses are while men are not required to take any responsibility for this type of organization. When we ask men to accept their share of the responsibility for the house-cleaning, etc. we are labeled controlling and perfectionistic.

Furthermore, we receive many messages in society that we must be perfect (this is also the case for men). We are encouraged to strive for top marks in school, churches tell us that we will "burn in hell" if we make too many mistakes, and as one participant stated, "we are taught from birth to control everything, including our movements, our speech, our emotions, our behavior". Levine (1982) asserts that "girls and women have been trained to be 'good' and 'careful', meaning we are made particularly wary and fearful of making mistakes, large and small and being penalized for them" (p. 205).

This perfectionism, i.e. fear of making mistakes, combined with our conditioning to "talk and react rather than to act, to be rather than to do, to feel rather than decide" (Levine, 1982: 206) also contributes to our lack of confidence in our perceptions and decision-making ability. While all of the participants of this study made their own decisions, none of them were confident in their ability to make them and usually felt better when their decisions were validated by someone else. Perhaps this points to women's conditioning to see life, not as a continuing trial and error process, but rather as a test of our value as women. We attempt to avoid the punishments that result from making decisions that are not reflective of 'goodness' and self-sacrifice. This conditioning again perpetuates the oppression of women as it seeks to minimize women's direct participation in decision-making about the socio-economic system that rules our lives.

Another very significant factor in the perfectionism/control and anxiety for the participants was the lack of financial security in our lives and the reality that we must overachieve to compete for our survival in a capitalist patriarchy that relies on a reserve of unemployed (primarily women).

Emotional expression/anger: Codependency theorists believe that codependents do not know how to express their emotions moderately. They are believed to either totally suppress emotions or express them inappropriately because they were ignored, attacked or abandoned for their reality in their "dysfunctional" family.

The experience of the women in this study, however, was that North American society suppresses the expression of feelings. When women tried to talk about their feelings with others, particularly men, they were told they were being too deep and/or depressing. A couple of the women were even told by ex-partners that the reason they did not want to be in relationships with them

was because the women were too nervous or not calm enough. When we discussed our hesitancy to cry we discovered that we had all received similar messages that it was not acceptable to cry. In the public world an open expression of tears is considered a sign of being childlike and/or hysterical.

An even more punishable emotion for women is anger. Women are conditioned to be nurturers, to always be nice and smiling for everyone else. Otherwise we are considered insane or are referred to as a "bitch". Either way it is believed our anger is unwarranted. In our group we were able to identify the external sources of our anger. Our anger was about being oppressed as women on a consistent and daily basis from childhood into adulthood; it was not simply the leftover anger of being ignored as a child in our family. We were angry that men were allowed to harass and degrade us in public without consequence, that our bodies were being objectified at every turn, that our fathers (and mothers in some cases) had abused their power over us as children, that men are given the message that they should control and dominate their families, that we have minimal control over the government bodies that contribute to oppression by "policing the poor" and not holding corporations accountable for misallocation of funds (among other misuses of power); and that we are silenced when we try to speak out against the oppression of women.

We hold in much of the rage from the abuse by men (women) in positions of power over us who also invalidate the reality of what they are doing when we try to stop them. We have no power to stop them. We feel unheard and powerless. It may make us feel crazy. If we allow ourselves to feel, we feel wild with rage and sometimes want to strike out by using the kind of violence that has been used against us. Then we feel guilty and think we must be evil. Some of the women in the group had found themselves in this situation and struggled with the guilt of it. The flipside of this external expression of our rage

is the depression that results from internalizing it, as evidenced by Kendra who had struggled with depression for a number of weeks until she finally released it at someone who was abusing her and felt a sense of freedom.

Focus On Personal Strength Rather Than Pathology

Codependency theorists assume that "codependents" must learn the symptoms of codependency so that they can better understand their illness/dysfunction. They further assume that "recovery" requires following a specific regime as established by psychological "experts/professionals". The feminist assumption, on the other hand, is that women are responding logically to a pathological socio-economic system. In this group the assumption of participants' personal strength led to empowerment of participants as follows:

Experts on our own lives: As the experts of our own lives, we did not require outside 'experts' to tell us what we needed to do to 'heal'. We reclaimed our self-authority and began the slow process of taking back control over our lives. We were not recovering from what mainstream psychology would have us believe was our pathology. We were not trying to become better adjusted women by correcting our "inappropriate" behavior. We were naming, from our hearts and in our own language, the source of our oppression, i.e. our conditioning to serve others, to silence ourselves, to blame ourselves for deviating from patriarchal definitions of a "good" woman, and to distrust our inner voices. We chose our topics based on the struggles we were facing. We found answers from within ourselves about the root of the struggles and the solutions. We explored options and made choices that most closely matched our lives and that we were comfortable with doing rather than expecting ourselves to act according to how the 'experts' say it should be done. Levine (1982) testifies to the significance of this self-determination: "In consciousness-

raising groups there is a validation of women's life experience - as they tell it, as they feel it, as they react to it. It is a rich experience for women who are not accustomed to being accorded respect and dignity, privately and publicly, in a patriarchal society" (Levine, 1982: 204).

Decision-making by consensus/shared facilitation: Having direct participation in decision-making about our group process assisted in overcoming our internalized fears about decision-making. We began to recognize that our opinions and perceptions are accurate and our voices count. While it was determined that informal power imbalances based on age, experience, and personality did exist, the rotation of group facilitation/timekeeping combined with collective decision-making to create a space unlike the patriarchal hierarchies that oppress us.

It should be noted that, except for the first two meetings when we were establishing the group process, shared group facilitation involved only timekeeping. Equally divided uninterrupted talk time, feedback and empathy provided by all participants to each other, and the use of the talking stick precluded the need for much additional group facilitation. In retrospect, however, facilitation should have also included ensuring sufficient closure for which I always assumed responsibility.

I was aware that when I assumed less responsibility for group functioning I became more focused on my own internal process and sharing in the group. I was also aware that my greater investment in the group led me to ask how participants felt about changes in group process which others did not appear to be concerned about, point out decisions that needed to be made, and to be the contact person when there were changes to group times, absences, etc. As one participant observed, I was "the glue that held the group together" which may have contributed to a power imbalance.

Valuing individual differences: Conformity has been a powerful strategy used by the larger society to control its members. All of us in the group had experienced some form of punishment for deviating from social standards at various points in our lives. It becomes imperative, therefore, in any effort to fight our oppression, to ensure the freedom to be different and to acknowledge the fact that all women have experienced different as well as similar forms of oppression based on race, class, age, etc.

We took the time to create a process for hearing and resolving conflicts in the beginning meeting so that differences would be viewed not as barriers/obstacles but as truths and as insight into our internalized oppression. The discussion itself of how we would value differences increased our awareness of how we are taught in our society to handle conflict, i.e. the win-lose mentality, the effort to close the other person(s) down rather than to open up a discussion, and the use of abuse/violence.

While it came as a surprise (and perhaps a source of fear) initially to some women in the group that disagreement might occur, conflict was reframed as a natural and healthy aspect of growth rather than as a destructive force to be prevented. What we overlooked, however, was a discussion of power imbalances/oppression that typically exist in groups. For example, in this study a few women alluded to feeling silenced by other group participants. While it may not be possible to divest oneself of all power, it is crucial to an egalitarian process to share power.

Reduction of Isolation and Validation of Perceptions and Voice

While codependency groups may reduce isolation, they lack any discussion of how gender roles impact on relationships; they encourage "codependents" to become more self-sufficient and/or turn to God and other

codependents for support; and they encourage "codependents" to adapt themselves to social norms. In this group, we examined our pain in the context of social oppression and validated the significance of nurturing and affiliation with the following results:

Sharing lives we have been taught to keep private: One of the most damaging forces of patriarchy is the conditioning to remain silent about our experiences. Not only does it leave us isolated from each other, which can be life-threatening (e.g. wife battering), but we lose our self-esteem when we assume that our 'shameful' experiences are unique to us. Sharing our experiences, particularly our most shameful secrets, was instrumental in this group in changing attitudes and behavior that were causing us to collude in our oppression.

All of us began the group with feelings of guilt and shame about ourselves as women. For many of us, it was through tears and anger that we discovered we were normal, as the women around us identified with our pain and validated our reality. In hearing others' stories we could see parts of our lives in others' lives and understand the social forces that shaped us. By breaking our silence we could find out that others would not turn away from us in disgust. We could explore (and have others help us explore) who was really to blame for our shame, and see that it was not us.

We did not have to fear being labeled and pathologized by "professionals" who often slot people's behavior into neat categories and apply "symptoms" to our experiences of oppression. We could talk about the shame and guilt of sexual abuse, of poverty, of 'hating' our parents, of feeling unattractive, of wanting to be violent at times. We could expose the fact that we craved affection and had "hang-ups" about sex and that sometimes we had no confidence at all - brave words in a world where it is not safe to show your

insecurities. And we could discover that all these other beautiful, strong women had similar "hang-ups". It made it easier to like ourselves and feel that there was not something inherently wrong with us as individuals. We could find the strength and the validation to change the source of our low self esteem in addition to changing our images of ourselves.

Mutual empathy: According to Surrey (1985) self-esteem is related to emotional sharing, openness and a shared sense of understanding and regard rather than the mainstream definitions of self-separation that characterize males.

In this group mutual empathy increased as the group evolved. In early meetings empathy was primarily based on relating similar experiences. At each meeting we interacted in more mutually empowering ways, e.g. validating each others' experiences, making observations, positively reframing seemingly negative attitudes and behavior. In our final meetings we encouraged each other to talk more about our experiences and asked questions that facilitated deeper expression of feelings and problem-solving. Simultaneously, most of us became willing to risk greater emotional vulnerability. A couple of women even reclaimed their ability to cry which had been stifled for some time.

Mutual empathy was a crucial factor in allowing us to redefine as a strength that part of ourselves that patriarchy has defined as women's weakest and most abhorrent quality - our emotions. Being attended to and assisted in understanding our experiences was considered one of the most valuable aspects of the group by participants. Two women felt special just to have people acknowledge them and give them undivided attention. This is a luxury that women are seldom accorded in our society and a fierce reality which also contributes to women's low self-esteem.

Reducing dependence on one relationship (usually a man): While there was minimal evidence that participants increased mutually empathic relationships outside of the group, there was evidence that they felt less of a need to rely on a relationship with a man for their security. This reduced dependency was partially attributable to increased awareness about our conditioning to be dependent, partially to an increase in self-esteem and partially to being able to receive support in the group.

Trust in our opinions, perceptions decision-making: Receiving validation from each other about our perceptions and reactions also increased our trust in our opinions and perceptions. As we began to unpack the self-blame and negative self-image that we had internalized from society, we began also to feel we were competent to make good decisions. We heeded our internal voices rather than looking for approval from the outside world.

Feminist Consciousness raising As a Core Element of Healing

Codependency theory ignores the political context of people's lives and imposes a framework, complete with terminology and labels, upon individuals who attempt to make sense of their lives. A fundamental assumption of feminist philosophy is that individuals must be granted the respect to name their own reality and find their own solutions. In this group this feminist philosophy was included as follows:

Self-understandings must be the starting point: It is essential for participants of a consciousness raising group to first see and describe their own stories in their own language. Feminist consciousness-raising should not be a "moralistic attempt to get participants to adopt a new set of ideas and ideals which are foreign and threatening to them but rather a possible framework by which they and their situation can be conceptualized" (Moreau, 1989).

The process of this group ensured that we (participants) could explore our own situations in our own words. However, this was one area where I struggled with my role in the group. While I intended to share my structural analysis with the group and facilitate their own structural analysis, I found myself hesitant at times to do so because I did not want to appear to be taking an 'expert' role or imposing a philosophy. At times I would relate a similar experience which would include a feminist analysis; at other times I would make comments about how "in our society women are expected to...". There were times, however, that I lost sight of the potential for feminism to silence some women, particularly non-feminists. I discovered in the final interviews that, in trying to impart a feminist perspective, I contributed to silencing some participants who felt reluctant to disagree and/or discuss issues about men in a compassionate way

Hooks (1988) points out that "we must not profess a political superiority that makes the feminist movement just another oppressive hierarchy". Perhaps the "political superiority" was being professed in this group when women (including myself) who had more power in the group by virtue of group experience, education and/or age expressed strong feminist views. In retrospect, I believe it would have been beneficial to discuss our feminist philosophies at some point in the group. A discussion of what an empowering approach to examining our issues is (e.g. which philosophies blame women and which ones do not) may have also created a context for respectful disagreement. Furthermore, a discussion of power imbalances would have helped to acknowledge power differences and hopefully minimize them.

Personal-political connections: In this group we looked at how our attitudes and behavior were shaped by the larger society. We became acutely aware of how we had been conditioned to tend to other's needs rather than our

own and how little nurturing we had come to expect and/or hope for. We were able to understand how our relationships with family members/partners were shadowed by their conservative views (internalized classism, racism, sexism, heterosexism, etc.). In reframing our attitudes and behavior as an appropriate response to a pathological system we were able to relieve self-blame and guilt and allow ourselves to be angry. Moreover we were able to set limits on the responsibility we took for caring for others. We decided whether we wanted to end relationships that were not mutually nurturing. And we began to assert our rights when we felt we were being oppressed privately and publicly.

Interestingly, the women who had previously had codependency counseling or had read codependency books (Christa, Carina, Dawn and Diana) held to many of these views and labeled some of their behavior negatively even after discussion of feminist analysis concerning the issues they referred to. This may say something about how difficult it is to undo the conditioning of the codependency philosophy and how long it may take for women to develop a more critical consciousness. This group consisted of only fourteen meetings. It is unrealistic to expect all previous woman-blaming attitudes to change in that length of time. It should be noted also that while these women may have held to some codependency views after a discussion of a feminist analysis, the discussion did impact on some of their views.

Political Action Rather Than Personal Adjustment

Codependency theorists encourage codependents to detach from other people's behavior, to let go of attempts to control situations - in effect, to accept and adapt to the social status quo. Contrary to this prescription, feminism submits that "action is a key ingredient because without it oppressive situations do not change. The action required does not have to be a huge risky move, it

need only be a real step in promoting desired change" (Wycoff, 1980: 16).

I had assumed that women in the group would begin to take political action against the institutions that oppress us. While we did not take formal action to change the social structure, we critically discussed its oppressiveness on several occasions and examined its destructive impact on us. We recognized our oppression and challenged our socialization to put others' needs ahead of our own. Another courageous political act was validation of our anger and expression of it. In effect, we worked to change our collusion with patriarchy in our personal lives, which, by the same token, is political action.

DIFFERENCES BETWEEN THIS FEMINIST CONSCIOUSNESS-RAISING GROUP AND SELF-HELP GROUPS

This research was not intended to provide a comparative analysis of feminist and codependency groups. Rather, I intended to document a feminist alternative to the codependency approach. However, on the surface it is possible to observe basic differences between the two approaches which, given the evidence from the group, renders feminist consciousness-raising more effective in empowering women to take more control of their lives.

In Table 10, I sum up the approaches to feminist consciousness-raising and codependency self help groups and note advantages of feminist consciousness raising groups. This table emphasizes that a feminist consciousness-raising group facilitates participants' self-determination and empowerment at every stage of the process, beginning with the development of the structure. The feminist group facilitates integration of emotions rather than the detachment from emotions which is promoted by the codependency model.

There is room for the growth of mutual empathy in feminist groups, while codependency groups encourage focus on the self only. Last, but not least, the feminist approach removes blame from the oppressed woman and places it appropriately with the oppressor (both individual oppressors/perpetrators and the society that allows such oppression) and supports women to change the source of our oppression. Codependency groups, on the other hand, urge participants to label themselves as "dysfunctional", to find ways to numb their pain, and to depend on a higher power for "salvation".

Table 10 - Advantages of Feminist Consciousness-raising Groups

	Codependency group	Feminist group	Advantages of feminist group.
Structure	•Rigid structure based on patriarchal 12 steps & 12 traditions.	•Structure determined by participants; may change by consensus; flexible timing	•Self-authority; regain control of own life; validation of opinions, voice, decisions
Group membership	•Men and women	•Women only	•Women not silenced by men in the group.
Philosophy	•Nonpartisan policy; political discussion prohibited; no talk of 'women's issues'; conform to profile of a 'healthy person' of codependency books.	•Personal-political analysis central; focus on women's issues; valuing of individual differences; discussion of whether philosophies empower/disempower women.	•Increases awareness of internalized oppression; validation of internal voice; become one's own person, free to voice opinions; internal & external validation of perceptions, opinions.
Process	•Read from codepend. book; minimal dialogue; no crosstalk, minimal feedback; focus on self only •Assumes social structure is correct; locates the problem in individual & family; pathological attitudes & behavior are due to 'dysfunctional' family	•Participants determine guidelines; may include observations, feedback, problem-solving, validation, comforting, challenging each other. •Assumes social structure is oppressive; identifies patriarchy as the problem; examines gender roles; attitudes & behavior are viewed as a logical response to domination.	•Facilitates: analysis of problems in one's own language; identify & express deep feelings; mutual empathy •Reduces self-blame & shame; perpetrator and society are held accountable; seeks equality in relationships; examines usefulness of negative coping mechanisms
Solution	•Emotional detachment; pray for removal of character defects, life long 12 step program	•Anger is a sign of oppression; change conditions that generate anger; re-ordering of social structure	•Emotions are validated, internal strength vs. external god; liberation vs. colluding in our oppression

LIMITATIONS OF THE RESEARCH

The participants involved in this study were all white, well-educated, able-bodied, middle class, not in immediate crisis and the majority were heterosexual. A limitation, therefore, was the homogeneity of the group. However, transferability of the findings in this study to other situations may be achieved through identifying similarities between the situations of other women and the results of this research ("naturalistic generalizations" (Stake, 1983)).

The power differential between myself and the other group participants must also be acknowledged as a possible limitation. Participants may have responded in interviews and in session evaluations with what they thought I might want to hear in an effort not to hurt my feelings. Given that we would also be continuing the group, they may have responded in the final interview in a way that would avoid conflicts with me or others in the group. However, I took steps to minimize this limitation by emphasizing in interviews and throughout the project that participants' criticisms were seen as helpful and that interviews would be confidential. In fact, I was surprised that participants were as open with their critique of the group as they were.

CHAPTER VII

CONCLUSION

Epilogue

Six months have passed since the completion of our fourteen week group. From June (when the first group ended) to September all six of us met weekly. Since September, Kendra, Megan and Christa have been unable to attend several meetings due to conflicts with work meetings. Megan is currently taking a break from our group to facilitate a work-related group. The remaining five of us continue to be involved in the group and, those of us who are able to, attend weekly. Recently, there have been several meetings where only three participants were able to attend (not always the same three). Regardless of the small number of participants, all of us continue to look forward to the meetings for support and assistance in dealing with our current and past oppression.

When we began the "second" group, we decided to have the meetings at Kendra's and Megan's home and everyone donated money weekly for refreshments (Megan offered to prepare the refreshments weekly). Rather than using the talking stick and choosing topics we decided to use our entire group time to have uninterrupted talk time with feedback and to each speak about the issue of our choice. Unfortunately, we have only briefly evaluated our group and discussed power imbalances.

My experience and observation of this "second" group has been that there is less emotional expression (discussion is more on an intellectual level) and the more vocal participants appear to end up with more group time than less vocal participants. When we did speak briefly about how we felt about our process there were only three of us present. Both of the women (besides

myself) who were present felt they were getting as much from the group with less structure as they did in the first group but that it had evolved to this point. They felt the less structured process would not have worked as well for the first group because structure was needed while we were getting to know each other and becoming cohesive. One woman said that without the structure in the beginning, the group "would have become convoluted". Both women liked the current feeling of being with friends rather than in a formal group. One woman thought that perhaps we could change the process from time to time, i.e. have more structure when we decide we want it, and that we do not have to always do the same thing.

We talked briefly about power imbalances at the same meeting. While both women felt that power imbalances were not currently an issue, one woman felt that it had been an issue for her in the past. She said it would have been helpful just to be able to acknowledge the imbalances early in the first group. She would have preferred, however, to use the word "influence" rather than "power" because "power" has such a negative and forceful connotation. We all felt that it would take some time to discuss the different forms of power in the group and we would perhaps need to brainstorm ways to minimize the imbalances. One suggestion was to check in at different times over the course of the group to find out how everyone was feeling about power issues.

Some of the changes that participants have experienced in the second group include:

Carina: has been able to detach emotionally from her husband (she claims that Sonia Johnson's book *"The Ship That Sailed Into The Living Room: Sex and Intimacy Reconsidered"*, as recommended by another group participant, was a major catalyst in this change); has developed a strong feminist analysis in examining her life, in general, and her unsatisfactory job, in

particular; and is exploring options to leave her job and find "her own path".

Dawn: has enrolled in an art program (part-time); has decided to terminate the friendship with her ex-partner and is dealing with the anger that is surfacing about his abusive treatment of her in their relationship.

Christa: has been dealing with childhood memories of her father stalking her family and of protecting her mother from being killed by her father; and is currently exploring ways to increase nurturing friendships with women because she has been feeling lonely without close women friends (other than the group).

Megan: has become more aware of painful emotions from childhood; has less contact with her alcoholic mother; and is planning to move into her own apartment.

Kendra: became involved in a relationship with a man, worked on examining the dynamics of the relationship and her sexuality (and overcame some of her fears); decided to end the relationship because he was emotionally distant; is struggling with how to meet her desire for physical affection; and is exploring her spirituality to help her deal with her oppression as a woman.

Debbie: I have become more spontaneous in expressing feelings, particularly tears and anger; and I am currently searching for a way to create our "women's society" which we talk about at some point in almost every meeting (this vision was spawned at a meeting where Megan played an audiotape of Sonia Johnson's reflections about women's enslavement by patriarchy).

Implications For Individual Women and Social Workers

In this thesis, I have researched the value of a feminist consciousness-raising group for daughters of alcoholics. I have also critiqued the basic tenets of the accepted and widespread model of codependency and demonstrated an alternative model. The data of this study demonstrate that my model, based on

a feminist approach, was effective in raising self-esteem, improving relationships, and challenging some gender roles. It identifies the source of the suffering of daughters of alcoholics as the same as that of any other daughter in a patriarchal society, i.e. female oppression (rather than the disease/dysfunction of having co-habitated with an alcoholic). The research also suggests that the negative impact on women who grow up in a family with an alcoholic member results more from destructive gender roles and abuse of power than alcoholism.

This model may offer a valuable alternative not only to women who are now being labeled by professionals and labeling themselves "codependent" but to all woman to address their pain. The goal of this type of group is not to recover from pathology but rather to examine our internalized oppression. This model would provide a forum for women to collectively examine and challenge the institutional and structural sources of their oppression rather than changing themselves to adapt to our oppression. At the very least, the adoption of such a feminist model by mental health workers may reduce the re-victimization of daughters of alcoholics in traditional forms of therapy.

Recommendations For Future Groups

The crux of this feminist consciousness-raising framework is the reality that women are the experts of our own lives. From this basic principle flows the right and need for women to name our own reality in our own words rather than having pathologizing interpretations imposed upon us. It is my contention that most women do not require the assistance of outside professionals to heal, i.e. to take back control in our lives. Feminist consciousness-raising makes it possible for women to 'heal' together. However, if and when women turn to helping professionals, the worker must guard against unwittingly revictimizing women with pathologizing theories, such as codependency. Following are

recommendations for future feminist self-help and 'professionally' facilitated groups:

- Given the confusion and negative connotation that has come to be associated with the word "feminist", it may be advisable to refer to the group as a consciousness-raising group. Not defining it as a feminist group also allows for perspectives other than a feminist one to be included. A discussion of participants' understanding and philosophy concerning feminism (and philosophies in general) should, however, take place at a meeting determined by participants (perhaps not prior to the third meeting as participants are still getting to know one another and deciding whether or not to be in the group). It is also advisable for participants to discuss their views about what an empowering approach to examining their issues is. Such a discussion may help to create a context for participants to express their disagreement with each other's woman-blaming attitudes (if this should occur) later in the group.
- Group participants collectively determine the structure, process and content of the group. This includes determination of ground rules and a mechanism for conflict resolution/valuing differences, e.g., race, class, age, etc., participants' different starting points in consciousness-raising, and emotional expression.
- Power imbalances within the group should be acknowledged and minimized in order that all participants feel valued, respected and free to speak out. Power imbalances may be reframed as individuals' ability to *influence* the group and/or individuals' *privilege* which may oppress others. Some suggestions to minimize power imbalances include: devote one whole meeting or part of a meeting to identifying and

minimizing power imbalances (probably not before the third meeting); begin with a list (perhaps brainstorm) of possible types of power imbalances that exist in groups (including: education, age, group experience, class, race, how vocal one is, sexual preference), how these power imbalances may be reflective of the larger society, and identify those that are present in this group; brainstorm ways to minimize the imbalances, e.g. more vocal participants work at using less group time, older and/or more educated participants remain aware that their disagreeing with less experienced or younger participants may be silencing and should be done in a nurturing way, and participants in the majority position respect the views of those in minority; allow time for conflict resolution in this meeting as the discussion of power/privilege is often a sensitive topic; and discuss participants' reactions to power imbalances at various intervals (as determined by participants) throughout the group.

- A discussion of how comfortable participants are with the expression of feelings and how each participant would like to respond to others and be responded to when expressing deep emotions may facilitate emotional expression as well as an examination of internalized oppression concerning emotions. The use of "the talking stick" may be a valuable method of facilitating deeper internal awareness.

- Personal experiences are examined in their political context as much as possible. The group should decide on how personal-political insights regarding each other's experiences should be shared. Sharing feminist analysis should not become a contest in political correctness or patronizingly withheld. Gender imbalances should be understood in the context of patriarchy in order to avoid the "men are the enemy" mentality.

- Further research is required to assess the effectiveness of the involvement of a helping professional and whether she should also be an active participant or only a facilitator. If she is acting only as a facilitator, my suggestion is that her role should be negotiated with participants and may include: ensuring participants' safety by identifying and addressing the need for crisis intervention; acting as a resource person when participants ask for assistance; offering information, process ideas, and observations about the process; sharing personal-political insights of participants' experiences and intuitive insights concerning participants' emotions in a way that has been determined by participants. The worker should continually increase her awareness of her own internalized oppression and privilege and use that awareness in facilitating participants' ability to do the same.

- The size of the group (perhaps not more than eight participants) and whether it is an open (to new members after it is formed) or closed group should be determined by participants. The duration of the group should also be collectively determined when possible and evaluated collectively according to an evaluation process decided on by the group at intervals determined by the group. It should be noted that time constraints commonly result in a less critical analysis and strategy for action. It should also be acknowledged that it may take at least six meetings for participants to build trust and a strong connection with each other.

- Participants should be aware that having friends and/or lovers in the group may present difficulties for the participants who are friends/lovers as well as for the larger group. One or both friends/lovers may feel silenced by each other's presence and/or want to use the group to examine the dynamics between them. Unaddressed conflicts between

the friends/lovers may impede the group's cohesiveness and/or create tension in the group. Addressing conflicts between them within the group may become time-consuming and stressful for all participants. On the other hand, such conflicts may provide opportunities for all participants to positively resolve conflicts and increase intimacy. Group participants may want to take time to negotiate ground rules concerning this issue, if the friends/lovers choose to remain in the group after being informed of the possible problems. Options may include: (1) friends/lovers should not be in the group; (2) friends/lovers may be in the group but not use group time to discuss interpersonal problems and all participants may discuss how the friendship/partnership is affecting the group when they need to; (3) friends/lovers may use their talk time to discuss the issue of their choice, including interpersonal dynamics; all participants may discuss how the friendship/partnership is affecting them and the group when they feel the need to; and the ground rule may be changed at any point by consensus and after discussion.

Recommendations For Future Research

Given the feminist concerns with the codependency recovery movement, this study could provide a basis for further research comparing and contrasting the effectiveness of the two models (codependency and feminist consciousness-raising). Further research might also include: (1) the effectiveness of this feminist group framework for lesbians, working class women, women of color, women who are differently abled, women survivors of all forms of violence, and women in crisis; (2) the changes in attitudes and behavior for women in a feminist consciousness-raising group who had previously been in a codependency group; (3) the impact of individual

mainstream counseling received while simultaneously participating in a feminist consciousness-raising group; (4) the change in participants' socio-political analysis of female experience and the nature of female oppression and to what extent their new insights are incorporated into ongoing relationships and roles and how this differs for different types of women; (5) the effectiveness of a feminist consciousness-raising group with the involvement of a helping professional as a participant/facilitator or only as a facilitator; (6) and the outcome of addressing power imbalances in this feminist group framework.

Conclusion

Undoubtedly, an abundance of work remains to be done to change the oppression of women - even in the mental health institutions. However, I have provided evidence for a successful group model which forms a basis for feminist self-help groups and counseling groups. These groups could replace the current Al-Anon, ACOA, Codependency and other 12 step groups which are based on the sexist and disease model of Alcoholics Anonymous. Women would be empowered by the type of group I am proposing to challenge the system, rather than to collude with it. I can only dream about the possibilities of liberation in such rebellion. I am heartened, however, by the vision of one feminist who wrote:

"Imagine thousands of meetings in every city and town...where women gathered once, twice, or three times a week to discuss their oppression, what caused it, what it felt like, how they collude with it, what they might do about it. I venture to say this one slight shift in focus could galvanize women into radical, united action" (Hagan, 1989: 10).

BIBLIOGRAPHY

Ackerman, Robert J.. *Perfect Daughters*. Deerfield Beach, Florida: Health Communications Inc., 1989

Asher, Ramona, and Brissett, Dennis. Codependency: A view from Women Married to Alcoholics. *International Journal of Addictions*, 23 (4), 331-350, 1988

Baker Miller, Jean. *Toward A New Psychology of Women*. Boston, Massachussetts: Beacon Press, 1976

Baker Miller, Jean. What Do We Mean By Relationships? *Work In Progress*, 22. Wellesly, MA: Wellesley College, 1980

Baker Miller, Jean. Women and Power. *Work In Progress*, 1. Wellesley, MA: Wellesley College, 1982.

Baker Miller, Jean. The Construction of Anger in Women and Men. *Work In Progress*, 83-01. Wellesley, MA: Wellesley College, 1983

Baker Miller, Jean. The Development of Women's Sense of Self. *Work In Progress*, 12. Wellesley, MA: Wellesley College, 1984

Basow, Susan A. *Sex Role Stereotypes: Traditions and Alternatives*. Monterey, California: Brooks/Cole Publishing Company, 1980

Beattie, Melody. *Codependent No More*. New York: Harper & Rowe, 1987

Benston, Margaret. Feminism and The Critique of Scientific Method. *Feminism In Canada*, 47 - 66. Montreal, Quebec: Black Rose Books, 1982

Bepko, Claudia S. Alcoholism As Oppression: The Dilemma Of The Woman In The Alcoholic System. *Women and Family Therapy*, 65-75. Edited by James C. Hanses and Marianne Ault-Piche. Maryland: Aspen Systems Corporation, 1986

Bepko, Claudia & Krestan, Jo-Ann. *Too Good For Her Own Good*. New York, NY: Harper & Rowe Publishers, 1990

Bradshaw, John. *Bradshaw on: The Family*. Deerfield Beach, Florida: Health Communications Inc., 1988

Brand, Dionne and Sri Bhaggiyadatta, Krisantha. *Rivers Have Sources, Trees Have Roots: Speaking of Racism*. Toronto, Ontario: Cross Cultural Communication Centre, 1986

Burstow, Bonnie. Problems In Paradise: Feminist Therapy and the Women's Movement. *The Womanist, spring volume*, 22-23, 1993

Chodorow, Nancy. Being and Doing: A Cross-Cultural Examination of the Socialization of Males and Females, 259-291. *Woman in Sexist Society: Studies in Power and Powerlessness*. Edited by V. Gornick and B. Moran. New York, Basic Books, 1971

Cleveland, Martha. Treatment of Codependent Women Through The Use of Mental Imagery. *Alcoholism Treatment Quarterly*, 4 (1), 27-41, 1987

Finn, Geraldine. Women And The Ideology Of Science. *Our Generation*, 15 (1), 40-50, 1982

Fook, Jan. Feminist Contribution to Casework Practice. In Helen Marchant and Betsy Wearing (Eds.), *Gender Reclaimed: Women In Social Work* (pp.54-63). Australia: Hale and Iremonger, 1982

Gartrell, Nanette. Issues in Psychotherapy with Lesbian Women. *Work In Progress*, 83-04. Wellesley, MA: Wellesley College, 1984

Gilligan, Carol. *In A Different Voice*. Cambridge, Massachussettes: Harvard University Press, 1982

- Gomberg, Edith, L. On Terms Used and Abused: The Concept of "Codependency". *Drugs and Society*, 3 (3-4), 113-132, 1989
- Greenspan, Miriam. *A New Approach To Women and Therapy*. New York, NY: McGraw-Hill Book Company, 1983
- Guba, Egon G. and Lincoln, Yvonna S. *Fourth Generation Evaluation*. Newbury Park, California: Sage Publications Inc., 1989
- Haaken, Janice. A Critical Analysis of the Codependence Construct. *Psychiatry*, 53 (4), 396-406, 1990
- Hagan, Kay. *Codependency And The Myth Of Recovery*. Atlanta, Georgia: Escapadia Press, 1989
- Haworth, Glenn O. Social Work Research, Practice, and Paradigms. *Social Service Review*, September issue. Chicago: The University of Chicago, 1984
- Hite, Shere. *The Hite Report - A Nationwide Study Of Female Sexuality*. New York, New York: Dell Publishing, 1987
- Hooks, Bell. *Feminist Theory: From Margin To Centre*. Boston Massachussettes: South End Press, 1984
- Hooks, Bell. *Talking Back: Thinking Feminist, Thinking Black*. Toronto, Ontario: Between The Lines, 1988.
- Hooks, Bell. Erotic Healing. *Essence*, 24 (3), 60-62, 104-106, 1993.
- Hughes, Nym, and Johnson, Yvonne, and Perreault, Yvette. Fighting Internalized Oppression. *Stepping Out of Line: A workbook on Lesbianism and Feminism*. Press Gang, 1984
- Hughes, Nym. Why I Can't Write About Class. *Fireweed, A Feminist Quarterly*, 1987

- Jackson, Joan. The Adjustment Of The Family To The Crisis Of Alcoholism. *Quarterly Journal Of Studies On Alcohol*, 15, 562-586, 1954.
- James, Kerrie, and McIntyre, Deborah. The Reproduction of Families: The Social Role Of Family Therapy. *Journal of Marital and Family Therapy*, 9 (2), p. 119-129, 1983.
- Johnson, Sonia. *Wildfire: Igniting The She/Volution*. Albuquerque, New Mexico: Wildfire Books, 1989
- Johnson, Sonia. *The Ship That Sailed Into The Living Room - Sex and Intimacy Reconsidered*. Estancia, New Mexico: Wildfire Books, 1991
- Jordan, Judith V. Empathy and Self Boundaries. *Work In Progress*, 16. Wellesley, MA: Wellesley College, 1984
- Jordan, Judith V. The Meaning of Mutuality. *Work In Progress*, 23. Wellesley, MA: Wellesley College, 1986
- Jordan, Judith V. Clarity in Connection: Empathic Knowing, Desire and Sexuality. *Work In Progress*, 29. Wellesley, MA: Wellesley College, 1987
- Jordan, Judith V. Courage in Connection: Conflict, Compassion, Creativity. *Work In Progress*, 45. Wellesley, MA: Wellesley College, 1990
- Kasl, Charlotte Davis. The Twelve Step Controversy. *Ms.*, 1 (3), 30-31, 1990
- Kresten, Jo-Ann and Bepko, Claudia. The Social Reconstruction Of Female Experience. *Smith College Studies in Social Work*, 60 (3), 216- 232, 1990
- Levine, Helen. The Personal Is Political: Feminism and The Helping Professions. In Angela Miles and Geraldine Finn (Eds.), *Feminism In Canada* (pp. 175-207). Montreal, Quebec: Black Rose Books, 1982
- Loewenstein, Sophie Freud. A Feminist Perspective. In Rosenblatt and Waldfogel (Eds.), *Handbook of Clinical Social Work* (pp518-547). San

Fransisco: Josse-Bass Publishers, 1983

Maguire, Patricia. *Doing Participatory Research: A Feminist Approach*. Amherst, Massachusettes: The Centre For International Education, 1987

McKay, Christine. *The "Co-dependency" Myth - A Feminist Critique*. Independent Enquiry Project. Carleton University School Of Social Work, Ottawa, Ontario, 1992

Mellody, Pia. *Facing Codependence*. San Fransisco: Harper & Rowe Publishers, 1989

Mendenhall, Warner. Codependent Treatment. *Alcoholism Treatment Quarterly*, 6(1), 75-86, 1989

Moreau, Maurice J., & Leonard, Lynne. *Empowerment Through A Structural Approach To Social Work: A Report from Practice*. Ottawa, Ontario: Health and Welfare Canada, 1989

Potter-Effron, Ronald T. and Potter-Effron, Patricia S. Outpatient Co-dependency Treatment. *Alcoholism Treatment Quarterly*, 6 (1), 151-167, 1989

Rich, Adrienne. Compulsory Heterosexuality and Lesbian Existence. *Signs*, 5(4), 1980

Schaef, Anne Wilson. *Co-dependence - Misunderstood, Mistreated*. San Fransisco: Harper and Rowe Publishers, 1986.

Sinclair, Deborah. *Understanding Wife Assault: A Training Manual For Counsellors and Advocates*. Toronto, Ontario: Publications Ontario, 1985

Smalley, Sandra & Coleman, Eli. Treating Intimacy Dysfunctions in Dyadic Relationships Among Chemically Dependent & Co-Dependent Clients. *Journal Of Chemical Dependency Treatment*, 1(1), 229-243, 1987

Smalley, Sandra. Dependency Issues in Lesbian Relationships. *Journal of Homosexuality*, 14 (1), 125-135, 1987

Stake, R.E. . The Case Study Method In Social Inquiry. In G.F. Maddaus, M. Scriven & D.L. Stufflebeam (Eds.), *Evaluation Models: Viewpoints On Educational And Human Services Evaluation* (pp. 279 - 286). Boston: Kluwer-Nijhoff Publishing, 1983

Steinem, Gloria. Continuing The Revolution. *The Womanist*, spring volume, 5-6, 1993

Stiver, Irene P. The Meanings of "Dependency" in Female-Male Relationships. *Work In Progress*, 83-07. Wellesley, MA: Wellesley College, 1984

Stiver, Irene P. Dysfunctional Families and Wounded Relationships - Part 1. *Work In Progress*, 41. Wellesley, Ma: Wellesley College, 1984

Stiver, Irene P. Dysfunctional Families and Wounded Relationships - Part II. *Work In Progress*, 44. Wellesley, MA: Wellesley College, 1990

Surrey, Janet L. The "Self-in-Relation": A Theory of Women's Development. *Work In Progress*, 13. Wellesley, MA: Wellesley College, 1985

Surrey, Janet L. Relationship and Empowerment. *Work In Progress*, 30. Wellesley, MA: Wellesley College, 1987

Tallen, Bette S. Twelve Step Programs: A Lesbian Feminist Critique. *National Women's Studies Association Journal*, 2, (3), 390-407, 1990

Tavris, Carol. The Politics of Codependency. *The Networker*, 43, 1990

Walters, Marianne. The Codependent Cinderella Who Loves Too Much...Fights Back. *The Networker*, July/August, 52-57, 1990

Webster, Denise. Women and Depression (Alias Codependency). *Family and Community Health*, 13 (3), 58-71, 1990

Wegscheider-Cruse, Sharon & Cruse, Joseph. *Understanding Co-dependency*. Deerfield Beach, Florida: Health Communications Inc., 1990

Whitmore, Elizabeth. *Participatory Evaluation Approaches: Side Effects And Empowerment*. Doctoral Thesis. Cornell University, New York, 1988

Wyckoff, Hogie. Solving Problems Together. *Issues In Co-operation and Power*. New York, New York,: Grove Press Inc., 3-23, 1980

Woititz, Janet Geringer *Adult Children of Alcoholics*. Deerfield Beach, Florida: Health Communications Inc, 1983

Van Wormer, Katherine. Co-dependency: Implications for Women and Therapy. *Women & Therapy*, 8(4), 51-63, 1980

APPENDIX A

Interview (pre)

- (1) Introduction of myself and the project (including risks to participants).
- (2) Interviewee's expectations of the group.
- (3) Attitudes and behavior re: relationships:
 - relationships with other women/men
 - mutually empowering relationships?
- (4) Attitudes & behavior re: gender roles:
 - family responsibilities
 - attitudes re: "healthy" family
 - employment
 - roles & characteristics of women/men
 - appearance
- (5) Self-esteem:
 - confidence in perceptions, opinions, decision-making
 - ability/willingness to share feelings with others
 - ability/willingness to express anger

APPENDIX B

Guidelines For Field Log

- (1)
 - (a) Description (detailed) of group session
 - (b) Summary of group session
 - (c) Highlights of group session
 - (d) Impressions:
 - process
 - tone of meeting
 - nature of group interaction
 - individual behavior/reaction of note
 - non-verbal communications?
 - what went well? why?
 - what didn't go well? why?
 - my own feelings, concerns, questions
 - for next time...
- (2) Differences in attitude (including evidence)
- (3) Differences in behavior (including evidence)
- (4) Aspects of feminist process
 - personal-political connections
 - validation of perceptions & voice of self & others
 - valuing of individual differences
 - decision-making by consensus
- (5) Evidence of individual to group to institutional action phases of empowerment.

APPENDIX C

Session Evaluation

- (1) How are you feeling about the session right now?
- (2) One thing you liked about it...(and why)
What you didn't like was...(and why)
- (3) One thing you learned about yourself (attitudes & behavior)
about the group . attitudes & behavior)
- (4) What things do you see coming up in your life this week?
- (5) How will you cope this week?
- (6) Other?

APPENDIX D

Interview (post)

- (1) **Benefits/Limitations of group participation.**
- (2) **Satisfaction/Dissatisfaction with the group.**
- (3) **Beliefs about changes in attitudes and behaviors from group participation.**
- (4) **Attitudes and behavior re: relationships:**
 - relationships with other women/men
 - mutually empowering relationships?
- (5) **Attitudes & behavior re: gender roles:**
 - family responsibilities
 - attitudes re: "healthy" family
 - employment
 - roles & characteristics of women/men
 - appearance
- (6) **Self-esteem:**
 - confidence in perceptions, opinions, decision-making
 - ability/willingness to share feelings with others
 - ability/willingness to express anger
- (7) **Future plans/expectations**

APPENDIX E

Group Guidelines

Structure (sessions from 7-9:30pm)

1. **Check-in**: (7-8pm) to say how we are feeling & discuss a struggle/theme in our individual lives over the past week. The time will be divided equally so that we each have uninterrupted time to explore the issue of our choice and to ask for feedback.

(We explored pros and cons of equal or 'as needed' time division. Concerns with 'as needed' time division included: rating the importance of what we had to say, giving up our talk time to take care of others because women have been trained to put others' needs first; participants who were not as familiar with talking about themselves may lose out on air time. We also recognized that 'as needed' time division could be good practice to be assertive about our needs. We decided we would try it one way in meeting 1 and the other in meeting 2 but everyone liked the equal time division in meeting 1 so we decided to continue with equal time division)

2. **Break**. (8-8:10pm)

3. **Topic of the week**. (8:10-9:10pm) The format for this hour will be uninterrupted untimed "talk time" by passing the "talking stick".

(The "talking stick" is taken from the native tradition & involves passing a stick from person to person so that the person with the stick speaks from the heart for as long as they want without interruption. In meeting 2, prior to Kendra's suggestion to use the talking stick we tried having an open discussion to discuss the topic but found the pace too fast and some participants had difficulty interrupting others to speak).

4. **Check-out**. (9:15 - 9:30pm) Each participant will have uninterrupted time to share: how we are feeling about the session, what we liked about it & what we didn't like, what we have learned about ourselves and about the group (attitudes & behavior), what challenges we see coming up in our lives this week, how we will cope and to ask for feedback, other concerns.

Ground Rules

Confidentiality; respecting differences (eg. age, sexual preference, class, race); conflict resolution; it's ok to cry; we will not try to 'fix' each other or 'cheer each other up'; we will each take responsibility for our feelings (eg, expressing anger) and for asking for what we need; we can share at our own pace and as we feel safe, we can add, change, or remove ground rules as we see fit after discussion and negotiation.

Topics

One of the following topics will be chosen each week for the subsequent week: Shame; Silence/keeping secrets; Caretaking/self-sacrifice; Control/perfectionism/anxiety; Self-esteem; Relationships with family members; Sexuality; Relationships with men; Giving & receiving affection; Anger; Grief/losses; Our strengths. (Topics were chosen by each woman suggesting at least one issue she was currently struggling with in her life).

Conflict Resolution

In order to benefit from the positive resolution of conflict we will:

- respect differences and take care not to judge each others feelings & opinions,
- make a commitment to talk about the conflict in the group,
- each take responsibility for voicing our anger with the use of "I" statements and stay in touch with our feelings,
- all have the opportunity to spontaneously express how the conflict is affecting us emotionally while trying to resolve the conflict.

(conflict is viewed as a healthy and natural part of growth and intimacy. Several women remarked that positive conflict resolution would help to change patterns of feeling pressured to "pick sides", "try to fix it", and/or fear that someone would "get out of control").

APPENDIX F

Changes in Participants' Attitudes and Behavior

Table 2 - Christa

Internalized Social Message	Initial Attitude	Attitude Change
A good daughter/wife/mother is responsible for caretaking in the family and other relationships	<ul style="list-style-type: none"> • "My boyfriend is very nurturing, he encourages me & tells me it'll get better. He helps with housework." • Wanted to protect mother from being abused by father & brother • Kept trying to have a relationship with her abusive father because she felt obligated as a good daughter to do so. • Did not know why mother stayed with abusive father. 	<ul style="list-style-type: none"> • "Sometimes it seems like I do all the work/caregiving in the relationship, he sits back & lets things happen" • Realizes there is nothing she can do to "fix it" • Became aware of how his abusive behavior was hurting her and believed she had every right to limit her contact with him. • In one meeting said because she felt she had to take care of him.
I would be more worthy if I were more beautiful	<ul style="list-style-type: none"> • Named body parts she would like to change and felt her sister was the pretty one and she the smart one; said appearance wouldn't affect life. 	<ul style="list-style-type: none"> • Felt her appearance could be better but was learning to be comfortable with it; said appearance definitely affects one's life because of society
I need a relationship with a man because I am not capable of taking care of myself.	<ul style="list-style-type: none"> • Sometimes felt she couldn't make it without partner because of fear of being alone emotionally 	<ul style="list-style-type: none"> • Felt she didn't need him as much "I'm realizing it wouldn't be disastrous to be alone".
When I am angry it is because I am oversensitive/overreacting	<ul style="list-style-type: none"> • "I get hormonally imbalanced and blow things out of proportion" • Did not recognize father's inappropriate touching as sexual abuse 	<ul style="list-style-type: none"> • "Maybe I'm not as bad as I think" • "I thought he was just a pig, you all had words for it, now I don't want him to come near me"
My unhappiness is due to my personal inadequacies	<ul style="list-style-type: none"> • "I hope one day I will be able to disconnect from what my parents think of me and like myself" • Was hurt because her mother never listens & is unaffectionate; trying to get mother to love & nurture her. 	<ul style="list-style-type: none"> • "It's starting to happen, I didn't care if my mom read what I wrote about anger toward my father." • Said her expectations about the nurturing she can receive from family are more realistic

Table 2.1 - Christa

Socialized Behavior	Initial Behavior	Behavior Change
Assuming primary responsibility for success of relationships and family functioning	<ul style="list-style-type: none"> • "I try to give my mom back-bone, she guilts me into visiting often, I feel she's pulling me back" • Father would tell her his marital problems • "I'm afraid my mother will choose my father over me if I tell her how I feel about him" • Father would always get into "verbal sparring", she would argue, & feel unheard, and angry 	<ul style="list-style-type: none"> • Visits parents less often; less caretaking of mom and brother; "I don't feel anyone is pulling me back anymore." • Told father to see a counsellor or leave, and not talk to her. • "I told my mom I didn't want to be around my father, she is making a way to continue seeing me". • Recognized that father is narrow-minded & self-centred so walks away when he starts to argue.
Remaining silent about feelings and experiences because we think we are abnormal	<ul style="list-style-type: none"> • Was not clear why she did not like her father or if she had a right to be angry. • "I was constantly talking to myself in my head, I didn't verbalize much" 	<ul style="list-style-type: none"> • Made a list of reasons she was angry at father, had flashbacks, expressed the anger in the group; decided to stay clear of him. • "I'm always processing things but I let it out more, I often ask myself what would the group say about this "
Reluctance to express or act on our anger because of guilt about anger and/or fear of being labelled a bitch/crazy	<ul style="list-style-type: none"> • Had difficulty telling her family how she felt b/c they had already made judgements about her • "I take anger in, try not to do anything with it, then explode and feel guilty and insane" 	<ul style="list-style-type: none"> • Told her mother how angry she was about mother leaving when she went to visit • Relationship with partner better b/c he is not her only confidant, has learned new ways to deal with anger, tells partner she's angry
I am not accurate in my perceptions and opinions, therefore I need to defer to others in decision-making.	<ul style="list-style-type: none"> • Said she was not very confident, liked to make her own decisions because of her need for control, but liked to get approval. 	<ul style="list-style-type: none"> • "I'm getting more confident in my own decisions, feeling more in control of my life, it's always nice to get other's opinions"
Other	<ul style="list-style-type: none"> • Extreme fear of the outside world and physical danger; would not go outside at night. 	<ul style="list-style-type: none"> • "I don't have as much fear, my boyfriend and I went for a walk last night & it was Saturday night"

Table 3 - Kendra

Internalized Social Message	Initial Attitudes	Attitude Changes
<p>A good daughter/wife/mother is responsible for caretaking and success of family and other relationships.</p> <p>MY unhappiness is due to my personal inadequacies</p>	<ul style="list-style-type: none"> •Felt invalidated as a person by father, kept trying to improve the relationship. •Felt her brothers are nurturing •Felt worthless if not taking care of people. •"Most important thing is to like myself the way I am, then I would be comfortable around most people" •Had difficulty in group b/c groups of people hated her in school which shattered her self esteem. 	<ul style="list-style-type: none"> •Is more realistic about what father is capable of, is also able to understand what is "his shit". •Realized she nurtures brothers more than they nurture her. •Said her decision to focus on self vs. others in group helped a lot. •"With every friendship different things could be better, sometimes their issues are a problem, there is no general answer". •Said group helped her to work on feeling comfortable with other people.

Table 3.1 - Kendra

Socialized Behavior	Initial Behavior	Behavior Changes
Remaining silent about feelings and experiences because we think we are abnormal	<ul style="list-style-type: none"> • "I am looking to show my human side more". • Wanted to reinforce letting go of shame. • Was silent about sexuality because felt abnormal. • Said she hated talking about herself but wanted to be able to be herself. • In week 4 she realized she is lonely and afraid of intimacy because of the fear that she will be judged. 	<ul style="list-style-type: none"> • In several meetings talked about insecurities, e.g. feeling superficial; took the risk of saying she wanted to give everybody a hug, talked about feeling rejected, asking if others needed hugs (said these were all big steps for her). • Found it helpful to talk about the incest, to hear other women's stories, was surprised when everyone didn't say "Oh how could you?" • Said the group helped to become clearer about sexuality, to normalize it because everyone is different. • Said she really worked on it and felt good about the conflict she had with Megan, was more herself afterwards than ever before, helped to feel people don't hate her. • "Part of that was feeling I am different, that people are against me, over the course of the group I changed the way I thought about it, now I look at why I make assumptions.
Reluctance to express or act on anger because of guilt about anger and fear of being labelled a bitch/crazy	<ul style="list-style-type: none"> • Wanted to work on externalizing anger immediately rather than hide it, said she was not able to express anger to abusive people. 	<ul style="list-style-type: none"> • Was depressed at a meeting, identified anger, expressed it at abusive person; & expressed it immediately to Megan in group.
I am not accurate in my perceptions and opinions, therefore I need to defer to others in decision-making.	<ul style="list-style-type: none"> • "I'm extremely underconfident, I sometimes make decisions that are not in my best interest to please others". 	<ul style="list-style-type: none"> • "I'm getting more confident, I listen to myself more but there are times I'm still underconfident and other times I just go for it."

Table 4 - Dawn

Internalized Social Message	Initial Attitude	Attitude Change
A good daughter/mother/wife is responsible for caretaking and success of family and other relationships.	<ul style="list-style-type: none"> • "My boyfriend's a nice person but he's not always there for my needs" 	<ul style="list-style-type: none"> • "Like Jack, my boyfriend was very verbally abusive, the group helped me to stand up for myself."
I would be more worthy if I were more beautiful	<ul style="list-style-type: none"> • "Nurturing means being held" 	<ul style="list-style-type: none"> • "Nurturing is being held and taken care of."
My unhappiness is due to my personal inadequacies	<ul style="list-style-type: none"> • "I always feel self-conscious about the way I look." 	<ul style="list-style-type: none"> • "If not for my acne I would feel attractive, the group has given me a boost".
My unhappiness is due to my personal inadequacies	<ul style="list-style-type: none"> • "Friendships would be better if I didn't have a barrier around myself to protect me from getting hurt." 	<ul style="list-style-type: none"> • "Friendships would be better if people were dealing with feelings, if everyone was like people here in the group actually"
My unhappiness is due to my personal inadequacies	<ul style="list-style-type: none"> • "Wanted to call partner whom she recently broke up with to find out where they went wrong in the relationship and to find out why he didn't care about her feelings." 	<ul style="list-style-type: none"> • "Group members made observations about why he did not care about her feelings, eg. fact that men conditioned to detach from feelings. In the final interview she said she did not have the urge to call him anymore."
When I am angry I am oversensitive/overreacting	<ul style="list-style-type: none"> • "I think there is something wrong with me when I am angry" 	<ul style="list-style-type: none"> • "Validated her anger in several meetings"
I need a relationship with a man because I am not capable of taking care of myself.	<ul style="list-style-type: none"> • "Talked about having panic attacks in early group meetings because of break-up of relationship with boyfriend." 	<ul style="list-style-type: none"> • "In week 12 said "last week I realized I was crying because I wish I had a man in my life to help me out. I thought 'that's not the way to be, I should be doing it on my own'"

one"), or sighed in despair. Three of the eight women had one or two male friends at the time of the interview and these friendships were far from being as intimate as their friendships with women. Most of the women had either never had any close friendships with men or the ones they did have were with "effeminate" or gay men because "they don't fit into that macho image".

In the initial interviews three women immediately spoke of being afraid of men and two more women spoke of their fear of men during the group. This fear was due primarily to being violated by men on a daily basis in the world, and in a couple of cases because they had also witnessed violence against their mothers and/or had been sexually assaulted themselves. One woman gave her analysis of why it is so difficult to have good friendships with men: "The men I do know have been trained that their feelings aren't important. Men are really damaged by expectations of society - to be macho. Men are also trained to see women as objects. Conditioning is so tough that, even if they try to, it is difficult for them to see women as whole human beings, which makes it hard for relationships."

All of the women related incidents of having been ridiculed themselves or witnessed other women being ridiculed by men in public. One woman's anger was expressed in her story: "I walk down the street and I feel really inferior that men are looking at you and evaluating. You can hear them if you walk by a group of men - 'oh she's a four, she's a dog' and then there's somebody else behind you and they go 'ya, she's a ten'; and I feel like saying 'well excuse me if I'm not Brooke Shields!'".

When women were asked in the initial interview whether they wanted to be married, four women said they would like to be married. Reasons included: they would like to have children, they felt marriage would provide more security, and/or they would be guaranteed ongoing emotional support. One woman

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PM-1 3 1/2"x4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT

PRECISIONSM RESOLUTION TARGETS

Table 4.1 - Dawn

Socialized Behavior	Initial Behavior	Behavior Change
Assuming primary responsibility for success of relationships and family functioning	<ul style="list-style-type: none"> •In week 4, had a fight with her boyfriend, was feeling anxiety and panic about not hearing from him. •"My mother goes on and on about things, I just let her talk, she tries to tell me what to do." •In an early meeting she realized she was taking care of others' needs at work. 	<ul style="list-style-type: none"> •Every week talked about feelings about the breakup; said if it had not been for the group she would probably have gone back to him. •"We have been getting along well, I get to talk more & she listens, I said what I didn't like". •In final interview: "I'm not going to break my back for anybody", & taking care of her needs at home
Remaining silent about feelings because we think we are abnormal.	<ul style="list-style-type: none"> •Said she "stuffed" her feelings and couldn't distinguish them •"I don't cry in front of very many people, not even my boyfriend" •"I don't remember much about my childhood" 	<ul style="list-style-type: none"> •Wrote about feelings & expressed them in the group. •Cried with cousin, in the group several times, & when alone; was not able to do this before group. •"Even though I'm not clear about what happened, I remember lots of traumatic instances around age six"
Reluctance to express or act on anger because of guilt about anger and fear of being labelled a bitch/crazy	<ul style="list-style-type: none"> •"I can't show my anger, I don't really think about why I'm angry, I think there must be something wrong with me when I'm angry" •"I let a lot of people walk all over me, I put up and shut up" •Sexually harrassed by man at work; told him to stop but he wouldn't, she tried to ignore him. 	<ul style="list-style-type: none"> •Expressed anger in group about partner not taking her seriously; wrote a letter to him about it; made an angry comment to him when he was verbally abusive •"My cousin put me down, I just felt anger, I looked at him and said "I don't knock you..." In my old days I would have let it go"; & stands up to staff & customers. •Man still harrassing her but talked to a woman at work about it and is considering reporting it.
I am not accurate in my perceptions and opinions, therefore I need to defer to others in decision-making.	<ul style="list-style-type: none"> •Not confident in decision-making 	<ul style="list-style-type: none"> •"I give myself more positive feedback & think for myself"

Table 5 - Carina

Internalized Social Message	Initial Attitude	Attitude Change
<p>A good daughter/wife/mother is responsible for caretaking and success of family and other relationships</p>	<p>•Always felt she should be able to solve her mother's pain.</p> <p>•"I stayed with my husband because I worried about him, and because of my values"</p> <p>•"I felt a tremendous sense of failure in ending the marriage and felt I deserted him"</p>	<p>•"I don't think she has a right to expect this unwritten checklist. I don't want to take care of her."</p> <p>•"It's the value thing, of course my mother was a complete martyr, didn't have any fun, just worked and I repeated it."</p> <p>•"I don't feel a sense of failure as much but my mother doesn't approve. It bugs me that it matters".</p>
<p>My unhappiness is due to my personal inadequacies</p>	<p>•"At some level I was as sick as my husband in the relationship"</p>	<p>•"I would have to be careful not to go back into the caretaking thing b/c when I care about someone I like to do things for them; I have to be careful not to do it all the time."</p> <p>•"I learned that I'm not the only one who likes hugs, I was beginning to think I was really strange."</p>
<p>When I am angry it is because I am oversensitive/overreacting</p>	<p>•"My husband gives me the codependence crazies, it's crazy behavior".</p> <p>•Was terrified of handling life like parents did - raging or drinking-</p>	<p>•"You have validated what I felt, that's good because I have always felt like I'm nuts".</p> <p>•"I have to find my own model of being."</p>

Table 5.1 - Carina

Socialized Behavior	Initial Behavior	Behavior Change
Assuming primary responsibility for success of relationships and family functioning.	<ul style="list-style-type: none"> • "I'm suppressing myself inside, I'm not walking down my path but staying on somebody else's to take care of them". • Husband underfunctioning with family business (lodge) but didn't want her to "nag" • Husband threw her off centre, emotionally taking responsibility for his welfare. • Talked several times about being tired and angry about mother dumping her pain on her but feeling guilty about not wanting to take care of her. 	<ul style="list-style-type: none"> • "My husband is not going to change, so I can't let him stop me from being happy, I'm starting on my path finally" • Decided she was not going to work on it any more but was going to go and have fun. • Doesn't take responsibility as much, "he has choices, I'm going to tell him that, I'm facing reality" • When mother complaining, told her to focus on the positive for a change. "I'm letting my self out of my little box, if she doesn't like me tough shit, I'm going to tell her how she hurts me too."
Reluctance to express or act on anger because of guilt about anger and fear of being labelled bitch/angry	<ul style="list-style-type: none"> • "When I'm around my husband he turns me into a retard, I feel like a bitch" • "My counsellor is having a hard time to get me to feel the anger". • "I have a real problem with expressing anger, I feel like I'd blow up Ottawa and I worry about being called crazy. 	<ul style="list-style-type: none"> • "I realized my husband hates when I disagree with him, I was able to laugh at how ridiculous he is, made me realize I am finally free, I don't need his approval " • "I have felt the anger, I need to start judging instead of just perceiving". • "Every once in awhile I will let out the anger; my cousin told me how my aunts were judging me, I felt like kicking over a chair"
Remaining silent about feelings and experiences because we think we are abnormal.	<ul style="list-style-type: none"> • "I use humor a lot to cope" • Had no feelings about father • Wanted to put pieces of childhood together, & how they fit with marriage 	<ul style="list-style-type: none"> • "I use it less because now I can cry about my pain; I used to cry for other people now I cry for me" • Cried about father's disinterest • Said group gave her good insights, stopped self-blame, able to detach.
I am not accurate in my perceptions and opinions, therefore I need to defer to others in decision-making.	<ul style="list-style-type: none"> • "My confidence is zero, I always feel I'm inaccurate; I feel things, my husband did the thinking". 	<ul style="list-style-type: none"> • "Perceptions, excellent; I think there is an evolution happening with decision-making".

Table 6 - Megan

Internalized Social Message	Initial Attitude	Attitude Change
A good daughter/mother/wife is responsible for caretaking and success of family and other relationships	<p>•Week 3: "My mother's love is very conditional, I feel like there isn't any back-up if I stick my toe out of line."</p> <p>•"It's hard to see other people in pain I want to make it go away".</p> <p>•"A good friend is someone who calls me, not only me calling, same amount of time confiding problems"</p>	<p>•Week 12: was planning to stand up to mother and became overwhelmed with fear, realized core fear was that she would be alone & destitute in the world; "Having that revelation made me see I'm not alone in the world so I'm not afraid of that anymore".</p> <p>•"I am better able now to say that's their stuff".</p> <p>•"One that is really close, intense, honesty about feelings, support; I think intimacy is the key to life, we need to be clear about why we are intimate; should not be for unspoken agreements to be taken care of"</p>
I would be more worthy if I were more beautiful	<p>•"I rebel to some extent but always working in the context of social expectation"</p>	<p>•"I think a lot about class issues, I try to be aware of how much I am tied to it, I like knowing women who are large to feel good about that".</p>
When I am angry it is because I am overreacting/oversensitive.	<p>•Felt angry at her mother but was not clear why.</p>	<p>•"I have been able to identify the abusiveness & feel stronger about my belief that it is abusive but I haven't said anything to her yet."</p>
I need a relationship with a man because I am not capable of taking care of myself	<p>•"I realized at an unconscious level I didn't want to break up with him because who would take care of me then"</p>	<p>•"I'm not afraid to be alone in the world anymore."</p>

Table 6.1 - Megan

Socialized Behavior	Initial Behavior	Behavior Change
<p>Assuming primary responsibility for success of relationships and family functioning.</p>	<ul style="list-style-type: none"> •Felt her partner did a lot of nurturing in the relationship. •Spoke often in group about feeling she had to support her mother even though she did not agree with her on issues . •Mother made her feel obligated to visit often. •Wanted to stand up to mother to protect nieces •"I'm really absent-minded, there's a real powerless feeling, it's easy for me not to want to do anything because I feel hopeless". 	<ul style="list-style-type: none"> •Realized that partner was not very nurturing, stopped feeling guilty about ending the relationship;ended it respectfully •Openly disagreed with her mother; decided she is not going to engage in conversations about mother's problems (found group helpful b/c encouraged each other to stand up to parents, could feel the support inside when standing up to mother; knew she would be validated at group when talked about it). •Decided not to visit parents as often; "I'm getting closer to being unhooked". •"The group helped me to be more gentle with myself and realize all the fears that will come up" •"I'm doing better, cleaning house, group helped me recognize family stuff, I always felt trapped at home, more & more work was piled on me, I had to take care of my brother; I'm sorting through home issues"
<p>Remaining silent about feelings & experiences because we think we are abnormal</p>	<ul style="list-style-type: none"> •"It's going to be hard for me to get in touch with loneliness and sadness" 	<ul style="list-style-type: none"> •"I don't feel as lonely because of the group.
<p>Reluctance to express or act on anger b/c of guilt about anger and fear of being labelled bitch/crazy</p>	<ul style="list-style-type: none"> •Found it hard to express anger; felt she was unreasonable and should be more accomodating. 	<ul style="list-style-type: none"> •Expressed anger to partner, now has difficulty with people who "take it all on".
<p>I am not accurate in my perceptions and opinions, therefore I need to defer to others in decision-making.</p>	<ul style="list-style-type: none"> •"I have a hard time trusting these, if someone validates my feelings I immediately feel stronger" 	<ul style="list-style-type: none"> •"Not very confident, but slowly working at it; take what other people think and sort through it for myself"

Table 7 - Debbie

Internalized Social Message	Initial Attitude	Attitude Change
<p>A good daughter/mother/wife is responsible for caretaking and success in family and other relationships</p>	<ul style="list-style-type: none"> -Was aware of hurt/anger in relationships with family members but was not clear why -I was hurt and angry about feeling unappreciated & ignored by family members whom I nurtured in childhood & adulthood -Struggled with whether or not to disconnect from family; realized on many levels I did not want to. -I wanted to work on intimacy in the group -Did not want to live with partner, wondered if something wrong with me for wanting to live separately; felt selfish if asked her to leave. 	<ul style="list-style-type: none"> -Awareness that family's internalized ideology caused barrier; I stopped blaming myself. -Awareness that there was nothing wrong with me for wanting to give to people but that I needed to be with people who give back. -Awareness that one reason I remain connected to family is that they offer some nurturing in a world that doesn't nurture women. -Awareness of anxieties around intimacy related to internalized message that a good friend/lover makes a commitment to put the other person's needs first. -Awareness that I did not want to live according to marriage model of our society and that it was okay to ask for what I wanted.
<p>When I am angry I am oversensitive/overreacting.</p>	<ul style="list-style-type: none"> -I wanted to work on the constructive use of anger in the group 	<ul style="list-style-type: none"> -Awareness of my conditioning that a good woman sacrifices self; my Catholic teaching to "turn the other cheek"; lack of training and encouragement for women to go after what we want.
<p>My unhappiness is due to personal inadequacies.</p>	<ul style="list-style-type: none"> -I wanted to examine internalized classism 	<ul style="list-style-type: none"> -Increased awareness of the impact of poverty on my self-esteem; awareness of basing my value on acceptance by middle class people; recognition that it was okay to be different (which was painful growing up) & listen to my internal voice.

Table 7.1 - Debbie

Socialized Behavior	Initial Behavior	Behavior Change
Assuming primary responsibility for success of relationships and family functioning	<ul style="list-style-type: none"> •Spent much leisure time with family members felt 'guilted' by mother to visit; organized family events; worried about mother being lonely or feeling forgotten if I didn't call her. •Worried about hurting my partner by expressing my feelings about dissatisfaction with the relationship 	<ul style="list-style-type: none"> •Made a decision to detach more from family; visited them when I wanted to, not because I felt obligated to; refused to take responsibility for family celebrations; stopped worrying about my mother. •Told her that I wanted changes in the relationship; asked her to move out; decided to give myself time to consider what shape I wanted the relationship to take.
Remaining silent about feelings and experiences because we think we are abnormal	<ul style="list-style-type: none"> •Avoided intimacy to some extent; avoided the grief of ill or dying family members at times. •Was afraid to let people know about my childhood because I thought they might judge me 	<ul style="list-style-type: none"> •Talked about my fears re: giving & receiving affection; told group members how grateful I was to have them in my life; wrote a letter to my dying aunt expressing my feelings; shared in her grief re: death •I talked about the shame of poverty; which helped me to let go of the shame; I disclosed feelings of inferiority which helped me to normalize my experiences and overcome insecurities.
Reluctance to act on anger because of guilt about anger and fear of being called a bitch/crazy	<ul style="list-style-type: none"> •I wanted to work on the constructive use of anger. 	<ul style="list-style-type: none"> •I talked about the rage I felt toward my father, listed reasons I was angry at him; identified his internalized sexism and racism that contributed to his abusive behavior; grieved the pain of his abuse of my family; recognized his role in silencing me as a woman; began to stand up to other oppressive men

Table 8 - Diana (attended only 3 meetings)

Internalized Social Message	Initial Attitude	Attitude Change
A good daughter/mother/wife is responsible for caretaking and success in family and other relationships	•"I'm really angry at my ex-boyfriend because I would still like to be friends but he says he can't"	•"He responded to my letter and told me one reason he didn't want to go out with me was because I am too nervous. I wasn't that angry because I thought 'you find me too nervous, I find you too distant'" (perhaps our discussion in week 2 about men being emotionally distant and that it's okay for us to want and expect more helped her to let go of the anger).

Table 9 - Minerva (attended only 2 meetings)

Internalized Social Message	Initial Attitude	Attitude Change
A good daughter/wife/mother is responsible for caretaking and success of family and other relationships.		•In talking, became aware of anger/resentment at her mother for leaving herself vulnerable to abuse by her husband and sons and anger about having to take care of her mother

END

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FIN