

is seen as transitional to becoming *procedural knowers*. When women learn the formal ways necessary to publicly interpret and share our personal opinions, new forms and networks of relationships can develop to replace those previously lost. Women in the procedural position do still struggle to maintain and develop their own opinions within the alien environment of formal education systems: "To learn to speak in a unique and authentic voice, women must jump outside the frames and systems authorities provide and create their own frame" (p. 134).

It is these women who are the *constructive knowers*, reclaiming the self by trying to integrate personally important knowledge with knowledge learned from others. Rather than extracting the self in the acquisition of knowledge, these women used themselves in rising to a new way of thinking. As Adele, one of the women interviewed described the process, "You let the inside out and the outside in" (p. 135). The order of the words is

important — and I have written them incorrectly twice while writing this review! For all of us, taking in from the outside is a familiar and necessary life experience. Letting the inside out, however, can be fraught. In the last third of the book the authors explore how women's articulated expression of our inside experience develops and changes.

It is in this less fully documented section of the research that Belenky *et al.* challenge previous epistemological theories, including the influential William Perry's. From their information on women's epistemological development within the context of family and education systems, it is clear that patterns of relationship and communication to others affects our evolving ways of knowing as much as exposure to information and opinions.

It is relational experiences that continuously mold women's attitudes to external authorities and to themselves as knowers. Women with histories of family

violence and abuse were those most silent, cut off by threat from dialogue with others or, indeed, with themselves. Women with histories of failed (usually male) authority relied vehemently on personal experience. Only those women who had recognized and worked through earlier disconnections and violations with parents and other external authorities, including educators, were integrating self experience and knowledge frameworks, accepting their own part in the collaborative construction of knowledge, and contributing.

*Women's Ways of Knowing* is such a contribution. It is an application of constructive knowing by four women, written collaboratively, using a research methodology that is soundly based on existing frameworks but is also congruent with evolving feminist theory on women's relational sense of self. Its descriptions and conclusions may shape our approaches to women's education and to family violence.

### CO-DEPENDENCE: MISUNDERSTOOD— MISTREATED

Anne Wilson Schaef. San Francisco:  
Harper & Row, 1986.

#### Jean Greenberg

In this remarkable and perhaps revolutionary book, Anne Wilson Schaef, psychotherapist, author of *Women's Reality*, and self-admitted co-dependent, sets out to create a bridge between the mental health, family therapy, and chemical dependency fields in the understanding and treatment of co-dependence. She believes that co-dependence (traditionally used to define the condition of the spouse of the alcoholic), alcoholism, eating disorders, obsessive-compulsive personalities, and certain psychoses are all part of a basic, generic disease process, systemic to our society, that she calls the addictive process.

Schaef lays the groundwork for her theory by outlining the history and development of the concept of co-dependence. In the chemical dependency field, it is now beginning to be recognized that co-dependency is a disease in that it has an onset (when a person's life is no longer working), a definable course (the person continues to deteriorate mentally, physically, psychologically, and spiritually), and a predictable outcome (death). The mental health field lags behind: most

mental health professionals receive little or no training about addictions; their techniques and theories have been singularly unsuccessful in treating addictions; and most damaging, most mental health theories are developed by people who perceive themselves to be free of any disease, thus perpetuating one of the characteristics of co-dependence itself — denial. In fact, she later goes on to prove that "most mental health professionals are co-dependents who are actively practicing their disease in their work in a way that helps neither them nor their clients."

A discussion of current definitions of co-dependence shows that each has missed significant pieces of the puzzle. For example, Schaef cautions against the notion that co-dependence is "caught" from the alcoholic: "I believe it is more accurate to say that the disease of co-dependence was present before alcoholism emerged, and when it is untreated and triggered, it emerges."

Different subdiseases as defined by the chemical dependency, mental health, women's movement, and family therapy fields actually stem from a common addictive disease process that is systemic to our society. In the discussion of the chemical dependency field's treatment of co-dependence, I was struck by the idea that recovering persons, after giving up the "chemical that is killing them most obviously and most effectively, quickly begin to use other chemicals (usually ones that are not such fast killers, such as nicotine, caffeine or sugar) just as ad-

dictively." This behaviour proves that this is "an addictive process from which many addictions can stem." An addiction is defined as the "compulsive need for any substance or process outside the person that becomes more important than sobriety" (or living process or spirituality).

In her discussion of the women's movement, Schaef places chemical dependency and co-dependence within their cultural context. She notes that the non-liberated woman and the co-dependent are the same person: "She gets her identity completely from outside herself; she has no self esteem or self worth; she is isolated from her feelings; and she spends much of her time trying to figure out what others want so she can give it to them."

Two chapters are devoted to some fifteen characteristics and noncharacteristics of the addictive process exhibited in the disease of co-dependence. Included in external referencing, the most central characteristic, is relationship addiction: "co-dependents are relationship addicts who frequently use a relationship in the same way drunks use alcohol: to get a 'fix.'" Also included is impression management: co-dependents want to be seen as "good" persons "and they actually believe that they can control others' perceptions." Even physical illness is a factor: "co-dependents become ill from attempting to control the uncontrollable." Astoundingly, active alcoholics frequently outlive their co-dependent spouses.

Co-dependents are out of touch with

their feelings: they "believe that when they *understand* how another feels, they have no right to have feelings of their own." Their feelings are also distorted and repressed — for example, in order to maintain a self image of a kind, loving person when they inwardly resent the alcoholic, they will distort their feelings of anger into self-righteousness.

Co-dependents tend to be gullible, to believe almost anything they are told, even if it is an obvious lie, the most obvious one the belief that the alcoholic will give up drinking and things will change. Spiritual deterioration is the result of another characteristic, loss of morality, which can include neglect of ourselves and others, such as our children, through our disease. Dishonesty, another major factor in addiction and co-dependence, can be found in many of these characteristics.

When Schaeff sets co-dependence in its

cultural context, she is discussing a society that accepts the abnormal as normal because it is so common. "When we talk about the addictive process, we are talking about civilization as we know it." For example, "an addictive relationship is considered normal in our culture. Most of our love songs are about addictive love and are based on its assumptions — suffering, possessiveness, cling-clung relationships, and externalizing our identity."

Four characteristics — frozen feelings, perfectionism, dishonesty, and thinking disorders — are related to their cultural context, showing how the family, the school, and the church support them. Our society actually provides "cultural co-dependence training."

Finally, Schaeff discusses treatment of co-dependence in the past and present, weaknesses and strengths of various approaches, new treatment models, and nine treatment issues to be addressed. This

includes the need of treatment staff "to recognize that working in this field is a constant invitation to indulge in their disease" and the Twelve Step program — such as Alcoholics Anonymous — as a crucial tool for making a systems shift from the addictive system to a "living process" system. She herself has developed a new therapy, living process therapy, that encompasses these issues.

The book is not as well organized as it might be, and tends to be repetitious. But these complaints are minor compared to the impact this powerful book had on me. As a person recovering from several addictions (primarily an eating disorder), I became involved with a classic addictive personality. Throughout this relationship, my eating disorder seemed to be in remission. Not until I had lost everything I owned and was about to lose my mind, did I realize that I had simply switched addictions. When I discovered this book, I no longer felt alone.

## WHAT DID I DO WRONG? MOTHERS, CHILDREN AND GUILT

Lynn Caine. New York: Arbor House, 1985.

### *Kitty Lundy*

As a mother, I could identify with a lot of the anguish, self doubt, guilt and sheer fury that Caine describes experiencing herself. If the book is meant to reassure well-intentioned upper middle class mothers that they are doing the best they can in the circumstances, and that in most cases their kids will eventually turn out alright, then Caine achieves her objective.

As an analysis of the maternal role, *What Did I Do Wrong?* falls short. Caine generalizes about societal and self perceptions of mothers at various points in history without providing explanations in an historical context. She notes that for a long time American mothers occupied a hallowed place, but this was gradually eroded by accusations of over-protectiveness, 'supermomism' and the loading of children with guilt — "after all I have done for you." All true, but we do want some idea how this came about.

The generation of women who came of age during the World War II period had been the most highly-educated ever. Many women had come to like well-paid work and the excitement of competition in their war jobs. See, for example, the movie "The Life and Times of Rosie the

Riveter." Following the return of the veterans at the end of the war, women were pushed back into the home. With the explosive growth of suburbs, 'home' for many meant isolation from all but other housewives and mothers. The only area in which these women could excel was in producing 'super kids.' If children could not attain such super standards, mothers were guilt-stricken, and some made their children feel inadequate too. Generally, fathers experienced less guilt at their children's real or perceived failures, because their arena of striving for status was the workplace.

Now in the 1970s and 1980s, spurred by economic necessity and by the Women's Movement, most mothers work outside the home. Nonetheless, they continue to carry most of the responsibility for child-care and, in the case of single mothers, total responsibility. If something goes wrong with the children, mothers are the first to be blamed.

By using her own case to illustrate both problems that many mothers face, and ways of coping with them, Caine limits applicability to women who occupy socioeconomic positions that are similar to her own. The great majority of parents with temporarily or permanently wayward children lacks the financial resources to move their children in and out of private schools until they find the right one to meet their needs. Moreover, most people do not see themselves as having such options, even if they were affordable.

Although Caine does make reference to

working class women, for instance in describing her encounter with the mutual support group called 'women without stationwagons,' her book is geared to middle and upper middle class women.

Caine's discussion of experts' views on how mothers influence their children's development has the same ahistoric quality mentioned before. The pendulum has swung from biological determinism to the *tabula rasa* of environmental determinism, and back to positions in the middle. On each swing there were experts affirming a particular stance as the only valid one.

Caine argues that experts really cannot account for individual outcomes, but often are quick to blame mothers for their children's problems without taking into account many other influences. It seems to me that Caine has set up a straw adversary. Leaving aside the question of what constitutes an expert, it is hard to believe that experts would assign mothers sole responsibility for the way their children turn out.

How a mother feels about her children and how she acts towards them will surely affect the children. That most mothers do their best and should not blame themselves for shortfalls, or allow others to blame them, is a separate issue. In Caine's book the separation is blurred.

It would have been easier to evaluate Caine's book if she had set out her objectives. It is unclear whether the book is a case history *cum* advice column, or whether it is an attempt to analyze mothers' roles. In my view, the book does not