

Addiction, Power and Gender

Chris Lobsinger*

This paper examines addictive behaviour in relation to power and gender and introduces the notion of 'addiction as a disordered power arrangement embedded in gender' (Bepko, 1989). The notion of power in terms of relationship positions and their impact on addictions is discussed. The popular concepts of powerlessness and co-dependency are examined in terms of their clinical usefulness and compatibility within this framework.

INTRODUCTION

The family therapist working with addictive behaviours is bound to come into contact with the concepts of 'powerlessness', 'co-dependency' and 'disease', which have gained popularity through widespread media coverage of Twelve Step Programs, and the Recovery Movement. Confusion about the use of these terms is a concern for many family therapists. How can one view people as 'powerless over an addiction' and then help them to find resources within themselves? How does an individually-oriented 'disease' model explain the process by which a gambler's partner becomes 'co-dependent'?

These questions are likely to raise strong emotional responses from therapists, counsellors and clients. They also give rise to concerns about the pathologising of 'addicts' and their non-addict partners, and about the dangers of not recognising the contributions that addicts and their partners make in maintaining and changing addictive behaviours. The perceived division between Family Therapy and the Recovery Movement is not altogether necessary or helpful, and the goal of any debate must be to transcend an 'either/or' position. In an attempt to move toward a more useful framework, let us begin with a definition of addiction.

In this paper I have defined 'addictive behaviour' as including gambling, as well as the traditional substance abuse categories. I shall use gambling as my most frequent point of reference. My own experience has encompassed both work with gamblers and work with domestic violence, and this has led me to the position outlined below. Likewise, I shall take as my point of reference a heterosexual couple in which the male is more likely to be the addict, but of course, addictive behaviour is not confined to males, and may be equally evident in same-sex relationships.

Feminist analysis examines problems within the context of power; it looks at the way that inequality of power both historically and currently shapes our internal, interpersonal and social patterns of relating and our experience of self (Bepko, 1991: 1).

Bepko's emphasis is on *relationship and power* as opposed to a more narrow focus on addiction as a pathology located in an individual, a focus reflected in the language of power used in the traditional Twelve Step program. It is Bepko's view that the nature of relationships can contribute to addictive patterns of behaviour. Simply put, unequal power relationships contribute to promoting and supporting addictive behaviour. Similarly, equal power in relationships helps promote non-addictive patterns of behaviour. By reconnecting the issue of equality with the problem of addiction, we emphasise the idea of individual responsibility and also the notion of social and community responsibility to nurture more equitable relationships, which in turn help create a community where addictive behaviours are not encouraged or supported. Using Michael White's language, this could be seen as a 'virtuous cycle' which replaces a vicious one.

If we think of *addiction* as:

... a disordered power arrangement embedded in gender, a process in which individuals make dysfunctional attempts to have control over their own experience within a relational context, then addiction is a microcosmic process that reflects and is perhaps a metaphor for the imbalances of power in the larger social arena (Bepko, 1991:1).

This notion of 'a disordered power arrangement embedded in gender' promotes personal responsibility and also recognises the impact of history and culture on individuals and families, whereas a rigid disease framework may leave little room to consider personal responsibility, historical, social and cultural issues. However, this is not to negate the phenomenon of addiction. If we do this we are in danger of denying the painful and 'stuck' state of being that people with addictions find themselves in.

*Social worker formerly with Break Even, under the auspices of Relationships Australia Queensland. Now with the Queensland Program of Assistance to Survivors of Torture and in private practice. Address for correspondence: 46 Rosalie Street, Bardon Q. 4065.

THE CONCEPT OF POWERLESSNESS

In the Gamblers Anonymous' Twelve Step Program, the first step is 'We admitted we were powerless over gambling, that our lives were unmanageable'. This first step may imply to some family therapists that the client is helpless. This may appear to be in contradiction to the stance that families and individuals have the resources within themselves to change. One of the most helpful ways I have found to reconcile the two approaches is that 'admitting we are powerless' over gambling, drinking, or whatever, is tantamount to *giving up the idea that the gambling, drinking, or whatever is still a useful solution*.

Gregory Bateson (1971) believes that the combination of the first two steps of AA helps the alcoholic to move toward a new way of being, that is, a new epistemology. These first two steps are as follows:

We admitted we were powerless over alcohol—that our lives had become unmanageable. Came to believe that a Power greater than ourselves could restore us to sanity. Implicit in the combination of these two steps in an extraordinary—and I believe correct—idea: the experience of defeat not only serves to convince the alcoholic that change is necessary; it is the first act in that change. To be defeated by the bottle and to know it, is the first 'spiritual experience'. The myth of self-power is thereby broken by the demonstration of greater power (Bateson, 1972: 313).

As family therapists, we can easily reframe 'powerlessness' as something more palatable and useful for our clients and thus avoid the risks of negating the painful experience of addiction or ignoring personal and family resources. Such a reframe might be that 'admitting we are powerless' is also *giving ourselves the power to free ourselves* from ideas and/or behaviours which have proven to be unhelpful, or *having the courage to give up* a former solution which is no longer cherished, useful and helpful. Borrowing from Martin Buber, David Berenson sees *powerlessness* as an 'I with Me' relationship position. The 'I with Me' position is situated between the 'I-it' position and the 'I-Thou' (Berenson, 1990). This 'I with Me' position involves the experience of *not* being in a relationship with others, that is, feelings of helplessness and inability to control one's own experience. This is an important position, a transitional state which I think has also been described in various ways such as hitting rock bottom, thresholding, news of difference, and insight, leading to an epistemological shift.

... Illumination cannot be accomplished in any other place than the abyss of I-with-me ... it is in its most real moments not even a monologue, much less a real conversation ... all speech is exhausted; what takes place here is the mute shudder of self-being' (Buber, 1965: 137).

Seen this way, the term *powerlessness* takes on a new meaning as a *transitional* step leading to the ability to see things from a different vantage point, in which individuals can begin to entertain the idea that life, the future and other people are not in their control and don't need to be. Put another way, 'powerlessness'

could be seen as the stepping stone to the *power to tolerate uncertainty*.

The first table shows the three Buber-derived positions as laid out by Berenson (1991: 75). The second table illustrates the corresponding stages of addiction and recovery, using excessive gambling as an example.

ADDICTION AS CONTROL

Berenson's 'power over' position parallels Bateson's 'masculinised' power. 'Addiction is so far the main arena where the masculinised notion of power as manipulative control or domination has come to grief.' Gregory Bateson describes the alcoholic as having adopted an unusually disastrous variant of 'the strange dualistic epistemology characteristic of Occidental civilisation' (Bateson 1972: 321), separating his 'self' or 'will' from his environment in an effort to exert control over it. French appears to be speaking of the same phenomenon when she lists the 'theorems of patriarchal ideology' (French, 1985: 304; in Berenson, 1991).

Berenson depicts the process of addiction using alcohol as an example:

The alcoholic has bought the notion of power as domination or power-over and sets about trying to control his environment at the cost of an increase in his level of pain. ... As the addiction develops, higher doses are required to achieve the same effect, and/or his behaviour starts to get out of control. If he admits he is out of control, he would be admitting his powerlessness and would therefore see himself as weak, bad, unmasculine, and at the risk of being controlled by others. ... In spite of the increase in pain he will continue to try to maintain the illusion of control. Eventually, ... his denial may break, and he may come to see that he is indeed powerless, that his life has become unmanageable. Only at this point is there the possibility of a shift back from power as the masculine power-over to power as the feminine power-to. He goes from 'I can control my drinking' through 'I cannot drink' to 'I *can* not drink' (Berenson, 1991: 75).

GENDER SOCIALISATION AND THE FUNCTION OF ADDICTION

Why do many excessive gamblers continue to gamble if their suffering is increased by gambling? This stuckness can be dealt with by applying Restraint Theory as proposed by Michael White, who derives it from Bateson. Restraint Theory suggests that something is restraining the excessive gambler from doing something other than continuing to gamble excessively.

Some restraints include the ideas that:

- No other type of power is available. 'Power over' is seen as the only true power.
- All other types of power are 'feminine' and therefore of little value.
- Not to be in control is to not be *a man*, that is 'not good', or 'not acceptable'.

The first and one of the commonest beliefs is equating maleness with power-over:

Table 1:

POWER-OVER Technical Will, Wilfulness Willpower	POWERLESSNESS Surrender, 'Turning it Over' Bankruptcy of the Will	POWER-TO Existential Will, Willingness Power-of-Will
I—It	I-With-Me	I-Thou

Table 2:

POWER-OVER	POWERLESSNESS	POWER-TO
'I can control my gambling' (Gambling is uncontrolled here and the gambler has not yet admitted this to himself.)	'I cannot gamble' (The gambler perceives that gambling is out of control and a transition takes place.)	'I can not gamble' (Gambler has the ability to refrain from gambling.)
I-It	I-With-Me	I-Thou
Power to tolerate uncertainty decreased.	Absence of notions of power.	Power to tolerate uncertainty increased.
Power to impose reality increased	Absence of notions of power.	Power to impose reality decreased

A man feels good if he thinks he's got power and control, interpersonally and/or financially, or if he feels he is acquiring it. He feels some degree of inadequacy if he thinks he isn't. In their quest to maintain hierarchy and control, men have a long history of directing violent behaviour that is sexually, racially, ethnically, religiously, and tribally/nationally motivated towards themselves as a gender group and towards women... (McIntyre, 1991: 214).

To the excessive gambler, the 'necessary' acquisition of power in the way of winnings, prestige and the hope of future winnings, builds a vicious downward spiralling cycle, with the gambler's own persistence driving it on. We must assume that many never find a way to break this cycle as they remain locked in by their own strength and tenacity. Addiction may be seen as the lack of will-power but also, paradoxically, it represents an excess of will power, focused on the continued acquisition of power-over.

If maleness may be equated with control, then femaleness may be equated with the ability to *be* in relationships. That is, women's feelings of self worth are not based on separateness and power over, but based on relatedness to others and power-to, the power to promote and sustain good relationships. Consider the following statement as an extreme illustration of this kind of thinking. A man is a man if he is *in charge of* his family, and *in control* at work. A woman is a woman, if she can *care* for her family, and *get along* with others at work. For many women, to use the *power-over* is to negate themselves as females and to abandon their role as the ones who are responsible for maintaining relationships. Although *power-over* and *power-to* are learned notions of power and not inherently male or female, commonly a male gambler is restrained in the use of

other than power-over and a female non-gambling partner is restrained in the use of other than power-to.

Some partners of gamblers find themselves painfully unable to define themselves outside a relationship and not able to protect themselves from the abusive and neglectful behaviour of their gambling partners, without also negating themselves as females. Both members of the couple become trapped in the restraints of gender roles and stuck in a downward spiral as they 'do more of the same' in an attempt to make these rules work. Even if one member of the couple breaks out of some gender restraints, it does not necessarily follow that the other will be freed from his/her own; indeed the attempt may precipitate a sense of imbalance and urgency in the other partner to work harder at doing it 'right', and return the couple system to its prior state.

If one is restrained from using power-over, then one also is restrained in the ability to be assertive in relation to, and protective of, oneself. This is a painful and vulnerable position for many partners of gamblers, whereas for some excessive gamblers, the gambling serves to help them tolerate the pain of being restricted to the use of power to. By medicating the pain, they can augment the ability to tolerate it and remain in the prescribed gender role. It must be pointed out that just because people have learned a prescribed gender role does not mean that they will necessarily become an addict or suffer from the inflexibility of their role. It is context which provides the feedback to individuals that their attempted solutions are not of a good enough fit. Poor fit leads to escalating levels of pain as the individual continues to respond with more of the same. If individuals perceive no difficulty in fit with their context, then they may not perceive difficulty with their way of being.

The Language of the Twelve Steps

Much of the discomfort with the twelve steps, as written, originates in the language used, which is male-orientated, and assumes a position of power-over. The original twelve steps (AA) were written by a group of white middle class males in the 1930s, to help them deflate over-inflated egos and therefore gain access to the use of power-to (in fact, the original Big Book for AA was originally to be titled 'One Hundred Men'). Compare the first two steps from the Gamblers Anonymous version of the Twelve Steps and the first two steps from Berenson's 'New Version'—a feminist twelve steps if you will, which reflect 'power to' as well as 'power over':

Gamblers Anonymous Version

1. We admitted we were powerless over gambling—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.

Berenson Version

1. We saw that trying to control and manipulate our feelings and relationships only led to a sense of feeling out of control and powerless.
2. Recognised that our willingness to experience anger, hurt, fear and shame could free us from blame, guilt and self-pity and open us to help from a Higher power (Berenson, 1991: 81).

Moving from Strength to Strength

When considering a couple in relation to the positions of power-over and power-to, it is important to ascertain what type of power each individual is most able to use and least able to use. This gives the therapist some clues as to what type of power the individuals need to practise more. In general, a person restricted to power-over needs to work towards also being able to use power-to and a person restricted to power-to needs to work towards also being able to use power-over. The use of types of power cannot be seen as mutually exclusive if people are to be given more, not fewer choices in their lives.

Some of the questions therapists can ask themselves in order to clarify the use of power include:

- What type of power is used most by each individual?
- What type of power is used least by each individual?
- What restraints are there in regards to the use of power?
- What type of power is most used or seen as valid in the system?

Therapists seeking to clarify the partners' uses of power in a relationship may find it useful to return to the concepts of symmetrical and complementary relationships as described by Watzlawick, Beavin and

Jackson, in *Pragmatics of Human Communication*, (1967: 107–117).

ADDICTION OR ABUSE?

So far we have been considering only the issues of power and control in addiction and in the addict's relationships. How might our analysis fit with the approaches currently taken to domestic violence? Addiction and domestic violence do not often seem to be considered together. The gambling addiction literature I have read rarely addresses the issue. Yet there is much to gain from a comparison between the approaches commonly taken to these two problems.

Domestic violence work is based on the need for the abusive person to *take responsibility* for his/her actions. If Domestic Violence were seen as a 'disease', then we would not treat DV as we do, by inviting and challenging people to take responsibility for their behaviour as espoused by Alan Jenkins in his *Invitations to Responsibility* (1990). If excessive gambling were treated in the same way as domestic violence, then excessive gamblers would be asked to take responsibility for their actions, with little consideration for the phenomenon of addiction. The use of either notion ('disease' or 'personal responsibility') exclusively will leave issues unaddressed. As already stated above, I believe that it is helpful to understand the 'gambling family' in the context of power and control, and one way to illustrate its similarities with the domestic violence family is to look at the Wheel of Power and Control as developed by Ellen Pence and Michael Paymar (1990). Pence and Paymar describe the following 'tactics' as typifying the behaviour of the (male) abuser towards his (female) partner: intimidation; emotional abuse; isolation; minimising, denying, blaming; using children; using male privilege; using economic abuse; using coercion and threats. In my work with excessive gamblers, I have found many of the same tactics used to maintain control of others and to ensure that gambling behaviour can continue.

In my work with male perpetrators of violence and with male excessive gamblers, I also noticed similarities that I did not expect. In both groups, men reported a lack of control over their behaviour and said that they used abusive tactics when feeling out of control or threatened with losing control. For me, it is necessary to view the problem in a systemic light and to validate the pain of all involved. One person's addiction is more often than not another person's abuse or neglect. To ignore the abusive aspects of excessive gambling can function to promote more of the same, by negating or minimising the painful effects of the gambling on the partner and family. Exclusive attention on the addiction can lead to a situation where the gambler's pain is recognised and the need for the partner to be supportive of the gambler is reinforced at the partner's expense. This situation probably occurred in the system prior to therapy, when the concerns of the gambler were often focused on and dominated the functioning of the entire

family. During therapy, the partner of a gambler may continue to overfunction and the gambler can continue to focus on his needs as the addicted person. Focusing solely on the addiction lends credence to the assertion that 'my excessive gambling behaviour is my business'.

Conversely, to ignore the powerful phenomenon of addiction and to view the problem rigidly as a lack of responsibility on the part of the gambler is to return to the moralistic stance of the past, which saw addicts a weak-willed and amoral. This stance equally ignores the excessive gambler's experience as valid and may lead to therapists treating the excessive gambler as 'the other', a person totally different from themselves. The goal for therapy must be to reduce the suffering of all involved. This does not necessarily imply a fifty-fifty split of responsibility for the suffering, but it does imply a respect for the suffering of all.

CO-DEPENDENCY OR WHAT?

The term 'co-dependency' has caused a good deal of controversy. It has done a world of good and possibly some harm as well. Co-dependency is now recognised in the literature as having too many meanings and covering too broad a range of phenomena. If *all* behaviour is seen as co-dependent then *no* behaviour is co-dependent. Here is a list of definitions collected by Jo-Ann Kresten and Claudia Bepko.

'Co-dependency is a primary disease and a disease within every member of an alcoholic family' (Wegscheider-Cruse, 1984).

'Co-dependency is a pattern of learned behaviours, feelings and beliefs that make life painful' (Sondra Smally as quoted in Schaef, 1986).

'Co-dependency is an emotional, psychological, and behavioural pattern of coping that is born of the rules of a family and not as a result of alcoholism' (Subby, 1984).

'Co-dependency affects not only individuals, but families, communities, businesses and other institutions, states, countries' (Whitfield 1984).

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

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

'Co-dependence is a toxic brain syndrome' (Cruse, 1989).

'Co dependency is immaturity' (Mellody, 1989).

These definitions are irresponsible and so vague as to be meaningless. If we view all behaviour as adaptive, they demonstrate how adaptive responses to stressful and traumatic situations can be pathologized in ways that are of little benefit to those needing relief. They are definitions that suggest that one is 'bad' for having a problem with the difficult dilemma of being in a relationship with an addicted person (Kresten and Bepko, 1991: 53).

At some point the disease concept infected the word 'co-dependency', which at first described a systemic notion and process, but has since become used to 'diagnose' people. The pathology of co-dependency was born—the perfect matching bookend for the 'disease'

of addiction. The original concept of co-dependency developed out of a systems perspective which saw the spouse and family system as responsive to the alcoholic family member (the earlier term was 'enabler'). When the alcoholic stops drinking, the functions and needs that drinking served in the family go unmet, changing a familiar way of functioning for family members. The family facing a changed system may inadvertently place pressure on the alcoholic to reinstate the old system. This indicates that a first order change has been made and highlights the need for a second order change.

The pathologising of women's roles in society as 'over controlling' or 'caring too much' ignores the fact that caring for others is promoted by church and state, as well as enshrined in female gender socialisation. To return to our earlier comparison, 'co-dependent' behaviour is *not considered a disease when the same behaviour is exhibited by victims of domestic violence*. The same controlling and responsibility-taking behaviours in victims of domestic violence are seen as 'survival skills' which are needed not only to balance the underfunctioning of the partner, but to remain personally safe and ensure the safety and security of self and the family. This helps us to see how we can reframe 'co-dependent' behaviour in a way that restores dignity and self respect to the overfunctioning partner of the gambler or other addict, instead of pathologising her/him. Overfunctioning behaviour can be seen as an attempt to provide safety from the abuse, safety from the economic uncertainty, and safety from the emotional turmoil in families where addictions are present, just as readily as in families where an individual is violent.

The term 'co-dependency' should not stand in the way of our working with clients. I do not force my understanding of co-dependency on my clients but instead ask for *their* understanding of the term, and then work with their construction of it. If a person's understanding is helpful to them then I choose not to challenge it. If their use of the idea of co-dependency is acting as a restraint on their goals then I reframe it as I would any other idea which is unhelpful in therapy. Reframing is quite easy, since (as we have seen) co-dependency has been so broadly defined. If the client has not heard the word at all, I will use the terms 'over-' and 'under-functioning' instead, thereby reaping a number of advantages:

- 1 The terms are nonpathologising.
- 2 They do not blur the amount of responsibility gamblers and addicts have for their behaviour by implying a rigid 50/50 split between them and their partner and/or family.
- 3 They promote the growth of more equal relationships in a non-blaming fashion, as under and overfunctioning refer to *areas of responsibility*, not to 'personality'
- 4 They do not further devalue people who may already have a poor self image and feel devalued.
- 5 It is not yet common to call someone the 'underfunctional' or 'overfunctional' and therefore

the therapeutic implication is to focus on changeable behaviours and ideas rather than on pathology.

These terms could easily enough be transformed into 'pathologising' labels, as any term can. Ultimately, it is the attitude of the person using the word that matters, and the context in which it is used.

SUMMARY

The Family Therapy and Recovery Movements have both been helpful in their attempts to alleviate human suffering; however, conflicts about who has the truth have hindered more useful conversations. An understanding of working with addictive behaviours from both perspectives is necessary if a 'both/and' approach is to be developed. Just as conflict between an excessive gambler and a partner can revolve around who has the 'real' problem, a similarly unhelpful process may hinder family therapists and counsellors if either insists on owning the 'real' truth.

I have attempted to find some more useful ways of constructing these dilemmas and I have found the following notions helpful:

- 1 *The idea of powerlessness as used by the Recovery Movement can be reframed with good fit as: the power to tolerate uncertainty, the power to allow, the power to accept and understand others.*
- 2 *The notion of addiction as a 'disordered power arrangement embedded in gender' (Bepko, 1989) is useful in avoiding the danger of contributing to an 'unhelpful either/or' situation, leading to stuckness for client and therapist alike. In a competitive win or lose situation, the system is likely to find stability at the cost of one or more of its members, amounting to 'more of the same'. A 'both/and' perspective which acknowledges the suffering of the addict and the abuse and neglect of the non-addict partner and family is ultimately more facilitative.*
- 3 *The use of the idea of 'power-over and power-to' (Berenson, 1991) avoids the idea that the solution is to 'remove the disease' and implies that the solution involves the development of the balanced and appropriate use of power.*
- 4 *The validating of the suffering of the system and its individual members avoids the negating of individuals and promotes a sense of self.* When a battle over whose reality is the reality ensues, then the person with the one-down position is at a disadvantage and may often suffer from confusion. This confusion and mystification can become so intense that the partners of excessive gamblers start to wonder if they themselves are going 'mad'. Their sense of self is eroded and their ability to trust their own reality undermined. The parallel with the battered women who say 'I deserved it' or 'I must have done something wrong' is an apt one. Therapy often involves

helping people to rediscover their own way of seeing and its validity. This applies to the person with the excessive behaviour as well, whose experience of addiction as a powerful, destructive force in their lives needs to be validated by therapists. To negate this is to negate their suffering and personhood.

- 5 *In couples work where addiction is a problem, the power imbalance in the relationship needs to be addressed. The terms 'over-' and 'under-functioning' can be applied to the various areas of responsibility in the relationship.* I have found it facilitative to look at the way the couple is operating and to highlight any unhelpful gender role prescriptions that may be in place. When role prescriptions are altered then the need for illusion² in order to tolerate these restrictive prescriptions is often lessened and the context in which addictive gambling can be maintained is weakened. By reconnecting the issue of gender equality with the problem of addiction, we reintroduce not only the idea of individual responsibility but also the notion of social responsibility.

Notes

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²Addiction can be seen as a method of maintaining *illusion*. John L. Foth-Finegan explains that addictions and in particular *alcohol use* help a person to maintain the illusion necessary to tolerate the discomfort of a painful way of being, which could include overly rigid gender role prescriptions (Foth-Finegan, 1991).

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