

RESILIENT WOMEN: FROM VICTIMHOOD TO AUTONOMY CASE STUDY IN THE SELF-HELP GROUPS CODEPENDENT ANONYMOUS

ALICIA ELENA RODRÍGUEZ BLANCO*
AUTONOMOUS UNIVERSITY OF THE STATE OF HIDALGO
INSTITUTE OF SOCIAL SCIENCES AND HUMANITIES, PACHUCA, HIDALGO, MEXICO

Recibido, septiembre 1/2013
Concepto evaluación, octubre 2/2013
Aceptado, noviembre 20/2013

Referencia: Rodríguez, A. E. (2013). Resilient women: From victimhood to autonomy. Case study in the self-help groups Codependent Anonymous. *Acta Colombiana de Psicología*, 16 (2), 71-79.

Abstract

This work focuses on highlighting the resilience developed by the women interviewed about the violence they were subjected and on observing the new life conditions that they wanted to develop grounded in their reality. This analysis belongs to the field of social sciences and psychology since it describes resilience, a phenomenon addressed by both disciplines. The hypothesis proposes that through the active belonging to the self-help groups Codependent Anonymous, women who have experienced violence can distance themselves from the problem and develop a sense of responsibility for their own lives. From a gender point of view, this research finds its justification in the category of gender oppression, formulated by Marcela Lagarde on her work entitled "Women captivities." In the field of personality theory, the explanation of interaction dynamics in codependent relationships is sustained through Transactional Analysis, based on Gloria Noriega Gayol's research on codependence and its relation with transgenerational roles. In order to give a sociological explanation of codependence as a phenomenon, Pierre Bourdieu's theory of fields has been applied and codependence has been defined as a *habitus*. This work shows the way some women participating in Codependent Anonymous self-help groups, were able to achieve a higher level of consciousness through the training offered by these groups and were able to choose strategies that enabled them to face their life situation more centred in themselves while taking responsibility for their lifestyle choice.

Key words: Resilience, codependency, self-reliance

LA MUJER RESILIENTE: DE VÍCTIMA A RESPONSABLE. ESTUDIO DE CASOS EN LOS GRUPOS DE AUTOAYUDA CODEPENDIENTES ANÓNIMOS

Resumen

Este trabajo se centra en destacar la resiliencia que desarrollaron las mujeres entrevistadas a partir de la violencia de la que fueron objeto y en observar las nuevas condiciones de vida que se plantearon, fundamentadas en su realidad. Se inserta en el campo de las ciencias sociales y el de la psicología, toda vez que describe la resiliencia, un fenómeno que compete a ambos campos. La hipótesis plantea que, a través de la militancia en los grupos de autoayuda Codependientes Anónimos, algunas mujeres que han experimentado violencia, pueden lograr un auto-distanciamiento que les permita desarrollar la responsabilidad sobre sus propias vidas. Desde una visión de género, encuentra su justificación en la categoría *opresión de género*, planteada por Marcela Lagarde en su trabajo "Los Cautiverios de las Mujeres." En el campo de las Teorías de la Personalidad, desde el Análisis Transaccional, plantea la dinámica de interacción presente en las relaciones codependientes basada en la investigación de Gloria Noriega Gayol acerca de los roles transgeneracionales. Para dar una explicación sociológica de la codependencia como un fenómeno, se ha aplicado la Teoría de Campos de Pierre Bourdieu, y se ha definido a la Codependencia como un *hábitus*. La conclusión presenta la forma en la que algunas mujeres participantes en los grupos de auto-ayuda Codependientes Anónimos, incrementaron su nivel de consciencia a partir del entrenamiento provisto en estos grupos y eligieron estrategias para enfrentar su situación de vida desde una postura más centrada en ellas mismas y haciéndose responsables de su forma de vivir.

Palabras clave: Resiliencia, codependencia, autodependencia

* Mtra. Alicia Elena Rodriguez Blanco. The International Association for the Study of Sexuality, Culture and Society (IASSCS) Publication Mentoring Program, as well as Dr. Michael Slater, School of Social Sciences and Psychology, University of Western Sydney, Australia, supported this article. Correspondence concerning this article should be addressed to Alicia Elena Rodríguez Blanco. Velázquez de León 70-408, Col. San Rafael, C.P. 06470, México, D.F. aerb68@gmail.com, (044)5515306320.

A MULHER RESILIENTE: DE VÍTIMA A RESPONSÁVEL. ESTUDO DE CASOS NOS GRUPOS DE AUTOAJUDA CODEPENDENTES ANÔNIMOS

Resumo

Este trabalho se centra em destacar a resiliência que mulheres entrevistadas desenvolveram a partir da violência à que foram objetos e em observar as novas condições de vida propostas, fundamentadas na sua realidade. Insere-se na área das ciências sociais e da psicologia, já que descreve a resiliência, um fenômeno que compete a ambos campos. A hipótese propõe que, através da militância nos grupos de autoajuda Codependentes Anônimos, algumas mulheres que sofreram violência, podem conseguir um autodistanciamento que lhes permita desenvolver a responsabilidade sobre suas próprias vidas. Desde uma visão de gênero, encontra sua justificação na categoria *opressão de gênero*, proposta por Marcela Lagarde no seu trabalho “*Os Cativoiros das Mulheres*.” No campo das Teorias da Personalidade, desde a Análise Transacional, propõe a dinâmica de interação presente nas relações codependentes baseada na pesquisa de Gloria Noriega Gayol sobre os papéis trans-geracionais. Para dar uma explicação sociológica da codependência como um fenômeno, foi aplicada a Teoria de Campos de Pierre Bourdieu, e definiu-se a Codependência como um hábitus. A conclusão apresenta a forma em que algumas mulheres participantes dos grupos de autoajuda Codependentes Anônimos, aumentaram seu nível de consciência a partir do treinamento provisto nestes grupos e escolheram estratégias para enfrentar sua situação de vida desde uma postura mais centrada em si mesmas, fazendo-se responsáveis da sua forma de viver.

Palavras chave: Resiliência, codependência, autodependência.

INTRODUCTION

This work addresses some of the main issues raised by a wider program of treatment and research related to resilience in women with histories of family violence and substance abuse. This paper is based on qualitative research with female members of self-help groups named “Codependence Anonymous”, which are independent organizations sponsored by their own voluntary contributions. There are several Codependence Anonymous groups in the Mexican provinces, but the research has focused on groups within two provinces. Self-help groups aim to address issues of codependency amongst women who have often been exposed to violence and substance abuse from childhood onwards. By fostering a sense of autonomy, the groups aimed to increase women’s capacity to exercise control within their family life, where substance abuse and domestic violence was common.

It’s important to highlight the relevance of this research towards the development of gender and codependency view among Mexican women, since it has been found that most of the interviewees experienced difficulties in building new scenarios because of entrenched gender practices and the social expectations of their families.

Mexican research on alcohol and violence

According to the National Council Against Addictions (CONADIC, for its Spanish acronym) in Mexico, alcohol is the biggest area of addiction in both rural and urban contexts. The relationship between alcohol and violence is well documented by Medina-Mora, Berenzon and Natera

(1999) in their analysis of the linkage between alcohol abuse and increases in family violence and particularly violence against women. The study, undertaken in 1996, showed that when men have drunk alcohol, physical abuse appeared in 14 % of the cases and the violence risk increases 3.3 times when alcohol consumption is carried out daily.

Medina-Mora, Natera and Borges (2002) showed that in the city of Pachuca, 11% of the violence claims were about family violence and in 9% of those cases the perpetrators had drunk alcohol, in fact, 7% of them were drunk.

Medina-Moore and colleagues (1999) propose that the relationship between family violence and alcohol abuse is the result of the interaction between three factors: (1) the agent, that is to say, the pharmacological characteristics of alcohol, which may cause or facilitate the violent act; (2) the guest, which includes the characteristics of the individuals that lead them to consume alcohol as well as respond to it in a certain way, and (3) the media, that is to say, the society that normalizes the behavior of its members according to factors such as sex and age (Medina-Mora, 1999).

Medina-Mora et al. (1999) refer to Mexican culture as one that accepts violence as a way to solve problems and point out the ways in which Mexican women are often forced to remain in an abusive relationships due to their economic and social dependence. Transcultural research across Mexico and Scotland, countries that share similar patterns of alcohol consumption, suggests that Scottish men often drink with their wives, while in Mexico alcohol consumption is a gender segregated activity leading to more tension in the relationship.

Medina-Mora et al. (1999) conclude that physical abuse and alcohol consumption abuse are correlated factors that

reinforce one another. They consider that childhood victimization (e.g. physical abuse, witnessing domestic violence, sexual abuse, or all of the above) increase the probability that an individual will become violent in the adult stage. Parental alcohol consumption is related to child abuse in several ways including abandonment, neglect and physical abuse. All of these conditions can lead children to abuse alcohol later in life, and may be related to use of violence amongst men.

Codependency

Codependency has been identified as a psychological problem present in those people who cohabit with alcoholics as well as addicts to other chemical substances (Noriega, 2002). Giddens (1998) describes a codependent person as somebody whose personal identity is not well developed and so their identity is dependent upon external situations and pressures. Codependency is established slowly in the same way as alcohol problems increase. It moves from apparently stable moments followed by recurrent crisis and then become an apparently normal reaction against a subnormal situation to a pathological relationship problem.

Finally, Gotham and Sher (1996) state that codependency is a problem that affects mainly women and could be related not only to alcohol abuse but also to family stress problems such as physical or mental illness in one of the parents.

In Mexico “codependency” has been used to describe the ways in which women can become trapped within abusive relations characterized by alcohol or drug dependency. It is addressed in two main ways, either with psychological treatment or through self-help groups such as Codependence Anonymous. In most cases, when a person is diagnosed as codependent by his/her therapist it is recommended that they attend self-help groups to support them during the therapeutic process.

Codependence Anonymous

Montaño (2011) explains that the aim of self-help groups is to share experiences. The intention is to face up difficult situations as well as develop social bonds so that situations or problems can be resolved in a tolerant and supportive social environment. The intention is to face, solve and reframe the problem by speaking about it in more constructive ways so that others may also learn to do the same.

The Codependence Anonymous groups are part of a category of self-help groups that started in the 40’s with the creation of the Al-Anon groups. Al-Anon groups were formed by women and families of the first alcoholics in recovery programs such as Alcoholic Anonymous groups. The intention of Al-Anon was to support those cohabiting with an alcoholic person. Like Alcoholics Anonymous,

Al-Anon and groups such as Codependence Anonymous use the twelve steps program as a model of recovery.

The twelve steps were developed by two rehabilitated alcoholics named Bill W. and Dr. Bob and are adapted to all forms of addiction recovery. In the case of codependency self-help groups the substance is considered to be the emotion related to the relationship with the alcoholic person, such as fear, shame or guilty.

Table 1

The twelve steps that a codependent person faces during the recovery program

STEP	STATEMENT
First	We admitted we were powerless over others, that our lives had become unmanageable.
Second	We came to believe that a power greater than ourselves could restore us to sanity.
Third	We made a decision to turn our will and our lives over to the care of God as we understood God.
Fourth	We made a searching and fearless moral inventory of ourselves.
Fifth	We admitted to God, to ourselves and to another human being the exact nature of our wrongs.
Sixth	We were entirely ready to have God remove all these defects of character.
Seventh	We humbly asked God to remove our shortcomings.
Eighth	We made a list of all persons we had harmed, and became willing to make amends to them all.
	We made direct amends to such people wherever possible, except when to do so would injure them or others.
Tenth	We continued to take personal inventory and when we were wrong promptly admitted it.
Eleventh	We sought through prayer and meditation to improve our conscious contact with God as we understand God, praying only for knowledge of God’s will for us and the power to carry that out.
	Having had a spiritual awakening as the result of these steps, we try to carry this message to other co-dependents and to practice these principles in all our affairs.

It has been observed that codependent women who regularly attend these groups develop the ability to observe their reactions toward the relationship with the addict. From this perspective, they start taking responsibility for their actions instead of reacting in the same way they used to act and, in such a way, become self-responsible. Self-responsibility is describe by Branden (1997) as the natural progression from childhood to adulthood from dependency to independency, moving from being supported by others to supporting oneself,

and from having no responsibilities to being responsible for oneself. This is also known as the “individuation process”, which means to become apart, to emerge and to develop as a complete individual (Branden, 1997). There are several stages in this process and they sometimes they are not successfully completed. Also, self-responsibility is considered to be a resilient factor by Gotberg (Melillo, 2008) as shown forward, in Table 2. In this way, Codependence Anonymous is not holding women responsible for domestic violence but instead providing them with an environment in which they can reflect on their relationship and reactions, which may lead them to develop resilience.

Resiliency is a word adopted by social sciences to describe those people who have good life outcomes despite having been exposed to a range of risk factors (Kotliarenco, Cáceres & Fontecilla, 1996, 4). The development of resiliency in women is related to a sense of self-responsibility and self-awareness, an expectation of equality in interpersonal and family relationships and an increase in mental and physical health. Fostering resiliency in women is important to supporting survivors of child abuse and domestic violence, which are often interlinked.

Jaramillo-Vélez, Ospina-Muñoz, Cabarca-Iglesias and Humphreys (2005), in their research on domestic violence and resiliency, identify a range of issues that help in the recovery and protection from violence, including self-acceptance, positive self-regard, the capacity to make external guilt attributions, to have an inner locus of control, a positive life philosophy and the ability to draw on religious or spiritual resources. All of these are factors encouraged and facilitated in Codependence Anonymous groups, which foreground the potential of such groups to support women living in violent or abusive family situations.

The Codependency Anonymous study

The focus of this study is on the impact of domestic violence on the autonomy of women and the role of self-help groups in fostering resiliency and self-determination. Amongst the six women participants in this study, domestic violence had a serious impact upon their family environment. Violence against women impacts on the woman but also on her children and her families are marked by a high level of anxiety and stress. In this study, many participants grew up and continued to live in environments in which they experienced violence and alcoholism amongst one or more members of the family as well as other patterns of abuse.

Abuse is often understood to refer to physical or sexual abuse, but in chaotic families, other forms of harm to children include requiring children to take on responsibilities beyond their age or capacity. For instance, asking a young girl to take care of her baby brother can be understood

as a form of abuse, but children are often placed in such difficult situations in families where violence and alcohol abuse are present. Mellody, Wells & Miller (2005) describe the consequences of abuse in childhood and suggest that a child who is continuously exposed to a violent environment will develop dysfunctional survival characteristics. In this way, violence, abuse and anxiety serve as the basis for a codependent relationship style that in adulthood can lead to poor life outcomes including substance dependence and victimization. Mellody and colleagues argue that children have particular characteristics such as being valuable, vulnerable, imperfect, dependent and immature. If the child's characteristics are respected, she/he develops into a mature person according to his/her age. In terms of self-responsibility the progress becomes complete.

On the other hand, if the child's characteristics are not respected, he/ she develops what Mellody describe as nuclear symptoms of codependency, such as difficulty in expressing adequate levels of self-esteem, difficulty in establishing functional limits, difficulty in assuming and expressing their own thoughts and opinions, their own reality and imperfection, difficulty in attending to their own needs and desires as an adult as well as difficulty to express the own reality such as it is.

This lifelong exposure leads them to see their partner's substance abuse problems and violence as “normal”. The normalization of violence and drug and alcohol consumption has a range of impacts on emotional bonds between family members, including the development of the dysfunctional characteristics described above that lead to codependence in adulthood. From this point, there is a connection between Mellody and Medina-Mora research, in other words, that an increase in anxiety related to alcohol consumption amongst family members, usually leads the youngest members to become consumers of drugs or alcohol and start the cycle of consumption- violence-codependence-consumption.

This study is particularly interested in researching those women who have developed resilience in spite of their experiences of family violence. It seeks to identify how these women manage their complex family situation to the point where many have become change agents in their families and communities. This work seeks to identify principles for the prevention of violence against women and to interrupt the linkages between violence and addictions. Mexico is passing through a huge problem in terms of social violence and addictions due to the declared war against narcotraffic and the organized crime but the gendered impacts of this issue have been left unaddressed, as has the role of women in maintaining social and family cohesion in spite of alcohol and drug-related conflict and violence. Therefore this study fills an important gap in the literature.

The social construction of gender shapes important differences in male and female roles in Mexican society. Under the assumption that a woman is a passive and receptive agent, in contrast with a man as the active and supplier agent, women are expected to become the caretakers of the family. From this point of view, women are supposed to abandon their self-responsibility to be responsible for somebody else, a role which may be imposed rather than chosen. This is the point in which the abusive pattern takes part in women's childhood, a stage from which these roles are being taught by elder women in the family and become a natural way of living and then turning violence into a normal situation.

Among these practices considered to be abusive, there are those which reproduce the gender roles from one generation to another and because they are abusive patterns there is an increase in the antisocial attitudes during childhood which may lead to addiction patterns.

This research transfers the psychological concept of codependency to the field of social sciences, and considers the applicability of codependency to gender studies and anti-violence education. It examines the ways in which codependence is part of the cultural role of women in Mexican culture and how women can learn new patterns of behavior in the context of self-help groups.

This paper is based on qualitative research with resilient women who participate actively in Codependency Anonymous groups for women with histories of domestic violence. In particular, it focuses on the psychological concept of "codependency" to highlight the emotional dynamics of families experiencing domestic violence and substance abuse problems.

Codependency has been seen as a problem that affects the family members of the alcoholic, but also has been identified as a gendered issue by Gotham and Sher (1996) who argued that codependency is not only a problem related to the alcoholic family members but has to do mainly with women and might be related to others factors different from alcohol as it could be the physical or mental illness of one of the parents (Noriega and Ramos, 2002). This is to say that codependency attitudes might be learned or developed during childhood if one of the parents is affected by illness or addiction and the little girl is supposed to take care of the affected person at an early stage of her life. It is said to be a gender issue since women are considered to be in charge of caring and nourishing and are trained to do so from childhood.

In 1996 Roheling, Koellbel and Rutgers found that codependency in women is related to violent family issues and cultural patterns. Noriega and Ramos (2002) suggested, based on the work of Appel (1991), Goldner,

Penn, Sheinberg and Walker (1990), that "the fact that codependency is more frequent in women suggest the influence of the gender stereotypes that have influence in the development of codependent behavior and attitudes" (Noriega and Ramos, 2002, p.7).

In such a way, the study of codependency has to do with the description of the characteristics related to the abuse that women suffer since they are children and / or in their adulthood, and that is part of an illness, an addiction or a patriarchal system. Therefore, there is a chance to see codependency as a naturalized way of abuse that takes part as a pre-established role.

In spite of the critiques the term has received from Granello and Beamish (1998), Natera, Borges, Medina-Mora, Solis and Tiburcio (2001), Anderson (1994), Babcock and Mc Kay (1995), Harper and Capdevila (1991), Van Worme (1989) and Frank and Golden (1992) arguing that the term codependency apparently doesn't pay attention to the social and economic reality that women suffer in a patriarchal system in which the feminine conception has been created and must not be taken for granted neither to consider that women are responsible for the abuse in which they are victims, Noriega (2002) sustains that the term helps to identify the attitudes of a group of women who emerge from that reality to empower themselves by assuming the responsibility of their situation after abuse and victimization. It is common to listen to the women of these recovery groups saying: "*We are not responsible for the background we come from, but from now on, we are responsible for ourselves and for the decisions we may take.*"

In relation to the violent environment and alcohol consumption, Medina-Mora considers that physical abuse and alcohol abuse are related factors that reproduce childhood victimization and increase a person's possibility to become violent in adulthood. Parents' alcohol abuse frequently shows up in different forms such as abandonment or lack of attention as well as in children physical abuse, which contributes to the practice of alcohol consumption as well as the use of violence in childhood. (Medina- Mora, Berenzon & Natera, 1999)

In this study, when a woman who has been a victim of abuse displays self-confidence and self-responsibility she is identified as a "resilient woman". The word resilience comes after a Latin term *resilio*, which means, "to go back with a jump". This term has been adopted by the social sciences to explain the character of those people who, in spite of having born and lived in risk situations develop themselves in a healthy way of living, in psychological terms, and also become successful people (Kotliarenco, Cáceres & Fontecilla, 1996)

The concept emerges from E.E. Werner's social epidemiologic study in Kauai (Hawaii). During thirty-two years

Werner observed the life development of five hundred people that lived in extreme poverty as well as in stress situations, dissolution of the parental bond, alcoholism, abuse, etc. Despite these risk situations, most of the children developed the ability to build a future by themselves (Melillo & Suarez 2008).

In order to describe the term, Grotberg (In Melillo & Suarez, 2008) considers the following categories of resilient factors: *I have, I am and I can*. He describes those categories explaining that resilient people learn from others, who show them to experience the characteristics shown in Table 2.

In addition to these, Jaramillo-Vélez, Ospina-Munoz, Cabarcas-Iglesias and Humphreys (2005) point out the spiritual resources of the women victims of violence to have an important role in the recovery since they contribute to the decrease of psychological distress. However, in spite of the recommendation of spiritual resources by family therapists as well as mental health specialists, the inclusion of spirituality in the family violence treatment has not been developed in the world as much as it should be (Jaramillo and colleagues, 2005). On the other hand, the spiritual dimension has been described as a part of the existential analysis that Viktor Frankl described in his work (Bruzzone, 2008). Frank, known to be the founder of Logotherapy and Existential Analysis, proposed the triple dimension of the human being, which include the physical, mental and spiritual components. The spiritual dimension is composed by personal values that lead the person to its sense of living, meaning, those attitudes and experiences that each person considers to be important and from where they take action in daily life.

The main goal of Codependence Anonymous Groups is to help people with codependency problems in the development of strategies to build functional relationships. These groups work on the individual by sharing experiences that are common and by studying different strategies to face the

same problem in a different way. To do so the participants study codependency literature on self-help as well as on the twelve steps. The group often gathers twice a week or has two or three different schedules open and the people decide on the best option to attend. An important factor is that nothing is forced but everything is just suggested and there is no particular leader but the group is expected to practice group consciousness, meaning that all the resolutions occur in meetings in which all the participants vote to take the best decision for the majority. In the same manner that there are twelve steps in the recovery program, there are twelve traditions or behavior rules that all participants agree to follow for the common benefit.

METHOD

Participants

This paper is based on participant observation of Codependence Anonymous Groups as well as in-depth interviews with participants. The research question underlying the participant observation phase of the study was: "Are self-help groups helping victimized women to develop self-responsibility as a resiliency factor?"

The study took place in two cities, Mexico City and Pachuca. The main objective of the participant observation was to describe how women in the groups describe themselves and their experiences of family violence and abuse as well as how they managed to move from the victim stage to a resiliency position. Participant observation was conducted with the consent of all participants in the group, who expressed a desire to help other women to find out other resources to deal with violent environments.

In the first stage the research was centered on the impact of the group on self-responsibility. The hypothesis was that an increase of responsibility would lead to a decrease of 'victim' speech in which women regard others to be responsible

Table 2
Resilient Factors

I HAVE CATEGORY	I AM CATEGORY	I CAN CATEGORY
<ul style="list-style-type: none"> • Trust in reliable people. • Learn how to set bounds that prevent from damage and problems. • Show how to proceed in a proper way according to the situation. • How to behave trusting oneself. • Taking care of oneself in dangerous situations. 	<ul style="list-style-type: none"> • To be loved and cared for. • To be happy when helping others. • To respect oneself and others. • To be responsible of one's personal behavior. • To be confident that everything will be O.K. 	<ul style="list-style-type: none"> • To speak about things or situations that I am afraid of. • To search the proper way to solve problems. • To control myself when I feel like doing something that may damage me. • To look for the proper moment to speak with somebody or take the proper action. • To find out somebody when I need help.

Note: Grotberg in Melillo & Suárez, 2008.

for them and their actions. It is important to consider that these women are looking for help after having experienced violent situations and they want to learn a different way of living. They are not considered to be responsible for the abuse they suffer but they consider themselves responsible for their responses after violence and abuse.

For the purpose of in-depth interviews, six women were chosen. Two of them are women with more than five years of experience in self-help groups and their main characteristic is that after surviving abusive relationships with the support of a self-help group, they set up new self-help groups for women in the same condition they used to be. The other four women are members of the groups that the first two women set up. The interviews took place on several occasions in which the women shared their experiences.

Equipment and instruments

The results that emerged from the in-depth interviews centered on the leaders of the groups, women who have been for several years in recovery programs founded by each research group, show two factors that appear in most of their accounts: suffering and learning.

Procedure

Most of them declared that they looked for help because they were experiencing suffering, and as they developed different skills they started applying them to their lives. Once they applied the strategies they've learned, the whole family synergy started to change, in some cases the whole family adopted a healthier dynamics, in other cases the women moved apart from the family but in any case the impact of the knowledge that these women applied to their life stopped the violent way of living.

When asking these women about the tool that they consider as the most effective, they said it was the twelve step program as well as the therapy and human development groups in which they learned about different patterns of relationships.

In any case, the resilient women look for help by themselves from a point of suffering that they describe as "touching the bottom".

RESULTS

The following is an abstract from two in-depth interviews. In the first case, a woman group leader describes her situation before the study program:

"I lived just to please him (the husband), basically I lived for him and what I did was never enough for him. For instance, I took care of his father, I worked for him as an employee in his enterprise, and I cooked and took care of

the children. Some days I worked for twenty hours. I hardly slept and I thought that I would please him by acting this way. In return he hardly looked at me, in other words, there was no gratitude, no recognition of the effort, nothing. I expected some love in return and therefore I did more and more each time trying to show that I was enough, that I was good, in order to gain his approval. As time went by and this never happened the expectation became frustration and I was angry at him. The relationship had no limits. I allowed the lack of limits and we discussed each time more and more frequently and violently. He did things to hurt me and I did the same. We lost respect for each other; there was much economic control from him to me, lots of social control also. For instance, we had just met his family and friends, we went to the places he liked and even then I agreed to please him until I was too tired to continue and I got depressed."

The same woman commented that she became alcoholic after this period and when she was in a desintoxication program she started working on the codependence recovery program. She also attended therapy for several years and after being abstinent of alcohol for a while she started her studies in psychology and now she helps other women in recovery. She has founded two Codependence Anonymous groups in Mexico.

When asking about her life in the present she said:

"My life now is wonderful. I recovered the capacity of trusting myself, now I realize that I'm not stupid, that I have the skills to support myself and nowadays I know that I'm capable of being alone and economically independent. In the past I was afraid because I thought that something terrible could happen to me if I lived alone. It could be something terrible, like a terrible danger, social, physical, mental danger. Now I realized that there is no reason to be afraid, that I'm capable to take care of myself. They had told me that it was very important to be pretty. It was not important to be intelligent as a woman".

Another woman who is an active member of the group but not a leader explains:

"Yes, my life has changed a lot. I have learned to ask for my space. Now, my life is very different, I have freedom. Even though I'm still married I know how to set limits. In the group they explain to us to see ourselves instead of always looking at others' behavior trying to be in control of the situations. I realize that in my case I did everything to control my husband. I mean, I put away my profession and focused on my family to maintain the control, particularly of my husband, to gain his approval".

The results show that those women who have been participating for a long term in the group moved from a non-speaking and just listening position to a participative

speech in the second stage, in which they often cried while describing the difficult situation they were going through. In a third stage, the speech changed to describe the attitude or facts they were trying to change about their situation. In the cases of the women leaders of each group the speech was more eloquent, and they described what they were doing or how they managed to maintain new ways or relationships.

The best results were observed in the particular groups named "advance groups" that have the characteristic of being study groups only. The dynamics in these groups is that all the participants read books about the twelve steps program and discuss each point. The catharsis, which is to say, the explanation of the painful situation for a period of time, is not allowed, and in any case, when they speak about a personal experience they explain what they did to solve the problem using the tools they have.

However, not all the women decided to get deeper into the practice of self-knowledge and most of them had no reference of gender equality, which had an impact on the way they constructed their relationships after they have recognized abuse and violence and tried to get rid of them.

It has been observed that gender cultural habits in Mexican Culture provide several expectations towards women, which are closely related to codependence practice. For instance, Mexican women are to take care of their family, parents, children, husbands or any family member that may need to be taken care of. In one point, when their help is not longer needed, their feelings become a type of emotional dependence and develop affective disruptions such as guilt, emotional vacuum and fear of abandonment, which are the issues they work on the self-help group.

This is to say that the results show the impact of gender practices of Mexican culture in the development of codependency patterns in the sample of women observed throughout this research. They found difficult to develop an internal control locus, and their cultural practices pushed them to develop attachment in their interpersonal relationships, such as their family bonds with their children or mainly with their husbands.

A further investigation on gender practices and codependency in Mexican Culture is taking place after these results.

DISCUSSION

Interfamily violence often affects women and children. Even if women appear as the only affected members of the family, the impact in the children may be measured by the increase of antisocial behavior in them. Once the antisocial behavior has appeared it can be related to addiction problems in those children, who may become heads of families with the interfamily violence pattern and, therefore, the cycle would start again.

The question that emerges is how to stop this cycle? And the answer appears to be in women's education and training to learn a new kind of non-violent communication patterns.

On the other hand, in social terms, the women looking forward to moving from patriarchal oppression seem to have several motivations. However, there will be resistance in the system, and the economic empowerment is essential to do so. Nevertheless, if the woman who is looking for empowerment doesn't also reach an emotional empowerment and shows it through self-reliance, there will be no change, in terms of resilience, from a victimization attitude.

In terms of the help that Codependency Groups provide these women to move from the dependent role to a self-reliance attitude, they explain that they have learned new ways of development. They also explained that it was important for them to have the group support to do so. However, one of the women interviewed, who had several years of experience and had developed self-reliance, argued that it was not the group who helped her, but the spiritual principles contained in the twelve steps that she applied to her life. On the other hand, the other experienced woman explained the importance of the group as support for her recovery and particularly the motivation she felt after sharing the experiences of the empowered women she met in these groups.

After the interviews a question emerged: Could these women be able to maintain their empowerment known as the self-reliance they had reached without the assistance and support of their self-help groups? The pro of these groups appears to be the possibility to share experiences as well as develop new ways to face their lives. However, if these women don't continue learning and having more than one option of support, they may become dependent on the group, or in other words, they wouldn't really develop self-responsibility. They would just move from a violent environment to a protective one, whereas the goal appears to be the development of those resilience factors described by Grotberg (Melillo & Suarez, 2008).

Codependency seems to be a problem that affects women who have been victims of different kinds of abuse. Either if they have cohabited with alcoholic people or became helpers of people who were not able to look after themselves, these women learnt a way to take care of others while giving the power of their lives to others.

Research results show that through the continuous attendance to the Self-help groups Codependents Anonymous, the women interviewed developed the factor called self-reliance. However, although the support of the group helped them to maintain their new way of living, if these women do not develop critical thinking and are eager to learn, it seems that the support of the group wouldn't make a real difference in their lives.

On the other hand, those women interviewed who have more than five years experience and were able to open new groups to help other women victims of abuse, seem to have developed strategies not only to become responsible of their elections, but also to create new ways of communication and thus, experience functional relationships.

The results of this work open more opportunities to answer new questions such as: Which factors are to be considered if the aim is to develop co-responsibility in relationships? Could gender differences be avoided with the use of new pedagogic strategies of self-reliance and co-responsibility? Is critical thinking a factor to be considered in the development of individuation and construction of functional relationships between genders?

Education is the factor that could make a difference in the present situation in Mexico. Self-help groups provide new ways of learning strategies to develop self-reliance. Although they can't provide all the support needed to make a substantial change in society, there is an opportunity open for women victims of violence in a first stage of recovery. Once they have learned new strategies for facing violence with empowerment, they could be able to continue their development not only with the group support, but also in different stages and become helpers for other women that may need help.

By helping women to develop self-responsibility, self-esteem emerges and the violence-alcohol consumption-codependency-violence cycle seem to be broken. In such a way, the self-help groups Codependency Anonymous seem to be an alternative to face the problems associated to alcohol and drug consumption in Mexico.

REFERENCES

- Anderson, S.C. (1994). A critical analysis of the concept of codependency. *Social Work*, 39, (6), 677-685.
- Appel, Ch. (1991). Co-dependency - A critical appraisal of social and cultural aspects from a feminist perspective. *Contemporary Drug Problems*, 18, (4), 673-686.
- Babcock, M., & Mc Kay, C. (1995). *Collected codependency challenges. Challenging codependency: feminist critiques*. Toronto: University of Toronto Press.
- Beattie, M. (1997). *El lenguaje del adiós*. México: Promexa.
- Beattie, M. (2007). *Guía de los doce pasos para codependientes*. México: Promexa.
- Branden, N. (1997). *Cómo llegar a ser autorresponsable. Hacia una vida autónoma e independiente*. México: Paidós.
- Bruzzone, D. (2008). *Pedagogía de las alturas*. México: LAG.
- Butler, J. (2001). *El género en disputa del feminismo y la subversión de la identidad*. México: Paidós.
- Central Mexicana Servicios Generales de AA (1992). *Los doce pasos*. México: CMAGAA.
- Frank, P. B., & Golden, G.K. (1992). Blaming by naming: battered women and the epidemic of codependence. *Social Work*, 37, (1), 5-6.
- Giddens, A. (1998). *La transformación de la intimidad. Sexualidad, amor y erotismo en las sociedades modernas*. Madrid.
- Goldner, V., Penn, P., Sheinberg, M., & Walker, G. (1990). Love and Violence: Gender Paradoxes in Volatile Attachments. *Family Process*, 29, (4), 343-364.
- Gotham, H., & Sher, L. (1996). Do Codependent Traits Involve More than Basic Dimensions of Personality and Psychopathology? *Journal of Studies on Alcohol*, 57 (1), 34-39.
- Granello, D. H., & Beamish, P.M. (1998). Reconceptualizing Codependency in Women: A sense of connectedness, not pathology. *Journal of Mental Health Counseling*, 20, (4), 344-354.
- Harper, J., & Capdevila, C. (1990). Codependency: a critique. *Journal of Psychoactive Drugs*, 22, (3), 285-292.
- Jaramillo-Vélez, D. E., Ospina-Muñoz, D. E., Cabarcas-Iglesias, G., & Humphreys Janice. (2005). Resiliencia, Espiritualidad, Aflicción y Tácticas de Resolución de Conflictos en mujeres maltratadas. *Salud Pública*, 7 (3), 281-292.
- Kotliarenco, M., Cáceres, I., & Fontecilla, M. (1996). *Estado del arte en Resiliencia*. Washington: Oficina Panamericana de la Salud.
- Lagarde, M. (2003). *Los cautiverios de las mujeres*. México: Universidad Nacional Autónoma de México.
- Melillo, A., y Suárez, E. (2008). *Resiliencia : descubriendo las propias fortalezas*. Barcelona : Paidós.
- Melody, P., Wells, A., y Miller, J. (2005). *La Codependencia: qué es, de dónde procede, cómo sabotea nuestras vidas*. México : Paidós.
- Medina-Mora, M., Berenzon, S., & Natera, G. (1999). El papel del alcoholismo en las violencias. *Gaceta Médica*, 135, (3), 284-289
- Medina-Mora, M. E., Natera, G., & Borges, G. (2002). Alcoholismo y abuso de bebidas alcohólicas. *Observatorio mexicano en tabaco, alcohol y otras drogas. México, D.F: Secretaría de Salud*, 15-25.
- Natera, G , Borges, G., Medina-Mora, M.E., Solís, L., & Tiburcio, M. (2001). La influencia de la historia familiar de consumo de alcohol en hombres y mujeres. *Salud Pública de México*, 43 (1), 17-25.
- Montaño, R. (2011). *Grupos de autoayuda: una cultura de espacios sociales de sostén para el trabajo grupal y la ayuda mutua*. (Tesis inédita de doctorado). UAM, México.
- Noriega, G., y Ramos L. (2002). Construcción y validación del instrumento de codependencia (ICOD) para las mujeres mexicanas. *Revista Salud Mental*, 25, (2), 38.
- Noriega, G. (2002). *Detección de codependencia y factores asociados: Una perspectiva desde el análisis transaccional*. (Tesis inédita de doctorado). UNAM: México.
- Roeling, P.V., Koelbel, N., & Rutgers, C. (1996). Codependence and construct disorder: feminine versus masculine coping responses to abusive parenting practices. *Sex Roles: A Journal Research*, 35, (9), 603-616.
- Van-Wormer, K. (1989). Codependency: Implications for women and therapy. *Women and Therapy*, 8,(4), 51-63.