

Revisiting the Issue of Co-dependency in Nursing: Caring or Caretaking?

Laurie Michelle Hopkins and Winston Jackson

La documentation sur la pratique infirmière prétend que les individus qui affichent des traits de codépendance (une prise en charge constante des autres au point de se négliger soi-même) choisissent la profession infirmière dans le but de combler une pathologie et que ce travail favorise des comportements de codépendance puisqu'il nécessite la pratique de l'empathie. Cette étude avait pour but de déterminer si les taux de codépendance étaient plus élevés chez les étudiants en sciences infirmières que chez les étudiants d'autres programmes. Des données ont été recueillies au moyen d'un questionnaire. Un index de codépendance fondé sur un continuum a été élaboré ainsi qu'un sous-index du degré d'empathie dans le but de mesurer avec plus de précision les traits de codépendance. Contrairement à ce qui est véhiculé dans la documentation sur le sujet, les tests unilatéraux ont révélé qu'il n'y avait aucun lien entre la codépendance et le choix d'un programme universitaire. Les résultats de cette étude indiquent un besoin d'utiliser une approche d'évaluation de la codépendance fondée sur un continuum pour éviter que l'élément d'empathie présent dans les outils d'évaluation ne crée un préjugé défavorable envers la pratique infirmière, une profession basée sur l'empathie.

Mots clés : codépendance, empathie, outils d'évaluation, étudiants en sciences infirmières

It is purported in the literature that individuals who demonstrate co-dependent traits (consistently taking responsibility for others to the point of neglecting oneself) enter the nursing profession to fulfil pathological needs and that nursing encourages co-dependent behaviour through its focus on "caring." This study was undertaken to determine whether nursing students have higher co-dependency scores than students in other programs. Data were collected through a questionnaire. A continuum-based Co-dependency Index was constructed with a Caring and Caretaking Sub-index to allow for more accurate measurement of co-dependency traits. In contrast to results reported in the literature, one-tailed testing indicated no significant relationship between co-dependency and university program. The results of this study suggest the need for a continuum approach to measuring co-dependency, to ensure that the presence of caring behaviours in measurement tools do not create a bias against nursing, a profession based on caring.

Keywords: co-dependency, caretaking, caring, addictions, measurement tools, nursing students

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In 1996/97, in considering an honours thesis topic, the first author was struck by the negative image in the literature of “caring” within the nursing profession. One common perception is that individuals who demonstrate co-dependent traits/behaviours (consistently taking responsibility for others to the point of neglecting oneself) enter the profession of nursing in order to fulfil their pathological needs. Furthermore, it is suggested that the profession actually encourages co-dependent behaviours within its ranks through its focus on caring. Such suggestions are of particular concern given the inconsistency of research and measurement tools being used. This research project involved the development and testing of a more accurate measurement tool representing a continuum of co-dependency traits applied to a continuum of studies (nursing, sociology, business), from primarily “helping” to primarily business-oriented.

Literature Review

The concept of co-dependency emerged in the 1970s in relation to individuals who became “dysfunctional” as a result of being in a relationship with an alcoholic person (O’Brien & Gaborit, 1992). The focus gradually shifted from the family of the alcoholic to other members of society and the “diagnostic category of co-dependency emerged” (Clark & Stoffel, 1992, p. 821). The majority of authors agree on the characteristics of co-dependency: low self-esteem, perfectionism, controlling behaviour, exaggerated sense of responsibility for others, suppression of feelings, caretaking, denial, and dependency (Arnold, 1990; Fagan-Pryor & Haber, 1992; Herrick, 1992; Zerwekh & Michaels, 1989).

Risk factors for co-dependency are discussed in the literature. The presence of family addiction (Caffrey & Caffrey, 1994; Clark & Stoffel, 1992; Fagan-Pryor & Haber, 1992; Malloy & Berkery, 1993; O’Brien & Gaborit, 1992; Yates & McDaniel, 1994; Zerwekh & Michaels, 1989) is often mentioned. Low self-esteem is defined in terms of both symptomatology and a tendency to form casual relationships (Caffrey & Caffrey). Poor self-identity, external locus of control, and an external view of the world — all resulting from poor differentiation of self — are described as prerequisites of co-dependent behaviour (Arnold, 1990, Part I; Fagan-Pryor & Haber; Malloy & Berkery; Mullaney, 1993). Organizations established more recently such as the Betty Ford Center’s Solutions Outpatient Services (Texas Commission on Alcoholism and Abuse, 2002), Co-Dependents Anonymous (2002), Baptist Hospital East (2002), and Web sites such as RecoveryMan.comWebMaster (Will, 2002)

continue the practice of referring to the above characteristics and symptomatology.

It has been suggested that co-dependency is more prevalent in the helping professions, especially nursing, and, further, that co-dependent individuals are attracted to the nursing profession (Angel, 1992; Clark & Stoffel, 1992; Davidhizar & Shearer, 1994; Herrick, 1992; Ryan, 1991; Wise & Ferreiro, 1995). Nurses are often singled out as a group in which co-dependency traits are evident and even encouraged by the health-care system (Arnold, 1990; Caffrey & Caffrey, 1994; Farnsworth & Thomas, 1993; Hall & Wray, 1989; Herrick; Malloy & Berkery, 1993; Wise & Ferreiro; Yates & McDaniel, 1994).

Robert Westermeyer (2002, p. 3) cites Ann Wilson Shaeff's statement that "mental health practitioners, are, by definition, codependent... 'people in the field are non-recovering codependents who have not recognized that their professional practice is closely linked with the practice of their untreated disease'."

Recent research in the area of co-dependency and its relation to the helping professions has raised interesting questions about the entire concept of co-dependency and whether it is a valid diagnosis outside the context of addictions and addictions treatment. Westermeyer (2002) summarizes: "From the mid-eighties to the present, the codependency idea has become bastardized, and with each new self-help book the symptoms of codependency mount... [It is] impossible for anyone walking the planet... to finish one of these books and not consider the possibility that he or she is codependent... the very act of compromising one's needs to aid a loved one (or anyone) is now deemed symptomatic of a progressive disease process" (p. 1). In an article titled "How the Co-dependency Movement Is Ruining Marriages," Willard F. Harley Jr. (2002) reviews each item in a 10-item questionnaire designed to determine the presence of co-dependency issues. He concludes that answering no to the questions (indicating an absence of co-dependency issues) results in "a formula for sociopathic behaviour" (p. 6). Robert Burney (2002) offers a rebuttal. He defends the co-dependency movement based on the premise that Westermeyer, in critiquing it, "reveals himself to be a raving codependent" (p. 1). No fewer than six times, Burney refers to Westermeyer as raving or co-dependent. He states that Westermeyer is a counsellor with "an agenda...shaming and abusive" (p. 5) and that "the majority of therapists and counsellors...live in Dr. Harley's world" (p. 8).

The literature gives us sufficient reason to question the relationship between the nursing profession and co-dependency: a dearth of scientific studies (Clark & Stoffel, 1992) and cross-disciplinary studies; the fact that the majority of statistics being reported are overstated (Davidhizar & Shearer, 1994; Malloy & Berkery, 1993) to the point where statistics being "postulated" (Davidhizar & Shearer, p. 41) and "estimated" (Clark & Stoffel, p. 821) exceed actual population numbers; and concern that the measurement indices being employed have not been tested for validity or reliability (Wise & Ferreiro, 1995) and that arbitrary cut-off points have been used in determining the seriousness of co-dependency traits (Hall & Wray, 1989; Yates & McDaniel, 1994).

Because many frameworks of nursing practice are built around the concept of caring (Herrick, 1992), the literature distinguishes between the terms caring and caretaking. Caring is described as "empowering" (Caffrey & Caffrey, 1994, p. 12), as nurses taking "responsibility for themselves" and supporting their clients "in learning to take responsibility for themselves" (Farnsworth & Thomas, 1993, p. 180), and as "understanding, involved...comforting...supporting, and proficient" (Herrick, p. 12). Caretaking, on the other hand, is described as being "absorbed in another's problems at the expense of taking care of oneself" (Herrick, p. 12) and as neglect of oneself "due to an exaggerated sense of commitment to helping others" (Farnsworth & Thomas, p. 180).

Although the literature clearly distinguishes between caring (healthy) and caretaking (co-dependent) behaviours, most co-dependency scales include caring behaviours (or behaviours that are ambiguous at best). A review of the literature also points to the need for a continuum approach to co-dependency. Caring behaviours taken to an extreme may be considered co-dependency traits, but caring or occasional caretaking behaviours cannot be considered indicative of individual pathology.

Westermeyer (2002) summarizes the importance of caring: "Caregiving is not enabling...is fueled by the capacity to experience empathy...one of the most robust indicators for positive outcome from most psychiatric maladies is a social support" (p. 4). Caffrey and Caffrey (1994, p. 14) quote Mallison's (1990) explanation for why the nursing profession should be concerned: "The co-dependency label is the 'latest attempt to pathologize the caring professions...society has lost the distinction between addiction and commitment'."

Method

Research Questions

The two questions for this study were: (1) *Do nursing students have higher co-dependency scores than students in other programs, specifically those that do not have a "caregiving" or "helping" focus?* and (2) *If nursing students score higher on co-dependency indices, can the difference in scores be explained by the presence of "caring" behaviours in the indices?*

Data Collection/Subjects

Data were collected in the 1996/97 school year using a questionnaire that was class administered to 153 voluntary participants from years one through four of the nursing, sociology, and business programs at St. Francis Xavier University in Antigonish, Nova Scotia, Canada. All of the participants were women. A stratified quota sample was employed; minimum representation was obtained from each of the three programs, stratified by year (1 through 4).

Ethical Considerations

Prior to 1998, honours theses at St. Francis Xavier University were not reviewed by the university Research Ethics Board. This study was completed in 1997 and hence was reviewed only by an honours thesis committee. However, ethical integrity was ensured. The committee required that a statement be included at the top of the questionnaire indicating the confidential nature of the data and requesting that respondents not write their name on the form. The questionnaire was administered at the end of class and took about 12 minutes to complete. As the student researcher, the first author was required to indicate, in her introduction to the questionnaire, that participation was voluntary and that respondents could omit any question or withdraw at any time.

Measurement

A 15-item Co-dependency Index with a Cronbach's alpha of 0.8429 was constructed using the items from the Self-Esteem, Self Differentiation, External Locus of Control, and Negative Nursing Role Model indices, as well as the Caretaking and Caring sub-indices (all dimensions of co-dependency as noted in the literature). Two sub-indices were created: a five-item Caretaking Sub-index with a Cronbach's alpha of 0.6974 was constructed from the caretaking items found in the Co-dependency

Index, and a five-item Caring Sub-index with a Cronbach's alpha of 0.7786 was constructed from the caring items found in the Co-dependency Index. A Revised Co-dependency Index with a Cronbach's alpha of 0.7961 was constructed from the Co-dependency Index with the Caring Sub-index items removed.

Following are sample items from each of the indices. Self-Esteem Index: *I often wish I were someone else.* Self Differentiation Index: *I know what goals I want to achieve in life. I am very easily upset by disagreements with other people.* External Locus of Control Index: *I feel that events in my life are always controlled by fate, chance, luck, or other people. I believe I can modify any situation I find myself in.* Negative Nursing Role Model Index: *When considering the majority of your contacts with the health-care system (specifically nurses) how closely did their actions resemble the following statements? Appeared to be doing everyone else's work as well as their own (1-9). Helped colleagues as his/her time allowed (1-9).* Caretaking Sub-index: *I feel extremely responsible for others' feelings, thoughts, actions, needs, and well-being. I hold back my feelings much of the time because I do not want to hurt other people or have them think less of me.* Caring Sub-index: *I often put others ahead of myself. I feel best when helping others. I often help others at my own expense.*

Index items were scored from 1 to 9 (with items reverse scored as appropriate). Following the exclusion of items that did not fit, according to Cronbach's alpha, the indices were computed by adding the remaining items.

The items for each index were developed by identifying, in the literature, the dimensions involved and the development of measures to reflect them. The validity of the indices is based on Cronbach's alpha computations that were found to be within the acceptable range.

Results

Because the direction of the relationships in the research hypotheses was predicted, a one-tailed test of significance was considered appropriate. In contrast to the findings reported in the literature, the one-tailed test indicated no significant relationship between co-dependency and university program. Furthermore, in contrast to the first author's prediction, the variance in co-dependency scores was always explained by the Caretaking Sub-index rather than the Caring Sub-index. Her prediction that the presence of caring behaviours in the Co-dependency Index would explain the variance between the original and revised Co-dependency scores was based on the common utilization, in the litera-

Table 1 Selected Variables in Original Co-dependency Index

Independent Variables		Mean	SD	Number of Cases	Significance	Trend
Program	Sociology	82.76	19.95	25	.7824	-
	Nursing	81.00	18.60	85		
	Business	79.42	17.71	38		
Birth order	First	84.87	16.76	53	.1529	+
	Middle	79.56	20.57	41		
	Last	78.19	18.36	53		
Hometown population	< 5,000	81.47	18.40	76	.6996	Not predicted
	≥ 5,000	80.29	18.79	72		
View of world	Internal	87.69	16.72	32	.0444*	-
	External	80.13	18.87	102		

* Significant at 0.05.

Table 2 Correlations Between Original Co-dependency Index and Selected Independent Variables

Independent Variables	Correlation Coefficient	Number of Cases	Significance (p)
Number of brothers	.0469	146	.28
Number of sisters	-.0032	146	.485
Family closeness	.1072	148	.097
Year at university	-.2450	148	.001*
Abuse	.0008	148	.496
Family addictions	.1594	148	.026*
Total family addictions	.1517	148	.033*
Siblings' addictions	.1237	148	.067*
Mother's addictions	.1990	148	.008*
Father's addictions	.0266	148	.374
Self-addictions	.0557	148	.501
Self-esteem	-.04987	148	.000*
Self-differentiation	-.5941	148	.000*
External locus of control	.3391	147	.000*
Negative nursing role models	.1192	137	.083

* Significant at 0.05.

ture, of measures that use simple yes/no or true/false statements. In these measures, each caring as well as caretaking statement that the respondent answered yes to would automatically increase her level of co-dependency, and therefore caring behaviours would adversely affect her co-dependency score. The continuum approach used in this study, in which the respondent was able to rate each statement (caring or caretaking) on a scale of 1 to 9, allowed for more accurate measurement of co-dependency traits, even when the caring behaviours were included in the Co-dependency Index. The presence of caring behaviours in the index would not have placed nursing students at a disadvantage and therefore would not explain the variance between the two co-dependency indices.

Co-dependency scores were found to be significantly correlated, using one-tailed significance, with presence of family addictions, total family addictions (including self), presence of mother's addictions, self-esteem, external locus of control, and differentiation of self, in the direction predicted in the literature. An increased internal view of the world was also found to be significantly correlated. Population of hometown was not found to be a significant variable, and although birth order did not reach a significant level, the trend was in the predicted direction ($>$ birth order \rightarrow $>$ co-dependency). Year of university studies was found to be significantly correlated with co-dependency. Through the course of analysis it was hypothesized that the correlation between higher year and decreased co-dependency scores could be explained on the basis of maturation/development, influenced by other variables (specifically self-esteem and differentiation of self), rather than indicating a direct relationship. The results of the Intervening Variable Model that was tested did not support the hypothesis.

Discussion

In contrast to the majority of findings reported in the literature (Angel, 1992; Clark & Stoffel, 1992; Davidhizar & Shearer, 1994; Herrick, 1992; Ryan, 1991; Wise & Ferreiro, 1995), the results of this study do not support the theory that co-dependent persons are attracted to the nursing profession. Female nursing students were not found to score significantly higher than female sociology or business students on the Co-dependency Index. This result is consistent with that of Clark and Stoffel, who found that occupational therapy students (representing the caregiving role) did not score significantly higher than Health Information Administration students on a co-dependency scale.

“Caring is simply a way of using nursing knowledge, yet nurses who use it too well or too often are considered sick. Accepting the label of co-dependency has turned caring into a cultural and professional embarrassment” (Walter, 1995).

The results of this study point to the potential effectiveness of a continuum approach to co-dependency measures, which would allow for more accurate measurement of co-dependency traits/behaviours. Other researchers have also concluded that co-dependency exists on a continuum (Clark & Stoffel, 1992; Mullaney, 1993), thus supporting the need for a continuum approach to measurement.

The remaining significant variables were consistent with results reported in the literature.

The Future of Caring

The existence of a debate on whether the concept of co-dependency is appropriate outside the scope of addictions indicates the need for a rebuttal to the argument that the helping/caring professions, and more specifically nursing, have a predisposition to pathological co-dependency traits.

The results of this study suggest the need for a continuum approach to measuring co-dependency, to ensure that the presence of caring behaviours in measurement tools will not create a bias against nursing, a profession that is based on caring.

There is always room for research that demonstrates and clarifies the nursing profession’s underlying values and principles and its resulting actions. Such research could be used to support nursing’s decision to step forward and speak as one voice, and to support the values that the profession purports to stand for.

The International Association for Human Caring (2002) attests to the work that is being done in the area of caring and the work that is possible. The Association is currently developing a Caring-Based Model for Health Care Delivery Based on the Theory of Nursing on Caring, publishes a journal, and hosts an annual conference.

Today, as the year 2002 draws to a close, nursing’s role in the health-care system continues to be explored. As members of a profession that distinguishes itself from others based on its principles of caring, advocacy, and critical thinking, nurses must ensure that these traits are not pathological hindrances but that they serve both the community and the profession in a positive way.

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Authors' Note

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