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Codependence in Context

Greed is all right, by the way. I want you to know that. I think greed is healthy. You can be greedy and still feel good about yourselves.

—Ivan Boesky, addressing graduating MBA's
at the University of California, 1986

INTRODUCTION

I heard a joke recently.

- Q. What did one codependent say to the other after they had sex?
A. That was good for you. How was it for me?

I retell this joke in order to give the reader who may have been spared exposure to it a quick introduction to the claims of the codependence literature. These claims, which I will take up in detail later on, have to do with the way people try to take care of, or otherwise look after, one another. Codependence, it is held, is a “disease” of relationship. Those who suffer this “illness” (according to the literature, 96 percent of us) are afflicted with “self-esteem” which is so low that they repeatedly enter into relationships in which they take on the role of “caretaker.” Such people are thought to sacrifice their own fulfillment and happiness in order to uphold that of the other, and hence might well be more aware of their partner’s sexual experience than their own. Codependents apparently

know of no other way to secure a good life for themselves, so they continue their ill-fated efforts to take care of others, which only worsens their "disease." To "recover," codependents must learn to take care of themselves before others, strengthening their "self-esteem" so that they are no longer dependent on those others for the achievement of a good life. As the title of one of the most popular of these books (Beattie, 1989) puts it, once the reader is "beyond codependency," he or she cannot help but to be "getting better all the time."

These simplistic claims, as we will see, are laden with some of the most invisible and pernicious prejudices of our times, and this will be the subject of what follows. I am concerned in this book not with questions about the "validity" of the concept of codependence or of the "clinical" claims advanced by the books that take up that concept. Rather, I am concerned with the culture in which those books are popular, with the way that the books capture, articulate, and (unwittingly) reproduce some of the central problems of that culture. In particular, I will argue, the notion of codependence and its counterpart "recovery" speak of our culture's understanding of the human self, and show it to be impoverished in important respects. This poverty, I will show, can only be deepened by the understanding of disease and cure that is advanced in these books.

These concerns may seem, at first glance, out of keeping with what is likely to be an ephemeral popular culture phenomenon. But the codependence literature makes vast claims for itself. Its texts announce themselves as describing and ameliorating what they hold to be a nearly universal "disease." Schaefer (1986, 1987) writes about the codependent society, and Whitfield's (1991) book about codependence is subtitled "Healing the Human Condition." The books' popularity gives some indication that consumers accept their diagnosis of what ails our society. The relative ease with which the notions of codependence and "recovery" have been accepted by the psychotherapeutic community also indicates that the books' impact is not trivial.

Behind this apparent acceptance seems to lurk the assumption that the books have faithfully described, and advanced a cure for, a genuine epidemic. But it is possible to question this assumption, as some authors (to whose work I will turn in the next chapter) have already done. This possibility takes on a certain urgency if we consider the texts' central claim that people in contemporary U.S. society do not pay sufficient attention to themselves, but rather are too concerned with caring for others, as if an epidemic of altruism had descended upon us. Some would disagree with this claim, and with the idea that an increase in attention to the self is in the interests of that self and the society it lives

in. Critics like Bellah, Madsen, Sullivan, Swidler, and Tipton (1985) have suggested that a loss of communal values and the concomitant arising of "hyperindividualism" characterize American society, bearing witness to an already excessive concern with the welfare of the self at the expense of concern with others. The current decade has already been characterized in the popular press as the "morning after" the eighties, a coming to terms with the excesses of that time. The 1980s seem destined to go into history as a decade in which greed and selfishness, as the epigraph for this chapter indicates, went from being venal sins to being institutionalized virtues. Public phenomena like the systematic pillaging of savings and loan institutions, the increasing homelessness and poverty of our cities, and the widening gap between rich and poor, each of which can be seen as a manifestation of a pursuit of self-interest to the exclusion of concern with others, call into question the claim that we are too preoccupied with others.

Given critiques and concerns such as these, it is possible that these books might be seen as prescribing the "pathogen" as the "cure," and in so doing, be giving to their large audience a legitimation for practices that ought to be questioned, if not eschewed entirely. To investigate this possibility is to attempt to find out how a dominant form of public discourse which claims that we do not love ourselves sufficiently can arise in a culture that has been criticized as already too self-involved. It is to question how our social order affects and is affected by the account of human suffering and palliation that is offered in the books. It is to ask what kind of self is being helped, and what kind of help is being offered to it by these self-help books.

This book raises these and related questions by carrying out a hermeneutic analysis of the codependence literature. In this interpretation I will argue that the codependence literature—whose constituent publications have sold millions of copies and claim to be addressing a problem that affects 96 percent of us (Schaefer, 1986, p. 14)—can be understood as a moral discourse, as a body of literature that offers its readers, perhaps unintentionally, a particular understanding of the good life. Read in this fashion, the claims of the texts about the "self" and how it can be "helped" can be critically interpreted in the light of other understandings of what constitutes a good life. My interpretation will show this popular public discourse to be a concrete instance of certain problems that have perplexed Western moral thought at least since the Enlightenment. These problems largely arise from the question of how the individual, autonomous agent that we Westerners have come to understand as "the self" is to find its way into relationship with other such selves, or, to put it another way, the question of community. The

breakdown in our relations with one another that these texts call codependence will be seen as an example of a breakdown which long precedes the advent of the literature; and the proposed repair ("recovery") will show up as a furthering, rather than an overcoming, of that breakdown. This analysis will thus allow us to see how the "self" that lives the proposed good life is implicated in certain practices, which themselves disclose some of the critical problems of modernity.

"GREED IS GOOD!"

I am concerned with the cultural determinants of a phenomenon, and, to find the particular cultural vicinity that I wish to explore, it will be helpful to consider the excerpt from Ivan Boesky's speech that is the epigraph for this chapter. Boesky, the careful reader will note, was not only concerned to encourage his audience of future investment bankers and stockbrokers to be as successful (and greedy) as he had been. His intention was also, and perhaps more crucially, to assure them that, as Gekko, his alter ego in the film *Wall Street* exclaimed, "Greed is good!" And he justified the aspiration to greed not with axioms about the inevitable public benefits of the pursuit of individual self-interest in a free marketplace, let alone to a theology or a cosmology. Rather, Boesky told his audience (and he spoke with the authority of his notorious success), the important question is one of "health"—in this case a kind of *mental* health. The proof that greed is good is that it is healthy, and this in turn is the case because "you can be greedy and still feel good about yourselves." And, as James Stewart (1991) tells us, something about this chain of reasoning buoyed the graduates in a way that the rest of Boesky's "excruciatingly dull" speech did not: "The crowd burst into spontaneous applause as students laughed and looked at each other knowingly" (p. 223).

This reaction might be understood as the acceptance of Boesky's words as permission for the graduates to enter the designer-suited world of leveraged buyouts and junk bonds, and to do so not as criminals or scoundrels, but rather as people in pursuit of a good life. Greed, in Boesky's formulation, is no longer to be considered a venal sin, nor even the occasion for pangs of conscience about its possible moral ramifications; it need no longer be the dirty secret of the practice of "capital accumulation." Rather, because it is possible to be greedy *and* to feel good about oneself, the pursuit of lucre can now be openly held up as an important constituent of the kind of life about which a "healthy" person can feel "all right."

Rather than trying to debunk this notion by asking such questions as whether or not greed is actually “healthy,” or if it indeed facilitates a sense of well-being, I wish to focus here on the understanding of ourselves by which such an utterance is possible and intelligible in the first place. Boesky’s speech stands as an example of the way that we can, and often (if not always) do, assess our lives’ value by how we feel about ourselves. It thus points the way to an ontology of the human, to an understanding of what a human being is: in this case, the kind of being for whom this kind of assessment is meaningful. This book turns to the codependence literature as a document of that ontology in order to show one way that it comes to presence in popular culture. By examining our self-understanding as people who can evaluate our own lives in terms of how we feel about ourselves, I hope to point out some of the problems that proceed from that understanding.

Boesky articulates something important about our moral lives. In doing so, he points us to the practice which in our culture has staked out the vicissitudes of our feelings about ourselves as its special domain, and which, sometimes explicitly and sometimes from concealment, encourages us to adopt how we feel about ourselves as the magnetic north of our moral compasses: the psychotherapeutic. I am taking a liberty here by stating baldly what I will argue later is an important, if often overlooked, aspect of psychotherapy: that it is a *moral* practice insofar as it orients and directs our aspirations to the good. In therapist’s offices, in academic and “popular” psychological writings, in the manifold ways that the psychotherapist’s voice is heard in mass culture, what is under discussion is not only “mental health,” but also the good life, and the way that the understanding and reorientation of our feelings about ourselves can help us to achieve it (see Taylor [1985, 1989] for an account of the entanglement between understandings of selfhood and of morality). This particular account of the good takes for granted an understanding of the self as an agent whose well-being is best derived from purely private considerations, without any necessary entanglement with or mooring in a social world.

MORAL DILEMMAS OF PSYCHOTHERAPY

I will have much to say in later chapters about the problems inherent in this kind of self-understanding. I raise them now in order to help set the context for what follows. This book is a foray into what is generally understood as a “psychological” realm, but its intent is to illuminate aspects of that realm which are often left in the dark.

My context is the social world in which psychotherapeutic discourses, such as the codependence literature, are a possibility, and I am arguing that such a world poses unique moral difficulties. It may seem like sophistry to rely on a known scoundrel like Ivan Boesky for an articulation of our moral problems. So let me turn to some dilemmas that have arisen in my clinical practice in order to detail further the problems that lie in the ontology of the human that underlies the therapeutic turn to the inner as a moral source.

A 35-year-old woman, let us call her Cheryl, came to my office for the first time. She was an attractive, well-dressed woman, whose intelligence was evident from the moment she began to speak. She had, she told me, been depressed on and off for the last three years, a "blackness" that descended and lifted "like a storm." "I thought about seeing someone the first time this happened," she said, "but I kept thinking that it would go away. And it did. But it's come back a couple of times, and this time it's even worse."

Cheryl told me that she first experienced depression after her parents both died in the same year. She found herself confused, because for the first time in her life she was aware of acute feelings of resentment toward them. Where once she had felt grateful to them for a stable, middle-class upbringing, now she was plagued by the sense that all had not been well in her household, that the stability was a veneer covering a miasma of pain and isolation. Her mother, she was beginning to think, was a bitter woman, stingy with her love, who did not hesitate to let her four children know how much of a burden they were to her. As the years went on, she began to drink excessively and to withdraw from the role of nurturer. Her father, who was a salesman, was gone from the home for long periods of time. Even when he was present, he remained emotionally absent, evidently more comfortable with the sons with whom he could share his interests in cars and home improvement projects than with his daughter.

This dawning of her awareness about the hitherto concealed emptiness of her life with her parents was not a welcome enlightenment for Cheryl. "What was really confusing was the way I would think these things and then feel guilty. It was like, what right do I have to feel this way? They provided for me. I always had a roof over my head and food on the table. They paid for me to go to college. I honestly think they did the best they could and had the best intentions. I couldn't get rid of the feelings about them. But I couldn't stop looking around and seeing all the people that come from broken homes, poor people, people who didn't have parents at all, thinking, 'What do I have to complain about? How can I be so ungrateful?'" This conflict—between what she was

inescapably feeling and what she thought she ought to feel, between how she found herself and how she thought she ought to be—seemed to me to mirror the discrepancy between the way her family held itself up to be and the way it had actually been in her experience. The loss of her parents, it appeared, had somehow removed the necessity of her maintaining the illusion that things were as they ought to have been, and had awakened her ambivalence. The resulting confusion weighed heavily upon her, literally depressed her.

The cloud eventually lifted, but it returned, sometimes because she was preoccupied with her confusion about her parents, but other times for no apparent reason. And this last period of darkness, the one that brought her to my office, came upon her inexplicably: “I just don’t understand why I feel this way. I have a good life: my husband treats me well, my children are all healthy and happy, I have a good job, a nice house. It just doesn’t make any sense. I ought to be feeling good about my life. Instead, I walk around the house moping. I’m irritable with Ron and the kids. I don’t want to get out of bed. And I don’t want to feel this way.”

I responded to Cheryl’s story with what has become a therapist’s bromide. I told her that we can’t really help the way that we feel, that the heart has its reasons, which are often unintelligible, inconvenient, and contrary to what we think of as good reasons, that what is important is to tell the truth, to look honestly at what is rather than to limit herself to a consciousness of what ought to be. I told her that it sounded to me as if her depression arose out of a disappointment that she felt with herself about her heart’s inclinations: that they led her to feel things she “shouldn’t” feel, to be someone she “shouldn’t” be. I suggested that her current melancholy might be the result of the way that this discrepancy was showing itself in her life right now, and that we might do well to explore this possibility.

This approach was not immediately fruitful, at least not in terms of understanding the current determinants of her depression. Cheryl filled many therapy hours with a wholehearted effort to explore her dilemma by discussing her feelings about her parents. As time went on, the object of her disappointment shifted from her own failure to feel the way she should to her family’s failure to be what it ought to have been (and claimed that it was). The discussion was punctuated less and less often by her saying something like, “I can’t believe I’m saying these things about them. I feel like they can hear me and I’m going to get into trouble.” She became more comfortable with the idea of facing the feelings that came her way, regardless of their “moral” implications. But despite these insights and changes, her depression did not lift, nor did its current

determinants become significantly clearer. Indeed, her depression deepened, and Cheryl told me, after about three months, that she was considering ending therapy with me because "it doesn't seem to be making things any better."

The session after she told me this, Cheryl came in and said, "I thought about not coming back here, and it just made me feel worse. I need this place, I need to come here and have some room." Then there was a long silence, which she ended by saying, "You see, the problem is I don't think I love my husband. And I don't think I ever did. And, worst of all, I'm not sure I even want to. He's not the kind of man I could love. And I feel terrible for that. Because he is a good man. He treats me well. He helps with the kids and the house and he's always there. He's so loyal; he'd rather spend time at home with me than anything else. But sometimes, most of the time now, I just want to get away. I think about just walking out and leaving them all behind. But then I think about how they would feel, how he would feel. I just can't hurt him like that."

I was not surprised by what Cheryl told me. Her descriptions of her home life had made it sound somewhat stultifying; her husband sounded like a man not unlike her father—well-intentioned, but emotionally unavailable and uncomfortable with intimacy. Her depression was intelligible now as a melancholy growing out of her increasing awareness, undoubtedly sharpened by her experience in therapy, that, in her current experience as well as in her history, a crucial part of her life was not as it should be. While she clearly held her husband in high regard, respected and indeed loved him in many ways, still she felt bereft of a certain kind of intimacy and passion with him. Perhaps more important, she lacked the desire to feel this way toward him; she did not want Ron, but could only wish that she did. And so she felt the dreadful weight of an existential choice: to disrupt all that was familiar, all that she felt she ought to do and to be, or to continue to live in a way that failed to make her feel good about herself even as it was congruent with that ought. The discrepancy between what she ought to be feeling and what she actually felt, a conflict she was first aware of upon the death of her parents, was showing up in her marriage. It placed her uncomfortably on the horns of a dilemma perhaps best captured in J. Alfred Prufrock's question to himself: "Do I dare/Disturb the universe?"

Therapy, in my experience, often leads to this overwhelming question, and seems well-suited to help a person make the decisions that it forces, to take the dare or to decide that the mermaids will not sing for him or her. But my empathy with Cheryl as she wrestled with her indecision felt unusually burdensome to me. For I wondered with her about

the implications of her self-discovery. Hanging in the balance seemed to be a web of relationships that had been spun over the course of a 15-year-long marriage, a web that encompassed an immediate family, a circle of more distant relations, and friends, held together not just by love and passion and intimacy, but also by respect, by common history, by economic security, by the manifold everyday bonds of shared lives. There was a time, in our not-too-distant past, when these bonds could not so easily have been called into question. How one felt about a practice so crucial to society as marriage was immaterial compared with the weight of the obligation to uphold the practice. Of course, this is no longer the case. The web was threatened; in Cheryl's life, as in our own social history, there was no turning back. A divorce was not inevitable, but things would never be the same; and much depended on the fate of the questions that had been raised in her therapy with me.

I was uneasy with this situation, and as it is my duty to be as honest with myself as I urge my patients to be with themselves, I pondered it. Was I feeling burdened by a responsibility that wasn't, after all, mine? Perhaps I was bowed not so much with concern for Cheryl as with the weight of my own narcissism, which took "credit" for her "breakthrough," but couldn't live with its own delusional grandiosity. Considering the problem further, however, I began to think of how I understood Cheryl's difficulty. It had been formulated as an ongoing conflict between her sense of how she ought to be and how she found herself. And her willingness to identify and to speak about the latter clearly hinged on a willingness to question, if not to overthrow, the former. The premise of our therapeutic endeavor was that concerns about how one ought to be can, and must, be questioned; that the realm of the individual's feelings about herself and her world is to be given precedence over those "external" concerns. Even to take up the question of the "ought" as we had is to take it up as a question of one's *feelings* about that ought. Faced with the difficult prospect of finding her way through the conflict between the "inner" and the "outer," between desire and duty, between daring to disturb the universe and daring only to eat a peach, we would commence an exploration of Cheryl's inner world in order to answer the question of what she ought to do.

Of course, her choices were not necessarily this stark, as most dilemmas in therapy are not. It was possible, for instance, that she could begin to bring her actions into line with her feelings, and that her husband's response to her would arouse in her surprising feelings of passion and love. It was possible that an increased authenticity on her part might help to transform her marriage from a burdensome source of depres-

sion to a source of joy. Reducing the discrepancy in this fashion would have been a most desirable outcome.

But my discomfort was not so much with the choices she had available to her, with the question of what the next chapter would be in her story; rather, it was with the way the dilemma had come up in the first place, and particularly with the way our therapeutic project had formulated it. For it was clear to me that, while much had been revealed, our conversations had also left some important concerns concealed. What was implicitly put out of play, what all the soundproofing and promises of confidentiality and encouragement to be open are designed to de-emphasize, if not devalue, is the "ought."

The sine qua non of my conversations with Cheryl is the background understanding that her sense that she ought not to hurt Ron (or ought to uphold her marriage vows) must, at least potentially, take a backseat to the question of her own authenticity. The very idea of sitting and talking as we do in therapy is absurd without the premise that if there is a conflict between the world of the ought and the world of the heart, the latter must at the very least be listened to carefully; the way must be opened to the possibility that the heart's reasons will prevail and the universe be turned upside down. The ought that says Cheryl should stay with her husband and somehow reconcile herself to her feelings must, at least must be able to, give way to the ought that says that Cheryl must listen to her own heart.

All of this may seem so obvious that it is hardly worth mentioning or making problematic. After all, the idea that the inner world provides a source for oughts that is on a par with, if not superior to, the outer world is a prejudice that not only underlies all of psychotherapeutic practice; it is, moreover, a wellspring of the liberal individualism that we take for granted in our contemporary world. Where would we be without the freethinking Tom Paines or Patrick Henrys, men who took a stand against the public oughts in favor of their own sense of what was right and wrong? How different would the world be today if such freedom of thought and expression had been exercised in Nazi Germany? It is no accident that totalitarian governments always seek to stifle this freedom, or that the authors of the U.S. Constitution sought to secure it for the new republic. Clearly, one of the prejudices that we share (and, for the most part, cherish) is this valuing of the inner over the outer, of the individual over the collective. We are, it seems, to listen to the stirrings of our hearts before the commands of duty imposed from outside. If we can reconcile the inner with the outer, find our way to "feel good" about what we ought to do, then so much the better. But for Cheryl to decide to stay with Ron simply because it is what she should do, for her somehow to will

herself back into the benighted state which kept her doubts about her love for him in the dark, is anathema to the psychotherapeutic perspective's imperative to proceed from the inside out.

But Cheryl was not so quick to submit to this imperative as some of my other patients have been. Her inner and outer worlds, perhaps, could not be so easily parsed as they sometimes can be, and this difficulty made the imperative itself surface as an anxiety-provoking question to me. This is a question about the moral world in which psychotherapy stands as an exemplary practice, in which the "inner" is understood as the best guide to achieving the Good. This question, or, more accurately, set of questions is: is this necessarily the case? Is the prejudice toward the inner, without which psychotherapeutic practice is unintelligible, truly in service of the Good? Because therapy always already reveals the "inner" even as it conceals the "outer" as a guide to what one ought to do, an ambiguity arises in the therapeutic background, one which deserves discussion if for no other reason than that it is rarely discussed.

The importance of this ambiguity might be grasped if we think of psychotherapy as the practice of revealing the hidden aspects of the everyday world of the patient. It raises the mundane to the level of the problematic. As Freud's (1901/1966) work on parapraxis shows, meaning precipitates in the most trivial aspects of everyday life, "psychopathology" showing up in the tongue's tripping or the hands' fumbling, in what we forget or foul up. Any utterance or action on the part of the patient is potentially "grist for the mill," to use a therapist's cliché. But I do not interrogate just any utterance or action. I choose to attend to, and thus to make problematic, those issues that seem "clinically" relevant. I am, of course, not always fully aware of why I choose what part of the everyday to question. But the bias I have been discussing here clearly gives a shape to those choices: what needs to be interrogated, and relied upon, is the inner world, the world of private memory, desire, emotion, judgment, and thought.

Therapy doesn't make sense otherwise; there are already professions aplenty that help people negotiate their way through the maze of everyday pressures from the outside: attorneys, clergy, financial advisors, and so on. The profession of psychotherapy, alone among the professions we know, must take as its starting point the notion that the inner is more important than the outer, that we must be able to feel good about ourselves before we can, in a "mentally healthy" way, commit ourselves to a given action.

The inner becomes the point of reference, what I called earlier the magnetic north of our moral compasses. Before the therapist makes

his or her carefully considered choice of what aspect of the everyday to interrogate, he or she has already (most likely without knowing it) hived off the possibility that the notion of the inner as that reference point—an idea that forms a crucial part of our everyday understanding of ourselves—can itself be interrogated. For all of its revealings, it leaves this central aspect of itself concealed. The public world is forgotten, and then the forgetting itself is forgotten; in short, the “outer” world is repressed.

Consider my alternatives with Cheryl. I can discuss the vagaries of her feelings toward Ron with her in great detail, drawing upon my own training and experience. We can discuss the personal history that seems to have affected her choice of husband, the way that unresolved conflicts about her father might have led her into, and kept her stuck in, this marriage. I have at my command (as she will, if she remains in therapy with me) a vocabulary and an array of techniques that are quite effective at delineating her interior landscape. We can use this armamentarium even to investigate the question of her sense of guilt and duty about her wish to leave. We can talk about the lonely child growing up and telling herself stories about the importance of being a “good girl” in order to end her isolation, the fruitless gambit of playing the dutiful daughter. I can support her in taking seriously her commitments, even remind her to consider them if I feel she has given them short shrift. And, of course, I can use the dance of transference and countertransference to show her to herself.

But what I cannot do in anything like the same sort of depth is to discuss with her the obligation to a marriage vow, *insofar as it is an obligation*, and exceeds or otherwise functions independently of her feelings about it. Therapy, at least to my knowledge, does not offer anything like the vocabulary or array of techniques available for a discussion of the inner to guide us to an understanding of questions like this one.

Of course, there is no law, or even a canon of ethics, that precludes me from taking up “external” questions. Cheryl and I might, for example, look at her problem from an explicitly political perspective, perhaps discussing the history of the marriage covenant. We could talk about its implication in the oppression of women and the state’s regulation of sexual activity, how the ideology it supports and is supported by might be understood as having created a “false consciousness” in her that means her vow was made without full knowledge of its consequences. We might then understand her wish to be out of the marriage as not only a question of her individual feelings for Ron, but also as a desire for liberation in a political sense. On the other hand, I might remind Cheryl of her obligation to God and family, might direct her to

one of Dan Quayle's speeches on family values and talk about the way in which the "selfishness" that threatens her family is yet another force pulling apart the tapestry of the American Dream. We could have this kind of discussion, but, it seems to me, the less we focus on the question of Cheryl's inner life, the less we are doing what we are accustomed to think of as "therapy." And as my latter example perhaps makes clear, this is not altogether a bad thing. The profession's authority may cloak ideological coercion as kindly help.

So long as the patient's inner life, and the therapist's encouragement of its presentation, must guide psychotherapy, it is difficult to know what to do with questions of obligation or duty, or other externally imposed considerations. There is little room in the therapy office for considerations of publicly shared understandings of the Good (whether those of the dominant culture or of a counterculture) qua public understanding; there is a concomitantly vast space there for the private sense of what is good. I can respond to Cheryl's anguish about her husband's feelings with compassion and support. But I cannot tell her that she ought to put her obligation to him first because that is what is universally held to be right; indeed the inverse is more correct: what we seem universally to agree upon is that only she can tell herself what she ought to do, that she ought to be her own moral source. So I can only tell her that she must judge for herself the relative merits of hurting him and taking care of herself, that, in the end, she "ought" to listen to herself. And I am likely to remind her that her husband is "responsible for himself," just as she is, that there is only a limited amount that any one person can do to relieve or prevent the suffering of another. I am likely, that is, to encourage her to pay closest attention to the interior landscape, which is, of course, the territory through which I am most suited to guide her.

This focus on the inner may well bring about a good conclusion to Cheryl's story. She may find a way to stay with her husband *and* feel good about herself; she may find a way to leave him *and* feel good about herself. Either way, obviously, what determines my ability to assess her story as a good one is the extent to which she feels good about herself. And perhaps this is not such a bad thing. But looking at her story in this fashion does give rise to some interesting questions, which can best be seen in some less innocuous examples.

A man named Mark came to see me. He was a thirty-two-year-old engineer who worked at a defense plant. His marriage was, as he put it, "in deep shit," and his wife, herself already in therapy, had insisted (on her therapist's advice) that Mark see a therapist "to straighten out my own problems." I will not go further into this very interesting case because my purpose in bringing it up has to do with what we never dis-

cussed, and what, from most clinical perspectives, we had no business discussing in any event: Mark's job. The fact that he was an engineer designing propulsion systems for nuclear weapons was an aspect of the everyday that was never raised to the level of the problematic. We, of course, discussed the way his "engineer's mentality" made it difficult for him to respond to his wife's "emotional needs," and the way that this was a burden of being a man in our culture. We talked about the discrepancy between his sense that he ought to be a good husband, and his dawning awareness that he was not. But we never talked about the possible discrepancy between how he ought to be as a citizen of the world and his involvement in the manufacture of mass-death technology.

Mark's contribution to the arms race, the fact that he engaged in work that was highly questionable from a moral point of view (or at least from *my* moral point of view), was not on the table for discussion, nor could it have been unless it somehow showed up in his exploration of his inner world. If it was not a blight on his interior landscape, if we were not guided there by considerations of his inner life, we would not (as we did not) take up this question. To the extent that it affected his feelings about himself, Mark's work seemed to function in a positive manner: he derived a measure of self-esteem from his apparent professional competence, and he found the problems to which he was asked to engineer solutions to be interesting and engaging. He certainly did not question whether, given the nature of his work, he *ought* to feel good about himself. My job as therapist was, it seemed to me, *not* to inject my own "political" opinions into our work in such a way as to make him "feel bad" about himself for doing something of which I did not approve. Even more than in the case of Cheryl, it is difficult, if not impossible, to discuss with Mark questions that go beyond his inner life, even if those questions are of global significance.¹

It is perhaps easy to say that there is nothing wrong with focusing on Cheryl's inner life, while minimizing such abstract considerations as the sanctity of the marriage vows. We might return to Boesky's comments and bring them to bear on her dilemma: "Divorce (or staying married to a man you don't love) is all right, by the way. I want you to know that. I think divorce is healthy [at least in this case]. You can get divorced (or stay married to a man you don't love) and still feel good about yourself." But can we bring them to bear on Mark? "Building nuclear weapons is all right, by the way. . . . You can contribute to the potential destruction of all of human life, participate in the draining of the economic wealth of this country and the world and still feel good about yourself." Can we be content with this agnosticism, which maintains an enlightened indifference to the public implications of the pri-

vate world of “feeling good about yourself”? If the only worthwhile distinctions we are to explore in therapy are those of the inner world, then we might have to be.

Let us take this one step further. Let us imagine a man like Mark, a well-intentioned person whose marriage is in “deep shit.” And let us say that his job is designing crematoria for concentration camps, or, for that matter, shoveling corpses into one of those crematoria. His job causes him no apparent inner distress; mostly he is concerned with keeping his marriage intact, and he must provide economic security to do so. Can this aspect of his everyday life remain unquestioned in therapy? Should his hypothetical therapist be willing to say, “Genocide is all right, by the way. . . . You can shovel corpses and still feel good about yourself”? This would seem to be the implication of the therapeutic premise: that what is significant is the inner, that worthwhile distinctions are to be made by an exploration of how one “feels” about oneself and one’s engagement in the world of others, and that the most important question is how one feels about what one is doing.

Clearly Cheryl, Mark, Berkeley MBA’s, and my hypothetical corpse-shoveler exist on some kind of moral continuum. It seems a matter of common sense that Cheryl’s hurting her husband is far less an atrocity than feeding corpses into a holocaust. I do not mean to blur the important distinctions among these possibilities. Rather, my intent is to point out that those distinctions are always already blurred in psychotherapeutic practice. The arising of the inner world as the most important source of oughts threatens to make psychotherapy an impoverished discourse, for it makes difficult, if not impossible, the raising of certain important aspects of the everyday world—what I have been calling the “external”—to the level of the problematic. The therapeutic silence about the question of Cheryl’s obligation qua obligation is the same as the therapeutic silence about Boesky’s greed or Mark’s participation in mass death; it is based on the placing of all important distinctions into the realm of the private. For all of its power to reveal, psychotherapy can also leave hidden, and further conceal, problems that ought not to remain in the dark.

Now, we might say that there comes a point where the therapist has to speak up. There are laws, for instance, that require me to report my knowledge of child abuse to state authorities, even if this means breaking my promise of confidentiality. Our society, undoubtedly led by therapists’ concerns about the sequelae of child abuse, has decided that the public interest in the protection of the child ought to take precedence over the question of the patient’s inner landscape. After all, anyone who has worked with a pedophile has been struck by the intense

good feeling that he experiences in his sexual contact with children. Despite this, we therapists are no longer content to remain silent about the breach of the commonweal represented by child abuse, and this is perhaps as it should be. But as soon as I enter the world of the child protection bureaucracy, I have left the world of therapy; my experience is that therapy ends, or changes dramatically, when I "turn in" my patient. I am no longer proceeding on the basis of the imperative to derive values from within the patient's experience. Instead, I have deferred to an external ought, in this case the state's saying that one ought not to abuse children.

The question that looms, of course, is where do we draw the line? At what point is my consideration of which aspect of the everyday I raise to the level of the problematic to be guided by questions other than those of the patient's feelings about him or herself? There is perhaps a calculus that can guide therapists in this regard, one that measures the question of the patient's inner life against the consequences of his or her actions for the world of others. But the current absence of such a calculus is further evidence that a problem arises in psychotherapy's substitution of the inner for the outer as a moral source.

And the idea that therapists should start considering the outer world is also highly problematic. I have all sorts of opinions on public matters; are they to guide me in my interventions with my patients whose comportment indicates that they don't agree? If I follow Dan Quayle and believe that the sanctity of "family values" should take precedence over all else, am I to urge Cheryl to turn back from her inner exploration lest she wander into a forbidden zone? More likely, if I feel this way, if I have "oughts" that go beyond Polonius's injunction "to thine own self be true," then, it seems, I am in the wrong profession. And yet if I cannot make the distinctions that allow undeniably problematic practices to be interrogated in therapy, then I might be guilty of a "repression" that aids and abets those practices.

In general, a therapist is held to be effective to the extent that he or she can help the patient make a frank and fearless exploration of his or her inner landscape. The problem here is that, in being "effective," I may simply be contributing to a practice and, by extension, to a social order that ought to be resisted. The substitution of the inner as the source of the ought imposes a certain silence that I believe must itself be questioned, particularly given the apparent fact that people can engage in all sorts of atrocity without necessarily "feeling bad" about themselves. There are many practices—more, it seems, all the time—in which we all engage in our everyday lives that would appear to be worthy of being raised to the level of the problematic. The "greenhouse effect,"

for instance, speaks of the problems inherent in a taken-for-granted practice like driving, a practice about which very few people seem to “feel bad.” The adopting of the inner landscape as the important landscape, and of the notion of “feeling good about yourself” as the magnetic north of that landscape, leaves us bereft of a way to explore questions of the common good. Indeed, therapy may be seen as working to obscure such questions (see Hillman and Ventura, 1992).

While we worry with our patients about what is these days called “self-esteem,” we may be overlooking the possibility that just beyond the closed door of the therapy office stand phenomena such as the global environmental threat and the proliferation of mass-death technologies, phenomena which might justify the claim that there is no particular reason why any of us should feel particularly “good” about ourselves. As we take up psychotherapy’s recent preoccupation with the alleviation of “shame,” we may forget the possibility that we perhaps ought to be ashamed of ourselves for creating, and failing to do very much about, such a world as ours. Focusing in the privacy of the clinic on the private implications of these important public matters, and doing so in a way that precludes taking the latter up as anything other than more questions about how our patients feel, therapy threatens to leave the public world increasingly to its own devices even as we therapists encourage our patients to pursue privately their own satisfactions. Psychotherapy, in this view, risks becoming a technique for making Nero a better violinist even as the firestorm rages.

SELF AND OTHER AS SOCIAL CONSTRUCTIONS

As interesting as the question of psychotherapy’s implication in pernicious social practices is, my intention in this book is not to engage in a wholesale critique of psychotherapy. Such broadsides have been fired, based on reasoning something like the foregoing, by critics such as Robert Bellah et al., whose *Habits of the Heart* provides deep insight into the way that psychotherapeutic language and practice work to undermine (or at least make highly diffuse and inarticulate) communal commitments. My point here is to begin the work of interpretation by identifying a set of problems that needs to be looked at, and that we can expect to find in any therapeutic discourse. By focusing on the codependence literature, I am not suggesting that it can go proxy for the entire field of therapy. Rather, I am arguing that we can take a problem that arises in that field and trace its fate in one particular location in order better to understand that problem.

In chapter 2, I will discuss in detail my reasons for choosing this particular body of texts as the object of my interrogation. But for now, let me clarify the isomorphism that I think allows me to make the leap from the highly heterogeneous, often complicated and sophisticated realm of psychotherapy to the homogeneous, simplistic world of the codependence literature.

I do not mean to gloss over these qualities of the codependence books. As we will see, the texts engage in highly suspicious reasoning; they contain logical contradictions galore; they are a representative of a decidedly noncritical thinking. They are heavy on references to such journals as *Reader's Digest*, and the quality of the scholarship in them is perhaps best illustrated by this endnote citation from Melody Beattie's best-selling *Beyond Codependency and Getting Better All the Time*:

I read about this concept—negotiating with people who don't play fair—in a magazine article at the doctor's office two years ago. I got the phrase from it, but I can't remember the author or article. (p. 207)

Debunking or discrediting such a literature is like shooting fish in a barrel; its excesses, as we will see, are almost self-parodying, and have been ably examined by Kaminer (1992) in her *I'm Dysfunctional, You're Dysfunctional*. But debunking is not my point. Rather, I intend to take the literature as a serious document of the self we have come to think of ourselves as, and which is the self that comes into my office for treatment: the self-contained author of its own story. We may not agree with the codependence literature's simplistic claims, with its description of a disease that is said to affect 96 percent of us, and its proposal for "recovery" from that disease. But I think that it is justified to take it as a source for understanding the idea of self that most, if not all, of us live with, which is, as we will see, the self that is amenable to the "cure" offered in psychotherapy.

Part of this claim hinges on a sort of "back-door" empiricism. First of all, millions of people have bought these books. I cannot claim that I know whether or not these consumers have read the books, let alone what sense they have made of them; this is why I equivocate about the empirical validity of my observation. But it is at least a safe bet that they have read the books and found them "helpful," that is, that the books serve to help them to clarify their psychological distress and offer some hope for overcoming it. This apparent resonance can be taken as evidence that the books have hit upon an important aspect of our everyday understanding of ourselves.

Moreover (and again I must qualify my claim, for I have no systematic "proof" for it), the literature presents an account of human suf-

fering and its relief that is, in its broadest contours, congruent with that which is offered in many forms of psychotherapy. A person who has been in psychotherapy, or is a practicing therapist, or has some other acquaintance with the field will recognize much of the language and many of the premises of the codependence literature. The books talk about the importance of early childhood history on later life experience, of the deleterious effect that trauma can have on one's efforts to maintain "ego boundaries" in the face of demands of family, work, and society at large. They speak of the importance of the inner life, particularly of the value of emotional experience and the difficulties one encounters in understanding and finding support for that experience. They understand one's colloquy with oneself as the dialogue that gives shape to one's destiny. They do not offer a revision of mainstream psychotherapeutic discourse so much as a distillation of some of its crucial claims into an easily accessible form.

I am claiming, then, that the codependence literature, while obviously not psychotherapy as such, is a psychotherapeutic discourse, a body of thought that, broadly speaking, addresses the questions brought to the forefront by the notion of the human individual as a self that is amenable to "treatment" by means of the kind of self-understanding sought in psychotherapy. And while there are undoubtedly vast differences between the concerns of this literature and those of (at least some) other psychotherapeutic discourses, still it is fair to say that these books give us a view of that self. Without setting out intentionally to propose a definition of "self," the books, simply by offering "self-help," necessarily present a definition. And their popularity indicates that the idea of self they present is a recognizable one: those who buy and are somehow aided by the books encounter themselves in their pages.

To take this self as the subject of this kind of inquiry hinges on an understanding of the general notion of "self" that bears some discussion. It is customary for us to think of "self" as a given, that is, as an attribute of the human consisting of certain faculties that are transhistorical. We can see this assumption at work in Freud's examinations of such historical figures as Leonardo da Vinci (Freud, 1910) and Christopher Haizmann (Freud, 1923), or of literary figures like Oedipus (Freud, 1912/1950, 1897/1950); it surfaces also in his speculations on prehistory, most notably in *Totem and Taboo*. Because the self was for Freud a fixed entity, something that does not vary from time to time or place to place, he could apply the template of ego, id, superego, his notions about development, and so on, to such figures as Leonardo, or to questions such as why men (rather than women) seem to be the engineers and builders of civilization. He could do so without attention to the

possibility that the self develops through history, attributing Hamlet's dilemma to an apparently transhistorical Oedipal conflict or men's ability to renounce instinct (and thus to be civilized) to their anatomical ability to urinate standing up. Freud's interpretations are notably elegant and consistent. Of course, there is no way of verifying them empirically, and we must take note of the assumption that grounds a work like *Leonardo da Vinci and a Memory of His Childhood*: Freud takes for granted that the concerns of the self in end-of-the-century Europe were the same as those in seventeenth-century Pottenbrunn or Renaissance Italy or Elizabethan England.

This claim is not problematic so long as we assume with Freud that the self is, in some way, an "organic" entity, an analogue to other aspects of the human that are governed by physical or biological laws that appear to transcend time and space. Unfortunately for this kind of theorizing, there is ample evidence to the contrary. In an early work that voiced dissent from this orthodoxy, Dodds (1951), an ancient historian, examined the question of how the irrational was understood in ancient Greece. He concentrated primarily on the Homeric epics, and concluded that the "self" of that epoch was far different from the modern "self," that, in particular, the unitary notion of a bounded identity that we take for granted is quite different from what the ancient Greeks understood themselves to be. Particularly as it is explored in the *Iliad*, the ancient Greek self is a host of forces and attributes, some of which, as in Freudian theory, are "internal" or "instinctual," but many of which are external, visitations from the gods that are not really a part of the self, at least as we think of it.

Adkins (1970) makes a similar point. In his book *From the Many to the One*, he notes that Homeric man appears in the epics to be "a being whose parts are more in evidence than the whole, and one very conscious of sudden unexpected accesses of energy" (p. 27). This self-understanding gave a far different destiny to such crucial experiences as shame, guilt, responsibility, pride, merit, and the like, locating them (at least potentially) in a realm that we would think of as "outside" the self. In his *Sources of the Self*, which itself is an epic account of the historical changes that the idea of self has undergone throughout Western history, Taylor (1989) notes that

Agamemnon excuses his unfair and unwise treatment of Achilles by referring to the "madness" visited on him by the god. But contrary to our modern intuitions, this doesn't seem to lessen the merit or demerit attaching to the agent. A great hero remains great, though his impressive deeds are powered by the god's infusion of energy. Indeed, there is no conces-