Another Look at Codependency

To the Editor:

I was pleased to see the article “Codependency: A Feminist Perspective [J Psychosoc Nurs Ment Health Serv 1993; 31(4):15-19]. Although I am not a woman or a feminist, I’ve had trouble understanding the way codependency has been defined from the beginning. Many of the traits in the codependency models are examples of reasons for cherishing women, not for defining them as ill.

I also believe the problem of how mental illness is defined goes much deeper than codependency. Even a cursory look in the DSM-III-R reveals women “carrying” more pathology than men. I’ve noticed that the majority of the members who comprise the committees that develop the criteria for defining illness are men. The criteria are obviously gender biased. The field of psychosocial nursing needs more female mental health professionals who are trained by women.

As a therapist, I’ve had difficulty getting women clients to be more critical of how they allow their behavior to be defined/interpreted. It’s as if women in general believe they have responsibility for the behavior of other people—a burden no one should bear.

My thanks to Malloy and Berkery. I hope to see more articles of this nature in the future.

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All Patients Deserve Fair Care

To the Editor:

Thank you for your recent article “Lesbian Self-Disclosure: Strategies for Success” [J Psychosoc Nurs Ment Health Serv 1993; 31(4):21-26]. The need for this kind of article was clearly demonstrated by the prejudice and misinformation expressed in the Letters to the Editor column responses, in the March and April issues, to the lesbian support group article.

In her letter, Paula Sabino describes homosexuality as a “serious psychosocial identity problem with or without physiologic anomaly, which can be and is successfully treated.” Jan Eiland calls homosexuality a “sexual dysfunction” that is neither healthy nor acceptable. She then goes on to deny that we are discriminated against.

Such prejudices have a negative impact not only on professional relationships with gay and lesbian nurses, but also—and most importantly—on the care of our gay and lesbian patients. Furthermore, these pathological views are not supported by the professions of psychiatry, psychology, social work, or nursing.

The American Psychiatric Association deleted homosexuality from its list of mental disorders in 1974. This decision encouraged most mental health professionals to no longer view homosexuality as an indication of psychological maladjustment (American Psychological Association, 1975; National Association of Social Work-ers, 1977). Wilson and Knisel, in their classic text “Psychiatric Nursing” state:

Although many of the myths and misconceptions about homossexuality have been refuted, prejudice and homophobia still exist. All clients, regardless of sexual orientation, must be cared for appropriately. Sometimes clients are alienated unintentionally through lack of information or lack of imagination. At other times, clients may be alienated by the nurses’ negligence . . . Homosexual and bisexual men and lesbians and bisexual women can feel comfortable about their sexual preference, but the intolerant and rejecting attitudes of others may cause them stress.

Nurses have a responsibility to examine their prejudices and to educate themselves in order to provide accepting and respectful nursing care to their gay and lesbian clients and to develop healthy working relationships with their gay and lesbian colleagues. Your publication is providing some much-needed information.

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