



UNIVERSITI PUTRA MALAYSIA

***PROCESS OF RECOVERY FROM CO-DEPENDENCY AMONG WIVES
OF DRUG ADDICTS IN NAR-ANON SELF-HELP GROUPS IN IRAN***

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By

PARASTOO ASKIAN

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
Malaysia, in Fulfillment of the Requirements for the Degree of Doctor of
Philosophy**

January 2015

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in partial fulfillment of the requirement for the degree of Doctor of Philosophy

PROCESS OF RECOVERY FROM CO-DEPENDENCY AMONG WIVES OF DRUG ADDICTS IN NAR-ANON SELF-HELP GROUPS IN IRAN

By

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January 2015

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Drug addiction adversely affects the addict and his/her entire family. Spouses of drug addicts are seriously affected by their partners' addiction. Co-dependency is usually attributed to family members of addicts, especially spouses. It is often described as a condition whereby a person/s related to the drug addict is extremely focused on the addict and his/her behavior such that the family member eventually becomes dysfunctional.

In Iran, the majority of drug addicts are married men. Hence, this study focused on wives of drug addicts in Iran who were actively involved in Nar-Anon self-help groups. However, their experience in the journey to recovery from co-dependency is unclear. There is also a lack of consensual definition about the concept of co-dependency and its recovery process despite the vast use of this term in addiction counseling.

This qualitative study explored the characteristics of co-dependency among wives of drug addicts in Iran before their involvement in Nar-Anon self-help groups and provided insight into the process of their recovery through participation in Nar-Anon. This study was guided by two research questions: 1) What are the characteristics of co-dependency among wives of drug addicts before their involvement in Nar-Anon self-help groups in Iran? 2) How do the wives of drug addicts recover from co-dependency based on their experiences in Nar-Anon self-help groups in Iran?

Specifically, this study employed qualitative case study design. Based on purposive snowball sampling technique, 11 Iranian wives of drug addicts voluntarily participated. The respondents had been actively participating in Nar-Anon self-help groups and had completed working on the 12 steps of the Nar-Anon program. The data were

collected through face to face interviews, non-participation observation, and documents. The data derived from transcripts of the interviews were analyzed through constant comparative method. Field notes, and documents were used to triangulate the data.

The analyses of data derived from the first research question yielded five major themes for the characteristics of co-dependency among wives of Iranian drug addicts, namely: denial, enabling behaviors, low self-worth, enmeshed self, and weak relationship with God. The findings showed that the characteristics of co-dependency among wives of Iranian drug addicts were mostly similar to the characteristics of co-dependents in previous studies conducted outside Iran. However, the finding that "Weak relationship with God" as one of the characteristics of co-dependent wives in Iran, had rarely been reported in previous studies.

Seven interconnected themes emerged from analyses based on the second research question including: social network of Nar-Anon, raised awareness, acceptance of the reality, spiritual growth, detachment from unhealthy dependence on others, taking the responsibility of herself, and transferring the message of Nar-Anon to others. The findings indicated that recovery from co-dependency was an ongoing process which takes place gradually through regular participation in the Nar-Anon self-help program and step work. The findings of this study demonstrated the importance of a supportive and empathetic group environment in the process of recovery from co-dependency. Furthermore, the present study highlighted the importance of integrating spirituality in the process of recovery from co-dependency.

These findings of this study mainly support Whitefield's Recovery Model of Co-dependency. In terms of practical implications, this study would help addiction counselors and other mental health professionals in Iran to gain a better understanding of the characteristics of co-dependency among wives of drug addicts and to provide more effective services to family members of drug addicts.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Doktor Falsafah

**PENGALAMAN PERGANTUNGAN-BERSAMADAN PROSES PEMULIHAN
DALAM KALANGAN ISTERI PENAGIH DADAH TERLIBAT DENGAN
KELOMPOK BANTU-DIRINAR-ANON DI IRAN**

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Penagihan dadah memberi kesan buruk kepada penagih dan seluruh keluarganya. Pasangan hidup penagih dadah dipengaruhi secara serius oleh penagihan pasangan mereka. Pergantungan-bersama lazimnya merujuk kepada keadaan ahli keluarga penagih, terutamanya pasangan hidup. Ia kerap diperihalkan sebagai satu keadaan di mana individu yang ada hubungan rapat dengan penagih dadah terlalu tertumpu kepada penagih tersebut dan tingkah lakunya sehinggakan ahli keluarga tersebut akhirnya tidak dapat berfungsi.

Di Iran, majoriti penagih dadah adalah para suami. Oleh itu, kajian ini memfokus kepada isteri penagih dadah di Iran yang terlibat secara aktif dalam kelompok bantu-diri Nar-Anon. Bagaimanapun, pengalaman mereka dalam perjalanan ke arah pemulihan dari pergantungan-bersama adalah samar. Walaupun istilah ini digunakan secara meluas dalam bidang kaunseling penagihan, terdapat kekurangan persetujuan mengenai definisi konsep pergantungan-bersamadan proses pemulihan.

Kajian kualitatif ini telah meneroka ciri pergantungan-bersama dalam kalangan isteri penagih dadah di Iran sebelum mereka terlibat dengan kelompok bantu-diri Nar-Anon serta menghasilkan pencerahan mengenai proses pemulihan melalui penyertaan dalam Nar-Anon. Dua soalan kajian telah dijadikan panduan bagi kajian ini, iaitu: 1) Apakah ciri-ciri pergantungan-bersama dalam kalangan isteri penagih dadah sebelum mereka terlibat dengan kelompok bantu-diri Nar-Anon di Iran? 2) Bagaimanakah isteri penagih dadah mengalami proses pemulihan dari pergantungan-bersama dalam kelompok bantu-diri Nar-Anon di Iran?

Khususnya, kajian ini mengaplikasi rekabentuk kajian kes kualitatif. Berdasarkan teknik pensampelan bertujuan bola salji, 11 isteri penagih dadah Iran telah melibatkan diri secara sukarela. Para responden adalah

mereka yang aktif melibatkan diri dalam kelompok bantu-diri Nar-Anon dan telah tamat mengaplikasi 12 Langkah program Nar-Anon.

Data kajian telah diperolehi melalui temubual bersemuka, pemerhatian tanpa-penglibatan, dan dokumen. Data dari transkripsi temubual telah dianalisis menggunakan kaedah perbandingan. Nota lapangan dan dokumen digunakan untuk triangulasi.

Data yang dianalisis berdasarkan soalan kajian pertama menghasilkan lima tema utama bagi ciri-ciri pergantungan-bersama dalam kalangan isteri penagih dadah Iran, iaitu: penafian, tingkah laku membantu, rendah harga diri, peranan diri bertindih, dan hubungan yang lemah dengan Tuhan. Hasil kajian menunjukkan bahawa ciri-ciri pergantungan-bersama dalam kalangan isteri penagih dadah Iran kebanyakan serupa dengan ciri mereka yang dianggap bergantung-bersama melalui kajian lepas di luar Iran. Bagaimanapun, dapatan bahawa "hubungan yang lemah dengan Tuhan" adalah salah satu ciri isteri yang bergantung-bersama di Iran jarang dilaporkan dalam kajian lepas.

Tujuh tema yang berangkaian didapati terhasil berdasarkan analisis soalan kajian kedua iaitu: rangkaian sosial Nar-Anon, peningkatan kesedaran, penerimaan realiti, perkembangan spiritual, pemisahan dari kebergantungan yang tidak sihat kepada orang lain, menjadi bertanggungjawab, dan menyampaikan mesej Nar-Anon kepada orang lain. Hasil kajian menunjukkan bahawa pemulihan dari pergantungan-bersama adalah suatu proses berterusan yang berlaku secara perlahan sepanjang penglibatan yang konsisten dalam kelompok bantu-diri Nar-Anon dan pengaplikasian program 12 Langkah. Hasil kajian menunjukkan kepentingan persekitaran kelompok yang menyokong dan berempati dalam proses pemulihan dari kebergantungan bersama. Tambahan pula, kajian ini menonjolkan kepentingan mengintegrasikan spiritualiti dalam proses pemulihan dari kebergantungan.

Kajian ini utamanya menyokong Model Pemulihan dari Pergantungan-bersama yang dikemukakan oleh Whitefield. Dari segi implikasi praktis, kajian ini akan dapat membantu kaunselor penagihan dan professional kesihatan mental yang lain untuk lebih memahami ciri pergantungan-bersama dalam kalangan isteri penagih dan menyediakan perkhidmatan yang lebih berkesan kepada ahli keluarga penagih dadah di Iran.

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TABLE OF CONTENTS

	Page
ABSTRACT	i
ABSTRAK	iii
ACKNOWLEDGEMENTS	v
APPROVAL	vi
DECLARATION	viii
LIST OF TABLES	xiv
LIST OF ABBREVIATIONS	xv
LIST OF APPENDIXES	xvi
CHAPTER	
1 INTRODUCTION	1
1.1 Introduction	1
1.2 Background of the Study	1
1.2.1 The Impact of Drug Addiction on Families	1
1.2.2 Co-dependency	3
1.2.3 Family Systems Theory	5
1.2.4 Recovery from Co-dependency in 12 Step Program	6
1.3 Statement of problem	8
1.4 Purpose of the Study	10
1.5 Research Questions	10
1.6 Research Objectives	10
1.7 Significance of study	10
1.8 Limitations of the study	11
1.9 Definition of Terms	11
1.9.1 Co-dependency	11
1.9.2 Wife of a drug addict	12
1.9.3 The Process of Recovery from Co-dependency	12
1.9.4 Nar-Anon Self-Help Group	12
2 LITERATURE REVIEW	13
2.1 Introduction	13
2.2 Theories and Models Related to the Study	13
2.2.1 The Model of Co-dependency	13
2.2.2 Enabling Behavior	18
2.2.3 Family Systems Theory	19
2.2.4 12 step program	21
2.2.5 Theoretical Framework	32
2.3 Relevant Studies to the Research	34
2.3.1 Studies on the Model of Co-dependency	34
2.3.2 Studies on the Recovery from Co-dependency	40

2.3.3	Related to the Concept of Enabling Behavior	41
2.3.4	Studies Related to the Connection of Co-dependency and Family Systems Theory	42
2.3.5	Studies on effectiveness and active ingredients of 12 steps programs	43
2.3.6	Studies on Al-Anon and Nar-Anon	45
2.4	Conceptual Framework	48
3	METHODOLOGY	50
3.1	Introduction	50
3.2	Research Design	50
3.2.1	Qualitative Research Methodology	50
3.2.2	Case Study Approach	51
3.3	Researcher as the Main Instrument in Qualitative Research	52
3.4	Location of the Study	54
3.5	Selection of the Respondents	55
3.5.1	Sampling Design	55
3.5.2	Sampling Strategy	55
3.5.3	Criteria for Recruiting the Sample	55
3.5.4	Sample Size	56
3.5.5	Evidence of Saturation	56
3.5.6	Sample Selection	58
3.6	Data Collection	59
3.6.1	Personal Interviews	59
3.6.2	Non-participation Observation	61
3.6.3	Documents	62
3.6.4	Writing Memos	63
3.7	Pilot Study	63
3.8	Data Analysis	64
3.8.1	Data Organization	64
3.8.2	Analyzing the Data	65
3.8.3	Coding Process	65
3.8.4	Theme Constructing	65
3.9	Translation of Data	67
3.10	Validity and Reliability (Trustworthiness)	68
3.10.1	Internal Validity (Credibility)	68
3.10.2	Reliability or Consistency (Dependability)	68
3.10.3	External Validity (Transferability or	69
3.11	Ethical Considerations	71
4	FINDINGS AND DISCUSSION	73
4.1	Introduction	73
4.2	Background Information of the Respondents	73
4.2.1	Respondent 1- Shakiba	74

4.2.2 Respondent 2- Mahin	76
4.2.3 Respondent 3- Mahsa	77
4.2.4 Respondent 4- Azar	78
4.2.5 Respondent 5- Maryam	79
4.2.6 Respondent 6- Farah	81
4.2.7 Respondent 7- Bita	82
4.2.8 Respondent 8- Sima	83
4.2.9 Respondent 9- Rahele	84
4.2.10 Respondent 10- Shiva	85
4.2.11 Respondent 11- Sarah	86
4.2.12 Summary of the respondents	87
4.3 Findings of the First Research Question: What are the Characteristics of Co-dependency among Wives of Drug Addicts before Involvement in Nar-Anon Self-Help Groups in Iran?	87
4.3.1 Denial	88
4.3.2 Enabling Behavior	91
4.3.3 Low Self-Worth	95
4.3.4 Enmeshed Self	98
4.3.5 Weak Relationship with God	101
4.4 Findings of the Second Research Question: The Process of Recovery from Co-dependency among Wives of Drug Addicts in Nar-Anon Self-Help Groups	103
4.4.1 The Social Network of Nar-Anon	104
4.4.2 Raised Awareness	108
4.4.3 Acceptance of the Reality	111
4.4.4 Spiritual Growth	114
4.4.5 Detachment from Unhealthy Dependency to Others	118
4.4.6 Being Responsible for Herself	124
4.4.7 Transfer the Message of Nar-Anon to Others	130
4.5 Summary of Findings	132
4.6 Discussion	133
4.6.1 Characteristics of Co-dependency among Wives of Drug Addicts before involvement in Nar-Anon Self-Help Group	133
4.6.2 The process of recovery from co-dependency among wives of drug addicts based on their experiences in Nar-Anon self-help groups in Iran	137
5 CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS	147
5.1 Introduction	147
5.2 Summary	147
5.3 Conclusions	149
5.3.1 Conclusions Derived from the First Research Question	149

5.3.2	Conclusions Derived from the Second Research Question	149
5.4	Implications for Theory	151
5.4.1	Theoretical Implications Derived from the First Research Question	151
5.4.2	Theoretical Implications Derived from the Second Research Question	152
5.5	Implications for Practice	153
5.5.1	Practical implication Derived from the First Research Question	153
5.5.2	Practical Implication Derived from the Second Research Question	154
5.6	Limitations and Strengthens of the Study	155
5.7	Recommendations for Further Research	156
	REFERENCES	158
	APPENDIXES	174
	BIODATA OF STUDENT	200
	LIST OF PUBLICATIONS AND PRESENTATIONS	201

LIST OF TABLES

Table		Page
1	Saturating Data for the Theme of “Raised awareness”	57
2	Strategies for Promoting Validity and Reliability	71
3	Ethical Questions and the Ways They Were Addressed	72
4	Background Information of the Respondents	75



LIST OF ABBREVIATIONS

Abbreviation		Page
Nar-Anon	12 step self-help group for families and friends of Narcotics	1
Al-Anon	12 step self-help group for families and friends of Alcoholics	3
CoDA	Co-dependent Anonymous	7
AA	Alcoholics Anonymous	7
NA	Narcotic Anonymous	7

LIST OF APPENDIXES

Appendix		Page
A	12 Steps and 12 Traditions of Nar-Anon	174
B	Interview Guide	176
C	Screening Questionnaire	178
D	Informed Consent	179
E	Subject Bill of Rights	181
F	The process of Sample Selection	182
G	Audit Trial	183
H	The Sample of Observation Chart of the Nar-Anon Meetings	189
I	The Most Frequent Responses	194
J	Snippets for Coding Process	198

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter begins with an introduction to the background of the study including describing the drug addiction problem in general and particularly in Iran, the impact of drug addiction on families, the model of co-dependency, Family Systems Theory and recovery from co-dependency in Nar-Anon self-help groups. The problem statement, significance of study, research questions, objectives, definition of important terms and limitations of the study are also presented in this chapter.

1.2 Background of the Study

Today, drug addiction is one of the most destructive problems in many countries. Drug addiction is a serious social problem which causes devastating effects on health, criminal behavior, work productivity and economies. Furthermore, it also brings about many negative impacts on the families in terms of damaging relationships, responsibilities, or everyday performance, thus making it a problem with serious implications (Thomas & Corcoran, 2001).

This problem is also serious in Iran and is considered as the first social threat in this country (Narenjiha, Raiey, & Baghestani, 2005). Every day, around 2000 kilograms of substances are used illegally in Iran and each year approximately 120 tons of these substances are discovered by the police in this country (Hejazizade Z., 2013). Official statistics stated the rate of addiction has risen from 2 million in 1998 to 3700000 in 2005 (Razzaghi, Rahimi, Hosseini, Madani, & Chatterjee, 2008). The majority of Iranian drug addicts are men, married and employed (Narenjiha et al., 2005). So, with such a high number of addicts in the Iran community, there are many families affected by drug addiction and its related problems (Ajri, 2010).

1.2.1 The Impact of Drug Addiction on Families

Addiction is not merely an individual problem and whoever lives with an addict person or have a close relationship with him or her is seriously affected by the addiction (Rotunda, Scherer, & Imm, 1995; Rotunda, & Doman, 2001). As the family is a system consisted of members in dynamic and continuous interaction with each other, any change in the behavior of one of its members influences not only each of the other family members but

the whole family as a system. According to Gruber and Taylor (2006), Kumpfer and Johnson (2011), Moore, Biegel, and McMahon (2011), Rao and Kuruvilia (1992), Wormer (2008), and Roth and Tan (2007, 2008) addiction is a family disease, and have pervasive effects on the family functioning, marital relationship and children.

Previous studies indicated that the spouses of drug addicts are vulnerable to many physical and psychological problems such as poorer health (Homish, Leonard, & Kearns-Bodkin, 2006), more physical illnesses, such as high blood pressure, gastrointestinal problems, ulcers, and cancer (Whitfield, 1991), mood and anxiety disorders, and also victimization and injury (Dawson, Grant, Chou, & Stinson, 2007). Moreover, substance abuse is a risk factor in spousal violence (Klostermann, Kelley, Mignone, Pusateri, & Fals-Stewart, 2010; Schafer & Fals-Stewart, 1997).

In Iran also some studies have been conducted focused on the problems of wives of drug addicts and the negative effects of addiction on them. Drug addiction is one of the social harms in Iran that not only causes psychological and social problems for the addict, but also many problems for their families (Pourmovahed, Yassini, Dehghani, & Askari, 2013).

Mohammadkhani's study (2009) revealed that social avoidance and labelling by society were the problems experienced by most of the wives of drug addicts. Likewise, the wives had to participate lonely in family gatherings and ceremonies, and most of their communications were limited to those people that their husbands approved such as other drug addicts' families. The researcher also asserted that in most of the cases, the substance abuser husbands were unaware of their wives' obstacles, and even if they were aware, they paid no attention to them. The author concluded that the wives of drug addicts in Iran are one of the vulnerable groups in the society.

The results of another study (Salehyan, Bigdeli, & Hashemian, 2011) indicated that there was a significant difference between psychological disorders in women with husbands affected by substance dependency disorder and that of normal population. The undesirable level of mental health among wives of substance abuser husbands was due to interrelation of biological, psychological and social factors. Furthermore, findings of demographic information showed that, women with husbands affected by substance dependency disorder suffer from low vocational and educational level, premature marriage, unemployment, living in insecure rental houses, low income and family history of substance abuse.

On the other hand, the previous studies demonstrated that family members especially the spouses have a powerful positive or negative effect on treatment, behaviors and reactions of the substance abuser (Rotunda, West, & O'Farrell, 2004; Rotunda & Doman, 2001). Therefore, the family members probably need as much as attention as the drug addicts.

1.2.2 Co-dependency

The concept of co-dependency has been extensively utilized in the field of chemical dependency and mental health (Hawkins & Hawkins, 2012). Most of the services for families of substance abuse problems apply the co-dependency model as one of their main theoretical frameworks (Dear & Roberts, 2002). The term co-dependency was originally used to point out the emotional, psychological, and behavioral difficulties showed by the partners of alcoholics who unintentionally enabled perpetuation of the drinking problem (Schaef, 1992).

According to this perspective, although it was the co-dependent's partner who struggled with substance abuse, the co-dependent was believed to develop an addiction to his or her partner's substance abuse and the attempts to control it (Peled & Sacks, 2008). Afterwards, the term co-dependent or enabler expanded to include individuals considerably affected by any stressful and dysfunctional family of origin experience such as addictions which predispose them to forming dysfunctional care-taking relationships with addictive, exploitative or obsessive individuals in their later lives (Schaef, 1992).

Although the precise origin of the term co-dependency is unclear, many earlier opinions about the spouses of alcoholics can be recognized as affecting its development (Miller, 1994). Summarising the history of co-dependency concept, Whitfield (1991) remarked the theories and ideas which contributed in the emergent of this concept. Some of the sources mentioned by him are: ancient legends and myths, Freud's and others' trauma theory, Jung's and others' expanded psychology, object relations and self psychology, family therapy dynamics, addiction dynamics and recovery experiences, and 12-step self-help groups. The writings of other psychologists such as Karen Horney and Erich Fromm also were utilized to generate the concept of co-dependency (Melody, Miller, & Miller, 1989).

Adams (2008) believed that the co-dependency movement has rooted in the twelve-step approaches; but, it relies on a broader base which includes knowledge of psychotherapy, modern self-help psychology, and feminism. In fact, the concept of "co-dependency" takes the notion of "enabling" mentioned by Al-Anon (12 step self-help group for families and friends of Alcoholics) one step further and discusses that an individual can establish an emotional dependence to other persons in ways which imitates an addictive relationship.

The concept of co-dependency emerged in clinical practice and literature in the 1980s by practitioners and clinicians as an effort to portray the caretaking activities of family members especially spouses of alcoholics (Beattie, 1987; Melody et al., 1989; Wells, Glickauf-hughes, & Jones, 1999). First attempts in

treatment of the family focused all of its energies on the alcoholic. The pioneers of the psychological treatments for alcoholism that appeared in the 1930s usually saw the family members of the alcoholic as a threat that sabotaged the treatment efforts for the alcoholic person with their “childish resentments”(Schaef, 1992).Clinicians observed that the controls and caretaking behaviors of family members and spouses of alcoholics mostly made them so preoccupied that they ignored their own needs and on the other hand, those behaviors let the alcoholic to continue his or her pathological behaviors (Dodge-Reyome & Ward, 2007). So, basically the purpose of clinicians to engage the family in the treatment programs was not working on the family members, rather they intended to obtain an agreement from the spouse and other family members not to interference in the alcoholic’s treatment (White & Savage, 2005).

In 1954, Jackson described the responses of the family members to the alcoholism as a chain of adaptational stages which progressed according to the progression of alcoholism (Jackson, 1954). In 1973, Vernon Johnson introduced the term co-alcoholism and the process of family intervention to help the alcoholic get into treatment and recovery (Whitfield, 1991). As Virginia Satir developed her ideas of family therapy, Vernon Johnson, Sharon Wegscheider-Cruse, and others start to view alcoholism as a family disease, and the whole field of chemical dependence opened itself to the consciousness that the alcoholic was not the only individual influenced by the disease. As a matter of fact, it became clear that the whole family was involved and each member played a role in eternalizing the disease (Schaef, 1992). This change was a prominent shift in the way that the family members of the alcoholic were viewed. Through this shift, the family members were not seen merely as the source of support in the recovery of alcoholic; rather, they were viewed as patients in their own right that damaged from a condition which needed recovery and support services (White & Savage, 2005).

Following these attempts, the National Institute for Alcoholism and Alcohol Abuse (NIAAA) took an interest in the impact of alcoholism on children (Irvine, 1999). Initially, the term “adult child” coined to describe adult children of alcoholics; then, this concept expanded to the children of any parent who was not able to meet their physical or emotional needs (Washton & Boundy, 1989). At the latest 70’s, Brown and colleagues began the first therapy group for the adult children of alcoholics (Whitfield, 1991). The expansion of these efforts for the children and adult children of any dysfunctional family stained a shift between the notion of co-alcoholism and recently rising concept of co-dependency (White & Savage, 2005). From this time on, the clinical term of co-dependency began to be used with progressively more frequency (Whitfield, 1991).

Whitefield (1991) defined co-dependency as “a multidimensional (physical, mental, emotional and spiritual) condition presented by any dysfunction and distress that is related to or due to concentrating on others’ behaviors and needs. Indeed, co-dependency happens when the people turn the responsibility of their lives and their happiness over to their false self or ego

and to other people. Some of the characteristics of co-dependent individuals are consisted of: denial, low self-worth, caretaking, obsession, controlling, poor communication, weak boundaries, dependency, repression, lack of trust, anger, and sex problems (Beattie, 1987).

Whitfield (1991) asserted that co-dependency is often primary that means it occurs from childhood, and because of growing up in a dysfunctional family environment. Many of studies approved that co-dependency significantly related to impaired interpersonal relations and any kind of neglect and dysfunctional environment in the family of origin (Cullen & Carr, 1999; Dodge-Reyome & Ward, 2007; Fischer, Spann, & Crawford, 1991; Harkness, 2003; Hawkins & Hawkins, 2014; Knudson & Terrell, 2012). Secondary co-dependency that is a less severe form of co-dependency happens when a person grows up in a healthy family, but she or he enters into a close or important relationship with an actively addicted, disordered or otherwise dysfunctional person. The secondary co-dependency is often milder and easier to treat and to recover from (Whitfield, 1991).

Based on the existing literature, wives of alcoholics and drug addicts are one of the most vulnerable people to be co-dependent. The results of Sabater's (2006) study found that regardless of ethnic affiliation, wives of alcoholics were more co-dependent and were reared in the most dysfunctional families, and held the most negative attitudes toward alcohol and alcoholism when compared to women not married to alcoholics. There were not significant differences between any indicator of socioeconomic background, including educational background, and co-dependency. This finding suggests that co-dependency can be found relatively equally throughout the socio-economic strata (Sabater, 2006).

1.2.3 Family Systems Theory

Family systems theory is one of the theoretical models which offers a framework for comprehending how chemical dependency affect the family (Lander, Howsare, & Byrne, 2013). Previous studies demonstrated that codependency is theoretically linked to the concepts of family systems theory (Prest & Protinsky, 1993; Pryor & Haber, 1992; Scaturro, Hayes, Sagula, & Walter, 2000).

The appearance of family therapy caused a fundamental shift from concentrating on an internal, individual dysfunction to considering psychological problems as emergent and being maintained in the social context of the family (Lander et al., 2013). Some of the co-dependency theorist such as Black, Cermak, Subby, and Wegsheider-Cruse employed the principles of family systems theory as a way of understanding the mutual nature of interpersonal relations within the alcoholic family. They asserted that adult children and wives of alcoholics usually belong to dysfunctional families of origin where family relationships and parent-child communication were damaged. These theorists hypothesized that these individuals choose partners who enable them to repeat the familiar and dysfunctional patterns of behavior that they have experienced in their families of origin. These

maladaptive behaviors are portrayed by difficulty in experiencing intimacy and in establishing healthy fluid boundaries in interpersonal relationships, a lack of clear expression of emotion, and poor self esteem (Sabater, 2006).

The family systems theory conceptualized the family as an emotional unit, a network of interlocking relationships, which can be best understood when analyzed within a multigenerational or historical framework. This theory explains how the family, as a multigenerational network of communications, forms the interaction of individuality and togetherness using eight interlocking concepts including: differentiation of self, triangles, nuclear family emotional process, family projection process, multigenerational transmission process, sibling position, emotional cut-off and societal emotional process. Bowen asserted that individuals tend to repeat in their marital choices and other significant relationships the patterns of relating learned in their family of origin, and to pass along similar patterns to their children (Bowen, 1978; Kerr & Bowen, 1988).

According to Family systems Theory developed by Murray Bowen, people in the family system are driven by two counterbalancing life forces, that is, togetherness and individuality. The ideal goal is to balance these two forces and achieve emotional maturity and differentiation of self in the system. Differentiation of self includes both an intrapersonal and an interpersonal aspect, and individuals who are differentiated are able to think logically and not respond automatically to emotional pressures (Goldenberg & Goldenberg, 2008; Prest & Protinsky, 1993). They are able to connect with other people but at the same time maintain their own autonomy even in the face of anxiety. The opposite pole of differentiation of self is fusion. Individuals who are undifferentiated tend to be emotionally reactive and fused with other people around them. They may have little sense of self and spend much energy seeking others' approval, particularly from authority figures or significant others (Kerr & Bowen, 1998). The characteristics associated with an undifferentiated self correspond to the characteristics of co-dependency, and are likely to be heightened in individuals facing developmental and situational stressors (Prest & Protinsky, 1993).

1.2.4 Recovery from Co-dependency in 12 Step Program

Co-dependency is treatable. Whitfield (1991) believes that to heal and treat the pain and dysfunction of co-dependency, co-dependents firstly understand that they are powerless over others. But they discover that they are powerful over themselves. They began to reclaim their personal power by working on a process of boosting their awareness, and by taking responsibility for their well-being and functioning. He gives this formula: Power = Awareness + Responsibility. The stages of recovery from co-dependency proposed by Whitfield (1991) involves: awakening, core issues, transformation, integration, and spirituality. He asserted that regular and long attendance at

12 step self-help groups like Al-Anon, and CoDA (Codependent Anonymous) is one of the main beneficial vehicles of recovery from co-dependency.

Cermak (1986) identified four stages in the process of recovery from co-dependency: (1) survival/denial, (2) re-identification, (3) working on core issues, and (4) reintegration. According to Cermak, group therapy is most often best for treating codependence, due to its capacity of interpersonal interactions. He suggested that 12-step participation is appropriate and recommended at any stage of therapy, providing support and a structured program for recovery from co-dependency. Cermak (1989) believed that 12 step program of Al-Anon is a unique resource for nurturing long-term, in-depth healing for codependents.

12 step programs refer to any self-help group which utilizes the original 12 steps and 12 traditions of Alcoholics Anonymous (AA). These programs are nonprofessional, voluntary, and self-directed group meetings that employ peer support to improve recovery for addicts and their families (Pickard, Laudet, & Grahovac, 2013). The 12 step programs for families and friends of alcoholics and drug addicts, named respectively Al-Anon and Nar-Anon, would be regarded as one the most pervasive and successful self-help programs for recovery from co-dependency (Ajri, 2010; Cermak, 1989; Timko, Young, & Moos, 2012).

By far, the most important and most influential resource for people in addictive relationships and their families has been the twelve-step movement in the United States (Adams, 2008). The Narcotic Anonymous (NA) program which is the 12 step program for drug addicts has been distributed among 137 countries all over the world. The NA in Iran started in 1990 by an Iranian man who had joined NA in California earlier. Now, NA is very pervasive in Iran and has around 400,000 members all over the country that include approximately one fifth of the whole population of NA in the world (Iran Region of Narcotics Anonymous, 2014). Nar-Anon also is widespread in Iran and these groups hold in many cities of this country. Generally, the focus of Al-Anon or Nar-Anon members is accepting powerless over addict individual, detaching themselves in a loving way from the unnecessary pain and suffering of addiction, taking the responsibility of their own recovery process, and seeking help from other members of that program (Timko et al., 2012).

As the 12 step programs is associated with better psychosocial outcomes for drug addicts and their families, and also reduced health care costs (Donovan, Ingalsbe, Benbow, & Daley, 2013; Zemore & Kaskutas, 2009), the clinicians and professionals usually are encouraged to become more familiar with 12 step program to get a better understanding about the psychological mechanisms of change in these self-help groups to make effective referrals or integrate this program in their treatment plans (Donovan et al., 2013; Holleran & Macmaster, 2005; Katz, 1986; Kingree, 2005; Matusow et al., 2012; Timko et al., 2012; Zemore, 2008).

All in all, regarding the need of family members especially the wives of drug addicts to work on their recovery from co-dependency, and also their probable enabling role, it is needed that the wives' experience of recovery from co-dependency be examined and researched to add on the knowledge in this field. As the 12 step fellowship of Al-Anon and Nar-Anon are considered as an effective and unique source for long-term and in-depth recovery from co-dependency, exploring the wives' experience of recovery in such groups adds another dimension into existing notion of recovery from co-dependency.

1.3 Statement of Problem

Previous studies have shown that drug addiction is not simply an individual problem, and impacts on the entire family (Kumpfer & Johnson, 2011; Lander et al., 2013; Roth & Tan, 2008). Each addict person is in a close relationship with significant others around him or her who are too severely influenced by the addicted person's addiction (Gruber & Taylor, 2006; Rotunda & Doman, 2001). Conservative estimates proposed that each person with drug addiction problem or any other kind of addiction influences negatively on at least six to ten individuals around him or her directly (Thomas, Santa, Bronson, & Oyserman, 1987).

The existing literature on the spouses of drug addicts demonstrated that spouses of substance abuser individuals experience high levels of stress and marital stress (O'Farrell & Fals-stewart, 2001); they are more likely to experience spousal violence (Klostermann et al., 2010; Schafer & Fals-Stewart, 1997); and, they may even die sooner because of physical illnesses such as cancer, high blood pressure or ulcers (Schaef, 1992; Whitfield, 1984) since they are more concentrated on others' needs (Beattie, 1987) and not engaging in behaviors that are suppose to prevent diseases (Martsof, Sedlak, & Doheny, 2000). Family members of alcoholics and drug addicts have been long-cursed by social stigma, public neglect, and professional misinterpretation (White & Savage, 2005). The studies conducted on the drug addicted families in Iran also demonstrated that the wives of drug addicts showed more psychiatric symptoms (Mohammadkhani, Asgari, Ameneh, Momeni, & Delavar, 2011) depression, anxiety, insomnia, dysfunctional relationships with others, psychological harms (Mohammadkhani, Forouzan, & Delavar, 2010), and less marital satisfaction (Golparvar & Molavi, 2002), and experience significantly higher domestic violence compared to wives of non-drug addicts (Jalali, Aghai, & Rahbarian, 2008).

In the field of addiction counselling and psychotherapy, one of the most commonly used models for families of drug addicts and alcoholics has been the co-dependency model (Granello & Beamish, 1998). The phenomena described as "co-dependency" is known to adversely affect a large number of spouses of addicts. However, in spite of the fact that wives of drug addicts are affected seriously by their husbands' addiction, and suffer from co-dependency, there is limited research on the spouses of drug addicts and

their co-dependency (Dear & Roberts, 2005; Stafford, 2001) both in Iran and elsewhere. Indeed, most of the studies and treatment programs have mainly concentrated on the drug addicts (Schaefer, 1992; White & Savage, 2005; Wright & Wright, 1991). The spouses of chemical dependent individuals are almost the forgotten population in the treatment programs for drug addiction (Zimer, 2012). Therefore, research needs to be conducted to understand the nature of co-dependency among families of addicts. There is also a dire need to understand the co-dependency phenomenon among wives of drug addicts in Iran where drug addiction is recognized as a number one social harm to the nation and most of the drug addicts are married men.

Among the existing literature on the concept of co-dependency, the majority of the studies focused on the definition of this concept or constructing and validating the instruments to measure co-dependency in clinical settings (Ançel & Kabakçi, 2009; Dear, Roberts, & Lange, 2004; Dear & Roberts, 2005; Dear, 2002; Marks, Blore, Hine, & Dear, 2012); however, the research on the process of recovery from co-dependency is limited and there is a need to understand how the family members of drug addicts recover from co-dependency. Ajri (2010) recommended researchers for employing qualitative research methodology to explore the process of recovery from co-dependency among family members of drug addicts.

Among different approaches of recovery from co-dependency, Nar-Anon and Al-Anon 12-step self-help groups for families and friends of alcoholics and drug addicts are one of the most popular, effective and recommended programs for recovery from co-dependency. Nevertheless, limited number of research has been conducted to explore the value of these 12 step programs (Csiernik, 2002). In fact, there is still approximately little known about the mechanisms of change or psychosocial effects of 12 step programs for families of drug addicts (Tonigan, Miller, & Connors, 2000; Zemore, Subbaraman, & Tonigan, 2013). Although the 12-step program is popular in Iran, research is scarce on how the program works. The majority of studies conducted on the 12-step programs have been done in the United States (Richter, Chatterji, & Pierce, 2000; Roth & Tan, 2007, 2008; Timko et al., 2012). Hence, there is a dire need to investigate those findings to other cultural contexts (Gaston, Best, Day, & White, 2010).

In short, the current literature on the concept of co-dependence and its process of recovery seems to be insufficient both in Iran and elsewhere; on the other hand, little is known about the process of change and transformation which take place in the 12 step program for families of drug addicts that is considered as one of the most successful approaches to recovery from co-dependency. Accordingly, this study addressed these gaps in the existing literature. By providing insight about the characteristics of co-dependency among wives of drug addicts and their process of recovery from co-dependency, this study may help the addiction counselors and other

mental health professionals to provide more effective services to the family members of drug addicts.

1.4 Purpose of the Study

The purpose of current study was to explore the process of recovery from co-dependency among wives of drug addicts based on their experiences in Nar-Anon self-help groups in Iran. For understanding the process of change and recovery from co-dependency, this study also intended to explore the characteristics of co-dependency among wives of drug addicts before involvement in Nar-Anon. Qualitative case study methodology was employed as this study was concerned with a group of individual wives of drug addicts who had gone through their process of recovery in a particular setting, Nar-Anon 12 step self-help group.

1.5 Research Questions

This study is going to answer following questions:

1. What are the characteristics of co-dependency among wives of drug addicts before involvement in Nar-Anon self-help groups in Iran?
2. How do the wives of drug addicts recover from co-dependency based on their experiences in Nar-Anon self-help groups in Iran?

1.6 Research Objectives

Based on the research questions of this study, the objective of the study are:

1. To explore the characteristics of co-dependency among wives of drug addicts before involvement in Nar-Anon self-help groups in Iran.
2. To understand the process of recovery from co-dependency among wives of drug addicts based on their experiences in Nar-Anon self-help groups in Iran.

1.7 Significance of the Study

This research is thought to be important for providing both theoretical and practical implications. The present study provides a knowledge base on the co-dependency model by exploring characteristics of co-dependency among wives of drug addicts and also their process of recovery from co-dependency in Nar-Anon. As most of the studies regarding co-dependency have been conducted in western countries, this qualitative study certainly contributed to the body of knowledge in the field of co-dependency model and family members of drug addicts in Iran as an eastern country. Moreover, the current study expands the body of knowledge in the field of Nar-Anon self-help program that is one of the most successful programs for recovery from family disease of drug addiction by shedding light on the process of recovery and transformation which happens in such groups.

From the practical point of view, this study would help the Addiction counselors, psychologist and other helping professionals to get a better understanding about characteristics of co-dependency among wives of drug addicts and also the process of their recovery from co-dependency. This understanding may assist the professionals to develop or strengthen the recovery plans for co-dependent wives of drug addicts and accordingly, provide more effective services to them. Mental health professionals also may help to prevent many of the damages which may threaten co-dependents' physical and mental health by early recognition of co-dependency in them and guiding them to work on their recovery. Therefore, this study would be beneficial for the large number of co-dependent people who suffer from living with drug addicts.

Furthermore, by providing insight about the process of recovery in Nar-Anon 12 step groups, this study can help the helping professionals to make proper referrals to such groups. This current study also may help them to use and integrate the strengths points of 12 step program in their recovery plans.

1.8 Limitations of the Study

This study was a qualitative case study which aimed to understand the experience of co-dependency and the process of recovery among wives of drug addicts in 12-step self-help groups in Iran. The study relied heavily on the wives of drug addicts as the primary source of data. The data consisted of individuals' experiences, thoughts and perceptions. The opinions of any individual are biased by the position from which they observe events. As another limitation of this study, the stage of husband's drug addiction was not considered in selecting the respondents of this study.

Generalizability may consider as one of the limitations of this study. As the purpose of qualitative research is not generalizing data, the researcher of this study makes no claims that the data derived from this study will reflect the experience of all women in the Nar-Anon self-help groups. Based on the nature of qualitative research that the researcher considered as instrument (Ary, Jscobs, & Sorensen, 2008), the findings may be limited by researcher's bias.

1.9 Definition of Terms

1.9.1 Co-dependency

According to Whitfield (1991), co-dependency is "a multidimensional (physical, mental, emotional and spiritual) condition manifested by any suffering and dysfunction that is associated with or due to focusing on the needs and behavior of others.

1.9.2 Wife of Drug Addict

A married woman who lives with an active or recovering drug addicted husband.

1.9.3 The Process of Recovery from Co-dependency

The process of recovery from co-dependency means the process of change and transformation which take place for the respondents and enable them to overcome and minimize their co-dependent characteristics and establish a more balanced life with healthy dependency.

1.9.4 Nar-Anon Self-Help Group

Nar-Anon Family Group is a worldwide fellowship for those affected by someone else's drug addiction. The members of this self-help group are relatives and friends who are concerned about the addiction and drug problem of another person. As a 12 Step Program, the members offer their help by sharing their experience, strength, and hope. The only requirement for membership is that there would be a problem of addiction in a relative or friend. Nar-Anon program of recovery is adapted from Narcotics Anonymous. The Nar-Anon members work on its Twelve Steps and Twelve Traditions (Appendix A)(Nar-Anon, n.d.).

REFERENCES

- Ablon, J. (1974). Al-Anon family groups: Impetus for learning and change through the presentation of alternatives. *American Journal of Psychotherapy*, 28(1), 30–45.
- Adams, P. J. (2008). *Fragmented Intimacy: Addiction in a Social World*. *Fragmented Intimacy: Addiction in a Social World* (p. 340). Springer.
- Ajri, Z. (2010). *Effectiveness of the 12 step program among addicts' codependents in Iran*. Universiti Putra Malaysia.
- Ajri, Z., & Sabran, M. S. (2011a). Personal Empowerment among Al-Anon/Nar-Anon Members in Iran. *Journal of American Science*, 7(6), 40–44.
- Ajri, Z., & Sabran, S. (2011b). Changing of Self-Care Behavior by Practicing 12-Step Program among Codependents in Iran. *Journal of American Science*, 7(1), 170–173.
- Al-Anon. (n.d.). Welcome to Al-Anon Family Groups. Retrieved from [Http://www.al-anon.alateen.org](http://www.al-anon.alateen.org), Groups.
- Al-Anon Family Groups. (1981). *This is Al-Anon*. New York. Al-Anon Family Groups.
- Alcoholics Anonymous World Services. (2001). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism (4th ed.)*. New York: Alcoholics Anonymous World Services Inc.
- Amodeo, M., & López, L. M. (2013). Making Effective Referrals to Alcoholics Anonymous and Other 12-step Programs. In R. Saitz (Ed.), *Addressing Unhealthy Alcohol Use in Primary Care* (pp. 73–83). New York, NY: Springer New York. doi:10.1007/978-1-4614-4779-5
- Ançel, G., & Kabakçi, E. (2009). Psychometric properties of the Turkish form of Codependency Assessment Tool. *Archives of psychiatric nursing*, 23(6), 441–53. doi:10.1016/j.apnu.2008.10.004
- Anonymous Alcoholics. (2001). *Alcoholics Anonymous (4n ed.)*. (4th, Ed.). New York: Alcoholics Anonymous World Services.
- Ary, D., Jscobs, L. C., & Sorensen, C. (2008). *Introduction to Research in Education* (8th ed., p. 1370). Wadsworth, Cengage Learning.
- Ashenberg Straussner, S. L., & Spiegel, B. R. (1996). An analysis of 12-step programs for substance abusers from a developmental perspective. *Clinical Social Work Journal*, 24(3), 299–309. doi:10.1007/BF02190557
- Askian, P., Siti, A. H., & Deylami, N. (2010). The Relationship between Co-dependence and Self-Differentiation among Iranian undergraduate student. *3rd ASEAN Regional Union of Psychological Societies (ARUPS) Congress*.
- Barber, J., & Crisp, B. (1995). The “pressures to change” approach to working with the partners of heavyDrinkers. *Addiction*, 90, 268–276.

- Barber, J. G., & Gilbertson, R. (1996). An Experimental Study of Brief Unilateral Intervention for the Partners of Heavy Drinkers. *Research on Social Work Practice*, 6(3), 325–336. doi:10.1177/104973159600600304
- Beattie, M. (1987). *Codependent no more*. New York: HarperCollins.
- Beattie, M. (1989). *Beyond codependency and getting better all the time*. New York: Harper & Row.
- Berg, B. L. (2004). (2004). *Qualitative Research Methods for the Social Sciences*. Pearson Education, Inc.
- Bevacqua, T., & Hoffman, E. (2010). William James's "Sick-Minded Soul" and the AA Recovery Paradigm: Time for a Reappraisal. *Journal of Humanistic Psychology*, 50(4), 440–458. doi:10.1177/0022167810373041
- Bliss, D. L. (2009). Severity of Alcohol Dependence : Impact on Spirituality in Early Treatment Process Severity of Alcohol Dependence : Impact on Spirituality in Early Treatment Process, (July 2012), 37–41. doi:10.1080/07347320802586874
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: a research note. *Qualitative Research*, 8(1), 137–152. doi:10.1177/1468794107085301
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Brooks, D. L. (2010). *God of Our Own Understanding: Women's Stories of Working the Third Step*. Michigan School of Professional Psychology.
- Byrne, M., Edmundson, R., & Rankin, E. D. (2005). Symptom Reduction and Enhancement of Psychosocial Functioning Utilizing a Relational Group Treatment Program for Dependent / Codependent Population. *Alcoholism Treatment Quarterly*, 23(4), 69–84.
- Carr, A. (2006). *Family Therapy: Concepts, Process and Practice Second Edition* (p. 650). John Wiley & Sons Ltd.
- Cermak, T. (1986). Diagnostic criteria for codependency. *Journal of Psychoactive Drugs*, 18, 15–20.
- Cermak, T. L. (1989). Al-Anon and recovery. *Recent Developments in Alcoholism*, 7, 91–104.
- Chang, S.-H. (2012). A cultural perspective on codependency and its treatment. *Asia Pacific Journal of Counselling and Psychotherapy*, 3(1), 50–60. doi:10.1080/21507686.2011.620973
- Chen, G. (2006). Social Support, Spiritual Program, and Addiction Recovery. *International Journal of Offender Therapy and Comparative Criminology*, 50(3), 306–323. doi:10.1177/0306624X05279038
- Chi, F. W., Sterling, S., Campbell, C. I., & Weisner, C. (2013). 12-Step Participation and Outcomes Over 7 Years Among Adolescent Substance Use Patients With and Without Psychiatric Comorbidity. *Substance abuse : official publication of the Association for Medical Education and Research in Substance Abuse*, 34(1), 33–42. doi:10.1080/08897077.2012.691780

- Cook, C. (2006). *Alcohol, Addiction and Christian Ethics*. Cambridge: Cambridge University Press.
- Cook, C. C. H. (2004). Addiction and spirituality. *Addiction (Abingdon, England)*, 99(5), 539–551. doi:10.1111/j.1360-0443.2004.00715.x
- Corey, G. (2009). *theory and Practice of Counseling and Psychotherapy* (eighth., p. 519). Thomson Brooks/Cole.
- Corey, G. (2011). *Theory and Practice of Group Counseling* (eight., p. 520). Thomson Brooks/Cole.
- Corrington, J. . (1989). Spirituality and Recovery: Relationships between levels of spirituality, contentment and stress during recovery from alcoholism in AA. *Alcoholism Treatment Quarterly*, 6(3/4), 151–165.
- Cowan, G., & Warren, L. W. (1994). Codependency and gender-stereotyped traits. *Sex Roles*, 30, 631–645.
- Coyle, A. (2007). *Analysing Qualitative Data in Psychology*. (Evanthia Lyons & adrian Coyle, Ed.) (p. 275). SAGE Publications.
- Creswell, J. W. (2007). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. Sage Publications, Inc.
- Creswell, J. W. (2008). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*. Pearson Education, Inc.
- Csiernik, R. (2002). Counseling for the Family: The Neglected Aspect of Addiction Treatment in Canada. *Journal of Social Work Practice in the Addictions*, 2(1), 79–92. doi:10.1300/J160v02n01
- Cullen, J., & Carr, A. (1999). Codependency: An Empirical Study from a Systemic Perspective. *Contemporary Family Therapy*, 21(4), 505–526.
- Curtis, O. (1999). *Chemical Dependency: A Family Affair*. Brooks/Cole Publishing Company.
- Cutter, C. G., & Cutter, H. S. G. (1987). Experience and Change in Al-Anon Family Groups: Adult Children of Alcoholics. *Journal of Studies on Alcohol and Drugs*, 48(1).
- Dawson, D. A., Grant, B. F., Chou, S. P., & Stinson, F. S. (2007). The impact of partner alcohol problems on women's physical and mental health. *Journal of Studies on Alcohol and Drugs*, 68, 66–75.
- Dear, G. E., Roberts, C. M., & Lange, L. (2004). Defining codependency: An analysis of published definitions. In S. Shohov (Ed.), *Advances in psychology research (Vol. 34)* (pp. 63–79). Huntington, NY: Nova Science Publishers.
- Dear, Greg E. (2002). The Holyoake Codependency Index: further evidence of factorial validity. *Drug and Alcohol Review*, 21, 47–52. doi:10.1080/09595230220119354
- Dear, Greg E, & Roberts, C. M. (2002). the relationship between Codependency and Femininity and Masculinity. *Sex Roles*, 46(5-6), 159–166.

- Dear, Greg E, & Roberts, C. M. (2005). Validation of the Holyoake Codependency Index. *The Journal of Psychology : Interdisciplinary and Applied*, 139(4), 293–314.
- Dodge-Reyome, N., & Ward, K. S. (2007). Self-Reported History of Childhood Maltreatment and Codependency in Undergraduate Nursing Students. *Journal of Emotional Abuse*, 7(1), 37–50. doi:10.1300/J135v07n01
- Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step Interventions and Mutual Support Programs for Substance Use Disorders: an Overview. *Social work in public health*, 28(3-4), 313–32. doi:10.1080/19371918.2013.774663
- Dossett, W. (2013). Addiction, spirituality and 12-step programmes. *International Social Work*, 56(3), 369–383. doi:10.1177/0020872813475689
- Douglass, M. D. (2009). *Codependency: Relationship to self and other. unpublished PhD dissertation*. California Institute of Integral Studies.
- Eastland, L. S. (1995). Recovery as an Interactive Process: Explanation and Empowerment in 12-Step Programs. *Qualitative Health Research*, 5(3), 292–314. doi:10.1177/104973239500500303
- Edmundson, R., Byrne, M., & Rankin, E. D. (2000). Preliminary Outcome Data on a Model Treatment Group for Codependence. *Alcoholism Treatment Quarterly*, 18(1), 93–107.
- Elmes-Kalbacher, C. (1997). C . G . Jung and the American revisionists. *The European Legacy*, 2(4), 675–681. doi:10.1080/10848779708579794
- Fernandez, A. C., Begley, E. a, & Marlatt, G. A. (2006). Family and peer interventions for adults: past approaches and future directions. *Psychology of addictive behaviors: journal of the Society of Psychologists in Addictive Behaviors*, 20(2), 207–13. doi:10.1037/0893-164X.20.2.207
- Ferraro, K. J. (1979). Hard Love : Letting Go of an Abusive Husband. *Journal of Women Studies*, 4(2), 16–18.
- Fischer, J., Spann, L., & Crawford, D. (1991). Measuring codependency. *Alcoholism Treatment Quarterly*, (8), 87–99.
- Gideon, L. (2007). Family Role in the Reintegration Process of: A Qualitative Review of Israeli Offenders. *International Journal of Offender Therapy and Comparative Criminology*, 51(2), 212–226.
- Goldenberg, H., & Goldenberg, I. (2008). *Family Therapy: An Overview, Seventh Edition* (p. 540). Thomson Brooks/Cole.
- Golparvar, M., & Molavi, H. (2002). Comparing Mental Characteristics of Wives of Substance Abusers with Wives of Non-Substance Abusers. *Journal of Research on Educational Studies*, 7, 1–20.
- Gorman, J. M., & Rooney, J. F. (1979). Thw Influence of Al-Anon on the Coping Behavior of Wives of Alcoholics. *Journal of studies on Alcohol*, 40(11), 1030–138.

- Granello, D. H., & Beamish, P. M. (1998). Reconceptualising codependency in women: A sense of connectedness, not pathology. *Journal of Mental Health Counselling, 20*, 344–358.
- Green, L. L., Fullilove, M. T., & Fullilove, R. E. (1998). Stories of Spiritual Awakening The Nature of Spirituality in Recovery. *Journal of substance abuse treatment, 15*(4), 325–331.
- Groh, D. R., Jason, L. a, & Keys, C. B. (2008). Social network variables in alcoholics anonymous: a literature review. *Clinical psychology review, 28*(3), 430–50. doi:10.1016/j.cpr.2007.07.014
- Gross, M. (2010). Alcoholics anonymous: Still sober after 75 year. *American Journal of Public Health, 100*(12), 2361–2363.
- Gruber, K. J., & Taylor, M. F. (2006). A Family Perspective for Substance Abuse : Implications from the Literature. *Journal of Social Work Practice in the Addictions, 6*(1-2), 1–29. doi:10.1300/J160v06n01
- Haaken, J. (1993). From Al-Anon to ACOA: Codependence and the reconstruction of caregiving. *SignsJournal of Women in Culture and Society, 18*(21), 321–345. Retrieved from <http://www.jstor.org/stable/10.2307/3174978>
- Hands, M., & Dear, G. (1994). Codependency: A critical review. *Drug and Alcohol Review, 13*, 437–445.
- Harkins, S., Bair, J., & Korshak, S. J. (2013). Group Relations and 12-Step Recovery. *Alcoholism Treatment Quarterly, 31*(3), 396–412. doi:10.1080/07347324.2013.800401
- Harkness, D. (2003). To Have and to Hold : Codependency as a Mediator or Moderator of the Relationship Between Substance Abuse in the Family of Origin and Adult-Offspring Medical Problems. *Journal of Psychoactive Drugs, 35*(2), 261–270.
- Harkness, D., & Cotrell, G. (1997). The Social Construction of Co-Dependency in the Treatment of Substance Abuse. *Journal of Substance Abuse Treatment, 14*(5), 473–479.
- Harkness, D., Hale, R., Swenson, M., & Madsen-hampton, K. (2001). The Development , Reliability , and Validity of a Clinical Rating Scale for Codependency. *Journal of Psychoactive Drugs, 32*(2), 159–171.
- Harkness, D., Manhire, S., Jennifer Blanchard, & Darling, J. (2007). Codependent Attitude and Behavior: Moderators of Psychological Distress in Adult Offspring of Families with Alcohol and Other Drug (AOD) Problems. *Alcoholism Treatment Quarterly, 25*:3, 39-52, 25(3), 39–52. doi:10.1300/J020v25n03
- Hawkins, C. A., & Hawkins, R. C. (2014). Codependence, Contradependence, Gender-Stereotyped Traits , Personality Dimensions and Problem Drinking. *Universal Journal of Psychology, 2*(1), 5–15. doi:10.13189/ujp.2014.020102
- Hawkins, C., & Hawkins, R. C. (2012). Family systems and chemical dependency. *Chemical dependency: A systems approach (forth edition)*. Boston: Pearson.

- Hejazizade Z. (2013). Addiction in Iran. *The first Iranian Congress of Addiction and Risky Behaviour* (p. 1). Karadj, Iran.
- Hoenigmann-Lion, N. M., & Whitehead, G. I. (2006). The Relationship Between Codependency and Borderline and Dependent Personality Traits. *Alcoholism Treatment Quarterly, Vol. 24(4) 2006, 24(4)*, 55–77. doi:10.1300/J020v24n04
- Holleran, L. K., & Macmaster, S. A. (2005). Applying a Cultural Competency Framework to Twelve Step Programs. *Alcoholism Treatment Quarterly, 23(4)*, 107–120. doi:10.1300/J020v23n04
- Homish, G. G., Leonard, K. E., & Kearns-Bodkin, J. N. (2006). Alcohol use, alcohol problems, and depressive symptomology among newly married couples. *Drug and Alcohol Dependence, 83(3)*, 185–192.
- Hughes-hammer, C., Martsof, D. S., & Zeller, R. A. (1998). Development and Testing of the Codependency Assessment Tool. *Archives of Psychiatric Nursing, XII(5)*, 264–272.
- Humphreys, K. (1993). Psychotherapy and the 12 step approach for substance abusers. *Psychotherapy, 30, 207–213.*, 30, 207–213.
- Humphreys, K., & Gifford, E. (2006). Religion, Spirituality and the Troublesome Use of Substances. In W. Miller & K. Carroll (Eds.), *Rethinking Substance Abuse: What the Science Shows, and What We Should Do About It* (pp. 257–274). New York and London: The Guilford Press.
- Iran Region of Narcotics Anonymous. (2014). www.nairan.org.
- Irvine, L. (1999). *Codependent Forevermore: The Invention of Self in a Twelve Step Group* (p. 210). The University of Chicago Press.
- Isaacson, E. B. (1991). Chemical addiction: Individuals and family systems. *Journal of Chemical Dependency Treatment, 4(1)*, 7–27.
- Jackson, J. K. (1954). The adjustment of the family to the crisis of alcoholism. *Quarterly Journal of Studies of Alcohol, 15*, 562–586.
- Jackson, J. K. (1958). Alcoholism and the Family. *The ANNALS of the American Academy of Political and Social Science, 315(1)*, 90–98. doi:10.1177/000271625831500112
- Jalali, D., Aghai, A., & Rahbarian, J. (2008). Investigating the Experienced domestic Violence among Wives of Substance Abusers. *Women Studies, 4(2)*, 5–28.
- Kaskutas, L. A., & Subbaraman, M. (2011). Integrating Addiction Treatment and Mutual Aid Recovery Resources. In J. F. Kelly & W. L. White (Eds.), *Addiction Recovery Management: Theory, Research and Practice, Current Clinical Psychiatry* (pp. 31–43). Springer New York. doi:10.1007/978-1-60327-960-4
- Katz, A. H. (1986). Fellowship , Helping and Healing : The Re-Emergence of Self-Help Groups. *Nonprofit and Voluntary Sector Quarterly, 15(4)*, 4–13. doi:10.1177/089976408601500202
- Keane, H. (2000). Setting yourself free :techniques of recovery. *Health, 4(3)*, 324–346. doi:10.1177/136345930000400305

- Keinz, L. A., Schwartz, C., Trench, B. M., & Houlihan, D. D. (1995). An assessment of membership benefits in the Al-Anon program. *Alcoholism Treatment Quarterly*, 12(4), 31–38.
- Kelly, John F., Dow, S. J., Yeterian, J. D., & Kahler, C. W. (2010). Can 12-step group participation strengthen and extend the benefits of adolescent addiction treatment? A prospective analysis. *Drug and Alcohol Dependence*, 110(1-2), 117–125. doi:10.1016/j.drugalcdep.2010.02.019
- Kelly, John F., & Hoepfner, B. B. (2013). Does Alcoholics Anonymous work differently for men and women? A moderated multiple-mediation analysis in a large clinical sample. *Drug and alcohol dependence*, 130(1-3), 186–93. doi:10.1016/j.drugalcdep.2012.11.005
- Kelly, John F., Magill, M., & Stout, R. L. (2009). How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous. *Addiction Research and Theory*, 17(3), 236–259.
- Kelly, John F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: a prospective lagged mediational analysis. *Drug and alcohol dependence*, 114(2-3), 119–26. doi:10.1016/j.drugalcdep.2010.09.009
- Kelly, John F., Stout, R. L., & Slaymaker, V. (2013). Emerging adults' treatment outcomes in relation to 12-step mutual-help attendance and active involvement. *Drug and alcohol dependence*, 129(1-2), 151–7. doi:10.1016/j.drugalcdep.2012.10.005
- Kelly, John F., & White, W. L. (2012). Broadening the Base of Addiction Mutual-Help Organizations. *Journal of Groups in Addiction & Recovery*, 7(2-4), 82–101. doi:10.1080/1556035X.2012.705646
- Kelly, John F., Yeterian, J. D., & Myers, M. G. (2008). Treatment staff referrals, participation expectations, and perceived benefits and barriers to adolescent involvement in twelve-step groups. *Alcoholism Treatment Quarterly*, 26(4), 427–449.
- Kerr, M., & Bowen, M. (1998). *Family evaluation*. New York: Norton.
- Kingree, J. B. (2005). Twelve-Step Subculture and Cultural Competency Among Clinicians. *Alcoholism Treatment Quarterly*, 23(4), 121–125. doi:10.1300/J020v23n04
- Kirby, K. C., Dugosh, K. L., Benishek, L. a, & Harrington, V. M. (2005). The Significant Other Checklist: measuring the problems experienced by family members of drug users. *Addictive behaviors*, 30(1), 29–47. doi:10.1016/j.addbeh.2004.04.010
- Klostermann, K., Kelley, M. L., Mignone, T., Pusateri, L., & Fals-Stewart, W. (2010). Partner violence and substance abuse: Treatment interventions. *Aggression and Violent Behavior*, 15(3), 162–166. doi:10.1016/j.avb.2009.10.002
- Knudson, T. M., & Terrell, H. K. (2012). Codependency, Perceived Interparental Conflict, and Substance Abuse in the Family of Origin. *The American Journal of Family Therapy*, 40(3), 245–257. doi:10.1080/01926187.2011.610725

- Kumpfer, K. L., & Johnson, J. L. (2011). Enhancing Positive Outcomes for Children of Substance-Abusing Parents. In B. A. Johnson (Ed.), *Addiction Medicine*. New York, NY: Springer New York. doi:10.1007/978-1-4419-0338-9
- Kurtz, E. (2002). Alcoholics Anonymous and the Disease Concept of Alcoholism. *Alcoholism Treatment Quarterly*, 20(3-4), 5–39. doi:10.1300/J020v20n03
- Kuuluvainen, V., & Isotalus, P. (2014). Supporting others – Supporting oneself: Members' evaluations of supportive communication in Al-Anon mutual-aid groups. *Studies in Communication Sciences*, 14(1), 45–53. doi:10.1016/j.scoms.2014.03.009
- Kvale, S. (2007). D. I. S. P. (2007). *kvale, S. (2007). Doing Interviews*. Sage Publications.
- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: from theory to practice. *Social work in public health*, 28(3-4), 194–205. doi:10.1080/19371918.2013.759005
- Laudet, A. B., Morgen, K., & White, W. L. (2006). The Role of Social Supports , Spirituality , Religiousness , Life Meaning and Affiliation with 12-Step Fellowships in Quality of Life Satisfaction Among Individuals in Recovery from Alcohol and Drug Problems. *Alcoholism Treatment Quarterly*, 24, 33–73.
- Laudet, A. B., Savage, R., & Mahmood, D. (2002). Pathways to Long-Term Recovery: A Preliminary Investigation. *Journal of Psychoactive Drugs*, 34(3), 305–311. doi:10.1080/02791072.2002.10399968
- Laws, S. H. (2012). *Encyclopedia of Adolescence*. (R. J. R. Levesque, Ed.). New York, NY: Springer US. doi:10.1007/978-1-4419-1695-2
- Lopez Gaston, R. S., Best, D., Day, E., & White, W. (2010). Perceptions of 12-Step Interventions Among UK Substance-Misuse Patients Attending Residential Inpatient Treatment in a UK Treatment Setting. *Journal of Groups in Addiction & Recovery*, 5(3-4), 306–323. doi:10.1080/1556035X.2010.523371
- Loughead, T. A., Kelly, K. R., & Bartlett-Voigt, S. (1996). Group Counseling for Codependence: An Exploratory Study. *Alcoholism Treatment Quarterly*, 13(4), 51–61.
- Mackensen, G., & Cottone, R. R. (1992). Family structural issues and chemical dependency: A review of the literature from 1985 to 1991. *American Journal of Family Therapy*, 20, 227-241., 20, 227–241.
- Majer, J. M., Droege, J. R., & Jason, L. a. (2010). A Categorical Assessment of 12-Step Involvement in Relation to Recovery Resources. *Journal of Groups in Addiction & Recovery*, 5(2), 155–167. doi:10.1080/15560351003766158
- Marks, A. D. G., Blore, R. L., Hine, D. W., & Dear, G. E. (2012). Development and validation of a revised measure of codependency. *Australian Journal of Psychology*, 64, 119–127. doi:10.1111/j.1742-9536.2011.00034.x

- Martsof, D. S., Sedlak, C. A., & Doheny, M. O. (2000). Codependency and Related Health Variables. *Archives of Psychiatric Nursing*, XIV(3), 150–158. doi:10.1053/py.2000.
- Matusow, H., Rosenblum, A., Fong, C., Laudet, A., Uttaro, T., & Magura, S. (2012). Factors associated with mental health clinicians' referrals to 12-Step groups. *Journal of addictive diseases*, 31(3), 303–12. doi:10.1080/10550887.2012.694605
- McBride, J. L. (1992). Assessing the Al-Anon Component of Alcoholics Anonymous. *Alcoholism Treatment Quarterly*, 8(4), 57–65.
- McGovern, T. F., & McMahon, T. (2006). Spirituality and Religiousness and Alcohol / Other Drug Problems. *Alcoholism Treatment Quarterly*, 24(1-2), 7–19.
- McGregor, P. (1990). The influence of Al-Anon on stress of wives of alcoholics. *Annual Meeting of the American Development, Association for Counseling and*.
- McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy* (first., p. 237). SAGE Publications.
- Melody, P., Miller, A., & Miller, J. (1989). *Facing Codependence*. San Francisco: Harper.
- Merriam, S. B. (2009). *Qualitative Research: A Guide to Design and Implementation* (p. 304). Jossey-Bass.
- Miller, K. J. (1994). The co-dependency concept: does it offer a solution for the spouses of alcoholics? *Journal of substance abuse treatment*, 11(4), 339–45. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/7966504>
- Miller, W. R. ., Meyers, R. J. ., & Tonigan, J. S. (1999). Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members. *Journal of Consulting and Clinical Psychology*, 67(5), 688–697.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Mohammadkhani, P., Asgari, A., Ameneh, F., Momeni, F., & Delavar, B. (2011). Investigating psychiatric symptoms among wives of drug abusers. *Developmental Psychology*, 23(6), 237–245.
- Mohammadkhani, P., Forouzan, S. A., & Delavar, B. (2010). The expression of psychiatric symptoms among women with addicted husbands. *Journal of developmental psychology: Iranian Psychologists*, 6(23), 237–245.
- Mohammadkhani, Parvane. (2009). The Personal-Relationship Problems of Women who had Addicted Husband. *Research on Addiction*, 3(9), 29–47.
- Mok, B. (2002). The Effectiveness of Self-Help Groups in a Chinese Context The Effectiveness of Self-Help Groups in a Chinese Context. *Social Work With Groups*, 24(2), 69–89.
- Moore, B. C., Biegel, D. E., & McMahon, T. J. (2011). Maladaptive Coping as a Mediator of Family Stress. *Journal of social work practice in the addictions*, 11(1), 17–39. doi:10.1080/1533256X.2011.544600

- Moos, R. H. (2008). Active ingredients of substance use-focused self-help groups. *Addiction*, 103, 387–396. doi:10.1111/j.1360-0443.2007.02111.x
- Morgan, O. J. (1995). Extended length of sobriety: The missing variable. *Alcoholism Treatment Quarterly*, 12(1), 59–71., 12(1), 59–71.
- Morse, J. M., & Richards, L. (2007). *Read me first for a user's guide to qualitative methods*. Sage Publications.
- Myers, P. L., & Salt, N. R. (2000a). *Becoming an addictions Counselor: A Comprehensive Text*. Jones and Bartlett Publishers, Inc.
- Myers, P. L., & Salt, N. R. (2000b). *Becoming an addictions Counselor: A Comprehensive Text*. Jones and Bartlett Publishers, Inc.
- Nar-Anon. (n.d.). About_Nar-Anon. <http://www.nar-anon.org/naranon>.
- Narcotic Anonymous. (1993). *It Works: How and Why: The Twelve Steps and Twelve Traditions of Narcotics Anonymous*. Canada: Narcotics Anonymous World Services.
- Narenjiha, H., Raiey, H., & Baghestani, A. (2005). Rapid situation of drug abuse and drug dependence in Iran. *Circulated report, Daryoosh Institute*.
- Nixon, G., & Solowoniuk, J. (2008). Moving Beyond the 12-Steps to a Second Stage Recovery: A Phenomenological Inquiry. *Journal of Groups in Addiction & Recovery*, 3(1-2), 23–46.
- O'Farrell, T. J., & Fals-stewart, W. (2001). Family-involved alcoholism treatment: An update. *Recent Developments in Alcoholism*, 15, 329–356.
- Okundaye, J. N., Smith, P., & Lawrence-Webb, C. (2001). Incorporating Spirituality and the Strengths Perspective into Social Work Practice with Addicted Individuals. *Journal of Social Work Practice in the Addictions*, 1(1), 65–82.
- Orford, J. (1992). Control, confront or collude: how family and society respond to excessive drinking. *British journal of addiction*, 87(11), 1513–25. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/1458031>
- Orford, J, Natera, G., Velleman, R., Copello, a, Bowie, N., Bradbury, C., Davies, J., et al. (2001). Ways of coping and the health of relatives facing drug and alcohol problems in Mexico and England. *Addiction (Abingdon, England)*, 96(5), 761–74. doi:10.1080/09652140020039125
- Orford, Jim, Guthrie, S., Nicolls, P., Oppenheimer, E., Egert, S., & Hensman, C. (1975). Self-Reported Coping Behavior of Wives of Alcoholics and its Association with Drinking Outcome. *Journal of studies on Alcohol*, 36(9), 1254–1267.
- Pagano, M. E., Post, S. G., & Johnson, S. M. (2011). Alcoholics Anonymous-Related Helping and the Helper Therapy Principle Alcoholic. *Alcoholism Treatment Quarterly*, 29, 23–34. doi:10.1080/07347324.2011.538320
- Peled, E., & Sacks, I. (2008). The Self-Perception of Women Who Live With an Alcoholic Partner: Dialoging With Deviance, Strength, and Self-Fulfillment. *Family Relations*, 57 (July 2008), 390–403.
- Pickard, J. G., Laudet, A., & Grahovac, I. D. (2013). The Philosophy and Practice of Alcoholics Anonymous and Related 12-Step Programs. In M.

- G. Vaughn & B. E. Perron (Eds.), *Social Work Practice in the Addictions* (pp. 119–136). New York, NY: Springer New York. doi:10.1007/978-1-4614-5357-4
- Poage, E. D., Ketzenberger, K. E., & Olson, J. (2004). Spirituality , contentment , and stress in recovering alcoholics. *Addictive Behaviors*, 29, 1857–1862. doi:10.1016/j.addbeh.2004.03.038
- Potik, D. (2010). In Loving God's Spirit: Integrating the 12-Step Program Into Psychoanalytic Psychotherapy. *Journal of Spirituality in Mental Health*, 12(4), 255–272. doi:10.1080/19349637.2010.518829
- Pourmovahed, Z., Yassini A, S. M., Dehghani, H., & Askari, J. (2013). Factors Responsible for Addiction from the Viewpoint of Wives of Addicts. *Procedia - Social and Behavioral Sciences*, 84, 719–722. doi:10.1016/j.sbspro.2013.06.633
- Prest, L. ., Benson, M. ., & Protinsky, H. (1998). Family of origin and current relationship influences on codependency. *Family Process* 37 (4): 5 1 3-28., 37(4), 3–28.
- Prest, L. A., & Protinsky, H. (1993). Family systems theory: A unifying framework for codependence. *The American Journal of Family Therapy*, 21(4), 352–360.
- Prezioso, F. A. (1987). Spirituality in the Recovery Process. *Journal Substance Abuse Treatment*, 4, 233–238.
- Pryor, E. C. F., & Haber, L. C. (1992). Codependency: Another Name for Bowen's Undifferentiated Self. *Perspectives in Psychiatric Care*, 28(4), 24–28.
- Raitasalo, K., & Holmila, M. (2005). The role of the spouse in regulating one's drinking. *Addiction Research & Theory*, 13(2), 137–144. doi:10.1080/16066350512331328140
- Rao, T. S. S., & Kuruvilla, K. (1992). A Study on the Coping Behaviours of Wives of Alcoholics. *Indian J. Psychiat.*, 34(4), 359–365.
- Razzaghi, E., Rahimi, A., Hosseini, M., Madani, S., & Chatterjee, A. (2008). Rapid Situation Assessment of Drug Abuse in IranIran, Iranian Welfare Organization and UNDCP. <http://www.unodc.org/pdf/iran/publications/RSA2000SUMMARY.pdf>.22 January 2008.
- Reyome, N. D., Ward, K. S., & Witkiewitz, K. (2010). Psychosocial Variables as Mediators of the Relationship Between Childhood History of Emotional Maltreatment , Codependency , and Self-Silencing. *Journal of Aggression, Maltreatment & Trauma*, 19:2, 159-179, 19(2), 159–179. doi:10.1080/10926770903539375
- Rice, S. L., & Tonigan, J. S. (2012). Impressions of Alcoholics Anonymous (AA) Group Cohesion: A Case for a Nonspecific Factor Predicting Later AA Attendance. *Alcoholism Treatment Quarterly*, 30(1), 40–51.
- Richards, L. (2009). *Handling Qualitative Data*. Sage Publication.
- Richter, L., Chatterji, P., & Pierce, J. (2000). Perspectives on Family Substance Abuse: The Voices of Long-Term Al-Anon Members. *Journal of Family Social Work*, 4(4), 61–78.

- Ringwald, B. C. D. (2003). Spirituality: An Evidence-Based Practice for Treatment and Recovery. *Counselor, The magazine for Addiction Professionals*, 4(June), 32–37.
- Ronel, N., Gueta, K., Abramsohn, Y., Caspi, N., & Adelson, M. (2011). Can a 12-step program work in methadone maintenance treatment? *International journal of offender therapy and comparative criminology*, 55(7), 1135–53. doi:10.1177/0306624X10382570
- Roth, J. D. (2009). Using the Oxford House Model to Examine 12-Step Recovery. *Journal of Groups in Addiction & Recovery*, 4(1-2), 2–6. doi:10.1080/15560350802715697
- Roth, J. D., & Tan, E. M. (2007). Analysis of an Online Al-Anon Meeting. *Journal of Groups in Addiction & Recovery*, 2(1), 5–39.
- Roth, J. D., & Tan, E. M. (2008). Spirituality and Recovery from Familial Aspects of Alcohol and Other Drug Problems: Analysis of an Online Al-Anon Meeting. *Alcoholism Treatment Quarterly*, 26(4), 399–426. doi:10.1080/07347320802346998
- Rotunda, R., Scherer, D., & Imm, P. (1995). Family Systems and Alcohol Misuse: Research on the Effects of Alcoholism on Family Functioning and Effective Family Interventions. *Professional Psychology: Research and Practice*, 26(1), 95–104.
- Rotunda, Rob J, West, L., & O'Farrell, T. J. (2004). Enabling behavior in a clinical sample of alcohol-dependent clients and their partners. *Journal of Substance Abuse Treatment*, 26, 269–276. doi:10.1016/j.jsat.2004.01.007
- Rotunda, Robert J, & O'Farrell, T. J. (1997). Marital and Family Therapy of Alcohol Use Disorders: Bridging the Gap Between Research and Practice. *Professional Psychology: Research and Practice*, 28(3), 246–252.
- Rotunda, R., & Doman, K. (2001). Partner Enabling of Substance Use Disorders: Critical Review and Future Directions. *The American Journal of Family Therapy*, 29, 257–270.
- Rusnáková, M. (2014). Codependency of the Members of a Family of an Alcohol Addict. *Procedia - Social and Behavioral Sciences*, 132, 647–653. doi:10.1016/j.sbspro.2014.04.367
- Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. *British Journal of Nursing*, 16(12), 738–744.
- Rynes, K. N., Tonigan, J. S., & Rice, S. L. (2013). Interpersonal Climate of 12-Step Groups Predicts Reductions in Alcohol Use. *Alcoholism Treatment Quarterly*, 31(2), 167–185. doi:10.1080/07347324.2013.771983
- Sabater, V. (2006). *An exploration of codependency among African American, Caucasian, and Hispanic wives of alcoholics*. New York University.
- Sachs, K. S. (2009). A Psychological Analysis of the 12 Steps of Alcoholics Anonymous. *Alcoholism Treatment Quarterly*, 27(2), 199–212. doi:10.1080/07347320902784825

- Salehyan, M., Bigdeli, I. A., & Hashemian, K. (2011). Evaluation of General Health in Women with Husbands Affected by Substance Dependency Disorder. *Procedia - Social and Behavioral Sciences*, 30, 1693–1697. doi:10.1016/j.sbspro.2011.10.327
- Sarkar, S., Mattoo, S. K., Basu, D., & Gupta, J. (2013). Codependence in spouses of alcohol and opioid dependent men. *International Journal of Culture and Mental Health*, (January 2015), 1–9. doi:10.1080/17542863.2013.868502
- Scaturo, D. J., Hayes, T., Sagula, D., & Walter, T. (2000). The concept of codependency and its context within family systems theory. *Family Therapy*, 27(2), 63–70.
- Schaef, A. W. (1992). *Co-Dependence: Misunderstood-Mistreated* (p. 103). HarperSanFrancisco.
- Schafer, J., & Fals-Stewart, W. (1997). Spousal Violence and Cognitive Functioning among Men Recovering from Multiple Substance Abuse. *Addictive Behaviors*, 22(1), 127–130.
- Schiff, M., & Bargal, D. (2000). Helping Characteristics of Self-Help and Support Groups: Their Contribution to Participants' Subjective Well-Being. *Small Group Research*, 31(3), 275–304. doi:10.1177/104649640003100302
- Sias, S. M., & Goodwin, L. R. (2007). Students' Reactions to Attending 12-Step Meetings: Implications for Counselor Education. *Journal of Addictions & Offender Counseling*, 27(113-126).
- Spiegel, B. R. (2006). The Use of the 12 Steps of the Anonymous Program to Heal Trauma The Use of the 12 Steps of the Anonymous Program to Heal Trauma. *Journal of Social Work Practice in the Addictions*, 5(3), 103–105. doi:10.1300/J160v05n03
- Stafford, L. L. (2001). Is codependency a meaningful concept? *Issues in Mental Health Nursing*, 22, 273–286.
- Streifel, C., & Servanty-seib, H. (2006). Alcoholics Anonymous: Novel Applications of Two Theories. *Alcoholism Treatment Quarterly*, 24(3), 71–91. doi:10.1300/J020v24n03
- Substance Abuse and Mental Health Services Administration, O. of A. S. (2007). *National survey of substance abuse treatment services (N-SSATS)*. Rockville, MD: Author.
- Thomas, C., & Corcoran, J. (2001). Empirically Based Marital and Family Interventions for Alcohol Abuse: A Review. *Research on Social Work Practice*, 11(5), 549–575. doi:10.1177/104973150101100502
- Thomas, E. J., Santa, C., Bronson, D., & Oyserman, D. (1987). Unilateral family therapy with the spouses of Alcoholics. *Journal of Social Service Research*, 10(2-4), 145–162.
- Thomas, Edwin J., Yoshioka, M., & Ager, R. D. (1996). Spouse Enabling of Alcohol Abuse: Conception, Assessment, and Modification. *Journal of Substance Abuse*, 8(1), 61–80.

- Thorberg, F. A., & Lyvers, M. (2006). Attachment, fear of intimacy and differentiation of self among clients in substance disorder treatment facilities. *Addictive Behaviors*, *31*, 732–737.
- Tiebout, H. M. (1961). Alcoholics Anonymous—An experiment of nature. *Quarterly Journal of Studies on Alcohol*, *22*, 52–68.
- Timko, C., & DeBenedetti, A. (2007). A randomized controlled trial of intensive referral to 12-step self-help groups: one-year outcomes. *Drug and alcohol dependence*, *90*(2-3), 270–9. doi:10.1016/j.drugalcdep.2007.04.007
- Timko, C., Laudet, A., & Moos, R. H. (2014). Newcomers to Al-Anon family groups: Who stays and who drops out? *Addictive behaviors*, *39*(6), 1042–9. doi:10.1016/j.addbeh.2014.02.019
- Timko, C., Young, L. B., & Moos, R. H. (2012). Al-Anon Family Groups: Origins, Conceptual Basis, Outcomes, and Research Opportunities. *Journal of Groups in Addiction & Recovery*, *(7)*, 279–296. doi:10.1080/1556035X.2012.705713
- Tonigan, J. S., Miller, W. R., & Connors, G. J. (2000). Project MATCH client impressions Relationship, about Alcoholics Anonymous: Measurement issues and to treatment outcome. *Alcoholism Treatment Quarterly*, *18*(1), 25–41.
- Tonigan, J. Scott. (2001). Benefits of Alcoholics Anonymous Attendance. *Alcoholism Treatment Quarterly*, *19*(1), 67–77.
- Toumbourou, J. W., Hamilton, M., U'Ren, A., Stevens-jones, P., & Storey, G. (2002). Narcotics Anonymous participation and changes in substance use and social support. *Journal of Substance Abuse Treatment*, *23*, 61–66.
- Turnbull, L. (1997). Narcissism and the potential for selftransformation in the Twelve Steps Twelve Steps. *Health*, *1*(2), 149–165. doi:10.1177/136345939700100202
- VandenBos, G. R. (2007). (2007). *APA dictionary of psychology (1st ed.)*. Washington, DC: Association., American Psychological.
- Vederhus, J.-K., Laudet, A., Kristensen, O., & Clausen, T. (2010). Obstacles to 12-step group participation as seen by addiction professionals: comparing Norway to the United States. *Journal of substance abuse treatment*, *39*(3), 210–7. doi:10.1016/j.jsat.2010.06.001
- Vederhus, J.-K., Timko, C., Kristensen, Ø., & Clausen, T. (2011). The courage to change: patient perceptions of 12-Step fellowships. *BMC health services research*, *11*, 339. doi:10.1186/1472-6963-11-339
- Velleman, R., Bennett, G., Miller, T., Orford, J. I. M., Rigby, K., & Tod, A. (1993). The families of problem drug users: a study of 50 close relatives. *Addiction (1993)* *88*, 1281-1289, *88*, 1281–1289.
- Washton, A., & Boundy, D. (1989). *Willpower's Not Enough* (p. 272). Harper Perennial.
- Wegscheider-Cruse, S. (1985). *Choice making: for Co-dependents, Adult Children and Spirituality Seekers*. Health Communication, Pompano Beach, FL.

- Wells, M., Glickauf-hughes, C., & Jones, R. (1999). Codependency : A grass roots construct ' s relationship to shame-proneness , low self-esteem , and childhood parentification. *The American Journal of Family Therapy*, 27(1), 63–71.
- Whelan, P. J., Marshall, E. J., Ball, D. M., & Humphreys, K. (2009). The role of AA sponsors: A pilot study. *Alcohol and Alcoholism*, 44(4), 416–422.
- White, S., & Alcoholics, S. H. (2011). Krentzman, A.R., Moore, B.C., Robison, E.A.R., Kelly, J., Kurtz, E., Laudet, A., Strobbe, S. White, W. & Zemore, S. (2011) How Alcoholics Anonymous and Narcotics Anonymous work: Cross-disciplinary perspectives., 29, 2011.
- White, W. L., & Savage, B. (2005). All in the Family. *Alcoholism Treatment Quarterly*, 23(4), 37–4.
- White, W., & Savage, B. (2005). All in the Family. *Alcoholism Treatment Quarterly*, 23(4), 3–37.
- Whitfield, C L. (1985). *Alcoholism, Attachments and Spirituality: a Transpersonal Approach* (p. 150). THOMAS W. PERRIN, INC.
- Whitfield, C. L. (1984). *Healing the Child Within: Discovery and Recovery for Afuld Children of Dysfunctional Families* (p. 150). Health Communications, Deerfield Beach, Florida.
- Whitfield, C. L. (1991). *Co-dependence: Healing the Human Condition: The New Paradigm for Helping Professionals and People in Recovery* (p. 327). Health Communications, Inc.
- Williams, S. E. (2011). *Adlerian Theory and the Philosophy and Twelve Steps of Alcoholics Anonymous: A Theoretical Examination of an Integrated Approach for Treating Alcohol Dependence*. The Adler School of Professional Psychology.
- Willig, C. (2008). *Introducing Qualitative Research in Psychology Adventure in Theory and Method* (first.). Open University Press.
- Wiseman, J. P. (1980). The “ Home Treatment ”: The First Steps in Trying to Cope With an Alcoholic Husband. *Family Relations*, 1980, 29, 541-549, 29(4), 541–549.
- Wolds, I. D. (2009). *Cross-Cultural Perspectives of Spiritual Growth in Alcoholics Anonymous*. Alliant International University.
- Wormer, K. van. (2008). Counseling Family Members of Addicts/Alcoholics: The Stages of Change Model. *Journal of Family Social Work*, 11(2), 202–221. doi:10.1080/10522150802174319
- Wright, K. D., & Scott, T. B. (1978). The Relationship of Wives' Treatment to the Drinking Status of Alcoholics. *Journal of Studies on Alcohol*, 39,1577–1581, 38, 1577–1581.
- Wright, P. H., & Wright, K. D. (1990). Measuring Codependents ' Close Relationships : A Preliminary Study. *Journal of Substance Abuse*, 2(3), 335–344. doi:10.1016/S0899-3289(10)80005-7
- Wright, P. H., & Wright, K. D. (1991). Codependency : Addictive Love, Adjustie Relating , or both ? *Contemporary Family Therapy*, 13(5), 435–454.

- Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy (5th ed.)*. New York, NY: Basic Books.
- Zaidi, U. (2015). Co-dependency and Relationship Satisfaction among Spouses of Alcohol Abusers. *Journal Of Humanities And Social Science (IOSR-JHSS)*, 20(1), 86–91. doi:10.9790/0837-20128691
- Zemore, S. E. (2008). An Overview of Spirituality in AA (and Recovery). *Recent Developments in Alcoholism* (Galanter, ., pp. 111–123). Springer Science+Business Media. doi:10.1007/978-0-387-77725-2
- Zemore, S. E., & Kaskutas, L. A. (2009). Development and validation of the Alcoholics Anonymous Intention Measure (AAIM). *Drug and Alcohol Dependence*, 104, 204–211. doi:10.1016/j.drugalcdep.2009.04.019
- Zemore, S. E., Subbaraman, M., & Tonigan, J. S. (2013). Involvement in 12-step activities and treatment outcomes. *Substance abuse: official publication of the Association for Medical Education and Research in Substance Abuse*, 34(1), 60–9. doi:10.1080/08897077.2012.691452
- Zinsmeyer, M. C. (2009). *A Study of the Spiritual Awakening Experiences Of 12 Individuals Participating In The 12-Step Program Of Alcoholics Anonymous*. Institute of Transpersonal Psychology Palo Alto, California.