

**AN EXPLORATION OF THE EXPERIENCE OF  
CODEPENDENCY THROUGH INTERPRETATIVE  
PHENOMENOLOGICAL ANALYSIS**

**A thesis submitted for the degree of Doctor of Philosophy**

**By**

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## Abstract

Codependency is a highly contested construct featuring in the popular, clinical and research literature. Within the academic literature, the voices and lived experience of individuals who consider themselves codependents are mostly unavailable. This Interpretative Phenomenological Analysis (IPA) study explored the lived experiences of 8 individuals self-identified as codependents, who chose 12-Step recovery groups to frame their recovery process. This research addressed the following research question: What is the lived experience of codependency among people who have sought support from a 12-step recovery group for codependents?

The idiographic, phenomenological and hermeneutic aspects of the study captured how participants made sense of their experiences of codependency and the meanings of the support group. The information was collected over 3-6 months by means of three in-depth semi-structured interviews and a visual method in which participants selected and analysed objects or photographs which, for them, expressed the meaning of codependency. Four main themes emerged from the analysis of the interviews: (1) Codependency experienced as real and tangible: 'Codependency explains everything'. (2) Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self.' (3) Seesawing through extremes in life: 'Like a seesaw, I feel out of control'. (4) Finding meaning in codependency through exploring family experiences: 'Down to childhood'.

The findings revealed that the experience of codependency frames these individuals' sense of identity, their lifeworlds and the way they view and experience life difficulties. It also provided a highly nuanced and fine-grained analysis of the lived experience of codependency.

The study brings a new perspective on the lived experiences of this client group. Although the findings are not straightforwardly generalizable, they may inform clinical practice. It is hoped that this study will raise awareness about this controversial topic, bring a better understanding of codependency and inspire further research.

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## **Chapter 1- Introduction to the research study**

In this chapter, I offer an introduction to the thesis by setting the background context of my research study. The chapter contains an overview of codependency including its definition and changing meanings in popular psychology, health care practice and research. Here, I also present an account of my personal context, which is addressed by considering the reasons behind my choice of the topic and the development of my theoretical position. This is followed by a brief introduction to the research study and its research question. I conclude by offering an overview containing a brief summary of each chapter of the thesis.

### **1.1 Codependency. A contested construct.**

Codependency is a highly contested construct featuring in the popular self-help literature (Beattie 2011, 1992; Mellody 1992, 1989; Bradshaw, 1988; Schaefer, 1986), clinical arenas (Denning 2010, Rotunda, West and O'Farrell, 2004; Sadock & Sadock, 2004, O'Gorman, 1993; Neville-Jan, Bradley, Bunn and Gehri 1991, Hemfelt, Minirth and Meier, 1989), and academic research (Sarkar, Mattoo, Basu and Gupta, 2013; Marks, Blore, Hine and Dear, 2011; Bortolon, Ferigolo, Grossi, Kessler and Barros 2010; Ancel and Kabakci, 2009; Harkness, Shawna, Blanchard and Darling 2007; Fuller and Warner 2000, Irvine 2000, 1997, 1995, and others).

The term 'codependency' is defined by the Oxford Dictionary as 'an excessive emotional or psychological reliance on a partner, typically one with illness or addiction who requires support'. The Online Etymological Dictionary (2001-2014) explains that 'co' is a prefix meaning "together, mutually, in common". The term 'codependent' (or co-dependent), is considered as the related adjective or noun (Oxford Dictionaries, 2010). Other derivatives of the term are 'codependence', 'co-dependence' and 'co-dependency' (The Etymology Dictionary, 2001-2014). The term 'codependency' appears to be more commonly used in the current literature in the field (Marks, Blore, Hine and Dear 2011; Denning 2010; Rotunda, West and O'Farrell 2004); therefore it has been chosen to represent the construct discussed here.

The dictionary definition of codependency presents the term within a negative perspective. Yet human beings have basic need for the company of each other (Gross, 2001). The reason for such negative connotations appears to stem from its

association with problems of alcohol and substance misuse, as will be discussed in the following chapters. In spite of the term codependency being presented largely in a negative light, it appears that there are some individuals who find the term helpful for framing their lived experiences.

There are many definitions for codependency proposed in the literature in the field (Dear and Roberts 2005; Dear, Roberts and Lange, 2004; O'Brien and Gaborit, 1992; Fischer, Spann and Crawford, 1991; Wright and Wright, 1991; Whitfield, 1989; Hemfelt et al, 1989; Potter-Efron and Potter-Efron, 1989; Cermak, 1986; Wegscheider-Cruse, 1981). However there is no agreed, universally-used definition or diagnostic criteria. As a result, codependency is not listed in the DSM-V (Diagnostic Statistical Manual V, American Psychiatric Association 2013).

The list of definitions found in the literature is headed by Wegscheider-Cruse (1981). Wegscheider-Cruse defined codependency as the preoccupation with and extreme dependence on a person or object, which can become pathological, affecting all of the individual's relationships.

Attempts have been made to conceptualise codependency within a disease model framework. For example Whitfield (1984) proposed that codependency was an illness and maladaptive behaviour which developed as a result of living with, working with, or otherwise being close to a person with substance dependence or chronic impairment. Hemfelt et al (1989) proposed that codependency was an addiction disorder, resulting from individuals' failed attempts to control interior feelings by controlling people, things and events outside self. Hemfelt et al proposed that a codependent individual can be addicted to another person, characterized as interpersonal codependency, or attach themselves to chemicals (alcohol, drugs, and medication), money, sex and work.

A different perspective was offered by Cermak (1986). He attempted to conceptualise codependency within a personality disorder framework. Cermak's definition of the codependent personality encompasses a number of traits such as control tendency, neglecting of one's own needs, boundary distortions, enmeshment, denial, feelings of constriction, depression, and stress-related psychological illness.

Other authors attempted to conceptualise codependency within a social interaction perspective (Wright and Wright, 1991). Wright and Wright (1991) characterised

codependency as an endogenous and an exogenous phenomenon; within this perspective endogenous refers to the intra-personal aspects of codependency and exogenous to the interpersonal aspects.

Due to the complexity of the meanings attributed to the construct, a number of negative traits have also been suggested as characteristics of codependency. For example, the indication of denial as a characteristic of codependency is present in early literature (Wright & Wright 1995; Whitfield 1984, 1987, 1991; Potter-Efron & Potter-Efron 1989; Cermak 1986). These authors suggested that denial was a psychological reaction or defence mechanism by which the 'codependent' person was unable to contemplate reality.

Several theorists have suggested the strong negative relationship between codependency and self-esteem (Mark et al 2011; Fischer et al, 1991; Cermak, 1986). They proposed that 'codependents' have a tendency to invest their sense of esteem in solving other people's problems and in attempting to control their behaviours. Equally evident in the literature are debates on issues related to control, for example: authors suggested that codependents find themselves in situations where they either attempt to control or are controlled by situations outside self (Daire et al 2012; Dear, et al 2004; Wright & Wright, 1999, O'Brien & Gaborit 1992; Fischer et al 1991; Whitfield 1984, 1987, 1991; Cermak, 1986).

Further to this, most authors identified that emotional problems, such as emotional suppression are commonly presented by these individuals termed 'codependents' (Dear & Roberts, 2005; O'Brien & Gaborit, 1992; Fischer et al, 1991; Potter-Efron & Potter Efron, 1989; Cermak, 1986). Self-sacrifice and exacerbated care-taking have also been identified as core characteristics (Dear, et al 2004; O'Brien & Gaborit 1992).

More recently, Dear, et al (2004) carried out a systematic analysis of the most cited non-empirical definitions of codependency; identifying a common thread of four elements that are repeatedly mentioned by the different theorists: 'external focusing, self-sacrifice, interpersonal conflict and control, and emotional constraint' (Dear and Roberts 2005, p.294). Within this review, external focusing meant that the person draws opinions, expectations, attitudes and behaviours from situations outside self. In being externally focused the person develops a sense of esteem and purpose from external factors and persons. Self-sacrifice was identified as a tendency presented by individuals to overlook personal and intrinsic needs in order to focus

externally on the needs of others. Emotional suppression was referred to as avoidance of feelings, and living in a state of constraint with limited self-awareness of own emotional needs. Interpersonal control and conflict were thought to be related to the interpersonal dynamics that occur as a result of engaging in relationships which foster self-sacrificial behaviours and lack of emotional expressivity (Dear and Roberts 2005). Following this, Dear and Roberts (2005) published a psychometric assessment tool for the construct based on these four main domains, the Holyoake Codependency Index.

In spite of the number of definitions and the widespread use of the codependency construct in popular psychology and in clinical practice (Denning 2010), there is a clear and established debate about its conceptualization (Anderson, 1994; Uhle, 1994; Chiauzzi and Liljegren, 1993; Gierymski and Williams, 1986).

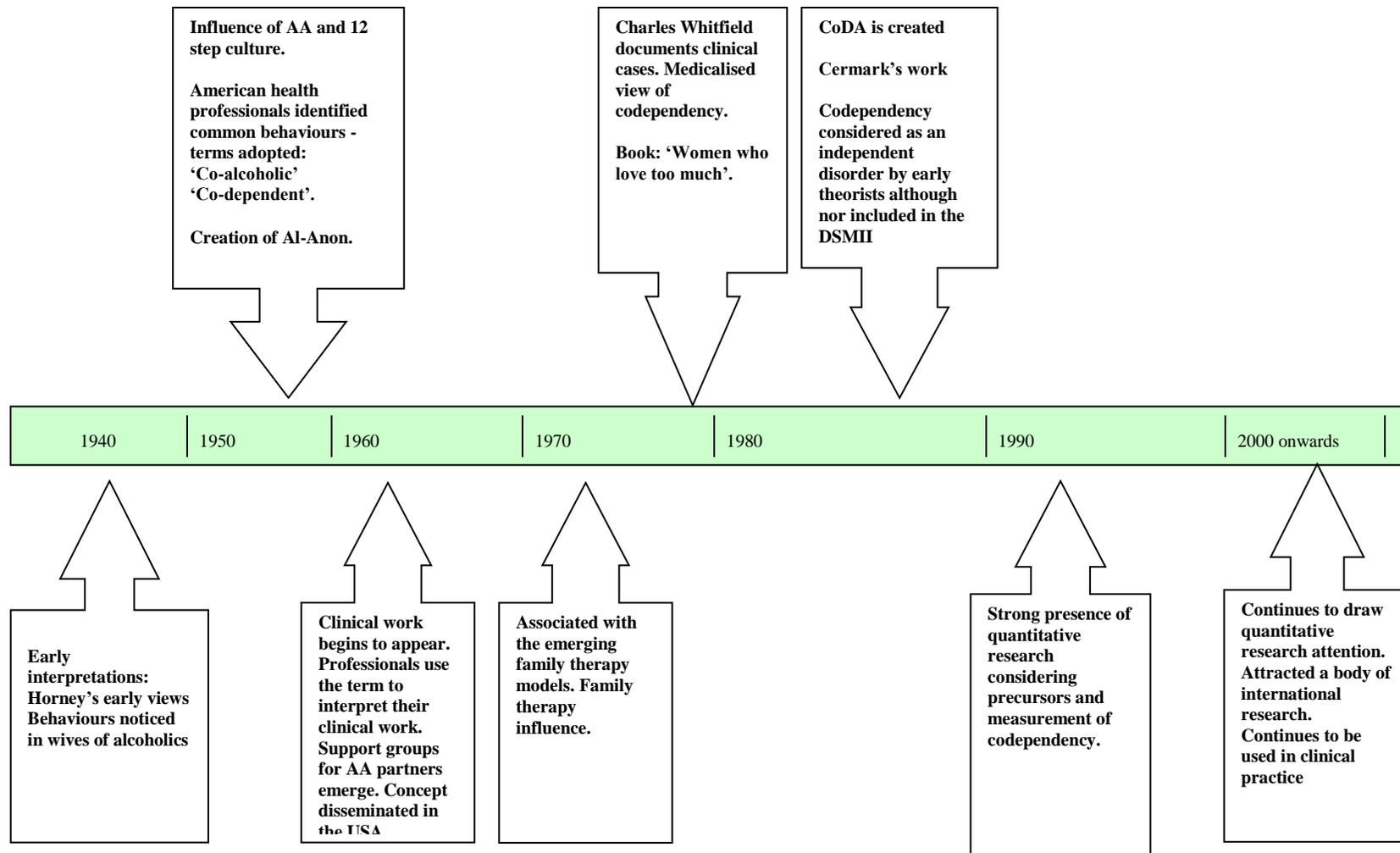
The diverse range of codependency traits have been identified only clinically, and appear to be based on views and opinions of professionals, with limited empirical validation. The wide spectrum of negative characteristics found in the codependency literature has caused confusion amongst academics and clinicians, as stated: ‘...no two definitions are the same... so many definitions have been listed as relevant that it could easily be applied to anyone...’ (Orford 2004, p.25). It has been suggested that the codependency ‘label’ could be attributed to any individual who presents the characteristics described above - a term which could be used to explain everything, but which ‘really explains nothing’ (Giordano and Hammer 1999, p. 60). The range of negative traits attached to the concept does not seem to have a clear rationale; however it seems to appeal to some individuals, as they find it helpful to make sense of distressing experiences, therefore it is worth exploring in research.

In conclusion, codependency appears to be a complex psychological construct characterized by a wide range of negative psychological terms. The literature presents a diverse range of views and opinions, suggesting that the construct means different things to different authors, and it is not clearly defined. The wide spectrum of conceptualisations found in the codependency literature has caused confusion and debate amongst academics and clinicians. This debate has brought about the inspiration for doing this research, exploring the meanings and understandings of people who find the term codependency helpful and who seek 12-step recovery groups to frame their own life experience.

## **1.2. The historical development of codependency**

The historical literature about codependency presents a complex and interconnected range of terms, assumptions and models associated with the construct. It is contended that the construct has been interpreted variously over time, possibly reflecting a set of values and meanings carried by the communities operating in these different periods. This has created a complex historical background, which comprises a range of historical moments. Successive attempts at theorising happened across these moments, generating models and research. These models overlap and continue to operate simultaneously in the present. The section below gives a brief overview of the significant moments associated with the construct of codependency. The figure below (Figure 1.1) offers an illustration of these different moments in time.

**Fig 1.1 Important landmarks associated with the construct of codependency.**



### **Early interpretations of Codependency (approximately 1940 to 1960)**

Early interpretations of codependency began to appear in the 1940's in the United States of America (USA) and were associated with behaviours presented by wives of alcoholics (Price 1945, Whalen, 1953 and McDonald 1956). It appears that some of these initial identifications might have been influenced by the early concepts presented by Karen Horney, a neo-Freudian psychoanalyst prominent in America around the 1940's (Horney, 1950, 1947, 1942). Moving on from traditional Freudian psychoanalytical views on sexuality (Freud 1975, 1931), Horney focused much of her work on psychosocial issues concerning women. In her writings, Horney suggested the notion of a woman's 'morbid dependence', described by her as a 'drive for total surrender', the 'longing to find unity through merging with a partner' and the 'drive to lose oneself'. Horney characterised these behaviours as 'parasitical, symbiotic relationships', likely encouraged by traditional societal values featuring at the time (Horney 1950, p.258).

American medical professionals such as Price (1945), Whalen (1953) and Furtherman (1953) began to consider these behaviours as common in wives of alcoholics, suggesting, on the basis of observation, that such responses often contributed to their husband's addictive cycle. Price (1945) conducted an observational study, including wives of 20 alcoholics; describing these women as typically dependent, fostering their husbands' alcoholism. Whalen (1953) presented some case studies of wives of alcoholics who attended a local family care service, suggesting that these women married men with alcoholism problems to fulfil their own personality needs. Agreeing with these views, Furtherman (1953) suggested that wives of alcoholics tended to unconsciously encourage their husbands' alcoholism.

Overall these early studies, suggested a linear causal relationship between the non-alcoholic spouse's behaviour and the problem drinking of the alcoholic husband. These authors argued that wives of alcoholics engaged in problematic interaction patterns, as a result of pursuing relationships based on unconscious maps which were developed during childhood (Whalen 1953, Price 1945, Furtherman 1953). Within this early perspective, codependency was understood as direct result of these underlying psychological conflicts, which are not known consciously to the individual.

These early formulations of codependency influenced some health professionals who adopted the term in their clinical practice (Kogan, Fordyce and Jackson, 1963). Although this trend of thinking had a 'reductionist nature', suggesting a victim-blaming aspect, characterizing the construct within a conceptual framework of behaviours observed mostly in women (Uhle 1994), it nonetheless influenced the early understandings of codependency. It is possible that these initial formulations influenced the popularisation of the construct, subjecting it to wider exposure to members of the public, substance users and health professionals at the time.

### **Early interpretations associated with the traditional Alcoholic Anonymous and other 12-step programmes (1960'-1970's).**

The construct of codependency appears to have been influenced by the perspectives associated with the Alcoholic Anonymous' (AA) communities in the USA during the 1960-1970s. Here, it is important to highlight the social historical context in which the movement gained momentum. In the 1960's, issues associated with substance misuse began to gather impetus in the USA, likely as a result of the country's involvement in the Vietnam War. From 1963 to the end of the war in 1975, alcohol and drug use was high amongst US troops in Vietnam and many servicemen became addicted (Robins, Davis and Godwin 1974, Robins, Davis and Nurco 1974). In addition, a powerful anti-war movement broke out in the USA, which was attached to hippie culture, associated to music festivals and the use of illegal substances (Kuzmarov, 2007).

In the 1970's, concerns with the illegal use of substances became a real matter in America, with President Richard Nixon declaring a war on drugs: "America's public enemy number one" (Sharp, 1995, p.1). It appears that in order to tackle the problem, the US government turned to the traditional 12 step - Alcoholic Anonymous (AA) programmes inviting their assistance with its campaign. The members of the various 12-step organisations were recruited as 'foot soldiers' in the war against drugs (Harkness et al 2001).

Alcoholics Anonymous (AA) is an international mutual help fellowship founded in 1935 by two alcoholics, William Wilson (1895-1971), an American stockbroker and Dr Robert Holbrook Smith, MD (1879-1950), an American doctor – hence its medical perspective (AACA 1957, Alcoholics Anonymous 1976). Both founders of the AA were members of Oxford Group Christian movement, a non-denominational group which aimed to return to early Christian practices. The AA claims to offer

support to alcoholics through self-help groups using the Twelve Step programme. The Twelve Step approach emerged later in 1946 by the AA co-founder Bill Wilson. The 12-step approach is based on the views that substance misuse is a spiritual, physical and psychological illness (AAWS, 1976). The main concepts of the approach are listed as: abstinence, working the programme and spirituality (belief in a higher power as understood by the individual). The AA does not offer treatment or a cure for alcoholism; instead it claims to be an organisation of people who offer support to each other in working towards goals related to recovery from alcoholism and quality of life improvement (White and Kurtz, 2008). The movement has been criticised for promoting an understanding of substance abuse as a progressive illness that can be treated but not cured, thus propagating the disease model (White and Kurtz, 2002; Denzin, 1993).

The influence of the AA culture in shaping the concept of codependency as an illness, offered the idea that people who were close to alcoholics (or any substance user) were themselves suffering from an illness. These people were viewed as 'enablers' and 'co-alcoholics' (Cocores 1987; Cotton 1977; Goodwin, 1976). These early views understood that co-alcoholics were caught in an unhealthy parallel process, whereby they based their self-esteem on the wellbeing of a person (partner, relative) with alcohol or drug problems (Denning 2010). Uhle (1994) suggested that the term codependency came to replace the term 'co-alcoholic' and was adopted when the combat against substance misuse (including alcoholism) gained prominence in the USA, in around this time. Codependents were not necessarily regarded as the spouses of substance misusers, but any significant others involved in this process, e.g. children of alcoholics.

Still in the same historical period (1960 to early 1970's), health professionals working with people with substance misuse problems and their families started to gain a better understanding of the implications of substance misuse behaviours, and began to suggest that relatives' responses were possibly due to the stress caused by living with a person with addiction problems (Edwards, Harvey & Whitehead, 1973). These professionals also identified that there was a range of individuals who repeatedly engaged in close relationships with substance misusers. They argued that these individuals shared similar behaviour patterns exemplified as supportive and caring attitudes that enabled the substance misuser's self-damaging behaviour to continue. These health professionals began to adopt the term 'codependency' to

identify these patterns of behaviours, revealing some shift in thinking (Cocores 1987; Norwood 1985).

During the same period (1960 to early 1970's), the term codependency began to be disseminated widely, when wives of participants of alcoholic anonymous groups (AA) realised the need to form their own support group, addressing their needs (O'Brien & Gaborit, 1992). As a result several groups were created to offer support to family members, for example: Al-Anon (support group for family members of alcoholics), Nar-Anon (support group for family members of drug dependents), Al-Teen (support group for adolescents related to alcoholics), the Adult Children of Alcoholics (ACoA) formed in 1979 (support group for adult children of alcoholics) and later on in the eighties the Codependents Anonymous CODA. Today these groups continue to be well known and attended across the world. The effectiveness of some of these support groups in substance misuse has received research attention (Ferri, Damati and Davoli, 2006; Farrell, Soares and Lima, 2001), and they form part of the current health initiatives proposed by the British government to tackle substance misuse problems in the community (National Collaborating Centre for Mental Health UK- 2007).

### **The influence of emerging family therapy models in codependency (1970s - 1980s).**

From the 1970's onwards, models of family therapy emerged in the USA (Minuchin, 1974; Bowen, 1974; Bowlby, 1973; Satir, 1971). The Structural, Bowenian, Psychoanalytical and Attachment models prevalent in the 1970s-80s agreed on the influence of early formative experiences within the family in shaping problematic relational patterns in adult life. Influenced by these ideas, early codependency theorists within the family system tradition (Friel 1984, Cermak 1986) suggested that these behavioural, emotional, and interactional patterns in the family of origin contributed to the development of what they identified as codependency in adults (Prest, Benson, Protinsky 1998). The construct of codependency began to be associated with family problems or dysfunction.

John Bowlby (1973), the originator of attachment theory, was a great supporter of family therapists in the UK (Byng-Hall 1991). His work was influenced by psychoanalysis, evolutionary perspectives, systems and cognitive theory (Craib 2001). Bowlby proposed that attachment behaviour is formed through a repeated cycle of perceiving threat, and not having attachment needs met including: satisfaction, safety and security. He emphasized that young children have a need

for constant and secure physical/emotional attachment; which forms the basis for the regulation of emotional states (Ng and Smith 2006). Since its early conceptualisation, Bowlby's theory has been further explored and developed, with authors arguing that children develop attachment working models which are based on important attachment figures and form the basis of their relationships later in adult in life (Feeney, 2003; Carr 2001; Shaver and Hazan 1993). The association between the construct of codependency and attachment has been suggested by popular psychology (Beattie 1989) and later on by research authors (Daire et al 2012; Alcem and Kabakci 2009; Crothers and Warren 1996 - this literature is further discussed in Chapter 2 of the thesis).

The perceived association of dysfunctional family patterns with the construct of codependency has been a central theme of the codependency literature (Hemfelt et al 1989; Staford and Hodgkinson, 1991). Since these early formulations, several researchers have presented quantitative studies aiming at identifying a causal or correlational relationship between variables representing both constructs (Bortolon et al, 2010; Alcem and Kabakci 2009; Weinhold & Weinhold, 2008; Fuller & Warner 2000; Prest et al 1998; Crothers & Warren, 1996– discussed in Chapter 2). However, despite attempts to delineate the construct within the family framework, these studies produced conflicting results; which added to the ongoing debate around this contested construct. This highlights the importance of exploring these issues from the perspective of people who identify themselves as codependents, for example investigating whether they regard their family of origin as contributing to their problems, and in what ways.

### **The 'explosion' of Codependency in the USA popular literature (1980's and 1990's).**

The codependency construct began to appear more prominently in the clinical and popular literature from the 1980's onward. It became increasingly more popular in America, attracting media attention, followers and profits in book sales (Rice 1992). Besides, three models came to the forefront in this period, providing different viewpoints in codependency: these are termed in the literature as the disease model (Mendenhall 1989; Whitfield 1987,1984; Friel, 1985), the endogenous and exogenous model (Wright and Wright 1981), and the personality model (Cermak 1986). Please see Appendix A for a discussion on these models.

Late in the 1980's, the construct also began to be presented as a distinct psychological illness, and a paradigm shift began to occur in the USA. This process was initiated by Charles Whitfield, an American psychiatrist. Although there is no empirical research published by the author; his contribution to the literature of the time was illustrated by published articles and books based on his clinical practice experience (Whitfield, 1991, 1987, 1984). Whitfield had a medical perspective on codependency, and defended the construction of codependency as an illness. He described codependency as a 'contagious and acquired illness' (Whitfield 1987, p.19, 22). By identifying the construct as a contagious illness, Whitfield gave it a particular and unique status as a 'separate disorder' with its own aetiology and prevalence.

Following this perspective of a 'distinctive psychological illness', Friel, an American psychologist became the first theorist to attempt to create a psychometric measure to assess the codependency phenomenon, the Codependency Inventory (Friel, 1985). Friel's book published in 1988, entitled '*Adult Children: the secrets of dysfunctional families*', combines some aspects of codependency theory and clinical practice, aiming to assist readers to identify symptoms and to use self-help strategies to address some of the issues identified (Friel and Friel 1988). Friel too, has not published any empirical research to evaluate his theory and assessment tool. Most of his conclusions are drawn from clinical observations and case studies. Following this trend, other checklists were designed to assist with the diagnosis of this illness termed codependency (e.g. Potter-Efron and Potter-Efron 1989; Fischer, Spann and Crawford, 1991).

By the end of the 1980s' decade, the popular interest in codependency mushroomed. In 1989, the First National Codependency Conference happened in the USA. The growing presence of the codependency construct in health care and the new illness termed codependency thrived in the popular media and created interest in the wider society (Beattie, 1987; Bradshaw 1988). The codependency construct was exposed to the wider public through the media and publication of self-help books by Robin Norwood's, *Women who love too much* (Norwood, 1985) and Melody Beattie's *Codependent No More* (Beattie, 1987). John Bradshaw, a family therapist and lecturer was also remarkably prolific through books and talk shows in America (Bradshaw 1988).

Also at the end of the decade, whilst the codependency construct gained further popular attraction in the USA, it invited the attention of health and social care professionals, such as Cermak (1986), Schaef (1986) and Mendenhall (1989). Professionals attributed wider implications to the construct, exploring the construct as distinctive illness outside the field of alcohol misuse. For example, Schaef (1987) proposed the view that society itself has an addictive disease, where larger systems such as schools, churches, business and governments exhibit the same characteristics associated with their construction of codependency. Codependency was associated with eating disorders (Preston and Storm 1988), gay and lesbian relationships (Finnegan & McNally(1989), disability (Kress 1989).and relationships between health professionals and their clients (Schaef, 1986 and Arnold, 1990). It appears that the word 'codependency' became a 'catch- all term' used to identify any person who presented problems thought to be grounded in any form of dysfunctional relationship (Lyon and Greenberg 1991). The multiplicity of perspectives offered by these authors raises questions about the 'reality' of codependency, and also about why some people identify with this label, which clearly carries some negative connotations.

Mendenhall (1989) focused his work on the definition of terms used to conceptualise codependency available in the literature of the time. His review of the literature of the time, presented four distinct perspectives: (1) codependency as a personality disorder, (2) stress reactions that individuals experience by living with alcoholics, (3) strategies developed by spouses of alcoholics, and (4) codependency as a separate disorder. He concludes his work by suggesting 19 possible signs and symptoms of codependency. A brief summary of some of the signs of codependency identified by Mendenhall are associated with the person's inability to be in touch with their own experience or needs and inability to seek help. He suggested that these people may be prone to experience emotional pain and to tolerate inappropriate behaviours from others, over-readily adjusting to situations. He concludes his vast list indicating that codependency may be 'contagious, leading to impaired thinking, compulsive behaviour and feelings of unmanageability' (p.17) Although, Mendenhall's work was not of an empirical nature, it made an important contribution to the literature available at the time by offering different and wider perspectives on codependency, highlighting a diverse range of meanings associated to the term. This diverse range of views resulted in the emergency of several codependency models discussed in detail in Appendix A.

### **The 1990's, a focus on empirical research and the concept's loss of popularity among academics and clinicians**

The 1990's was marked by an increase in the number of quantitative research studies attempting to identify and analyse the construct of codependency more objectively. The decade was also marked by the emergence of views criticising the influence of the construct in health care practice and reflecting shifts in societal views on caring behaviours (Chaiauzzi and Liljegren 1993, Uhle 1994, Harper and Capdevilla 1990, Kreston and Bepko 1991 Collins 1993, Miller 1993, Krestan and Bepko 1990). For example, Wright & Wright (1991) made an interesting remark: 'The concept of codependency is enthusiastically promoted by some and vigorously opposed by a few' (p.435). A body of criticism began to appear in the literature at the time (Uhle 1994; Chaiauzzi and Liljegren 1993; Krestan and Bepko, 1991; Harper and Capdevilla, 1990; Gierymski and Willams, 1986) and continues to feature in more recent literature in the field (Orford 2005). However, although these writers have developed 'plausible theoretical arguments, they have not provided empirical data to confirm their assertions' (Dear and Roberts 2005, p. 160); this has limited the body of literature to a range of opinion papers without any empirical substance. This criticism is discussed in a dedicated section below.

#### ***Codependency: an unclear medical label with gender and cultural bias***

Various authors have positioned themselves against the construct, raising a critical awareness about its lack of conceptual definition and excessive medical perspective (Uhle 1994; Chaiauzzi and Liljegren 1993; Harper and Capdevilla 1990; Krestan and Bepko 1991). The construct was also criticized as promoting stigmatization and labelling individuals, and marginalising normal women's behaviours as pathological (Collins 1993, Miller 1993, Krestan and Bepko 1990). This range of criticism can be summarised into three main areas: (1) gender and cultural bias (2) lack of conceptual definition (3) effects of labelling and stereotyping language associated with illness or addiction (medicalization). This is discussed next.

##### (1) The gender and cultural bias associated with the construct of codependency

As demonstrated before, the codependency concept emerged in the 1940's and 1950's in the context of the wives of substance misusers, more specifically in the Alcoholics Anonymous culture in America. The concept of codependency was initially associated with women, as an assumed female vulnerability, and architected within the perceptions and vocabulary reflecting this culture (Harkness and Cotrell

1997). Critics have suggested that the construct was shaped by the white male American cultural roles, and as a result is gender-biased (Uhle 1994; Anderson 1994; Collins 1993; Krestan and Bepko 1990). Uhle (1994) pointed out that codependency theorists have centred and limited the concept to the stereotype of white, middle class women, usually spouses of alcoholics. Although the construct has been criticised by carrying strong American social cultural views and values (Orford 2005), the review of the literature in the field demonstrated that academic interest is also present in other cultures -for example in China (Chang 2012), Australia (Marks et al 2011), Brazil (Bortolon et al 2010), Turkey (Ancel and Kabakci 2009), Korea (Soo-Young Know 2001), India (Bhowmick, Tripathy, Jhingan and Pandey (2001) and Sweden (Zetterlind and Berlgund, 1999).

Critics also contended that, likely influenced by American cultural values, codependency theorists may have framed 'normal', otherwise socially-approved, women's behaviours such as caring and nurturing as a form of addiction, or an illness (Anderson 1994, Collins 1993, Krestan & Bepko 1990). Krestan & Bepko (1990) stated that codependency 'makes a disorder out of the behaviours of normal women', highlighting also that codependency 'blames women for assuming a social role that has previously been viewed as normative and functional, it takes what once was considered healthy defining it now as sick' (p.231). These authors have argued that women may become over-readily labelled as co-dependent, due to their natural nurturing instincts. They pointed out that it is normal for women to focus on relationships and put others' needs ahead of their own, questioning the motive for seeing this normal behaviour as pathological (Uhle 1994, O'Gorman 1993). In spite of this criticism only a small number of quantitative research studies have attempted to investigate the perceived predominance of codependency in women, and there is still great uncertainty about whether men and women are equally likely to experience codependency (please see Appendix C for a review of these papers).

## (2) The construct of codependency lacks conceptual definition and clarity

Another criticism that the construct has received is related to its lack of clarity and conceptualisation. Critics have argued that the term codependency has become so over- generalised and over-expanded, that it could be used to explain any phenomenon or human experience. A number of papers have been published strongly criticising the over-usage of the term and its lack of consistent conceptual definition (Anderson, 1994; Uhle, 1994; Chiauuzzi and Liljegren, 1993; Gierymski and

Williams, 1986). Gierymski and Williams (1986) summarized this critique stating that (codependency) 'has been over used as bare assertions, intuitive statements, overgeneralization and anecdotes (p.7, 8)'. Authors have agreed that the concept of codependency appears to be too embracing and as such difficult to pinpoint (Orford 2004, Harper and Capdevilla 1990). Orford further highlighted that the definitions of codependency are full of negative medical terms: 'co-alcoholism, self-defeating, disease, dysfunctional, obsessed', associating the concept with old pathological models. Indeed the most prominent critique the concept has received over the years appears to be related to its foundations and associations with the medical model.

(3) The construct of codependency appears to operate within the medical model

As discussed before, the codependency construct emerged within the Alcoholics Anonymous culture (AA), and was likely shaped by the language used within the oral traditions of the 12-Step culture. The 12-Step culture understood codependency as a pathology associated with enabling behaviours observed in spouses of alcoholics (Harkness & Cotrell 1997). The influence of the AA group culture in shaping the concept of codependency as an illness likely influenced the early views that individuals identified as codependents are 'sick'. The entry into the 'sick role' is usually facilitated by the recognition of a problem - 'codependency', which later gives the individual the right to receive the sick label, 'codependent', and become part of the codependent group. Groups such as the 12 steps can create an environment where prevailing beliefs and behaviours become internalized by the individual participants. Goffman (1963) suggested that groups may offer individuals 'a code of conduct...with recipes for an appropriate attitude regarding self' (p. 135). Within this perspective, the norms proposed by the codependency 12-step groups could reinforce the individual's internalization of the codependent sick role or label, and perhaps offer them a framework through which they can draw a sense of self. It is possible that this negative label 'codependent' may also activate a stigma (Corrigan and Nelson 1998). Goffman (1963) suggested that members of a particular stigma category may have a tendency to form groups with their own overarching organisation, rules and norms. He highlighted that in these situations, it is not unlikely that 'speakers for the group' appear to be presenting a case on behalf of the stigmatised group. One way highlighted by Goffman is the tendency for those termed 'group speakers' to create publications which help to verbalise the feeling and views of the groups. In this case the group views become more explicitly

formulated and consolidated. The explosion of codependency popular psychology and self-help books in the 1980's may be an example of this phenomenon

A number of opinion papers have been published offering a criticism related to the traditional labelling and stereotyping medical language encompassed by the construct: Anderson 1994, Uhle 1994, Collins 1993, Chaiauzzi and Liljegren 1993, Harper & Capdevilla 1990, Gomberg 1989, Gierymski and Willams1986. These authors have argued against the views proposed by early codependency authors (Friel and Friel 1988; Whitfield 1984, 1987;) which posed that those labelled as codependents may be considered to be bearers of pathology and viewed as sick. Within this perspective, these authors have inferred that the individuals deemed codependents may experience some form of stigmatization associated with the values, meanings and labels that are related to the construct. They suggested that, for these individuals, their identities may become lost in the sick role or the label 'codependent'.

Clearly there was a strong initial conceptual view of codependency, within the traditional medical model framework. Currently, the medical model has been strongly opposed by current Social Model of Disability theorists, as a 'personal tragedy model' (Carson 2009). The model uses a reductionist language, and suggests that health situations are personal problems with tragic consequences for the individuals' lives. Within this framework, the individual is positioned and labelled in traditional disabled roles and assumed to be in need of treatment by professional expert intervention. Codependency is therefore expected to fit within clinical boundaries of signs and symptoms, defined treatments from professional experts, and measurable outcomes.

The problem of stigmatisation in mental health has generated much discussion (Ridgway, 2001; Wahl 1999; Farina, 1998; Bright and Hayward 1997; Gallo, 1994). Qualitative research has been valued for providing rich information on the effects of stigma on individuals' lives (Roets, Kristiansen, Van Hove, Vanderplasschen, 2007; Knight, Wykes, Hayward, 2003). It is possible that self-identified codependents could experience stigmatization related to the values, meanings and labels that are attributed to the construct, and it is hoped that this research will bring some clarity on this.

The potentially negative connotations resulting from the initial association of the codependency construct with medical and labelling language highlights the need for

wider psychosocial exploration of the construct. A research focus should be placed on investigating the construct as experienced by the individual. An in-depth exploration of first-hand accounts of these individuals could unveil some information related to their experience of the label of codependent and its implications in their everyday lives

### **The 21<sup>st</sup> century and the resilience of the construct of codependency.**

In 1996, the editor of a popular newspaper in the USA declared the decline of the codependency movement stating: 'codependency is dead, a victim of mis- and over-use' (Saurwewein 1996, p.1). She argued that trends in healthcare practice were changing, and the focus moving to more positive therapeutic movements, which encouraged empowerment and resilience.

Although it is possible that the construct began to lose some of its initial appeal and popularity in the late 1990s, still today, the term codependency continues to appear in popular psychology books and articles (Jellen 2014, Lorhnann 2013, Beattie 2012), as well as in academic publications (Marks et al, 2011; Bortolon et al, 2010; Gulsum and Kabackci 2009); possibly indicating its flexibility to represent different experiences and an ongoing need for legitimization among those who identify with it.

Furthermore, although the construct was initially strongly influenced by American social cultural views and values (Orford 2005), academic interest also began to appear in other cultures. For example quantitative studies and opinion papers emerged in other cultures: in China (Chang 2012), Australia (Marks et al 2011), Brazil (Bortolon et al 2010), Turkey (Gulsum and Kabackci 2009), Korea (Soo-Young Know 2001), India (Bhowmick, Tripathy, Jhingan and Pandey (2001) and Sweden (Zetterlind and Berglund, 1999). It is possible that this growing interest may have been influenced by the popularity of the concept in America in previous decades, although this is debated. Hogg and Vaughan (2005) argue that some cultures tend to be more individualistic, whereas other cultures more collectivist. They suggest that individualist cultures may encourage a more independent self, whilst collective cultures an interdependent self. What may be considered problematic in one culture maybe perceived as normal in another (Nevid 2009). For example, whereas autonomy and independency may be an important aspect of the American culture, in other cultures it may not (Chang 2012; Know 2001). This international interest may suggest that the construct appears to carry multiple meanings, becoming adaptable to the unique experiences and understandings of

individuals who identify with it. This calls for more research exploring the narrative of individuals, highlighting the reasons which led them to identify with this construct and use this language to describe their lived experiences.

## **Conclusion**

In conclusion, this section offered a discussion on the construction of codependency as developed and popularised within different historical periods. The historical development of the construct of codependency revealed that many views have been expressed about this construct. It has been used variously and polemically by some people over time. The many different views on codependency have been translated to some extent into a diverse range of models, which have been developed, explored and to some extent discarded over the years (see Appendix A). The views discussed have shaped diverse, and somewhat conflicting, understandings of the construct. The different views of codependency attributed meaning to the construct according to the perspective shaped by the environment in which each author was immersed. This diversity of ideas captured well the rather ambivalent and confusing perspectives about codependency. This suggests that the construct means different things to different authors, and it is not clearly defined. The wide spectrum of conceptualisations found in the codependency literature has caused confusion and debate amongst academics and clinicians. In spite of this, the construct appeared to have influenced the perceptions of helping behaviour and the treatment that people with substance misuse problems receive (Harkness and Cotrell, 1997). In my opinion that something that has received such an amount of attention and criticism over 40 years or more, and yet still attracts attention today, remains an important research topic which needs to be addressed by current phenomenological researchers. It appears that, in spite of its criticism and many conceptual problems some people still find this construct useful to provide meaning to their lived experiences; therefore it is worth a more in-depth exploration in research.

### **1.4 My interest in codependency as a research topic**

Over the past few decades, health professionals have used their particular understanding of the concept of codependency in their practices (Sarkar, et al 2013; Sedlak, et al 2000; Zetterlind and Berglund 1999; Whitfield 1984). A considerable number of authors, coming from different professional backgrounds, have found theoretical relevance in their practice communities, for example in psychology (Marks et al, 2011; Bortolon et al 2010; Dear and Roberts 2005),

social work (Harkness 2003; Harkness, Madsen-Hampton and Hale 2001), psychiatry (Gulsum and Kabakci 2009; Sadock & Sadock 2004; Bhowmick, et al 2001), nursing (Martsof, et al, 2000), and occupational therapy (Neville-Jan, et al 1991).

Currently, the codependency construct continues to draw the attention of researchers, clinicians and academics, and frames certain substance misuse treatments for clients, as well as for their families and friends (Denning 2010). Furthermore, the term codependency continues to appear in popular psychology books and articles (e.g. Jellen 2014, Beattie 2012), as well as in academic publications (e.g. Marks et al, 2011; Bortolon et al, 2010; Gulsum and Kabakci 2009).

The impetus for me to consider codependency as a topic for research has its origins in my professional experience in clinical practice as a mental health occupational therapist working in the United Kingdom and Brazil over a period of 15 years. Whilst working in mental health and more specifically in substance misuse rehabilitation, I noticed the concept being widely used by health professionals in these settings. In addition, I observed individuals speaking about their own experiences of codependency in different clinical and social contexts. It was at this stage that my inquisitive interest in the topic emerged which led me to attempt to find a clinical explanation for these identified codependency experiences. As a result, I engaged in a pursuit of best research evidence related to diagnoses, assessment and treatment features of codependency. This search became a complex task, as I came across this diverse range of views and conflicting perspectives, as discussed above. As a clinician and potential researcher, I was dissatisfied with this lack of information, as it did not concur with my professional code of ethics and professional conduct which highlights that 'any advice or intervention provided should be based upon the most recent evidence available, best practice, or local/national guidelines and protocols' (3.3.5, College of Occupational Therapists, COT 2010). Nonetheless, I was intrigued that when discussing codependency with clients who considered themselves codependents, it was very clear that they had a personal understanding of the concept, and considered it an important and meaningful feature in their lives. As a mental health therapist, I found myself facing a clinical dilemma of working with clients who had perceived problems of codependency, yet with very little research evidence on which to potentially base

my clinical interventions. This clinical dilemma gave rise to this PhD research study, described next.

## 1.5 The PhD research study

As will be demonstrated in the next chapters, the literature on codependency presents a diverse range of views suggesting that many different voices have shaped the concept over the years. However, the lived experiences of individuals who consider themselves codependents have largely been overlooked by the clinical and academic communities (O'Brien and Gaborit, 1992). This research project intended to fill this gap; by exploring the way codependency is experienced and understood by individuals who consider themselves as codependents. To this end, I wanted to capture and understand the lived experience of codependency. The project intended to answer the following research question:

What is the lived experience of codependency among people who have sought support from a 12-step recovery group for codependents?

## 1.6 An Overview of the PhD thesis

The thesis is organised as follows:

### **Chapter 2 - Literature review**

In this chapter two, I review a selected body of research considered relevant to inform the study. The review offers a refined critical analysis of empirical papers, drawn from relevant peer reviewed journals published up to the time of this writing. This body of literature has been organised as addressing five main questions: (1) How is codependency manifested and assessed? (2) What are the precursors of codependency? (3) What are the psychological factors associated with codependency? (4) What is the occurrence of codependency as a perceived psychological problem? (5) What are the treatment and recovery perspectives in codependency?

These themes served to inform this research study, providing evidence in relation to what has already been investigated and established in this field of research. The chapter contains the rationale which informed the research question for this project.

### **Chapter 3 - Research methodology and method**

Chapter three contains an elaborated discussion on the philosophical and methodological underpinnings of the research study. It presents a detailed description of interpretative phenomenological analysis (IPA), including my rationale for choosing the methodology as suitable to explore the lived experience of codependency alongside a visual method. The research design, the procedures of data collection, and analysis are discussed. I conclude the chapter by offering a thoughtful explanation on ethical principles adopted during the planning, implementation and conclusion stages of the study.

### **Chapters 4 to 7 - Research findings**

The findings of the study contain four themes which emerged from the analysis of the data collected through interviews and visual methods. The findings presented reflect the subjective experience of codependency of the research participants, with the intention to answer the research question. The four themes which emerged from the interviews and visual procedure are presented in chapters four, five, six and seven - in turn, containing also subthemes which are exemplified by participants' accounts.

### **Chapter 8 - Discussion of the findings, contributions, recommendations and overall conclusion of the study**

In chapter eight, I situate the findings of the study in relation to the research question; discuss their relevance to the existing knowledge in the field, interpreted according to distinct philosophical and psychological perspectives. I offer a critical evaluation of the study addressing important issues around its quality and limitations, and propose a number of clinical implications. The chapter concludes the thesis, by offering suggestions and recommendations for further research in the field. At the end of the chapter I offer a summary of the study, including also a reflection on my personal learning obtained through this research project.

## **Chapter 2- Literature review**

### **2.1 Introduction to the literature review**

It is well known that the study of ‘taboo topics’, such as codependency, attracts some attention from lay people, therapists and academics due to their controversial nature (Chiauszi and Liljegren, 1993; Gierymski and Willams, 1986). Indeed the contested construct of codependency has attracted a body of literature, spread across a range of publications including material found in the media (e.g. Huffington Post 2014, Keller, 2012; Slatalla 2009; Krier 1989), popular psychology books (Jellen 2014, Beattie 2009, 1992, Bradshaw, 1988, Schaefer 1986), academic journals (Mark et al 2011; Bortolon, et al 2010; Dear et al 2004, Gumsum and Kabakci 2009; and Roberts, 2005; Harkness et al, 2001) and grey literature. This chapter aims to review the most relevant knowledge to inform this study, by examining the peer reviewed research literature in the area of codependency. I begin by presenting the searching procedure, and the type of review chosen for the data search. I proceed to discuss the body of research considered to be appropriate to the study. I conclude the chapter by offering an outline of the rationale and overall aim of the study.

Although the literature search revealed a number of peer-reviewed research articles, this field is relatively small and spread across different disciplines. Almost all of the empirical evidence available adopted a quantitative methodology, implying the acceptance of codependency as objective and measurable, rather than a contested, or constructed, phenomenon.

#### **2.1.1 The literature review procedure**

In order to explore the knowledge related to the construct of codependency, an initial narrative review of the literature was performed between September 2011 and June 2012. A number of stages were employed through this initial literature review, and it became more focused as it progressed. This initial review resulted in a body of quantitative research, addressing a range of themes which had relatively little relevance to the question proposed by this research. See table below for examples:

Table 2.1: Examples of studies from initial literature review

<b>Topic</b>	<b>Studies</b>
Prevalence of codependency	Martsolf et al 1999, 2000. Hugher-Hammer et al, 1998.
Measures of codependency	Dear and Roberts, 2005; Harkness et al, 2001; Hugher-Hammer, 1998; Friel, 1985; O'Brien and Gaborit, 1992; Wright and Wright, 1991; Fischer et al, 1991; Kitchens, 1991; Potter-Efron and Potter-Efron, 1989.
Categorizing the construct as a mental health problem	Mark et al, 2001; Wells et al, 2006; Carson and Baker, 1994; Prest and Storm, 1988.
Categorizing the construct as family dysfunction	Knudson and Terrell 2012; Ancel and Kabakci 2009; Reyome and Ward 2007; Parker, Faulk and Lobello 2003; Fuller and Warner 2000; George, LaMarr, Barret, and McKinnon 1999; Cullen and Carr 1999; Hewes and Janikowski 1998; Crothers and Warren 1996.
Categorizing the construct as Personality problem	Hoeningmann-Lion and Whithead, 2007; Gotham and Sher, 1996; Irwin, 1995.

Through the critical review of these papers, it was possible to identify the areas of gap in research. This initial review served to refine the focus of the study, assisting with the re-formulation of the research question and delineation of an appropriate method to explore this question.

After refining and defining the focus of the study, it became clear that a follow-up literature search strategy was needed. A search more suitable and congruent with the current study's epistemological and exploratory position was adopted. A subsequent search was then performed from June 2012 to January 2014, with the intention to obtain a broader and more subjective exploration of the literature. At this stage the focus of the literature review was aimed more at the qualitative literature available in the topic. Following this, subsequent reviews were also performed at later stages of the project.

Overall, this initial and follow-up search process revealed a body of empirical and theoretical publications offering knowledge considered to be relevant to the focus of this study. This body of literature has been organised as addressing five main themes: (1) How is codependency manifested and assessed? (2) What are the precursors of codependency? (3) What are the psychological factors associated with codependency? (4) The occurrence of codependency as a perceived psychological problem; (5) Treatment and recovery perspectives in codependency. These themes served to inform this research study, providing evidence in relation to what has already been investigated and established in this field of research. A discussion of these themes with their corresponding research papers is presented here.

### **2.1.2 Choosing the most suitable type of review for the study.**

There are some clear distinctions between traditional systematic reviews and narrative reviews. Systematic reviews aim to collect empirical evidence with predetermined criteria, usually concerned with frequency, rate, diagnosis of a specific feature or disease, or intervention outcomes (Higgins and Green 2009). These types of reviews tend to be rigorous, involving a process of coding, appraising and summarising available evidence which addresses a clinical problem or specific intervention (Turner and Nye, 2007). Systematic reviews are highly selective, following a set of rules and procedures which determine the selection of the material included (tending to value RCTs and allowing less scope for non-primary articles to be included).

Dijkens (2009) contends that in some research situations, narrative reviews are more appropriate than systematic reviews. For the reason that narrative reviews allow for a more open and general qualitative discussion, they are often better suited to address less objective or well defined research topics. Although the method has been criticised for being less systematic and more based on authors' selection decisions (Bowling and Ebrahim, 2005; Cipriane and Geddes, 2003); authors argue that narrative review is still a rigorous process. It can be generally comprehensive, covering a wide range of issues within a given topic, without the unnecessary constraints and limitations of systematic reviews (Collins and Fauser 2005; Hammersley 2002).

The method of reviewing has been considered to provide a useful and appropriate framework to explore the knowledge concerning the many conflicting aspects of

controversial constructs, such as the one explored in this research (Dijkers, 2009; Hammersley, 2002). Uman (2011) contended that narrative reviews are useful when addressing more conjectural topics such as the one addressed here. She argued that in these cases the method can engage with research questions and methodological diversity better than systematic reviews. This is an important aspect considering the body of literature in codependency is spread across different types of peer reviewed journals and disciplines, and drawing upon a range of research methods.

In summary, narrative reviews are more concerned with offering a qualitative appraisal of the literature, by encompassing knowledge related to all aspects of the research problem. These reviews are more inclusive and encompass a broader range of material and knowledge from different disciplines (Hammersley 2002). In accordance with these arguments, it was decided that a narrative review would be better suited for this study, as it provided a useful framework to identify, select, evaluate and summarise publications relevant to the multi-faceted topic of codependency and to develop and refine the research question. This approach also offers a more descriptive and informative search of the literature therefore more coherent with the study's contentious topic and broad research question. Nonetheless, as with systematic reviews, Critical Appraisal Skills Programme (CASP 2013) criteria were used to appraise the quality of the studies (see below).

### **2.1.3 The literature search**

A number of methods were used to locate relevant information to this study. These were applied throughout the duration of the study. Several database searches were carried out at various intervals during the duration of the project. The review searched for the most relevant peer reviewed material published since the term 'codependency' began to be identified in the literature in the 1980's. Initially the review searched for publications addressing any topic related to codependency, progressing into more specific factors and finally specifically searching for qualitative studies. Databases were chosen according to their adequacy in providing access to studies considered to be of enough quality to be included in the study. The search involved a number of databases, for example: PsycINFO from 1967, CINAHL from 1982, EBSCO, Medline from 1996, and SCOPUS and the British Library. Other databases were not considered suitable to be included, for example databases which only provided access to abstracts of doctoral theses (i.e.

Dissertation Abstracts, Dissertation Abstracts International - DAI). The references of the identified studies were also examined for further relevant leads, and a hand searching was undertaken for the identification of specific studies via relevant journals such as Alcoholism Treatment Quarterly, Journal of Substance Misuse, Journal of Psychoactive drugs, Journal of Substance Abuse Treatment, among others. The search looked for articles published in English. Due to financial constraints it was not possible to incorporate other languages as no translation services could be employed. Searches considered studies involving adults (age +18) of both genders. The types of methodologies included were qualitative or quantitative studies, reviews and clinical guidelines. Search strategies were developed for the various databases, taking into account the differences in vocabulary and syntax rules. Examples of terms used in the search were codependency (ce), co-dependency (ce), codependent, co-dependent, combined with terms such as experience, perspectives, drugs, alcohol, substance misuse, substance abuse, addiction, dependency (ce) and dependent.

The search revealed a range of publications offering information considered to be pertinent to the focus of this study. This information was critically evaluated based on several tools according to the methodology adopted by the study under review, for example the checklists provided by the Critical Appraisal Skills Programme (CASP 2013, e.g. the Qualitative Research Checklist- QRC), and the guidelines for critical review of qualitative studies provided by Law, Pollock, Bosch, Westmorland (1998), and the modified version of the Law et al (1998) tool for quantitative research. The tools were useful in considering the quality of the study under review in terms of its validity, trustworthiness and relevance (critical review tools are included in Appendix D). These tools assisted in the selection of the papers to be included or not in the review, offering a flexible inclusion/ exclusion criteria. Based on the guidance offered by these tools, decisions were made about excluding certain papers, for example quantitative papers containing a small number of participants or with questionable (non-validated) self-assessment forms and questionnaires for codependency were discarded.

The review presented here offers a refined critique of the empirical papers, drawn from relevant peer reviewed journals published up to the time of this writing. These topics were chosen according to their relevance to the research question of this study, establishing what is known already about the codependency topic. The papers are presented in chronological order within each section.

## 2.2. How is codependency assessed?

Researchers have attempted to identify the psychological factors related to codependency in an effort to validate the construct. Positivist researchers have been concerned with issues related to the operationalization and measurement of codependency as a psychological construct. Several assessment tools have been developed to evaluate the manifestation of codependency perceived as a psychological problem. The literature reviewed identified eleven measures developed by researchers as research instruments in codependency, listed below:

1. Holyoake Codependency Assessment (Dear and Roberts, 2005)
2. Spann-Fischer Codependency Scale (Fischer et al, 1991)
3. Acquaintance Description Form-C5 ADF-5 (Wright and Wright, 1991)
4. The codependency Assessment Questionnaire CAQ (Potter -Efron Potter-Efron 1989)
5. Codependency Inventory - CDI (O'Brien and Gaborit 1992)
6. IDAHO Codependency Scale (Harkness et al, 2001)
7. The Codependency Assessment Inventory – CAI (Friel 1985)
8. Beck Codependency Assessment Scale-BCAS (Beck, 1988),
9. A Codependency Test (Kitchens, 1991)
10. Recovery Potential Survey (Whitfield, 1987)
11. Codependency Assessment Tool CODAT (Hugher-Hammer, 1998).

Within this, only eight measures contained enough information available in the literature which enabled a review. Please see below a table containing a summary of these eight measures (a comprehensive review of these measures is offered in Appendix C).

Table 2.2. Summary of the main factors identified by the measures of codependency reviewed

<b>Codependency Measure &amp; Author</b>	<b>Instrument Details</b>
<b>Acquaintance Description Form (ADF-C5)</b> (Wright 1985, Wright & Wright 1990, 1991, 1995).	Focus on relationships (dysfunctional patterns of relating)
<b>Holyoake Codependency Index (HCI- Dear &amp; Robert 2005</b>	Focus on Self-sacrifice, External focus and Reactivity.
<b>The Codependency Assessment Questionnaire (CAQ - Potter -Efron Potter-Efron 1989)</b>	Focus on codependent behaviours and relationships (dysfunctional patterns of relating), some personality traits (individual differences) and also fear, denial, shame, anger, despair, rigidity and confusion.
<b>Spann-Fischer Codependency Scale, 1991</b> (Fischer et al 1991)	Focus on personality traits and external locus of control, difficulties with expression of feelings, denial, control and rigidity.
<b>IDAHO Codependency Scale, 2001</b> (Harkens & Cotrell 1997, Harkens 2001Harkness et al 2001Harkness 2003Harkness et al 2007)	Focus on codependent behaviours and relationships (dysfunctional patterns of relating).
<b>Codependency Inventory (CDI- Gaborit 1992)</b>	Focus on interpersonal relationships and factors such as other focus/self-neglect, low self-worth, hiding self, medical problems and family problems.
<b>Codependency Assessment Inventory (CAI Friel, 1985)</b>	Focus on different life aspects of the participant: self-care, perfectionism, boundaries in relationships, family of origin, intimacy, physical health and identity.
<b>Codependency Assessment Tool (CODAT- Hughes et al 1998)</b>	Focus on self- neglect, self-worth, hiding self, medical problems and family of origin issues.

Overall the review of these measures highlighted a lack of agreement about the main factors that operationalise the construct; instead they presented a range of traits which could be associated with nearly any psychological problem.

As the current study seeks to explore the lived experience of codependency, quantitative measurement tools were thought inappropriate, not only because they conflict with each other in the ways that codependency is operationalised, but potentially because the traits selected would bias the enquiry, if used to frame interview questions. Whilst not further explored here, for completeness, a more detailed review of measurement tools is available in Appendix C.

### 2.3. What are the precursors of codependency?

There is lack of clarity about the aetiology of codependency, if perceived as a well-defined psychological illness. It seems that some codependency theorists suggest that codependency originates from a 'family system that supports the dependence in interpersonal relationships' (Knudson and Terrell 2012, p. 248). What remains unclear is if this perceived problem emerges as a result of problems in the family of origin, for example children growing up in families with problems of substance abuse, sexual abuse or chronic illness (Knudson and Terrell 2012; Ancel and Kabakci, 2009; Reyome and Ward, 2007; Fuller and Warner 2000; Cullen and Carr 1999; Hewes Janikowski 1998; Crothers and Warren 1996) or if it is a result of the adult person (termed 'codependent') engaging in a relationship with adults who abuse chemical substances or have health problems (Sarkar et al 2013; Bortolon et al 2010; Bhowmick al 2001; Prest and Storm 1988 – please refer to Appendix B for a discussion on these studies). It could also be associated with a combination of both these factors. Certain studies have linked co-dependence with problems in current family relationships *and* in the person's family of origin (Reyome and Ward 2007).

Researchers have been mostly concerned with the implications that various stressors placed upon family systems may have on the children of these families. Given the construct's historical background in alcoholism, various researchers have attempted to establish a relationship between codependency and substance misuse in the family of origin of codependents. Stressors such as parental physical or mental illness, dysfunctional parenting styles and child abuse have also been explored as possible factors related to what these authors identified as codependency observed in the adult children of these families.

The literature search revealed eight papers concerned with childhood upbringing and codependency (Knudson and Terrell 2012; Ancel and Kabakci 2009; Reyome and Ward 2007; Fuller and Warner 2000 Cullen and Carr 1999; George, LaMarr, Barret, and McKinnon 1999; Hewes and Janikowski 1998; Crothers and Warren 1996). Within this group, two papers were not included in the review (George et al 1999; Hewes and Janikowski 1998), due to poor quality associated with inadequate sample size, or inaccurate review of the codependency literature. For example, Hewes and Janikowski (1998) presented a small, under-powered number of participants (n=76) for a comparison group research study. George et al (1999) appeared not to have drawn on the literature to identify definitions of Codependency

and ACOA (Alcoholic Children Anonymous), confounding both terms. A review of the six remaining papers which met the quality criteria for this research study is presented. The table below contains a summary of these studies. Please refer to Appendix E for a table containing a summary of the articles not included in the review.

Table 2.3 Studies on codependency and dysfunction in family of origin

Study	Description	Measures and Design/ Analysis	Conclusion	Limitation
Crothers and Warren (1996)	Investigated the relationship between reported parental dysfunction (compulsivity, codependency and substance dependence), negative parental styles (coercion, control, non-nurturance), and measured codependency in American students (n=442).	Data was collected through questionnaires: Spann and Fischer, SFDS (Fischer et al 1991) The Michigan Alcoholism Screening, MAST (Selzer 1971) Silencing the Self Scale (STSS –Jack and Dill 1991) Parental Compulsivity (no references) Perceived Parenting Questionnaire (PPQ, Mc Donald 1971)  Correlation and multiple regression analysis.	Correlation analyses indicated that the association between perceived parental styles and codependency was significant.  No correlation was found between codependency and reported parental chemical dependence.  Codependency was found to be positively correlated with reported parents' (mother and father) codependency, as well as mothers' compulsivity, both parents' coercive style and fathers' controlling attitudes.  Parental codependency and maternal coercion were predictors of codependency in this student population.  Silencing the Self Scale was a correlate of codependency.	The study is based on students' reports and pre-designed questionnaires.  Measurement tools with limited or no validated psychometric properties.  No independent measures to assess family dysfunction.
Cullen and Carr (1999)	Investigated if students (Irish psychology students n=284) with high scores of codependency reported more difficulties in their family of origin; more	Spann-Fischer Codependency Scale. SFDS (Fischer et al 1991) The Family Assessment Measure General Scale, FAM-50 (Skinner et al 1993) The Family Assessment DyaRelationship Scale (Skinner et al	High codependency group contained more women; presented also high scores in the scale assessing family dysfunction, in all of the domains, apart from control. The high codependency group also reported problems with intimate	The study is based on students' reports and pre-designed questionnaires.  Not validated

	<p>problems in their current relationships, and if they presented more psychological maladjustment problems such as low self-esteem, greater compulsivity, more drug use and less help seeking behaviour.</p>	<p>1942)          General Health Questionnaire (Golberg and Willams 1988)          Rosenberg Self-esteem Scale (Rosenberg 1965)          Adapted form of the Sexual and Physical Abuse Scale (Stout and Mintz 1996)          Comparative study - One-way ANOVAS + Turkey <math>\beta</math> post hoc.</p>	<p>relationships and more psychological maladjustment associated with depression, somatic complaints, anxiety and sociability. This group did not present a high incidence of parental substance misuse or child abuse.</p>	<p>psychometric scales were used to assess parental substance misuse and mental health problems nor were parents asked. The authors reported that parent mental health was assessed subjectively, by asking the students whether their parents presented problems in this area. This may also have compromised the anonymity of the sample.</p>
<p>Fuller and Warner (2000)</p>	<p>Investigated if family stress regarded as parental alcoholism, mental or physical illness predicted codependency. Sample: 176 students and 100 mothers (follow up study)</p>	<p>Data collected though survey questionnaires:          Spann and Fisher, SDFS (Fischer et al 1991)          Codependency Assessment Questionnaire, CAQ (Potter – Efron &amp; Potter –Efron 1989)          MAST (Selzer 1971)          Analysed through ANOVA and T-tests.</p>	<p>Results of t-test analysis confirmed that students perceiving high chronic family stress presented significantly higher codependency scores on both codependency scales the CAQ and the Spann-Fischer. Codependency was associated with chronic family stress characterised as parental alcoholism, physical or mental illness. Results demonstrated higher codependency amongst females; however no significant difference was found for birth order.</p>	<p>The study is based on students' reports and pre-designed questionnaires. There were only a small number of reported parental problems. It is possible that these participants attempted to present an image of social respectability.</p>

Reyome and Ward (2007)	Investigated the relationship between codependency and reported child abuse and neglect. Nursing students (n=102), and the majority of the participants were women (n=94).	The Childhood Trauma Questionnaire - Short Form (CTQ; Bernstein et al 1994), Psychological Maltreatment Inventory (PMI – Engels and Moisan 1994), Codependency assessment Tool (CODAT- Hughes- Hammer et al 1998a)	Strong positive correlation between codependency measured by the CODAT and families with physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect measured by the CTQ. Similarly there was a strong positive relationship between psychological maltreatment and codependency.	The study is based on students' reports and pre-designed questionnaires.
Ancel and Kabakci (2009)	Investigated the relationship between codependent individuals' attachment styles and perceived family dysfunction. Turkish female nursing students (n=400) Authors also investigated the psychometric properties of the CODAT.	Beck Depression Inventory(Beck 1961) Experiences in Close Relationships Revised (Fraley et al 2000) Family Problems of Young Adulthood Evaluation Scale the Codependency Assessment Tool (Tugrul 1996) CODAT (Hammer et al 1998) Analysis of Covariance (ANCOVA)	Analysis of Covariance (ANCOVA) demonstrated that students with high levels of reported codependency presented more attachment related anxiety and reported more family problems. A significant difference was found between codependency and attachment related anxiety (p=0.01), but not with attachment related avoidance (p>0.05). Post hoc tests indicated that participants with high codependency scores were more anxiously attached reported more authoritarian attitudes, intense relationships, disharmony between parents and financial problems.	The study is based on the students' reports and individual's attachment styles in relation to their current interpersonal relationships; it did not explore the interface of parental attachment in relation to the development of codependency in adults.
Knudson and Terrell (2012)	Investigated the relationship between codependency, inter-parental conflict and substance use in the family of origin American university students (n=223), age between 18-28.	Spann-Fischer Codependency Scale SDFS, (Fischer et al 19991) (Michigan Alcoholism Screening Tool MAST (Selzer 1971) Children's Perception of Interpersonal Conflict Scale (Grych et al 1992)	Significant positive correlations were present between codependency as measured by the Spann-Fischer and perception of family conflict. No significant correlation was detected between codependency and parental substance misuse measured by the MAST.	The study is based on students' reports and pre-designed questionnaires. Only 17.5 % of the students scored high levels of codependency.

Crothers and Warren (1996) investigated the relationship between reported parental dysfunction (compulsivity, codependency and substance dependence), negative parental styles (coercion, control, non-nurturance), and codependency in American students (n=442). Five measures were used in the survey: Spann-Fischer Codependency Scale (Fischer et al 1991); Michigan Alcoholism Screening Tool (MAST, Selzer 1971); Silencing the Self Scale (STSS Jack and Dill 1992); Perceived Parenting Questionnaire (PPQ, McDonald 1971) and Parental Compulsivity Scale (no references provided).

The Silencing the Self Scale (STSS) is a 31-item scale which assesses traits of alienation from or loss of self, with four sub scales: externalisation of self-perception, care as self-sacrifice, inhibition of self-expression and divided self. The authors reported the validation of the scale (Jack and Dill 1991, 1992), and it has been used in other studies (Gratch, Bassett, Attra 1995; Zaitsoff, Geller and Srikameswaran, 2002). The psychometric properties of the MAST have been evaluated and used in research (Selzer, Vinokur, Rooijen, 1975, Ross, Gavin, Skinner, 1990, Saunders, Aasland, Babor, de la Fuente, Grant, 1993); however there is no psychometric information on the validation of other measures used: the PPQ and the Parental Compulsivity Scale. The reliability and validity of the Spann-Fischer Codependency scale has been assessed in other research studies (Harkness, et al 2001; Irwin 1995; Fischer et al 1991 - please refer to Appendix C for the analysis and details of the psychometric properties of the codependency scales).

A between-groups comparative method was adopted by Crothers and Warren looking for differences in codependency scores between participants with and without substance dependent parents. All the data used in the study is based on participants' self-reports, therefore no objective data about family dysfunction was collected. The study also investigated if students who reported being raised in dysfunctional families would have higher codependency scores than participants reporting more positive family environments.

Correlation analyses indicated that the association between perceived parental styles and codependency was significant; however no correlation was found between codependency and reported parental chemical dependence. It is possible that this lack of correlation significance may have been affected by the small

proportion of parents identified as substance-dependent by the students (n=65 fathers, n=27 mothers), in relation to the number of participants (n= 442). Interestingly, students' codependency was found to be positively correlated with reported parents' (mother and father) codependency, as well as mother's compulsivity, both parents' coercive style and father's controlling attitudes. An additional multiple regression analysis revealed that parental codependency and maternal coercion were predictors of codependency in this student population.

The study's results indicated also that 'loss of self', as reported by the Silencing the Self Scale was a major correlate of codependency, both in the total scale score and also in the subscales: externalised self-perception, inhibition of self-expression and divided self. However, the correlational study cannot imply that there is a relationship of causality between these variables, with the 'loss of self' leading to codependency. Future research is needed to shed light on the nature of this relationship. Furthermore the psychometric properties of the Silence of Self scale (Jack and Dill 1990) have only been assessed once by the authors in a study with 3 groups of women: college students (n=63), mothers who abused cocaine (n=270) and a group who were in shelter accommodation as a result of domestic violence (n=140). Although the authors reported that the scale presented a high degree of internal consistence and test-retest reliability, further analysis is needed to confirm the validity and reliability of the scale in a more diverse range of scenarios.

Crothers and Warren's study is based on the students' reports on their own parents' drug use and parenting styles and therefore captures their own constructions and perceptions of these events, as well as willingness to disclose them. This could have altered the possible meanings of the correlations - for example more codependent students may have interpreted their parents as more controlling than less codependent students. Furthermore the study is limited by the methodology chosen, and there are no independent measures of family dysfunction. Overall, a survey may not have been sufficiently wide-ranging to account for the complexity of the factors involved, and limited the comprehension of all the subjective factors which may have contributed to these results. The study would have benefited from having a combination of methods with the inclusion of a qualitative stance, to cater for the factors not entirely captured by the survey. A qualitative methodology would capture the subjectivity of the student's own experience and more nuanced perception of their parents' experience. Nonetheless, the results of the study are important as they suggest that the boundaries of codependency may go beyond the

substance misuse field; however the participants, being students, may have been high functioning in educational terms, and able to control their disclosures. Crothers and Warren asked for more research examining the association between parenting problems (e.g. issues related to attachment styles) and codependency in adults.

Similarly, Cullen and Carr (1999) conducted a study with a population of Irish psychology students (n=284). They investigated if students with high scores of codependency reported more difficulties in their family of origin than the ones with medium or low scores. The difficulties in the family of origin were defined as parental mental ill-health or substance misuse problems. Additional difficulties related to the students themselves were also explored, i.e. if students reported more problems in their current relationships, and if they presented more psychological maladjustment problems such as low self-esteem, greater compulsivity, more drug use and less help seeking behaviour. The majority of the students in the sample were women (n=212), and the researchers were also interested to note if the group which demonstrated a higher incidence of codependency would include proportionately more females than males.

A number of validated measures were used in this study. The Span-Fischer Codependency Scale (Fischer et al 1991) was chosen to measure codependency. Additional questionnaires were used by the authors to assess the other domains- for example; the Family Assessment Measure General Scale (FAM-50, Skinner, Steinhauer and Sant-Barbara 1993) assessed participants' perception of their families of origin. This 50-item multidimensional scale assessed participants' perceptions of their families in seven main domains (task accomplishment, role performance, communication, affective expression, involvement, control, values and norms). An adapted form of the questionnaire The Family Assessment DyaRelationship Scale (FAM-42, Skinner et al 1993) was used to assess students' perceptions of their current intimate relationships. The general Health Questionnaire (CHQ; Goldberg and Williams 1988) assessed participants' somatic symptoms, anxiety, social dysfunction and depression. The Rosenberg Self-esteem Scale (Rosenberg 1965) assessed self-esteem. However, a number of non-validated measures were used in the study. For example, compulsivity was assessed by an adapted form of the Crothers and Warren's (1999) Parental Compulsivity Measure, which was applied to assess both participants' and parents' compulsivity as rated by the students. An adapted form of the Sexual and Physical Abuse Scale (Stout and Mintz's 1996) was used to assess the occurrence of abuse in childhood. A drug use

questionnaire was used to assess the frequency of students' substance misuse. No validated psychometric scales were also used by the authors to assess parental substance misuse and mental health problems, and these measures were based on students' reporting (parents not asked). Such direct questions might have compromised the quality of the data collected - for example participants may have felt uncomfortable in verbally disclosing their parents' substance misuse or mental health problems.

Several results emerged from this data, which were analysed using a combination of Chi-square tests and ANOVA (Analyses of Variance). First, the authors reported that the group that scored high in the codependency assessment did not contain proportionately more females. Secondly, the high codependency group presented also high scores in the scale assessing family dysfunction, in all of the domains, apart from control. This contradicted the result presented by Crothers and Warren above, whereby parental control was found to be positively correlated with codependency. Interestingly, the high codependency group also reported problems with current intimate relationships and more psychological maladjustment associated with depression, somatic complaints, anxiety and sociability. Contrary to the patterns expected, this group did not present a higher incidence of parental substance misuse or child abuse; however there are concerns with the validity of these findings given students' potential reluctance to disclose these problems. Furthermore the results are constrained by its sample of Irish students, therefore limited to their perspectives.

Overall, the results of the study contradict some of the early theories in the field of codependency which suggested that parental substance misuse would foster the development of codependency in their offspring. Conversely these results may have inspired other researchers to investigate other issues related to the interpersonal dynamics within these families.

Some of the findings presented by Cullen and Carr's (1999) were confirmed by a study by Fuller and Warner (2000), in America. Similar to the previous study, Fuller and Warner investigated if family stress regarded as parental alcoholism, mental or physical illness, predicted codependency. Two hundred and fifty seven students (176 women and 81 men) took part in the study. Two measures of codependency were used: the Spann-Fischer Codependency Scale (Fischer et al, 1991) and the Codependency Assessment Questionnaire (CAQ, Potter-Efron & Potter-Efron, 1989 - the psychometric properties of both codependency scales are discussed in the

Appendix C). To report parental alcoholism, students completed an adapted form of the MAST (Michigan Alcoholism Screening, Selzer, 1971)

Fuller and Warner predicted that codependency scores would be higher for participants reporting high family stress characterised by alcoholism, mental or physical illness. Results of t-test analysis confirmed that students perceiving high chronic family stress presented significantly higher codependency scores on both codependency scales the CAQ and the Spann-Fischer. Codependency was associated with chronic family stress characterised as parental alcoholism, physical or mental illness.

Additional one-way ANOVAs examined at other variables that could be associated with codependency such as gender and birth order. The results demonstrated higher codependency amongst females; however no significant difference was found for birth order. The higher codependency scores found among the female group contradicted the earlier results found by Curren and Carr (1999).

Fuller and Warner's study is constrained by its sample of American students, therefore limited to their perspective. These individuals were not self-identified as codependents, and may not have had a deeper experience or understanding of this construct. There were only a small number of reported parental problems. It is possible that these participants attempted to present an image of social respectability, leading to underestimates of family problems. Moreover, the student's view of family stress could be influenced by their own needs - for example, some students with experience of unmet needs might have perceived their own family dynamics in more negative ways.

The effects of much more serious childhood experiences such as abuse have been explored more recently by Reyome and Ward (2007). They investigated the relationship between codependency and reported child abuse and neglect. Similarly to previous studies, participants were students, in this case student nurses (n=102), and the majority of the participants were women (n=94). Various forms of child abuse and neglect were investigated by a series of validated questionnaires: the Childhood Trauma Questionnaire-Short Form (CTQ; Bernstein et al 1994), the 25-item Psychological Maltreatment Inventory (PMI; Engels and Moisan, 1994). Codependency was assessed by the Codependency assessment Tool (CODAT; Hughes-Hammer, Martsof and Zeller 1998a).

Reyome and Ward reported that statistical analysis using the Pearson Product-Moment Correlation demonstrated a strong positive correlation between the results of the CODAT and the scores of the trauma scale CTQ. Also the scores of the CODAT were positively correlated with all of the subscales of the CTQ, which included physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect. Similarly there was a strong positive relationship between the results of the maltreatment PMI and the total of the CODAT score. Nonetheless, the results of the study might be constrained by the data collection measures used by the authors. Fast self-report questionnaires differ from lengthy semi-structured interviews which can encourage more reflection and appraisal of the experience. Similarly to the previous studies which used university students to explore codependency, the sample is not representative of a population of self-identified codependents who seek help. Furthermore, the pre-designed scales do not provide scope for a more nuanced exploration of these experiences. These limitations point to the need for more research with a non-college student sample using methodologies which are not reliant on questionnaires and therefore less constrained by these limiting factors.

Still attempting to establish a relationship between codependency and family of origin, Ancel and Kabakci (2009) explored the relationship of codependency with individuals' attachment styles and perceived family dysfunction in childhood. Like the previous study, the authors used the Codependency Assessment Tool (CODAT). A translated version of the Codependency Assessment Tool (CODAT, Hammer et al 1998) was applied to a convenience sample of Turkish female nursing students (n=400). Further validated instruments used in the survey were: Beck Depression Inventory (Beck 1961), Experiences in Close Relationships Revised (ECR-R, Fraley et al 2000), Family Problems of Young Adulthood Evaluation Scale (Tugrul 1996). A personal information form was used to collect demographic data.

Analysis of Covariance (ANCOVA) demonstrated that students with high levels of reported codependency presented more attachment-related anxiety and reported more family problems in childhood. A significant association was found between codependency and attachment-related anxiety ( $p=0.01$ ), but not with attachment-related avoidance ( $p>0.05$ ). Post hoc tests indicated that participants with high codependency scores were more anxiously attached in close relationships, reported more authoritarian attitudes, intense relationships, disharmony between parents and financial problems. These results suggested that anxiously related people may

engage in dysfunctional relationships in an attempt to gain a sense of value and self-worth. The results concurred with the findings of the previous studies reviewed above, which contended that family stress, independently from parental alcoholism, to be associated with the onset of codependency in adults (Fuller and Warner, 2000; Crothers and Warren, 1996).

However, several identified limitations were found in the study in relation to its methodology, instruments and sample used. Female nursing Turkish students may demonstrate some suggested aspects of codependency such as caring and self-sacrifice, which are common characteristics found in the nursing profession without indicating any form of problem (please see the review of Biering's 1998 study under section 5 below). Furthermore, although the research is limited by the geographical characteristic of the sample; this factor also has a positive connotation as it may indicate that different communities may also have their own distinctive perspectives and particular experiences of codependency. The research study explored the individuals' attachment styles in relation to their current interpersonal relationships; it did not explore the interface of parental attachment in relation to the development of codependency in adults. The survey methodology may not been sufficiently adequate to grasp the diversity of participants' experiences.

A recent paper by Knudson and Terrell (2012) also examined the relationship between codependency, interparental conflict and substance use in the family of origin. Participants were American university students (n=223), age between 18-28. The authors understood codependency as a psychological problem that originated in family systems which encourage dependence in interpersonal relationships, whereby individuals lose their autonomy and sense of reality. They suggested that as children learn to relate to others by observing their parents; these learned behavioural patterns are translated into codependent relational patterns in adulthood. Interestingly, the authors were motivated to further explore the results presented by Cullen and Carr (1999) which suggested that high levels of codependency may not be associated with a parental substance misuse. Knudson and Terrell hypothesised that the codependency develops as a result of a 'feeling of learned responsibility from the family of origin that does not exhibit substance misuse' (p. 250). The hypothesis offered by the authors contrasted with the beliefs presented by early codependency theorists which suggested parental substance misuse as a likely onset factor (Potter-Efron and Potter-Efron 1989; Cermak, 1986).

A number of questionnaires were used in the study. To measure codependency, Knudson and Terrell used the Spann-Fischer Codependency scale (Spann et al 1991). An adjusted version of the Michigan Alcoholism Screening Test (MAST, Selzer, 1971) containing 10 questions (instead of the original 25) was used as a measure for parental alcoholism. The authors do not report effects on reliability and validity for the adjusted version of the MAST. Interparental conflict was assessed by the Children's Perception of Interpersonal Conflict Scale (CIPIC; Grych, Deid and Finchman 1992), a validated 48-item questionnaire composed of 3 scales assessing conflict properties, self-blame and threat.

Knudson and Terrell reported that their hypothesis was confirmed - significant positive correlations were present between codependency as measured by the Spann-Fischer and all scales of the CIPIC, and no significant correlation was detected between codependency and parental substance misuse measured by the MAST. However, the descriptive results reported by the authors indicated that only 17.5 % of the students scored high levels of codependency, compromising the results as this is a small sample for the statistical analysis. Although the results of this study are consistent with the results of the previous studies discussed; the research is based on retrospective recollections of a population of students, few of whom were scored as co-dependent. These factors raise questions on the suitability of this sample to attain the aim of the study.

In conclusion, the majority of the studies reviewed here suggested an association between codependency and reported difficulties in family of origin (Ancel and Kabakci 2009; Reymond and Ward 2007; Fuller and Warner's 2000; Crothers and Warren's 1996). However, two studies (Knudson and Terrell 2012; Cullen and Carr 1999) suggested that these difficulties may be related to learning behaviours associated with family conflict, not necessarily parental substance misuse; however not all statistical associations were based on validated scales.

Studies suggested a range of difficulties in families of origin associated with parental dysfunction (compulsivity, codependency and substance dependence), negative parental styles (coercion, control, non-nurturance), child abuse and neglect, and interpersonal conflicts in the family of origin. All of these studies explored the perception of codependency using samples of students, and therefore were limited by their perceptions and recollection of their family experiences. Although students may be a convenient and easily accessible sample, it is not representative of people who are troubled enough by this issue identified as codependency to therefore seek

help. People who identify themselves as having co-dependent characteristics might differ from a population of students; they may frame their family of origin as responsible in some way for their difficulties and selectively report problems in early relationships (or indeed recall higher levels of childhood trauma).

The results of these studies show that there is still lack of clarity about what are the specific factors which may or may not increase the risk of codependency understood as a psychological problem.

Authors of the studies reviewed under this section have called for further studies exploring these issues within a population of people who perceive themselves as codependents (Knudson and Terrell 2012; Cullen and Carr 1999). There is an absence of qualitative research concerned with family influences on the codependency experience. An understanding drawn from the person's own attributions for their difficulties would complement these quantitative studies, and clinicians working with this client group need to access a first-hand account of these experiences and difficulties.

The limitations discussed emphasize the need for qualitative research to explore and analyse the depth/type of experience as portrayed by identified codependents. It becomes important to investigate this contested construct with a methodology which facilitates the expressivity of the experience of codependency, as it is understood by individuals who identify with the construct. A qualitative phenomenological methodology would be better suited to capture the essence of these participants' experiences, without making assumptions that these are objective representations of causal events. Phenomenological methods would be useful to capture the meanings that these individuals attribute to these experiences - for example in their families of origin. Such methods would allow for an in-depth exploration of their understanding of these issues related to identities and family functioning, as they are uniquely perceived and interpreted. An idiographic research study capturing the individuality of these experiences would be more adequate to address these issues.

## **2.4 What are the psychological factors or experiences associated with codependency?**

As discussed (see Chapter 1 and Appendix A), the disease model of codependency attempted to identify codependency as a psychological problem. The relationship between codependency and several psychological variables has been explored in two categories of quantitative research, namely, studies exploring the relationship between codependency and number of psychological problems such as low self-esteem, depression, attachment problems among others; and studies considering specifically the relationship between codependency and personality variables. Please see the table below for a summary of the studies included in these two categories.

Table 2.4. Psychological factors and clinical problems associated with codependency (CD)

Study	Description	Measures and Design/ Analysis	Conclusions	Limitations
O'Brien and Gaborit (1992)	Investigated the correlation between perceived depression, self-reported chemical dependence and self-reported codependency, in Australian university students (n=115).	The Significant Others Drug Use Survey (SODS-no information), Beck Depression Instrument (BDI-II, Beck et al 1996) Codependency Inventory (CDI, O'Brien and Gaborit 1992) Correlations/ McNemar test.	No significant relationship between codependency and depression Significant correlation between being in a relationship with substance misuser and developing depression.	Sample of students non representative Codependency measure designed by the author, with limited psychometric validation.
Carson and Baker (1994)	Studied the relationship of codependency with these variables: depression, object relations, reality testing, parental substance misuse and child abuse with female volunteers (n=171) recruited from an American university	Beck Codependency Scale BCAS, (Beck 1998) Center for Epidemiologic Studies Depressed Mood Scale, CES-D (Radloff 1977) Bell Object Relations and Reality testing Inventory BORROTI, (Bell et al 1986) Depressive Experiences questionnaire, DEQ (Blatt et al 1976) Alcohol, Drug Use and the Family Questionnaire(Bucky 1990) Multiple regression	Significant relationship between CD and uncertainty of perceptions Significant relationship between CD and reality testing Significant relationship between CD and depression.	Measure of codependency not validated. Population used was not composed of self-identified codependents.

Hughes-Hammer et al (1998)	Investigated the strength of the relationship between codependency and depression in women (n=105) with different levels of depression	CODAT (Hughes-Hammer et al 1998) BDI-II (Beck et al 1994) Correlations	Women categorised as moderate to severely CD (88%) were severely depressed; whilst those minimally CD, 20% were depressed. CD dimensions of the scale had a positive relationship with depression.	Limited by weak psychometric properties of the CODAT.
Springer, Thomas and Barry (1998)	Investigated a very large number of correlates of codependency with the variables: attachment (avoidance, anxious/ambivalent, secure), self-esteem, interpersonal connectedness, cognitive and emotional empathy, caring for others, supportiveness of others, competitiveness, locus of control, impression management, public and private self-consciousness and social anxiety. Participants were a non-clinical participant group of undergraduate students (n= 217).	Codependency Assessment Inventory, CAI(Friel 1985) Self-Esteem Scale (Rosenberg 1965) Relationship Quality Questionnaire , RQQ (Schlenker and Britt 1995) Inclusion of Other in Self Scale (Aron, Aron, Tudor and Nelson1991) Consciousness Scale (Feneigstein, Scheiner and Buss 1975) Impression Management Scale (Paulhus 1991) Attachment Styles (Simpson, Tholes and Neligan 1992). Interpersonal Locus of Control scale (Paulhus 1991) Correlations.	Codependency was negatively correlated with self-esteem. Codependency was positively correlated with anxious/ambivalent and avoidant attachment styles, and negatively correlated with secure attachment. Codependency was not associated with greater personal involvement, specifically in measures of supportiveness, caring, private connectedness, public connectedness. Codependency was associated with competitiveness in relationships. Small but significant association was found between codependency and empathy. Codependency was positively associated with public consciousness, social anxiety and self-consciousness. A negative correlation was found between codependency and impression management	Codependency measure with limited psychometric properties and information. Non-clinical population – students. Repeated correlational analyses increases risk of Type 1 errors.
Marks et al (2011)	Explored the relationship between codependency and the variables listed: self-esteem, narcissism, family dysfunction, depression, anxiety, stress,	A revised version of the Holyoke Codependency Index (Dear et al 2005)-the CCS (Composite	CD significantly associated with depression, anxiety, stress and family dysfunction; and low levels of narcissism, self-esteem	Authors used the study to validate the revised Holyoke scale.

	and emotional expressivity. Population consisted of 301 adults from the general population and 49 attendees of CODA (Codependents Anonymous).	Codependency Scale) Rosenberg Self-Esteem Scale, RSE (Rosenberg 1989) Depression Anxiety Scale – 21, DASS-21 (Lovibound & Lovibound, 1995) Narcissistic Personality Inventory-16 , NPI (Ames et al 2006) Emotional Expressivity scale, EES (Kring et al, 1994) McMaster Family Assessment Device, FAD (Epstein et al 1983) - Multiple regression	and emotional expressivity. Members of the CODA group scored higher than members of the control group.	
Walfish, Stenmark and Krone (1992)	Investigated the personality characteristics of individuals who entered an inpatient treatment centre for codependency in America (n=73 women)	Minnesota Multiphasic Personality Inventory, MMPI (Dahlstrom, Welsh and Dahlstrom et al 1972)	A single profile of a 'typical codependent' was not shared by these participants as authors found 'heterogeneity of profiles'	Small number of participants, women recruited from a treatment centre in America
Irvin 1995	Investigated the relationship between codependency and narcissism in a sample of Australian adults (n=190, 100 men and 90 women).	The Codependency Inventory, CDI (O'Brien and Gaborit 1992) Spann-Fischer Codependency Scale, SDSF(Fischer et al 1991) Narcissistic Personality Inventory, NPI (Raskin and Terry 1988) Narcissistic Personality Disorder Scale, NPD, (Ashby, lee and Duke, 1979) Children of Alcoholics Screening Test and the Survey of Traumatic	Suggested that CD inversely related to narcissism but results were contradictory. No significant difference between CD and childhood trauma.	Measures used CDI limited validity, not much info on CAST Not so many people scored on CAST.

		Childhood Events (Jones 1983). Correlation and regression analysis.		
Gotham and Sher 1996	A large study (n=467) aiming to establish if the construct of codependency had a singular dimension not overlapping with dimensions of other psychopathologies (depression and anxiety), or personality dimensions (psychoticism and neuroticism). The sample contained self-identified adult offspring of parents with alcohol problems	MAST (Selzer et al 1975) Family History- Research Diagnostic Criteria Interview FH-RDC, (Endicott et al 1978) - NEO Five-Factor Inventory, the Brief symptom Inventory (Costa and McCrae 1992) Codependency Assessment Questionnaire, CAQ (Potter-Efron & Potter-Efron 1989) Correlations	Codependency correlated with neuroticism, depression and anxiety. Also modestly with family alcoholism. Neuroticism higher predictor of codependency score on the CAQ.	Measure of codependency based on personality framework of Cermak.
Hoeningmann-Lion and Whithead (2007)	Examined the relationship between codependency and borderline and dependent personality disorders in a group of undergraduate psychology students in America (n=76)	Codependency Assessment Questionnaire ( CAQ, Potter-Efron & Potter-Efron 1989) Borderline and dependent scales of the MCMI-II (Millon 1987/1989) Dysfunctional Attitude Behaviour (DAS, Burns 1989/Burns and Spangler 2001) Correlations	Significant positive correlation between traits of codependency and borderline personality disorder. Weak correlation between codependent and dependent traits. Codependent and borderline personality traits were also correlated with the cognitive schema, suggesting that these individuals may carry an underlying psychological structure marked by rigidity, which may lead to depression.	Small number of participants.

### 2.4.1 The relationship between codependency and various psychological problems

Early theorists (Hemfelt, et al 1989; Friel, 1985; Whitfield, 1984) suggested that individuals with codependency were likely to experience mental health problems such as depression, compulsive behaviours, stress-related disorders and personality disorders. As a result of such assumptions, researchers have sought to identify the psychological correlates of codependency, and to understand its relationship with other psychological problems (Reyome and Ward 2007). The relationship between codependency with various mental health problems has been explored by a number of studies (Mark et al, 2011; Well et al, 2000; Hughes-Hammer, 1998; Carson & Baker, 1994; O'Brien, 1992). A review of the five main studies which met the quality criteria is presented in this section (Mark et al, 2011; Hughes-Hammer, 1998; Carson & Baker, 1994; O'Brien, 1992). The paper presented by Wells et al (2000) contained an evaluation of codependency traits based on a list of attributes drawn from a popular psychology book (Beattie 2011, 1987) and was therefore considered inadequate to meet the quality criteria chosen for this study. The scale is based on opinion, not on empirical research, and therefore was found to be unsuitable to be included in this study.

The possible relationship between codependency, depression and substance misuse has been explored by O'Brien and Gaborit (1992), who investigated this correlation in a study with Australian university students (n=115). Three measures were used in the survey: the Significant Others Drug Use Survey (SODS), the validated Beck's Depression Instrument (BDI-II, Beck et al 1996) and the Codependency Inventory, a measure created by the authors. The Beck's Depression Inventory is a well-known measure, with sound psychometric properties (Beck, 1996). However there is no psychometric information available on the other measures used. Correlational analysis demonstrated no significant relationship between self-identified codependency and self-reported depression ( $r=0.06$ ); however a significant correlation was found between being in a relationship with a substance misuser and developing depression ( $r =0.34$ ). Similar to other research considering the precursors of codependency, the study is limited as it investigated codependency in a population of students. Only a minority scored highly on the measure, operationalised as codependency, and it is unclear that any of the participants self-identified themselves as codependent.

Similarly, Carson & Baker (1994) studied the relationship of codependency with these variables: depression, object relations, reality testing, parental substance misuse and child abuse. It is not clear if the participants were students as the authors reported recruiting female volunteers from an American university (n=171). Within this group, 100 participants reported a history of child abuse. Codependency was assessed with the Beck Codependency Scale (BCAS, Beck 1998), a 35 item self-administered tool using a Likert Scale (1-5). Validated measures used in the study were Center for Epidemiologic Studies Depressed Mood Scale (CES-D, Radloff, 1977), the Bell Object Relations and Reality testing Inventory (BORRTI, Bell et al 1986), the Depressive Experiences questionnaire (DEQ, Blatt et al 1976) and the Alcohol, Drug Use and the Family Questionnaire (Bucky, 1990). The Bell Object Relations and Reality Testing Inventory is a validated self-report measure which covers the following types of object relations: alienation, insecure attachment, egocentricity, social incompetence, reality distortion, uncertainty of perceptions, hallucinations and delusions.

The authors conducted multiple regression analysis including all the subscales of the BORRTI (object relations: alienation, insecure attachment, egocentricity, social incompetence and reality testing: reality distortion, uncertainty of perception, hallucinations and delusions) and a section of the BCAS, which they titled the Codependency Group score COGP. Multiple regression analysis revealed that the individual factors of the BORRTI did not significantly predict the codependency scores identified by the COGP in the BCAS. However, the items 'insecure attachment' and 'uncertainty of perception', when combined, significantly predicted the COGP scores. The BORRTI 'insecure attachment' item demonstrates a person's sensitivity to rejection, whilst the 'uncertainty of perception' item 'demonstrates the presence of doubt about the person's perception of reality (Bell et al 1986). These results suggest that individuals identified as codependents could perceive themselves as socially incompetent, are uncertain about how to relate to others or whether they are accepted by others, and may engage in dysfunctional relationships as a defensive process. The authors suggested that these individuals may enter into controlling and self-sacrificing interpersonal relationships as a coping strategy for managing inaccurate perceptions of self and others, and to increase their fragile self-esteem. Further to this, the results contradicted the results presented by O'Brien and Gaborit (1992) above, and indicated a significant relationship between codependency and depression ( $p < 0.001$ ), more specifically the intensity of the depressive symptoms ( $p < 0.01$ ).

Carson and Baker's results also confirmed the association of codependency with perceptions of dysfunctional family patterns such as childhood abuse and parental alcoholism ( $p < 0.001$ ). In relation to parental alcoholism, these results were later challenged by research conducted among other samples of students (Crothers and Warren, 1996; Fuller and Warner, 2000; Ancel and Kabakci, 2009; Knudson and Terrell, 2012),

Overall, despite the psychometric limitations of the measure of codependency used by the authors, Carson & Baker's study revealed important results concerning the relationship between their codependency measure and object relations, reality testing, depression, reported parental alcoholism and child abuse, using more complex predictive statistical analysis than the studies reported above. Furthermore, although in relation to depression, the results of this study disagree with the results demonstrated by O'Brien and Gaborit (1992), it is possible to infer that the association of codependency with depression could be associated with internalized self-criticism, feelings of worthlessness, guilt and inadequacy often suggested to be a characteristic of depression (National Collaborating Centre for Mental Health 2010).

A similar result to Carson & Baker (1994) was obtained by a descriptive exploratory study developed by Hughes-Hammer et al (1998). The study investigated the strength of the relationship between codependency assessed by the CODAT, an assessment tool devised by the authors (please see section below) and depression, based on the validated BDI-II (Beck, Steer and Brown 1999). The procedure of the study involved the categorization of all participants ( $n=105$  women recruited from a university but not clearly stated if these were students) according to their depression and codependency scores (minimal, mild, moderate and severe). Like Carson & Baker (1994), multiple regression analysis revealed that codependency had a strong relationship with depression ( $p < 0.001$ ). In this study, the authors also attempted to test the CODAT measure, a tool composed of 5 factors: other focus/self-neglect, low self-worth, hiding self, medical problems and family of origin issues.

They concluded that among women who were categorized as moderately to severely codependent, 88% were severely depressed, and for those who were minimally codependent, only 20% were severely depressed. The analysis also demonstrated that most of the individual dimensions of the codependency scale had a significant positive relationship with depression, with correlation scores ranging

from  $r=0.50$  to  $0.72$ . This study identified statistical similarities between codependency and depression, suggesting a link between both. The similarities shared by both conditions, according to these researchers, strengthens the critical argument that the concept of codependency encompasses a diverse range of traits without much conceptual clarity.

The various results demonstrated by these studies (O'Brien and Gaborit 1992; Carson & Baker 1994; Hughes-Hammer et al 1998) raise concerns about the overall conceptualization of codependency as a distinctive psychological disorder. This discrepancy also highlights that quantitative research methodologies may not have been successful in determining the distinct features of the construct as a psychological illness.

Springer, Thomas and Barry (1998) investigated a much larger number of correlates of codependency based on the characteristics of codependency provided by an early measure - the 'Codependency Assessment Inventory' (CAI, Friel 1985 – see table in the Appendix C). The variables considered were attachment (avoidance, anxious/ambivalent, secure), self-esteem, interpersonal connectedness, cognitive and emotional empathy, caring for others, supportiveness of others, competitiveness, locus of control, impression management, public and private self-consciousness and social anxiety. A number of measures were used to investigate these variables. Most of the measures used in the study were validated, please see table 2.4. However there is no information available on the validation of the Attachment Styles (A.S - Simpsom, Thoies and Neligan 1992) and Interpersonal Locus of Control (Paulhus, 1991) measures. Furthermore the non-clinical participant group chosen for the study posed a limitation ( $n= 217$  undergraduate students).

The authors reported that codependency was negatively correlated with self-esteem, as measured by the CAI and Rosenberg scales. Data analysis also demonstrated that codependency was positively correlated with anxious/ambivalent and avoidant attachment styles, and negatively correlated with secure attachment. These findings indicate that people who have the codependent traits measured by the CAI and the AS could be perceived as typically anxious, insecure and avoidant about relationships. Interestingly and contrary to expected, according to the results related to the RQQ, codependency was not associated with greater personal involvement, specifically in measures of supportiveness, caring, private connectedness, or public connectedness. Surprisingly, codependency was associated with competitiveness in relationships. The authors argue that these

issues of competitiveness may be associated with the persons' insecurities and anxieties. Still, according to this measure, a small but significant association was found between codependency and empathy.

When considering the selected personality measures, codependency was negatively associated with interpersonal locus of control, indicating that these individuals may feel that they have little control over their relationships. Codependency was positively associated with public consciousness, social anxiety and self-consciousness. A negative correlation was found between codependency and impression management. Based on the findings above, the authors attempted to offer what they termed as a 'portrait of the codependent' and compared this with traditional portraits provided by early authors in the field (Cermak 1991, Schaefer 1986). They presented a picture of a self-conscious person with low self-worth, experiencing limited control over interpersonal relationships. Although this person is aware and sensitive to other people's opinions and reactions, attempting to make a good impression, they focus much on their own personal limitations. They suggested also that although these individuals may have an intense desire for an intimate relationship, they may fear real intimacy, and are competitive. Overall although some of the traits presented by this group of participants are congruent with the characteristics more widely associated with the construct, others are not. For example, they explain that it does not fit in with the 'submissive victim who caters for the partner' (Schaefer 1986, p.10) described by early authors.

The study has several limitations, for example the use of self-report measures, which forces people into answering a great number of pre-determined questions with single responses. Moreover, the codependency scale used (CAI) was an early attempt to categorise the construct, carrying limited psychometric information. Since these initial attempts, other instruments have come forth. These have been well used in research suggesting other more complex dimensions associated with the construct. The article lacks detailed information on the statistical analysis carried out by the researchers. From the article's description, it appears that the researchers performed multiple correlations between pairs of variables rather than understanding the combined influence of sets of the variables through more complex statistics such as multiple regression. This increases the likelihood of getting 'significant' correlations by chance, and making a Type 1 error. Furthermore, the study is carried out in a sample of students, not representative of individuals who regard themselves as troubled by codependency.

A study from Marks et al (2011), using more complex statistical analysis, explored the psychometric properties of a more recent codependency measure, the Holyoake Codependency Index (HCI, Dear et al 2004), with a sample of 301 adults from the general population and 49 attendees of CODA (Codependents Anonymous). A group of psychological variables was tested: self-esteem, narcissism, family dysfunction, depression, anxiety, stress, and emotional expressivity. A revised version of the Holyoake Codependency Index, entitled the CCS (Composite Codependency Scale) was used. The other validated measures included in the survey are described in Table 2.4. The authors used a section of the McMaster Family Assessment Device (FAD, Epstein et al 1983) for evaluating families' general functioning. There is no information about the validation of this measurement tool.

Multiple regression analyses demonstrated that codependency scores were significantly associated with depression, anxiety, stress, and family dysfunction. Analysis also demonstrated an association between codependency and low levels of narcissism, self-esteem, and emotional expressivity. Additionally, members of the codependent group (CODA) scored significantly higher on the measures of codependency, depression, anxiety and stress and significantly lower on the self-esteem and emotional expressivity measures than the general population not identified as codependents. These results indicate that individuals identified as codependents and currently seeking help or support may have low narcissistic traits characterized as a low levels in terms of their sense of grandiosity, need for admiration, lack of empathy, exaggerated sense of importance, sense of entitlement, arrogant, haughty behaviours and attitudes (DSM V, American Psychiatric Association, 2013). These findings are important as they suggest a significant difference between people who identify themselves as codependents and those who do not perceive themselves as codependents. These authors used a better recruitment route than most other studies and a more complex statistical analysis and validated scales. Although the study appeared methodologically sound, further research is needed before one can establish a relationship of causality between the variables considered.

Summarizing, based on self-report questionnaires, some of the research analysed here proposes that codependency may be associated with depression, which is a finding worthy of note. It is interesting to highlight also that two of these studies agreed on the positive association between what these authors indicated as

codependency and low self-esteem (Marks et al 2011; Springer et al 1998). Some of the findings also suggest that the construct of codependency could be associated with uncertainty of perceptions, child abuse (Carson & Baker, 1994), shame, guilt, low levels of self-expressivity, traits related to low levels of narcissism (Marks et al, 2011). Overall, the results of these studies reviewed here, appear to indicate that codependency could be seen as an all-encompassing term linked with many different forms of psychological distress and difficulty. On the other hand, a possible codependency cycle has been identified. The cycle may be characterized by low self-esteem, difficulties in emotional expressivity and low narcissistic traits, which can affect mood and anxiety levels (depression and anxiety), leading to compulsive behaviours and neglect of own needs. However there are still contradictions and debates about these conclusions. For example, O'Brien and Gaborit (1992) found no significant relationship between codependency and depression, whilst Carson and Baker (1994) did. Highly structured and categorized studies may have lost sight of the individual and their unique characteristics, experience and comprehension of codependency. Irvine (2000) suggests that the individual is a narrative in progress, and this dynamic process does not fit into pre-defined categories of quantitative measures. Further studies are needed considering the wholeness and individuality of the person, capturing the depth of their views, experiences, personal contexts and narratives.

#### **2.4.2 The relationship between codependency and personality problems**

As discussed previously, Cermak (1986) suggested a possible relationship between codependency and various personality dimensions. Cermak suggested that the codependency construct carried a particular pattern of personality traits, predictably found within individuals who engaged in relationships with people with substance misuse problems (see Appendix A). Four subsequent studies in codependency explored the association of codependency with personality trait factors (Hoeningmann-Lion and Whithead, 2007; Gotham and Sher, 1996; Irwin, 1995; Walfish, Stenmark and Krone, 1992 - please see Table 2.4 above for a summary of these studies). Although these studies also considered other psychological variables such as depression, fear and anger, they had their main focus on the personality variables associated with the construct.

A small study by Walfish, Stenmark and Krone (1992) investigated the personality characteristics of individuals who entered an inpatient treatment centre for codependency in America (n=73 women). Although the study is limited by a

relatively small sample of women for a quantitative study, it was included as it investigated the construct within a group of people who were looking for treatment for codependency, therefore demonstrating better representativeness than previous research conducted with samples of University students. The MMPI (Minnesota Multiphasic Personality Inventory; Dahlstrom, Welsh, Dahlstrom, 1972) was used to explore the personality profile of these women who presented themselves for a 10-day residential treatment. The MMPI is a validated personality inventory which assesses the personality traits and mental illness of individuals presenting psychological problems (Greene 2000). A single profile of a 'typical codependent' was not shared by these participants as authors found 'heterogeneity of profiles'. The 'many types of codependents' that the authors found contradicted the 'uniformity myth' associated with a 'diagnostic label of codependent' (p.214), suggested by Cermak. These results reinforce the variety of personal characteristics which are associated with the construct.

Nonetheless, Cermak (1991) also argued that codependency traits complemented narcissism, both being inversely related, a relationship explored in the previous section. In other words, individuals who score high on measures of codependency should score low on measures of narcissism (Marks et al 2011). Cermak (1986, 1991) understood both as disorders with origins in the child's early formative years, when the child unsuccessfully moves from a symbiotic to the individuation phase.

In order to test this view, Irwin (1995) explored the relationship between codependency and narcissism in a sample of Australian adults (n=190, 100 men and 90 women). The authors reported that participants were recruited as a convenient sample; however there is a lack of information about the specific characteristic of this sample. The survey included a number of validated measures, please see Table 2.4. There is no information about the validation of the Children of Alcoholics Screening Test (Jones, 1983) and the Survey of Traumatic Childhood Events (Council and Edwards, 1987). Additionally the study aimed to test the claim made by Carson & Baker (1994) that codependency in adults was predicted by a childhood traumatic experience.

The authors aimed to investigate two main hypotheses: (1) that codependency scales should predict but be negatively related to the two measures of narcissism, (2) that the scores of the codependency scales would be predicted by the scores of the surveys of childhood trauma and parental alcohol use.

The authors reported that the correlation between the two scales of codependency (SDCS and CDI) was statistically significant ( $r=0.63$ ), although not impressive. The correlation between the two scales of narcissism (NPI and NPD) was non-significant ( $r=-0.06$ ). This may have had an implication on the conflicting results revealed by multiple regression analysis between the scores of the codependency and the narcissistic scales. Although the relationship between codependency and narcissism was suggested, it was not entirely clear. They reported that only the NPI scores demonstrated negative regressions, whilst the NPD scores demonstrated positive regressions. Therefore their data offered contradictory support to their hypothesis, as codependency scores related negatively to the NPI and positively to the NPD. These issues may have contributed to the inconsistency found in the results of the study, suggesting also that both psychological constructs (narcissism and codependency) as complex and multifaceted human experiences that may not have been adequately operationalised by the measures used. Although the author confirmed the validation of the measures chosen for this study, the results here raise questions about the validity of the two scales measuring narcissism, as they show opposite correlations with codependency and are not related with each other.

Furthermore, no significant relationship between codependency and reported childhood trauma was demonstrated. A possible problem with the study is related to the scores of the Children of Alcoholics Screening Test (CAST). A large proportion of the scores reported were equal to zero, which means that participants reported no traumatic childhood experiences. The sample become very small once limited to people who did report childhood trauma. There is no information about the validation of this tool. Nonetheless, the findings reported are interesting and contradict early perspectives which suggested traumatic upbringing as possible precursors of codependency, yet are highly limited by small sample size. In spite of these limitations, the findings of the study appear to weaken some of the early theoretical perspectives associated with this complex human experience, especially the suggested role of early upbringing.

Still looking at the personality dimension, Gotham and Sher (1996) conducted a large study ( $n=467$ ) to establish if the construct of codependency, as measured by their chosen tool, had a singular dimension not overlapping with dimensions of certain psychopathologies (depression and anxiety), or personality dimensions (psychoticism and neuroticism). The sample containing self-identified adult offspring

of people with alcohol problems was screened via the short version of the validated Michigan Alcoholism Screening (Selzer et al 1975), and sections of the Family History and Research Diagnostic Criteria Interview (FH-RDC, Endicott et al 1978). These two reduced scales have not been validated. After the screening, participants were divided into two groups: COA (child of alcoholics,  $n=238$ ) and non-COA child of non-alcoholics, ( $n=229$ ). Both groups were invited to complete a set of measures including a personality measure NEO Five-Factor Inventory (Costa & McCrae, 1992), a measure of psychopathology (The Brief symptom Inventory, BSI – Derogatis 1993), and a measure of codependency (Potter-Efron Codependency Assessment Questionnaire, CAQ, Potter-Efron and Potter-Efron 1989). The latter scale is based on a list of characteristics reported to be found in codependent individuals which were extracted from clinical practice. The CAQ scale has 33 items in total, spread across specific subheadings: fear, shame, prolonged despair, anger, denial, rigidity, impaired identity development, and confusion. The psychometric properties of the Potter-Efron codependency assessment (CAQ) were assessed by Gotham and Sher. Factor analysis performed on the CAQ demonstrated that the codependency scale measured a single construct. However further analysis indicated that codependency correlated significantly with neuroticism ( $r=0.66$ ); psychological symptoms of depression  $r=0.43$ , anxiety  $r=0.40$ ; and modestly with family history of alcoholism ( $r=0.18$ ). Furthermore, after controlling basic dimensions of personality and psychopathology with simultaneous multiple regression analyses, neuroticism accounted for a large proportion of the variance in the CAQ measure ( $\beta=0.57$ ), and was a strong predictor of the overall codependency score ( $p<0.05$ ).

The limitation of the CAQ instrument used in this study may have compromised the reported results. The assumption that codependency was related to personality factors prevailed during the time that Gotham and Sher's study was performed. The codependency measure used in their study (CAQ) conceptualizes codependency based on Cermak's (1996) personality model of codependency. The measure does not consider a diverse range of inter-personal factors also suggested to be related to codependency by other authors such as Dear and Roberts (2005), Wright and Wright (1998) and O'Brien and Gaborit, (1992). These authors challenged these assumptions, they suggested that codependent individuals tend to become involved in problematic relationships, remaining committed to these in spite of their negative impact in their personal lives.

Research exploring the relationship between codependency and personality traits continues to feature in the current drug and alcohol literature. Hoeningmann-Lion and Whithead (2007) examined the relationship between codependency and the DSM-IV (APA, 1994) descriptions of borderline and dependent personality disorders in a group of undergraduate psychology students in America (n=76). Although this study contains a small number of participants, a decision was made to include it in the review due to its relatively recent date of publication and relevance to current discussions on personality disorder. Participants completed a number of validated questionnaires including the Potter-Efron Codependency Assessment Questionnaire (CAQ, Potter-Efron and Potter-Efron 1989), the borderline and dependent scales of the MCMI-II (Millon, 1987/1989) and the Dysfunctional Attitude Behaviour (DAS, Burns 1980/Burns and Spangler 2001). The DAS is a scale used to assess depression, based on the concept that the person may carry a cognitive schema marked by absolutism and perfectionism in several areas (e.g. approval, love, achievement, autonomy).

Correlation results demonstrated a significant positive correlation between traits of codependency and borderline personality disorder ( $r=0.69$ ), and a weak correlation between codependent and dependent traits as measured by these scales ( $r=0.31$ ). The results appear to demonstrate that codependency and borderline personality disorder carry similar underlying structures. Additional analysis also revealed that codependent and borderline personality traits were also correlated with the cognitive schema measured by the DAS; thus suggesting that these individuals may carry an underlying psychological structure marked by rigidity, which may lead to depression. These results appear to contradict the positions sustained by O'Brien and Gaborit (1992) that codependency may be a separate disorder in its own right. On the contrary, according to these results, the traits identified by the CAQ measure of codependency appear to overlap with those already identified by personality disorders categorised by the DSM-IV (APA, 1994). Still, one needs to be cautious when interpreting such results, as they are based on a small sample of students. This population is not representative of people more distressed by what they regard as codependency, and it is not likely that these students carry a diagnosable personality disorder profile. However, in the light of the above, one could argue that clinically, codependency may be considered an unnecessary psychological term, as the characteristics associated with the construct are also found in other psychological issues such as personality disorders. In spite of this, as it will be discussed below, qualitative studies suggested that a number of individuals seem to

connect with this term 'codependency', finding it meaningful, and seek codependent support groups as part of their recovery processes (Blanco 2013; Irvine 2000; Rice 1992).

Overall, these four studies (Hoeningmann-Lion and Whithead 2007; Gotham and Sher 1996; Irwin, 1995; Walfish, Stenmark and Krone, 1992) attempted to explore the association of codependency with personality factors. Contradicting some of the early views on the topic (Cermak 1986); Walfish Stenmark and Krone (1992) did not find a single personality profile for codependency. Furthermore, some of the results here appear to indicate an overlap between some of the characteristics of codependency identified in the literature and other characteristics present in personality disorders. For example, Gotham and Sher (1996) identified its overlap with neuroticism, Hoeningmann-Lion and Whithead (2007) with borderline personality disorders. Although the association between codependency and inverted narcissism was suggested by Irvin (1995), the results presented were contradictory. The variation in findings here strengthens the argument that there is a lack of understanding about the meaning and experience of codependency.

To conclude, this section included a review of the nine studies exploring the construct of codependency and its relationship to a range of psychological factors. The review demonstrated that the construct of codependency appears to take many forms, and as a result could fit into many different psychological categories such as compulsive disorders, mood and stress-related disorders, and personality disorders. This highlights the need for first person accounts describing individuals' unique lived experience of what they identify as codependency. This idiographic perspective is needed to complement the nomothetic perspective presented thus far. A qualitative exploration, seeking first-person nuanced accounts going beyond the categories offered by quantitative scales, may be more appropriate to further investigate these important issues. Qualitative research methodologies may be better suited to bring clarity about the circumstances which lead certain individuals to identify their difficulties and the part that these play in their everyday lives.

## **2. 5. The prevalence of codependency as a perceived psychological problem among adults**

As discussed previously, early theorists in the field of codependency understood codependency as a psychological illness and suggested that it had high indices of prevalence, with epidemic dimensions featuring mostly in partners of substance

misusers and women (Whitfield, 1991; Schaef, 1986). Such claims have undermined the credibility of the concept as there is no valid evidence to confirm these views. Nonetheless researchers have attempted to identify the prevalence or occurrence of what they understood to be codependency among different populations: relatives of substance misusers and women. The literature review presented only five studies investigating the prevalence of codependency within families of alcohol or drug users (Sarkar et al 2013; Bortolon et al 2010 and Bhowmick et al 2001; Meyer, 1997; Prest and Storm 1988). A few researchers explored the perceived prevalence of this unclear psychological construct in women (Dear and Roberts 2002; Martsof et al, 1999, 2000; Cowan and Warren 1994) - please see Appendix B for a review of these studies.

## **2.6. Treatment and recovery perspectives in codependency**

Treatment and recovery perspectives in codependency are important topics to consider as this present study includes personal perspectives on 12-step self-help groups for codependency. The codependency literature offers various treatment and recovery perspectives based on individual and group therapy modalities. The literature review identified three opinion papers written by clinicians offering treatment suggestions for codependency perceived as a psychological problem. An occupational therapy treatment perspective for codependency was offered by Neville-Jan et al (1991), a psychiatric perspective by O’Gorman (1993). Daire, et al (2012) published an article suggesting a metaphorical model for treatment of what they identified as codependent behaviours. A discussion on these treatment suggestions is offered in Appendix F.

As identified before, the codependency concept emerged within the alcohol and drugs recovery movement, in the USA. The 12-steps group (defined earlier in the thesis) has been widely adopted by therapists as a way of helping and treating individuals with what they understand as codependency (Denning 2010). In the section below, I will offer a critical evaluation of sociological studies which investigated the 12-step codependency anonymous group (CoDA), as a social cultural movement. Although these views are important and relevant to my study, they are mostly based on the perspective of researchers, rather than group participants.

### **2.6.1 The 12-step recovery group for codependency: qualitative explorations.**

A review of the popular literature available informed that individuals who consider themselves to be codependents seek codependency anonymous groups as a way of dealing with their codependency (Beattie 2011, 1992; Melody 1992, 1989; Bradshaw, 1988). The historical review (Appendix A) demonstrated that at different moments the concept of codependency was associated with the 12 step movement (Denning 2010). Authors have argued that treatment for codependency lies at the heart of the 12 step recovery industry in the USA (Irvine 1985). When exploring which forms of treatment are available for this alleged psychological illness identified as codependency, one has to consider the contribution of the 12 step recovery movement and more specifically CoDA in the framing of this construct. In this research, participants were recruited from local 12 step recovery groups for codependency, hence the importance of considering the literature addressing this experience. However, in spite of the relevance of the issue, the literature search revealed that only three sociological studies have investigated the 12-step group for codependency; and two of these studies were concerned with the socio-political and cultural aspects of the Codependency Anonymous groups (Rice 1992 and Irvine 2000).

Rice (1992) suggested that the 12-Step recovery groups could be understood as 'subculture', which challenged the ideal family models portrayed by the American society of the time - the 'American dream family'. He suggested that codependency discourse created by this group forms a narrative story that people select to frame their lives and acquire a sense of identity; however, similarly to most authors in the field, he focused his study on the views of early theorists in codependency, rather than on individuals who have a lived experience of the phenomenon.

Rice (1992) conducted a Foucauldian discursive analysis study aimed at exploring the work of early codependency authors in popular psychology (Beattie 2011, 1992, 1987; Schaef 1986; Bradshaw, 1988; Subby 1987). In particular, he focused on the association of codependency with discourses of addiction and liberation psychotherapy. Rice explained that liberation psychology is a term used to invite individuals to emancipate from the demands of a specific context, for example an authoritarian family or organization. Based on Foucault's theory addressing the role of power and knowledge, his sociological study investigated the role of power in the construction and selection of topics in the narratives of these early authors.

Although Rice intended to review the content of the discourse provided by these early theorists, he focused most of his analysis on the 12 step discourse propagated by the codependency anonymous group. He contended that the construction of codependency could be a reaction to the authoritarian approaches of the American society, a manifestation of the postmodern cultural ideas. He suggested that the 12-Step recovery groups could be understood as 'subculture', which challenged the ideal family and religious models portrayed by the American society of the time, the 'American dream family'. This 'dream American family' carries a conservative and romanticized idea of a 'home, family, church and community' (Rice 1992, p.350). The codependency discourse is portrayed as an contemporary effort to offer an alternative to 'traditional' forms of identity, described by the author as 'nuclear family, denominational and church based religion, and the demands of a normative community yield' (p. 3339). He suggested that the works of early theorists were possibly 'liberation discourses' adopted by people who felt entrapped by the traditional norms of American society. These discourses, he contended, may have empowered and liberated individuals considered codependents to frame alternative stories and identities. These liberation discourses offered in the 12 step group for codependency provided the individual with a channel for emancipation from rigid demands of 'role-bound conduct' determined by these traditional and religious aspects of the American society. It empowered the individual to construct an alternative identity and life story.

This view is contended by other critics in the field who have considered the codependency discourse as disempowering, as it encourages people to define themselves by a label, with a disease connotation (Anderson 1994; Collins 1993). As an example, Collins argued that 'the 12-step movement persuades people to define themselves as relationship addicts, who are powerless over their disease unless they actively involve themselves in a 12-step process' (p. 473).

As discussed previously, the earliest construct of codependency emerged in the context of the study of wives of substance misusers, which carried the stereotype of white, middle class women (Uhle, 1994). The initial constructions of codependency were architected within the perceptions and vocabulary reflecting this culture. Therefore it is possible that this 'liberation discourse' attributed to the construct by Rice (1992) may have reflected the cultural experiences and needs of the society at that particular time. It empowered these individuals to break away and escape from traditional systems of authorities. As discussed, this codependency discourse could

have been beneficial to these individuals as it rejected traditional views of women and family, providing alternative story lines in which to build their life stories. It might have helped these individuals to break free from controlling environments, to look back critically at these systems and create new personal pathways. However, a question remains about the reasons which maintain this construct still widely used and explored today not only in the USA but in other cultures, for example Japan (Borovoy 2005), India (Sarkar et al 2013, Bhowmicket al 2001), Brazil, (Bortolon et al 2010), Sweden (Zetterlind and Berglund 1998), Mexico (Blanco 2013), Taiwan (Chen, Wu and Lin 2004) and others.

Following Rice's perspective, another sociologist, Irvine conducted an Ethnographic study, with a specific focus on the social cultural aspects of the 12 step recovery movement for codependency in the USA. Several opinion and empirical papers emerged from Irvine's study (Irvine, 1995, 1997, 2000; Irvine and Klocke, 2001). Irvine (1995) built the case for her ethnographic study, which she contended would illuminate the appeal that the codependency recovery movement exercised on the American society. Her article touched on issues of gender, selfhood and emotions in the American society, contending that the codependency discourse may have served as a strategy for women to resist societal expectations placed on them by this culture. Still within this socio-cultural perspective, Irvine (1997) examined the dissemination of the American emotional culture through CoDA. She argued that the psycho-spiritual discourse found in CoDA reflected the 'emotional cultural' discourse of the wider American culture. In a later research article, Irvine and Klocke (2001) attempted to discuss the benefit of the CoDA for men who have failed traditional expectations of masculinity fashioned by the American societal values. Although interesting, the paper has quality issues which impeded its appraisal (e.g. no information on number of participants was offered by the authors - ethical questionability).

In a paper which has most relevance to this study, Irvine (2000) presented the results of her ethnographic study conducted in New York City and Long Island. The study encompassed 400 hours of fieldwork, including participatory observations of the CODA meetings and interviews (n=36) with group attendants. In this paper, Irvine alleged that people sought CoDA as a result of a break up in relationships and that as a result CoDA groups functioned as a replacement for these broken relationships. This process is referred by her as a process of 'uncoupling', and means any form of divorce or separation – 'a failure of the relationship' (p.11).

Unfortunately the author does not provide much information to confirm this assumption (i.e. demographics of participants, relationship status). Her ethnographic study focused on the content of 'sharing' that took place in these group meetings (Irvine 2000, p.13). The procedure involved attending meetings (without revealing her identity as a researcher), observing the content of the meeting, taking field notes and later approaching a few group members for brief interviews. The author explained that the interviews focused mainly on life before and after CoDA.

Grounded theory guidelines were used to analyse the data collected. Based on grounded theory coding, the researcher developed categories which she termed as 'narrative formula' of CODA meetings. The formula entails a four part chronology. The person begins by describing childhood situations which created the 'codependency' problem, and the 'excuses' for dysfunction resulting from these problematic childhood experiences. The next phase is described in 12 step terms as hitting 'rock bottom', whereby the person reaches a low point and recognises the need to change. The next steps involve what the author identifies as 'working the programme', when the person describes the process of recovering from codependency. The final stage is explained as 'redeeming the past', as the CoDA participants describe the positive changes carried out as a result of 'working the programme'. Irvine argued that this 'ready-made formula' offered by CoDA is reinforced and validated in the weekly group meetings. She suggested that individuals internalise this discourse and become institutionally anchored in the CoDA group. In using the term 'institutionally anchored', the author contends that the group functions as a replacement for the 'lost partner' as a result of the end of the relationship.

However, apparently disagreeing with her own arguments, the author later seemed to suggest that despite using this formula, these individuals may tell different stories. She stated: 'this is not to say that everyone on CoDA tells exactly the same story. To the contrary they tell unique stories...' (p. 15). Yet Irvine's study did not appear to have tapped into the uniqueness of these individuals' stories. Smith (1998) highlighted the importance of a research method which 'preserves the uniqueness the experience' of the person, addressing his or her unique point of view (p.213). Shinebourne and Smith (2008) contend that studies 'which focus on aggregated data and do not provide access to specific explorations of individuals' may not be suitable to address subjective human experiences (p. 153). This suggests the need

for a detailed idiographic study aiming to attain an in-depth understanding of the unique stories told by these individuals.

Besides, Irvine's (2000) study has several limitations. Data analyses were performed by comparing data collected from interviews with the researcher's own observation notes collected whilst attending the meetings. There is no indication of any form of reflexivity; which would have been useful to account for how the researcher's values or ideology influenced the work (Finlay and Gough 2003). Additionally there is no evidence that other researchers or a team of advisors checked the trustworthiness/credibility of the findings. There is also little evidence that the research was conducted in collaboration with participants, for example informed by a team of advisors which could provide some insider's advice. Participants' collaboration is an important aspect of research as it ensures that the knowledge disseminated, accurately reflects the views of the individuals who are key players in the process, improving the standards of quality of the study (Cresswell, 1998).

Moreover, the researcher reported that approval was not obtained from CoDA to carry out the study, and most of the data were collected by the author attending groups in disguise; this covert observation and deceit has ethical implications and affects the overall credibility of the study. Although Irvine states that she obtained consent from her participants to carry out the interviews, she appeared to have approached them as a group member, not entirely revealing her identity as a researcher. It is possible that at the time of the study, ethical considerations were not as rigorous as they are today, allowing for such a questionable research procedure. However, the lack of ethical rigour carry serious implications associated with quality of and trustworthiness of the information collected and subsequently analysed by the researcher.

Irvine proposes that the results of the study could be generalized to wider populations, in particular addressing processes in which institutions shape individuals' sense of self through narrative formulas. However, one could argue that the perspective proposed by this study was grounded in American social cultural values, and therefore may not be applicable to other cultures. For example, in his cross-cultural appraisal of issues related to codependency, Know (2001) argued that Asians may have a different understanding of self, others and the interdependency of the two. He contended that these understandings can influence 'the nature of the individual experience including emotion and motivation' (p.43).

An additional cultural perspective on 12-steps self-help groups for codependency was presented by Blanco (2013). The qualitative study was conducted with victims of domestic violence, who attended CoDA groups in Mexico. The study was concerned with the role of the group in fostering resilience in women with experiences of domestic violence and substance abuse in complex family situations. According to the researcher, Mexican women are expected to take care of their larger families including parents, children, husband and any family member who needs help, fostering a life of dependency on these caring roles; however no information was provided to support this claim. Participant observations of the 12 step groups and qualitative interviews were used. Differing from Irvine's (2000) study, the author reported that consent was obtained from the participants to observe them in group situations. Six participants were interviewed; however there is no information on the number of interviews carried out by the researcher. Although the author contended that the codependency groups offered support and helped these women to move from a 'dependence role' to a more 'self-reliant role', the article lacks clarity about which aspect of the group helped with this - for example, if it was the friendship, emotional, social support or spiritual principles adopted by the 12 step programme. There is no information on the methodology used or emerging themes resulting from the analysis of the interviews. The article contains a number of claims which are not substantiated with quotes from participants, leaving questions regarding the credibility of the results presented. In spite of these limitations, the study offers a positive perspective on the benefits of the codependency anonymous group in helping these women to develop skills and strategies to deal with problematic and complex family situations.

Overall the studies discussed here attempted to provide a discussion on the 12 step model as a treatment for issues perceived as codependency. They offered an attempt to provide a qualitative perspective on treatment experiences for codependency. The studies by Irvine (2000) and Rice (1992) were limited by their focus on the American social cultural content of CoDA meetings. These studies offer a sociological perspective of the 12 step recovery movement in the American society. In summary, these papers suggested that the CoDA group may generate a discourse that could be useful to individuals in providing a sense of identity and liberation. This argument highlights the need for more research inquiries exploring the first-hand accounts of these individuals who associate with the construct and who seek this discourse to frame their life experiences.

Furthermore, Irvine and Rice's studies failed to address the idiographic experiences of individuals who consider themselves to be codependents and who may seek these recovery groups as a way of dealing with difficulties in their lifeworlds. For example, Rice's analysis focused on and aimed at the discourse of early authors in the field of codependency. He suggested that a more balanced exploration would be useful, considering the individual's unique story in the specific context in which they emerge. Irvine focused on the content of CoDA meetings as a cultural movement. Participants' views on their unique experience of codependency were not included in their studies and are still needed, for example: the processes that they believe led them to identify themselves as codependents. On the other hand, although Irvine included interviews in her study, these were aimed specifically at understanding peoples' engagement in CoDA. Irvine explained that the narrative themes which emerged from these interviews had the intention to explore the 'social processes they revealed'; she did not observe or treat each participant's 'story in its uniqueness' (Irvine 1997, p.5). She attempted to portray how these narratives revealed a cultural phenomenon (Irvine 1997, Chase, 1996), not the meaning of codependency as a lived experience.

These limitations suggest that a phenomenological and idiographic study is needed, focusing on the meaning of codependency for individuals who identify themselves as codependents, and considering their perspectives and experiences of the recovery. These studies also suggest a need to increase ethical standards, by offering also a genuine input from an advisory group of people self-identified as codependents.

## **2.7 A phenomenological exploration in the field of codependency**

Biering (1998) offered one of a few qualitative research studies in the field of codependency, his paper entitled: 'Codependency – a disease or the root of nursing excellence?', offered a hermeneutic phenomenological research exploring the experiences of nurses. Due to its relevance to the methodology chosen for this study, a review of Biering's (1998) study is offered here.

Biering's study explore another assumption found in the literature on codependency that individuals may engage in caring professions as a result of unmet childhood needs, which according to these authors resulted in codependent behaviours. An example of this assumption was found in the work of Linda Arnold, a psychiatric clinical nurse specialist and assistant clinical professor at the University of

California. Arnold published a series of three opinion essays (Arnold 1990a, 1990b, 1990c), suggesting possible implications of codependency for nurses in health care practice. She introduced the contentious term: 'codependent nurses'. According to this perspective, by helping others, practitioners achieve a sense of control and self-esteem, factors that which may not have been validated and fully developed during childhood.

Investigating this claim, Biering's (1998) hermeneutic phenomenological research focused on how competent nurses (n=8), who reported dysfunctional childhoods, experienced the relationship between this upbringing and their chosen career. The group contained 5 nurses (not identified as codependents) who reported that they had previously engaged in 12-step self-help groups (not necessarily for codependency). The nurses were selected from an Icelandic nursing community. Dysfunctional childhoods were characterized rather restrictedly as being raised in families with alcoholism problems. A staged data analysis process was followed including reflective coding and conceptualization steps.

Several themes emerged from the interviews: escaping difficulties by becoming a nurse, coping roles guide nursing careers, sensitivity to the untold, transforming dysfunctional responses, and wounded hearts. The first theme, '*escaping difficulties by becoming a nurse*' described how growing up in dysfunctional families influenced the participant's decision to become a health professional. The second theme, '*coping roles shape nursing careers*' described the roles these participants occupied during their childhood helped to maintain a balance in their family of origin. Some of the roles described by these participants were: confidant of their parents, responsible child, mother's helpers and others. These were thought relevant to their career choices. The theme '*sensitivity to the untold*' explained how growing up in dysfunctional families encouraged the nurses to be more sensitive to their clients' feelings and attitudes. The theme '*transforming dysfunctional responses*' explained how painful family experiences were transformed into something positive as part of their professional lives. For example, a participant spoke about developing something like a '*watchful sensitivity*' when she was a child as a response to her father coming home drunk. She believed that this enabled her to be more aware of the sounds and noises as she worked in an acute care unit. Finally the '*wounded heart*' theme described how these nurses used their traumatic family experiences and their experience of recovery stories to the benefit of their clients. Overall the study demonstrated that although the participants reported dysfunctional families of

origin (i.e. alcoholism); they were able to successfully transform and use their experience in helping individuals who struggled with similar issues. These nurses reported having successful and fulfilling careers, and that they were able to live functional lives.

The findings of the study cannot be straightforwardly generalized as it focused on a small group of nurses who were all adult children of alcohol dependents. Furthermore the experiences of nurses with similar backgrounds, who did not succeed in the profession, were not explored. It is possible that participants of this study may have used the skills and coping strategies resulting from being raised in dysfunctional families as instruments of growth and career development. Other individuals may have different experiences. The study demonstrated that the assumptions found in the literature are not fundamentally the 'only true reality'; individuals may construct personal realities based on their individual experiences. One could argue perhaps that codependency may not be necessarily a negative characteristic; instead this experience could and can be transformed positively into effective caring. The phenomenological methodology was useful as it changed the perspective in which the codependency construct was perceived. It highlighted that individuals raised in dysfunctional families may use early experiences positively to live productive and functional lives. The 'stories' provided by these individuals may not fall into any prescribed 'codependency category' (i.e. health professionals, relatives of substance misusers) suggested by early codependency authors. Furthermore people have unique stories and rich experiences which are not well captured by designs which focus on quantitative models and ratings on pre-set questionnaire items.

It could be argued that Biering's study highlighted the need for further phenomenological research specifically exploring the experiences of individuals who identify with the concept of codependency. This would provide more clarity about the ways that these self-identified codependents find significance and develop coping strategies for their lives, in part through their identification with the codependency discourse. The review here also highlights the value of qualitative methodology, rarely used in this field, to hear people's own accounts and interpretations less constrained by researchers' pre-existing assumptions as embedded in their measurement scales.

## 2.8. Conclusion

The literature review demonstrated that the construct of codependency lacks a clear theoretical conceptualisation and, as a result, has generated a fair amount of discussion, criticism, and contradictory evidence amongst researchers. Furthermore, most of the empirical evidence concerned with this controversial construct is formed by a body of quantitative research, attempting to categorise and quantify this contentious human experience. The concept has been explored mostly within a positivistic perspective, with quantitative researchers attempting to present the construct as taking the form of a 'real and objective' psychological problem open to measurement. The majority of these views reflect a rather pathologising perspective on codependency.

Within this rather medical perspective, researchers attempted to identify and correlate the main factors or traits associated with codependency. Several authors were concerned with issues related to the operationalization and measurement of codependency. Several measures have been developed to evaluate the manifestation of codependency perceived as a psychological problem. These measures did not appear to agree on the main factors that operationalise the construct; instead they presented a range of traits which could be associated with nearly any psychological problem. Indeed, there is evidence that codependency may be closely linked with low self-esteem, depression and anxiety.

In summary, it appears that researchers have been unsuccessful in reaching an agreement on a comprehensive definition which could lead to a valid measure of the construct. One could argue that these studies based on assessment questionnaires, not all validated, may have lost sight of the individual and their unique characteristics and experiences; such experiences may not easily fit into predefined psychological categories. Studies are needed considering the wholeness and individuality of the person, capturing the depth of their views and experiences, and seeking the meanings that they derive from identifying with this construct.

Early theoretical conceptualisations of codependency associated its emergence with early dysfunctional family situations. Challenging early views on codependency, the majority of these studies suggested that there was no relationship between codependency and parental substance misuse. Associations were also reported between codependency and dysfunctional patterns within the family of origin such as family conflict and abuse. However these studies provided insufficient evidence

regarding precursors of codependency, as they investigated these issues mostly in non-representative convenience samples of students. Only small proportions of these samples were assessed as 'codependent' and it is unclear that any participants self-identified with this construct. Subsequently, these authors called for further research exploring these issues within samples of people who perceive themselves as codependents (Knudson and Terrell 2012; Cullen and Carr 1999). However, no studies have specifically addressed this call. Furthermore, there is an identified lack of qualitative research concerned with the exploration of family influence on what people self-identify as codependency. It is important to gather first-hand accounts of people's experiences and difficulties to inform research and theorisation in this area and subsequently clinical practice.

Still within this rather pathologising perspective, researchers attempted to delineate the psychological correlates of this multifaceted construct (Mark et al, 2011; Hoeningmann-Lion and Whithead 2007; Well et al, 2000; Hughes-Hammer, 1998; Carson & Baker, 1994; O'Brien and Gaborit, 1992). The results of these studies suggested that codependency appears to take many forms, not easily restricted to the confines of pre-determined psychological categories and measurement tools. It is interesting to note that some researchers have agreed and provided evidence on the negative association between codependency and self-esteem (Marks et al 2011, Springer et al 1998). Personality researchers also appear to provide some consistent evidence on a possible overlap between some of the characteristics of codependency and other personality concepts such as inverted narcissism, neuroticism, borderline and dependent personality disorders (Hoeningmann-Lion and Whithead 2007; Gotham and Sher 1996; Irvin 1995). This overlap strengthens the argument that codependency appears to be a 'catch-all' term. This overall lack of understanding about the meaning and experience of codependency highlights the importance of qualitative research in this area, focused on taking the perspective of the individuals who seem to find meaning in codependency to frame their lifeworlds.

Furthermore, although the construct emerged in clinical literature and practice, with clinicians attempting to explain caretaking activities of relatives of substance misusers (Reyome and Ward 2007), only a relatively small body of quantitative literature was concerned with establishing evidence for the occurrence of codependency in families with issues associated with substance misuse (Sarkar et al 2013; Bortolon et al 2010 and Bhowmicket al 2001; Prest and Storm 1988). None

of them offered a qualitative exploration of these family members' perspectives and experiences. Additionally exploring previous views on codependency, the literature review demonstrated that there are only a small number of studies concerned with the perceived predominance of codependency in women (Dear and Roberts 2000, 2005; Martsof et al, 1999, 2000; Cowan and Warren, 1994) and health professionals (Martsof et al, 1999; Chapelle, 1993; Clark and Stoffel, 1991), themes constantly suggested in the early clinical literature. These empirical studies challenged previous assumptions associated with codependency.

Nonetheless, attempts to identify qualitative perspectives on the topic located a few studies (Blanco, 2013; Irvine, 2000; Biering, 1998; Rice, 1992). The review of this qualitative literature demonstrated that this small field has been ventured into mostly by sociological authors, revealing a clear lack of qualitative psychological perspectives. For example, two sociological studies were concerned mostly with the social cultural aspects associated with codependency groups in America, suggesting codependency as a learned and rehearsed socio-cultural discourse (Irvine, 2000; Rice, 1992). These researchers were concerned with how this human experience would fit into sociological frameworks and categories. They left many questions unanswered and invited further psychological research investigating how this discourse is internalised, experienced and shared by people who identify with it.

On the other hand, some previous assumptions found in the codependency literature have been successfully challenged by qualitative research, demonstrating the usefulness of this approach in this field. For example, the perspective that health professionals may engage in caring professions in a compulsive, dysfunctional way as a result of what these early authors identified as codependency was challenged by the qualitative study presented by Biering (1998). Overall, these qualitative studies demonstrated that the views of early theorists in this field may not be the only 'single' or objective reality, but that others may offer different and equally important positions.

The literature presented in this chapter is strongly based on measures taken from university students rather than the individual who strongly self-identifies with the construct. These studies did not clearly address the meaning of codependency from the perspective of the individuals who find this construct useful to frame their lifeworlds. This gap highlights the need for further studies centred on the individuals' lived experience and perspective on the construct. It indicates a need for phenomenological research specifically exploring the experiences of these

individuals. This could shed some light on the ways that these individuals find significance in their lives through their identification with the codependency discourse. The meanings of codependency, as understood by these individuals, will be helpful in providing more clarity for health professionals and academics involved in this field.

## **2.9 Rationale which informs the research question.**

The historical and narrative review of the literature in codependency demonstrated that this controversial construct has been widely explored and discussed. The review demonstrated a diverse range of views, suggesting that many different voices have been associated with the construct over the years. The review also demonstrated that research on codependency has been dominated by quantitative methodologies, with only a small interest in the use of qualitative methods in this area. A close examination of this literature indicated that the lived experiences of individuals who consider themselves codependents have been overlooked by the academic world, even within qualitative studies. There is a need for research which challenges the stereotypes and myths about codependency providing information which reflects the lived experience of these individuals.

The debates and uncertainties about the meaning of codependency suggest that an inquiry into individuals' experiences is pertinent. Currently there is a strong emphasis on user involvement in health care (Barber, Beresford, Boote, Cooper and Faulkner 2011), and it becomes important to provide these individuals with the opportunity to present their experiences to the wider academic and clinical communities. There is also an increasing development of qualitative research looking to obtain insiders' perspectives into mental health problems (Hagen and Nixon, 2011; Horn, Johnstone and Brooke, 2007; Knight and Hayward 2003) and addiction problems (Shinebourne and Smith 2008, 2010, 2011; Rodriguez and Smith, 2004; Larkin and Griffiths, 2002) For example, Larkin and Griffiths (2002) used an interpretative phenomenological analysis (IPA) to address issues related to the subjective experiences of substance misuse at a residential addiction treatment center using the 12 step programme. Shinebourne and Smith (2008) presented an IPA study illuminating how the experience of addiction impacts the participant's sense of self. The authors contend that the methodology helped them to build a rich picture of the 'subjective-felt experience', not often addressed by other forms of research (p. 152).

It is therefore timely to explore the first-hand accounts of the individuals who have practical, lived experience of what they self-identify as codependency and who seek (or who have sought) the 12-step group as a framework for understanding and resolving these experiences.

This project aimed to capture important aspects found in the narratives of self-identified codependents that could be useful to inform the codependency literature and possibly clinical practice. The processes that lead individuals to adopt the concept of codependency to frame their lived experiences may highlight the needs that bring individuals to a specific way of understanding their identities, difficulties, past lives and group membership. It is therefore expected that in addressing these important issues, this research may offer a phenomenological innovation, a contribution which will be useful to inform the current body of knowledge.

The project aims to answer this research question:

**What is the lived experience of codependency among people who have sought support from a 12-step recovery group for codependents?**

The next chapter presents the theoretical underpinning of the qualitative methodology chosen to answer the research question specified for this project.

## **Chapter 3- Research Methodology and Method**

### **3.1 Introduction**

In this chapter, I critically present the methodological and procedural aspects of the research study. The section is divided into two separate parts. The first part offers a theoretical discussion on the philosophical underpinning and scientific paradigm associated with the research study, including also a discussion of the rationale which supports the qualitative methodology chosen. The second part presents the method chosen for the study. In this second part I present the research design, the procedures of data collection and analysis and the sample selected for the study. I conclude the section with a demonstration of how the important elements of trustworthiness, credibility and ethics were addressed during the planning, implementation and analysis stages of the study.

### **3.2 Methodology - The theoretical underpinning of the research study**

This research project was built within a net of epistemological and ontological perspectives, or paradigm, composed of overarching philosophical beliefs which framed and guided my actions through the research process (Denzin and Lincoln, 2005).

From the onset of the research process, I had to consider the complexity of ontological debates in health and social care research, on whether reality is regarded as existing independently of the individuals, who experience it (realism), or if it is conceived through experience of these individuals (relativism) (Denzin and Lincoln, 1998). Ontological questions, concerned with the study of being or claims about what exists (Henwood, 2000), reflected my views, beliefs and actions from the planning stages of the research project onwards (please see the extract entitled 'Ontological Reflexivity' below).

Closely inter-related with these ontological questions, there were also important epistemological debates to consider. For example: the relationship between the 'knower' (myself and the research participants) and 'what can be known' (the experience of codependency), and also how this knowledge could be framed or postulated (Denzin and Lincoln 2005, p.22). My ontological stance would form the grounds for my choice of an objectivist or subjectivist epistemological position. An

objective epistemology would have meant considering that one single understanding of codependency existed and was external to me or my participants; therefore theory neutral (Erikson and Kovalainen, 2008). Conversely, if I considered a relativist ontological perspective, a more subjective epistemology could be assumed to explore the constructed realities involved in the experience of codependency (Willig, 2008; Denzin and Lincoln, 1998). Please see the extract below which reflects my early ontological journey.

***Reflective account (May 2012)***

*'I started this project by naively attempting to define codependency and as such considered the concept as an 'objective and real thing'. My initial proposal for the PhD studentship suggested a study exploring the different variables which (in my view) defined the concept. The plan was to design a 'codependency model' (likely through Structural Equation Modelling) which could offer something concrete to form the basis of a measurement tool in clinical practice. I read every quantitative research paper which explored the different possible variables involved in this curious and intriguing concept. As I pursued in mapping the different definitions and variables found in the literature, I became more and more confused. There were a considerable number of definitions and as such a number of variables were proposed. I found myself agreeing with Uhle (1994) who said 'Codependency is either everything or nothing'. In the middle of my desperation, I began to wonder if in fact this concept really existed or not. At that stage, I began to critically appraise this 'realist' view of the concept. Reluctantly, I began to give in to the idea that, perhaps, codependency might be a subjective concept, and as such framed by those who expressed it. At this stage in time, I agreed with Husserl, when he suggested the pathway of 'going back to the thing itself'. I then decided that this could be the way forward – I needed to go back to the essence of 'codependency', still a rather 'realist' perspective. As I immersed myself in phenomenology, with the intention of exploring the essence of this intriguing human phenomenon, I realised that this exploration would be a rather unmanageable mission. My own efforts to understand the essence of the concept were already marked by my own interpretations and subjectivity. Furthermore, as I attempted to understand the experiences of other people, these would also come intertwined with their own interpretations and subjectivity. I then concluded that that relativist position would be more suitable to explore this controversial and contested human experience.'*

### 3.2.1 The positivist and the constructivist debate in codependency

The construct of codependency has been studied within two distinct paradigms: positivism/ post-positivism and constructivism, therefore subject to much controversy.

The positivistic paradigm contends that objective accounts of the real world can be examined. It asserts that reality is objective, absolute and measurable. The position operates within the ontological stance of naïve realism, whereby researchers propose that human perceptions represent accurate reflections of the world as it is – ‘a single reality’ (Guba and Lincoln 1998).

Assuming that methods for examining such accounts can be imperfect, the post-positivism paradigm takes a more flexible stance, and holds that only a particular objective account of the world can be produced (Denzin and Lincoln, 2005). In this case, the ontological position of critical realism is adopted whereby reality is argued to be only imperfectly captured.

In both positions the researcher adopts a dualist and objectivist epistemology (Denzin and Lincoln, 1998). These positions place great emphasis on the internal validity, external validity and reliability of the measures involved in the research process. The objectivity sought in this line of research aims to attain research findings that can be replicated and generalised (Hicks, 2000).

Within this paradigm, as shown in the previous chapter, the contested construct of codependency has been subject to research scrutiny, carried out by different research communities (Marks et al, 2011). Attempts have been made to delineate its components, in terms of predictive and outcome variables (e.g. Harkness, 2001; Fuller and Warner, 2000), to create theories (e.g. Fischer, 1991), definitions (e.g. Dear et al 2004), models (e.g. Potter-Efron & Potter-Efron, 1989) and measurements of codependency (e.g. Dear and Roberts, 2005). However, in spite of these objective attempts, authors have not reached an agreement about what constitutes its components; as Marks et al (2011) state: ‘investigations are still needed to resolve the controversies surrounding the codependency model and advancing its understanding’ (p.1). Therefore it is pertinent to suggest that objective research methods have not been entirely effective in capturing the extent and complexity of this controversial experience.

Indeed, the positivist paradigm has been criticized for posing limitations on what can be explored in terms of human experience (Langdrige, 2007, Denzin and Lincoln, 2005). For example, it has been argued that not all human perceptions are objective experiences, and not all individuals share common perceptions (Carr, 2001). Furthermore, contemporary views on social change and diversification, pose challenges on the use of pure objective methods (Denzin and Lincoln, 2011; Wetherell, 2008). This critique is pertinent to this research as it supports the use of a myriad of different perspectives and contexts in research, hoping to address the diverse and subjective elements of human lifeworlds (Richardson, 2000).

Schwandt (1998) suggests that supporters of the constructivist paradigm aim at understanding complex lived experiences from the perspective of those who experience it. The paradigm also accepts that knowledge is constructed by all those involved in the research process. The paradigm assumes a relativist ontological position and operates within an interpretivist and subjectivist epistemology (Lincoln and Guba, 1998). Schwandt (1998) traces the theoretical foundations of constructivism to philosophers such as Heidegger, Gadamer, Ricoeur and Gergen; thus highlighting the complexity of the paradigm. However any attempt to offer a compact and consensual definition of constructivism would directly contradict the basic relativist principle in which the paradigm operates (Woolgar and Pawluch 1985). This paradigm appears to be a more adequate position to address the complexity and subjectivity of the lived experience of codependency.

The constructivist paradigm was considered to be a more fitting position for this research study, which aimed to capture the lived experiences of individuals who considered themselves to be codependents. Denzin and Lincoln (2005) suggest that research built within the constructivist paradigm operates within 'local, specific and constructed realities' aiming at 'co-constructed findings' (p.193). The relativist position adopted in this study assumed that those involved in the research process (the researcher, the participants, the team of supervisors and research advisors) had multiple perspectives of codependency. Within this view, the experience of codependency was understood to be co-constructed, and re-constructed by those involved in the research process.

In this study, the participants took the position of the 'knower', carrying knowledge of codependency which was subjective to their lived experiences, interpretations and the context in which they were immersed. The term 'contextualism' suggested by

Madhill et al (2000) was useful to describe this situated aspect of their experience. The term contextual-constructivism (Smith et al, 2009) is adopted as a convenient terminology to portray the integration of both positions in this research study.

During the research process, at times, I struggled with how best to make reference to codependency without implying that it was a fixed, objectively defined concept. I have included an extract from my reflexive journal to illustrate my 'tension' with this issue.

#### ***Reflective Account (August 2012)***

*'As I read the two articles from Woolgar and Pawluch (1996) and Augoustinos and Walker (1995), I became aware of the ontological discrepancy resulting from adopting a relativist position, which understands codependency as an experiential construction, and writing and speaking about this concept with a degree of objectiveness and realism. After thinking and considering this tension for many months, I concluded that for rhetorical and practical reasons, the term 'codependency' needs to be mentioned or treated as understood by the participants, as something 'sub-real'. Although I am not attributing reality to the construct, I am accepting that people may see it as real as part of their lifeworlds. As I read more about the IPA methodology (Smith et al 2009, Larkin et al, 2006, 2011), I understood that the authors within this body of research agree with me, and met the same tensions in their research. For example, in their 2006 paper, Larkin et al deal with these tensions. They explain that what is real may not be determined by us, but the exact meaning of reality they state: '...in the context of human life, it is evidently we who decide what is allowed to count as real and what is not' (p.107). Therefore, in this research, I can use the codependency language, with a degree of sub-realism as a convenient way of summarising the experience portrayed by the participant.*

### **3.2.2 The selection of a phenomenological approach (IPA) for this project.**

Qualitative research is an umbrella term which covers the exploration of a social or human experience, within distinct traditions of inquiry (Willig, 2008; Larkin, Watts and Clifton, 2006; Denzin and Lincoln, 2005). Qualitative inquiries can take a range of perspectives from realism to relativism (Denzin & Lincoln, 2005). However these varied perspectives can create tangible tensions within the qualitative field of research; and at a more specific level, it becomes important to define the perspective adopted by each research inquiry. Although it is argued that the qualitative field of inquiry has 'no theory or paradigm that is distinctly its own'

(Denzin and Lincoln 2005, p.6), most qualitative research enquiries stress the socially constructed nature of reality (relativism). Denzin and Lincoln (2005) argue that the reliance on 'realism' and dualistic epistemologies makes the positivistic/post positivistic position unfit to address complex research issues such as the one discussed here. The qualitative research stance is most suited to exploring lived experience, as it takes a naturalist and interpretative approach to the research topic, thus enabling an in-depth analysis of the meaning-making activity of research participants (Willig 2008; Larkin et al, 2006; Denzin and Lincoln 2005).

At the initial consultative stage of this research project, it was important to determine which qualitative methodology would be most suitable to address the proposed research questions. Within qualitative research inquiry several methodologies were explored, for example: Biography, Ethnography, Phenomenology, Grounded Theory, Case Study and Discourse Analysis (DA). Although there is a range of features which characterize each of these, Wetherell (2008) suggests that they all share the same defining focus on the quality and texture of the experience. Denzin and Lincoln (2000) put forward a range of defining features, which they indicate are mostly shared by these methodologies, for example: they share a similar concern with the richness of the description of the phenomenon; they use post-modern perspectives such as the notion of multiple versions of reality; there is post-modern sensitivity, which means that the researchers carry a sense of personal responsibility for sensitive ethical issues; they are concerned with participants' (individuals' or groups') everyday social problems. This list of features was useful to inform my choice of qualitative methodology. As I considered the differences among these methodologies, I also found that assessing their central purpose or focus was useful to differentiate these qualitative traditions, as suggested by Cresswell (1998). Please refer to Appendix G for a brief consideration on these alternative methodologies.

In this study, I was interested in obtaining the insider's perspective of a number of self-identified codependents, with shared experience of attending (or who had previously attended) a 12-step recovery group. I was looking for a methodology which addressed the detailed and specific narrative accounts of their experience of codependency, fostering an in-depth understanding of the complex and idiographic aspects of this experience. I was interested in finding out if there were some shared elements of this experience. A phenomenological position was considered most suitable to guide this exploration.

## *Phenomenology*

Phenomenology is an umbrella term for a philosophical movement and a range of research methods. This philosophical movement emerged with Husserl (1859-1938), and focuses on the study of human experience (Smith et al, 2009). Langdrige (2007) describes phenomenology as the 'study of things in their appearing' (P.11). He explains that the concept of intentionality is fundamental to phenomenology, understood as a key feature of consciousness; in other words we become conscious of the world as we engage with it. Some constructs may not necessarily exist in themselves, but take a form of existence as we become conscious of them. Therefore the only way to access the phenomenon would be by asking the individual who experiences it. Phenomenological studies have their central focus on a determined phenomenon not only as it appears (noema) but also in the way it is experienced (noesis) by the person. So for example, in this study, codependency is the initial focus of experience (noema). The conscious awareness of codependency reveals how codependency is experienced (noesis). By focusing on the experience of codependency as it is lived by these self-identified codependents, I hoped to come to understand not only the experience, but the person who experiences it.

Within phenomenology there are many different stances, for example: Interpretative Phenomenological Analysis (Smith et al, 2009), Hermeneutic Phenomenology (van Manen, 2007) and Descriptive Phenomenology (Giorgi, 1985, Giorgi & Giorgi, 2008), among others. However, they all share the same original philosophical perspectives and focus on the meaning of the individual's experience. Descriptive Phenomenology attempts to apply some of Husserl's early principles of 'reduction' to arrive at the 'essence of the phenomenon'. It strives to apply systematic and scientific rigour to the research enquiry. The researcher stays 'very' close to the data, in order to attempt to describe the phenomenon as it appears, without any interpretation. On the other hand, hermeneutic phenomenology is inspired by some of the late Husserl's thoughts and also by the further phenomenological developments brought by his disciples, Heidegger and Gadamer. The methodology focuses on the understanding of the meaning of the experience, from a variety of data sources, with greater interpretative engagement, moving away from the essentialist structures proposed by the Descriptive version. There is a reluctance to

apply any explicit method of data analysis, and a strong interest in the 'hidden meanings' of the experience.

Please see below, an extract from my reflexive journal which demonstrates my journey of understanding and decision making as I considered both methodologies:

**Reflective Account (May 2012).**

*I noticed that both methodologies were representing two distinct poles within phenomenology: from one side, it appeared that there was a scientifically rigorous methodical approach and from another there was a loose, flexible interpretative approach. I soon concluded that Descriptive phenomenology was not congruent with my view that, as we attempt to make sense of the experience, both the research participants and myself add a degree of interpretation and subjectivity to the research. On the other hand, the Hermeneutic Phenomenology appeared to be too flexible, without a clear framework about how to analyse the data, leaving too many open endings and perhaps room for oversights from my part. A pure phenomenological or descriptive approach did not have enough room for interpretation and a totally hermeneutic approach had too much. I felt that as a novice phenomenological researcher, I needed a methodology which would allow room for the interpretative stance of the research, as well as providing a malleable structure in which it could be investigated. At the time, I read Smith's (2011) article, where he stated: 'experience cannot be plucked straight forward from the heads of participants, it requires a process of engagement and interpretation on the part of the researcher...IPA involves the detailed analytic treatment of each case, followed the search for patterns across the cases...(p.10)'. The choice of the Interpretative Phenomenological Analysis appeared ideal; I had found a methodology that sat in the middle, providing a balance, between the hermeneutic and descriptive stances, and providing also a structure for the research analysis'.*

This reflective account reveals why Interpretative Phenomenological Analysis (IPA) methodology was considered to be most suitable for this study (Smith et al, 2009). This choice will be further explained below.

### *Interpretative phenomenological Analysis (IPA)*

The IPA methodology has become widely used in health and social care research (Smith, 2007; Knight, Wykes and Hayward, 2007; Bolas, Wersch and Flynn, 2006). The methodology is 'committed to the examination of how people make sense of their major life experiences' (Smith et al 2009, p.1). IPA is concerned with the personal lived experience, and the meanings attributed by the participants. In IPA the researcher aims to get as close to the experience as possible (Hefferon and Gil-Rodriguez, 2011); however IPA also adopts a hermeneutic approach to phenomenology. It offers a more interpretative approach to the analysis than descriptive approaches to phenomenology (Reynolds, 2003; Larkin, et al 2006). This interpretative component situates the IPA analysis within an interpretative cycle, involving the perspectives of both the participant and the researcher (Smith, 2004). IPA is formed by three key theoretical underpinnings: phenomenology, hermeneutics and idiography (Smith et al, 2009); these are discussed below.

#### **Theoretical foundations of IPA and Reflexivity**

IPA was shaped by the ideas of many phenomenological philosophers: Husserl, Sartre, Merleau-Ponty, Gadamer and Heidegger (Langdrige, 2007; Smith et al, 2009). There are different complementary perspectives within phenomenology, and IPA draws from several of these perspectives together.

Husserl (1970) defended the examination of the experience in its essence. His famous statement: 'go back to the things themselves' is key to phenomenology (Smith et al, 2009:12), and inspired the initial ideas of this research project (see reflective extract under section 1). Husserl introduced the idea of transcended reduction, a particular attitude developed when the researcher aims to describe the conscious experience (Langdrige, 2007). The method involves bracketing off (epoché) all past and present knowledge or interpretation about the experience. The phenomenological researcher aims to put aside the natural world and the world of interpretation, also called the 'natural attitude' (Finlay, 2003, 2008, p.1), in order to see the phenomenon in its essence. Moving away further from a descriptive and transcendent perspective, existentialist philosophers such as Heidegger and Sartre argued that the individual is immersed in an ever-expanding context of objects, relationships, language and projects (Larkin et al, 2006). Heidegger (1978) introduced the concept of intersubjectivity - a shared, overlapping and relational

position of our engagement in the world. He advocated that a completely detached analysis is unachievable, as the researcher will always have a perspective on the experience. He argued that the best that a researcher can aim for is to manage their own interpretations.

There is a clear and established debate in phenomenology about the possibility of the researcher setting aside all their understanding and interpretations (Van Manen, 2007; Finlay, 2008, 2009, 2012; Giorgi and Giorgi 2009). Phenomenological authors proposed a valuable solution for this tension, by introducing the concept of a flexible 'phenomenological attitude', comprising openness, and sensitivity towards pre-understandings, thus attempting to see the information with a clear perspective (Finlay, 2008, p.1; Langdrige 2007). The process involves the researcher moving beyond the natural attitude and adopting an open, non-judgemental approach to the information, whilst attempting to separate their past knowledge and assumptions.

This is achieved only through a process of ongoing reflexivity. Reflexivity has been defined as 'the process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes' (Finlay 2003a, p.108). Reflexivity has been an important and ongoing activity across the various stages of this project. Phenomenologists contend that the researcher's subjectivity is inevitably involved in the research process (Smith et al, 2009; Finlay, 2006, 2009, 2012; Osborn and Smith, 1998). They suggest that 'it is the realisation of the intersubjective interconnectedness between the researcher and the researched that characterises phenomenology' (Finlay 2009, p.6). This interconnectedness creates the research process (Smith et al, 2009; Osborn and Smith, 1998).

Through reflexivity, I became critically aware of my position as a researcher, and reflected on how my personal experience, thoughts, beliefs, opinions and interpretations, influenced the research process and outcome (Finlay, 2008). In order to organise this process and to ensure the transparency of this activity, I kept a reflective diary, and a folder, where I documented my reflexive process throughout the PhD period (Smith et al 2009; Hollway and Jefferson, 2005), some of which was also discussed at meetings with the PhD supervisors. Extracts of this material are used throughout this document, with the intention to illustrate my personal involvement with the research process and decision-making processes. Heidegger's

perspective of phenomenology as an interpretative activity highlighted the importance of hermeneutics in IPA. Hermeneutics is mostly concerned with methods and purposes of interpretation, aiming to uncover the intentions and original meaning of the author (Hefferon and Gil-Rodriguez, 2011; Smith et al 2009).

In IPA the researcher engages in an interpretative cycle, 'a dynamic relationship between the part and the whole at a series of levels' (Smith et al 2009, p.28). Phenomenological researchers accept that in order to understand the 'part' sometimes there is a need to look at the 'whole' and vice-versa. Please see below a sample of my reflexive journal which exemplifies this.

### **Reflective Account July 2013**

*'I am finishing the analyses of each case; now I need to organise the themes. My intention is to group each theme under higher order themes, and create a table of themes for each participant...I have cut each theme with respective quotes on small pieces of paper and spread them across the floor. As I looked for similarities across the themes, like magic, I could note that some overlapped, some took a higher order and some were just secondary subthemes. I could see the hermeneutic cycle here, as I looked at some individual themes, belonging to higher order themes, which in turn were grouped under a master table of themes, giving me an overview of the whole picture. However, as I look and group these themes together, there is also some struggle as this interpretation is challenging, creating an uncomfortable sense of ambiguity'*

The IPA researcher also engages in double hermeneutics considering both participant's and researcher's perspectives when analysing the phenomenon. In this case, the researcher is attempting to 'make sense' of the participant's 'making sense' of the experience (Langdrige, 2007). This analytical process will nonetheless be influenced by the researcher's own views and experiences even when attempts are made through reflexivity to minimise such influences. Similarly this process is subjected to participants' own views and interpretation. Therefore IPA accepts that it is not possible to realistically reach the complete essence of the experience, as it is always influenced by these two stances.

### ***'Timothy interview analysis 14.03.13.***

*As I analyse Timothy's interview, I find myself reflecting on his needs. He comes across as someone who is emotionally deprived and who focuses on people to fulfil his emotional needs. As I am always reading and thinking, I found myself reading some articles on attachment (Daire et al 2012), and relating this to his experience. I am taking notes of some of my ideas, and reflecting on these; however I need to park this interpretative reflexion aside, for a little while, as I progress with the analysis...'*

The final characteristic of IPA is a valuing of idiography. Attention to the particular gives the methodology a unique identity. IPA is concerned with the detailed examination of each participant's experience, which contrasts with nomothetic approaches concerned with more general claims about a population or group (Smith et al, 2009). Smith explains that this idiographic aspect carries a twofold influence. First of all, it helps the researcher to focus on a detailed analysis of the experience of each person in the sample. Secondly, it assists with the understanding of the experience from the point of view of individuals in specific contexts. IPA carries out a case by case, in-depth systematic analysis (Langdrige, 2007), capturing the fine detail of their experience.

### **The appropriateness of the IPA methodology to explore the lived experience of codependency.**

The Interpretative Phenomenological Analysis (IPA) methodology is founded on accessing key phenomenological understandings of the lived experience as context dependent; related to the person's social, historical and cultural spheres, closely intertwined with language and discourse (Larkin, Eatough and Osborn 2011; Larkin, Watts, Clifton, 2006). IPA has roots in cognitive psychology and hence assumes that much of our experience of self and world is mediated by language (Smith et al 2009). It also supports the social constructionist view that social-cultural and historical processes are key to how the person experiences and interprets his or her life experiences (Eatough and Smith 2008). IPA researchers use language and discourse as an arena for understanding the lived experience, understanding the person as 'embedded in a world of things and relationships' and cannot be meaningfully detached from it (Smith et al 2009: 29). Within this perspective, language is a paramount aspect of this activity, as Smith et al (2009:194) state: 'interpretations of the experience are always shaped, limited and enabled by, language'.

Although IPA does not appear to draw from any particular model of personhood, it carries a philosophical root in the phenomenological works of Heidegger (1962/1927) and Husserl (1927), understanding people as 'sense making creatures', 'physical and psychological entities', who are immersed in the world and whose 'actions have meaningful and existential consequences' (Smith et al 2009: 33,34). Informed by the sociological perspective of symbolic interactionism (Mead 1934, Blumer 1969), IPA theorists understand people as creative agents in their contexts (Smith 1996, Eatough and Smith 2008, Shinebourne and Smith 2009). As creative agents, people attribute significance to things and act based on the meaning that things have for them. This happens through an ongoing intersubjective interpretative activity, associated with both the social and personal world of the person. IPA researchers look closely to the context-dependent lifeworld of the person, bringing an unique interpretative element to this activity, through the Heideggarian concept of double hermeneutics (Smith et al 2009, Smith 2011, Larkin et al 2006). Language and discourse are integral and central components of the double hermeneutic process, being key media by which the person makes sense or interprets his or her lived experience and by which researchers interpret these experiences (Larkin et al 2006, Eatough and Smith 2008). This sense-making activity is a core phenomenological process that both the researcher and participant share. In IPA, the researcher engages in an intense interpretative activity with the personal verbal material obtained from the participant aiming to obtain a rich, in-depth account of their personal experience (Smith et al 2009, Smith 2011).

As attention to language forms an important aspect of the IPA process, the methodology shares some ground with other discourse-based methodologies such as discourse analysis (Potter and Wetherell 1987; Potter, 2001; 2003a; Wiggins and Potter 2008). Frost, Holt, Shinebourne et al (2011) explain that in relation to their focus on language, these methodologies could be considered as being ranged along a continuum, from the experiential (IPA) to a more descriptive discursive focus (Discourse Analysis); highlighting the overlaps on their shared focus on the language, searching for 'linguistic meanings within textual material' (Madhill 2000:1).

Discourse-based methodologies place emphasis on the particular textual elements of language and discourse formation or interactions, as the main focus (Drew 2008, Willig, 2003). For example, discourse analysts such as those who use Foucauldian Discourse Analysis (FDA) are concerned with the way language is applied to construct a particular situation or event. They seek to map and analyse the 'subject

– object' positions, interactions within the text to understand the power dynamics, the subjective experiences and the performative elements of language (Willing 2008, Frost et al 2011).

IPA, on the other hand, suggests that the lived experience carries much more meaning than the textual or contextual situated linguistic features found within the text. Differing from these methodologies, IPA seeks a more in-depth kind of knowledge (Shinebourne and Smith 2009). In IPA, the researcher is systematically analysing the text using a structured layered process, reading between the lines, searching for deeper meanings, brought to the text by the linguistic features used by the participant, so to capture an in-depth lived experience of a person who is embedded in a context (Frost, 2009, Milward 2006, Smith 1996). The IPA researcher is searching for deeper and hidden meanings in the text, which will reveal the phenomenon under investigation. For example, in his study about the experience of pain Smith (2011:9) highlighted the key role played by particular language extracts - identified as 'the gem', which in spite of its small size, could be valuable in revealing important aspects of the experience under analysis (e.g. *'I was a nice person, and now I am a cow'* revealing the participant's struggles with a positive and a negative sense of self caused by the severity of his pain). In this study, Smith explains the root of IPA as a phenomenological approach, adopting a dynamic, interactive hermeneutic process, where the researcher is constantly of moving between the whole and the part,' unfolding the analysis' to reach the experience under investigation, the *'phenomenon - things in the appearing'*. This process, he argues, is combined with a cognitive, analytical, thinking process of sense-making revealed by language and discourse – entitled as *'logos'*. One could argue that the methodology is unique in capturing particular aspects of the experience, as well as focusing on the actual meaning-making activity of the person rather than only on the product of that activity, thus reconciling experience with discourse. In reconciling experience and discourse, IPA explores language itself to seek meaning which may have been limited by the words only, attempting to capture an in-depth understanding of the person's particular ways of thinking, motivations and actions, more specifically 'what a particular experience means for a particular person within certain context' (Larkin et al 2011: 331). Paradoxically, whilst the methodology celebrates the idiographic aspects of the process, focusing on the detailed nuanced analysis of each case, each person, in his/her own context (Smith, 2004), it also recognises that this person is immersed in a world of 'people

and objects, language and culture, and cannot be meaningfully detached from it' (Smith et al 2009:17).

This methodology seems appropriate for this study, as the experience of codependency operates within a complex system intertwined with the person's social cultural, historical and linguistic processes. The term codependency appears to carry multiple meanings and is embedded in popular usage and discourse. In this study, I am not proposing to capture the various linguistic constructions of codependency, as for instance I would in discourse based methodologies, where the textual discourses are the focus of the analysis. Instead, in choosing the IPA methodology, I understand that lived experience is much more than 'textual and linguistic interactions between people' (Eatough and Smith 2008: 184), as suggested for example by discourse analysis (DA), which focuses on 'how subjects and objects are constructed' through discourse (Frost et al 2010:444). In IPA, I am focusing on attaining an in-depth perspective on the meanings attributed to an experience by a person, as the central focus. In this case the central focus is the lived experience of codependency and on how this particular construction is lived and experienced by the self-identified codependent, in a particular context. Through IPA, this study will reveal the idiographic and shared meanings that self-identified codependents attribute to their experiences of codependency, offering an insider's perspective as close as possible to their world, recognising also that these are context-dependent and therefore closely intertwined with language and discourse (Larkin and Griffiths 2002).

The IPA methodology presents a unique identity, which helps me to access knowledge through the self-identified codependents' own interpretations of the meaning of their experiences in their lifeworlds, in the context of their personal values. Furthermore there is also a precedent of IPA being used to explore other similar complex experiences. For example, Larkin and Griffiths (2002) looked at the subjective experience of substance misuse, and Shinebourne and Smith (2011) explored the experiences and understandings of people in the process of recovery for substance misuse. Both studies agreed that the methodology provided an opportunity for the researchers to explore difficult subjective experiences, making a significant contribution to the understanding of complex phenomena.

In conclusion, the interpretative and idiographic aspects of IPA gave this study a unique identity, which was valuable when exploring codependency as a complex lived experience.

However, although IPA offered a positive choice for this project, this was adopted with awareness of its potential limitations. There were two main potential limitations of IPA, which featured in the phenomenological literature. First of all, IPA's linguistic and cognitive attributes have been criticised by Langdridge (2007), as theoretically inconsistent and dualistic. According to Langdridge, the 'body and mind' dualism highlighted by cognitive psychology clearly conflicts with the 'noema' (what is experienced) and noesis (the way it is experienced) focus of phenomenology. In spite of this theoretical discrepancy, Langdridge shows optimism in highlighting that this problem is not fully visible in practice, as IPA researchers appear to be most concerned and focused on the meaning of experience, rather than on cognitive processes.

A response to this was offered by Shinebourne and Smith (2008). They explained that although IPA is a linguistic based methodology, this is considered within an experiential and subjective perspective. Smith (1996, 2011) suggested that there is link between the person's embodied experience, the narrative of this experience, the making sense of this experience and the emotional reactions involved. According to Smith et al (2009), a number of psychological concepts are involved in this idiographic and interpretative activity: cognition, language, embodiment and emotion; however IPA is not concerned in mapping the cognitive processes involved in the activity as such. IPA understands cognition in a broad sense, as a channel to access the individual's lifeworld. Within this research study, cognition is not seen as a compartmentalized process as it is studied in cognitive psychology. On the contrary, it is considered to be a dynamic activity involved in the sense-making process of the participant - the process in which participants draw meaning and understand their lifeworld experiences. This research remains focused on participants' experiences of codependency and the meaning of these experiences, as channelled by their cognitive processes.

A second published criticism related to IPA concerns the quality of IPA research. Giorgi (2010) raised concerns about the rigour of the IPA methodology. He contended that IPA was not an entirely phenomenological methodology, suggesting that there is much freedom in its interpretative activity. It appears that his concerns

become mostly evident when comparing the hermeneutic characteristic of IPA with his own methodology: the Descriptive Phenomenological Psychological Method (Giorgi 1985). Giorgi advocates the use of 'bracketing', Husserl's suggested method of separating the researcher's natural attitude from the phenomenological attitude. He suggested that researchers should engage in this activity before engaging in the research process. This is disputed by Smith (2007), as he argued that researchers may not be able to identify their preconceived ideas and judgements before they come in contact with the information brought by the research participants. As previously discussed, IPA is informed by Heidegger's (1962) perspective of the person embedded in the context, suggesting that a complete separation of the person from the context in which he or she is immersed is not feasible. IPA recognises this feature, and accepts that a research process will be influenced by the participants' and the researcher's worlds.

The argument that IPA lacks rigour has been challenged by Smith's (2011) extensive review emphasising the quality aspects of the IPA research. As discussed before, qualitative research is not evaluated according to the same systematic principles applied to other forms of research that adopt different epistemological perspectives. Yardley's (2000) criteria proposes a useful framework to assess the rigour, credibility and trustworthiness of qualitative research has been suggested as a suitable quality framework for IPA research (Smith et al, 2009). This framework will be applied to ensure the quality of this current research. Please see a review of quality issues in the final critical evaluation of the Discussion chapter.

In spite of the limitations discussed above, the methodology was considered most adequate to answer the research question proposed for this study which aimed to explore the lived experience of codependency among individuals who considered themselves codependents and who had sought support in 12-step recovery groups.

### 3.3 Research Method

In this section I discuss the research design, the participants and the ethical principles followed in this research study.

#### 3.3.1 The research participants

The IPA methodology values purposive and small samples, as there is a strong idiographic approach and commitment to in-depth analysis, which cannot be achieved if the samples are too large (Smith, 2011). IPA caters for the phenomenon in specific contexts, with small sample sizes, to ensure the richness of the information collected (Larkin et al, 2006; Eatough and Smith, 2006). Adhering to the recruitment perspective proposed by the IPA methodology, ten participants (6 women and 4 men) were selected purposively from local codependent anonymous groups (from the 10 participants, 2 participants were excluded following initial interview because they did not attend a group, leaving a total of 8 participants). This number of participants is considered more than sufficient to explore their expert knowledge about their experience, including convergences and divergences (Smith, 2011). This small sample also enabled me to establish good rapport with the participants and to fully engage with their accounts.

The participants of this research were selected based on their lived experiences of the phenomenon being studied: codependency. They also shared the experience of having attended the local codependent anonymous group. This recruitment procedure was compatible with IPA methodology. Smith et al (2010) recommends that participants are selected based on their shared experiences of the phenomenon being studied; in this case codependency and the recovery group. It may be argued that in selecting this sample, the research data would presumably reflect the language propagated by the 12-Step group tradition, rather than personal experience (Reinarman, 2005; Granfield and Cloud, 1996). However, there is a strong precedent suggesting that this may not be the case. For example, a recent IPA study conducted by Shinebourne and Smith (2011) contradicted this view. Similarly to this research project, their research explored the experiences and understandings of people who have engaged in the process of recovery from alcohol through 12-Step recovery groups. Shinebourne and Smith reported that the accounts of the individuals varied significantly, concluding that their accounts did not follow the 12-Step discourse format. They suggested that the group was an ideal sample representation, which met the desired IPA criteria of a purposive, context-

specific, expert knowledge group. A similar study conducted by Hoffman (2003) reported varied levels of involvement with and commitment to the 12-Step language amongst his participants. Similar examples were also presented by Cain (1991), Jensen (2000) and Hoffman (2003). Furthermore the literature review revealed that not much is known about codependency from the perspective of the individuals who consider themselves codependents. This research study aimed at giving these individuals a 'voice' in describing their experiences and understandings. Once this has been achieved, it is recommended that future studies could explore if other groups out of the 12-step culture also share similar experiences of codependency.

The next sections present summary of the recruitment criteria and procedure.

*The inclusion criteria for the study are listed below:*

- Participants were over 18 years old.
- Participants' gender: male or female.
- Participants identified themselves as codependents. This was important, because the study intended to understand the experiences which led these participants to frame their experiences in terms of codependency and also to look for support in the 12 step recovery group.
- Participants lived in the UK, and were speakers of the English Language; this was to ensure that no interview content was lost through the use of interpreters.
- Participants were expected to attend or have attended 12-Step recovery groups. This was to ensure that participants had experienced a shared recovery philosophy.
- Participants were expected to be receiving some form of support for codependency, i.e. attending self-support groups, or receiving individual counselling or support. This was to ensure the welfare of the participants and researcher (please see Section 3.3).

*The recruitment procedures are specified below:*

Participants were purposively recruited from local 12-step recovery groups for codependency, from January to March 2013.

The first initial recruitment procedure, prepared at the planning stage of the study, was not fully adopted. At the time the plan was to display specially designed leaflets at the 12-step recovery group meetings, inviting potential participants to make contact via the Brunel University e-mail account (research recruitment leaflet attached in the Appendix H). However before doing so, I contacted the 12-Step recovery group (CoDA) central office in the USA, and obtained permission to contact the participants directly. As a result, a new simplified recruitment procedure was designed and given ethics approval. The procedure involved approaching potential participants who had their names and contact details on the 12-step group website. These potential participants were sent a polite text message explaining the purpose of the study and asking if they agreed to receive a phone call. After this initial contact, if agreed, the participants received an information pack explaining the process of the study, the inclusion criteria and the consent form. A limited amount of snowballing was also used, which amounts to referrals by participants (Smith et al, 2009). A few participants recommended another person who also considered themselves to be codependents, who expressed an interest in taking part on the study after receiving more detailed information.

A total of 10 participants were recruited. The study was piloted with 4 of these participants, as described below under 'piloting'. Following piloting, 2 participants were not followed up, as they had never attended a 12-step group, as explained in the Piloting section. The remaining 8 participants agreed to take part in the interviews and were given pseudonyms. The table below shows their contextual information.

Table 3.1. Participants' information.

<b>Pseudonym</b>	<b>Age</b>	<b>Family status</b>	<b>Occupation</b>	<b>Number interviews</b>
Timothy	Mid forties	Divorced with children	Media	Pilot +2
Helena	Mid forties	Divorced with children	Health and theatre	Pilot +1
Heather	Mid sixties	Married with adult children	Housewife	3
Selma	Mid thirties	Single mother with children	On benefits	3
Mathew	Early forties	Divorced, single father with children	Businessman	2
Patricia	Late fifties	Married with children	Law	3
Jonathan	Late thirties	In a relationship, and has children	IT	2
Misha	Early forties	Single, no children	Media	2
Eton	Mid thirties	In a relationship	Cleaner	Pilot/ not followed
Sandra	Early thirties	Divorced	Accountant	Pilot/ not followed

### **3.3.2. Research Design**

In order to ensure that the project did not exceed the 3 year period allocated for the PhD completion, it was divided into 4 distinct stages, with a flexible timeline attributed to each stage. The stages are presented below.

#### *Consultation stage of the project.*

Two important aspects of the research process featured at this stage: the research advisory group and the research ethics procedures (discussed in Section 3.3)

#### **The research advisory team**

The research project was informed by a team of advisors recruited from June 2012. The team of advisors was composed of 3 self-identified codependents, who volunteered to offer an 'insider's' perspective and contribute to the research in a consultative and collaborative role. The intention was to seek enhancement on ethical aspects and quality of the research process through eliciting a broad range of experiences and views. Due to geographical issues (i.e. one advisor lived in Birmingham), it was decided that the team of advisors would meet with me separately and through telephone or email exchanges. The frequency of meetings was dictated by the needs of the project and negotiated with the team. Overall, I met with each research advisor personally two or three times, followed by a number of phone calls and e-mail exchanges. During these exchanges the advisory team offered complementary expertise, sharpening the planned focus of the study, and providing feedback on the suitability of questions and materials (e.g. information sheet). I also kept a reflective diary, including notes and reflections of the issues raised by the team of advisors. The advice and comments collected at these meetings had an informative purpose only and were not used as research data.

The value and importance of the user involvement in health and social care research has been highlighted (Barber et al, 2011). Authors have also suggested that the contribution of individuals who have an insider's perspective on the issues addressed in the research is valuable, and should happen across the different stages of the project (Minogue, Boness, Brown, Girdlestone, 2005). When considering the inclusion of research participants in the research process, I found myself deliberating about how much involvement my research advisors and

participants should have in the study. Please see below, an extract from my reflexive journal which portrays an encounter with one of the research advisors.

#### **Reflective Account 15<sup>th</sup> of October 2012**

*'I met with a research advisor today for the first time in person. The meeting was useful for both of us. We both appeared a little nervous and had many questions to ask each other. She wanted to know more about me, my personal and professional life. I did not want to disclose too much information about myself, but felt that it was important to say a little bit so that we could establish some rapport and trust. I told her the reasons behind the research, my journey as a clinician in mental health. She told me about her experience as a codependent, how much the readings and groups had helped etc. We agreed to meet two or three times more (perhaps every 3-6 months) either personally or over the phone. She had a list of questions and suggestions. After spending 2 hours together, we agreed that I would send her a draft of my interview question; she agreed to have a look and send me some feedback...'*

#### **Data collection stage**

Following ethical approval (see Section 3.3.3) the data collection stage happened from January to August 2013. Participants were invited to attend three in-depth interviews, including use of a visual method in the second interview, scheduled over a period of three to six months, with one or two months' interval between the interviews. All the information collected through the interviews and visual methods were anonymised. The data collection procedure is presented below. First of all, I am going to present the visual methods procedure, followed by the description of the interview procedure.

#### **Visual methods**

Recently there has been a growing interest in the use of visual methods in qualitative research (Wiles et al 2008) and the method has been applied within a range of disciplines (e.g. Shinebourne and Smith, 2011; Harper, 2002). In health and social research, the usefulness of visual methods, as a form of data collection, enriching qualitative research has been advocated by several authors (Martin 2012; Woodhouse, 2012; Prosser, 2008; Frith and Harcourt, 2007; Oliffe & Bortof, 2007; Hurworth et al 2005). An interest in visual methods is also beginning to emerge within Interpretative Phenomenological research (Stevenson-Taylor and Mansell, 2012, Shinebourne & Smith, 2011, Reynolds, 2010). It appears that this growing interest in the method may be related to the quality of the information it provides.

Harper (2002) highlighted the difference between the information provided by interviews using images and text and interviews gathering text alone. He suggested that interviews with the use of visual images not only elicit more information, but also evoke a more in-depth and meaningful kind of information. This view is also supported by Shinebourne and Smith (2011). The authors used a combination of visual images and interviews as a data collection method in their Interpretative Phenomenological study, which intended to capture the subjective experience of the process of recovery from addiction. The combination of methods was recommended by the authors as facilitating their understanding of the meaning of the experience, in ways that would not have been possible with the use of verbal interviews alone.

Concurring with Shinebourne and Smith (2011), it was expected that the IPA methodology with the added benefit of the visual method would assist me to build a richer picture of the subjective experience of codependency for my research participants. The visual method would be useful to elicit a more in-depth phenomenological analysis, helping myself as a researcher and the participants to move beyond their potentially 'received' narratives about codependency, thus facilitating a deeper exploration of their particular experience. It was hoped that the visual method would also assist in making sense of some of the difficult elements of the experience portrayed by the participants.

According to Prosser and Loxley (2008), there are four different types of visual data: found data, researcher-created data, respondent-created data and representations. The type of visual data included in the study consisted of participant-created data, chosen as symbolic representations of their experiences of codependency. Here, the participants received specific verbal and written information about the visual method and were asked to choose an object or image that represented their experience of codependency. They were invited to bring to these items to be discussed during the second interview (please refer to Appendix I for the information provided to participants). This assisted with the understanding of specific experiences that these participants may have found difficult to articulate or explain. Images or objects such as books, illustrations, post cards, paintings and photographs assisted participants to 'tell the story', helping them to express their voices (Woodhouse, 2012), although interpretation remained challenging as this reflective account shows:

### **Reflective account 06.03.2013**

*'As I read the visual methods articles, I came across Lorenz's (2010) article on a photo-elicitation research with individuals with acquired brain injury. The author explained that participants revealed a multiplicity of self-definitions throughout the study; almost like different facets of self. At the same time, I am piloting this research with Helena. I noticed that every time I met Helena, she appeared to present herself within a different role. I met the mother, the CBT coach, the drama teacher. As part of the visual method, Helena brought a book, entitled the 'artist' and a drawing of 'cats performing an act'. At the time of her last interview, Helena spoke much about herself as an actor and concurrently about a book she liked. Indeed, I noticed that both the images which she brought to the interview depicted this sense of 'performing roles'. As she spoke about the book and the drawing of cats performing, I wondered if the message that she was conveying was of an artist. I started wondering if instead of meeting Helena, I met an actor, performing different roles. This encouraged me to probe a little more, attempting to reach a more in-depth account of her experience.'*

### **The research interviews**

Interviews are complex and unique human interactions which lead to a mutually created experience (Fontana and Frey 2005). In qualitative research this data collection method is understood 'as active interactions between the researcher and the participant(s) leading to negotiated and contextually based results' (Fontana and Frey 2005, p698). Semi-structured interview practices have been used by a majority of previous IPA studies, and suggested as an exemplary form of data collection for this methodology (Hefferon and Gil-Rodriguez, 2011; Smith et al, 2009; Eatough and Smith 2006; Smith, 2004).

The semi-structured interviews facilitated participants to offer rich, detailed first-person accounts of their experiences of codependency and the recovery group. Three interviews were planned in order to build rapport, attain a more in-depth account of the experience of codependency portrayed by these participants, and to offer an opportunity to explore earlier-emerging issues and interpretations in later interviews.

The interviews were conducted at neutral places or venues ensuring participants' safety, comfort and confidentiality, for example at group meeting places or at the university's meeting facilities (please refer to Section 4.3 for more information). The

meetings took place at a mutually agreed time and place, and lasted between 1-2 hours. The interviews were audio-recorded.

A brief interview topic guide, with pre-determined (6-10) questions was used as a guiding tool for the interviews (Appendix J). The schedule was designed to offer guidance regarding possible questions to be explored over the three interviews. Questions were open ended and aimed at encouraging participants to express themselves in their own words. During the participant's interview, the phrasing of some questions of the topic guide were changed or omitted, and no particular order was followed. The topic guide was extensively reviewed, i.e. after the piloting stage and the first round of interviews (see Appendix J for some of the changes made). After ongoing reviews, I concluded that the schedule was needed only as a probing tool with general questions, as it was important to allow the participant to direct the rhythm of the interview process (Smith et al, 2009). The IPA interviews have an idiographic aspect, and are tailored to the individual participating (Hefferon and Gil-Rodriguez, 2011; Eatough and Smith and 2006; Smith, 2004). Moreover, most of the participants of the study were highly articulate, used to talking about codependency, and willing to disclose their personal experiences. Each participant was encouraged to talk freely about what was meaningful and significant for them in relation to their particular experience of codependency and the recovery group.

My position as a researcher was crucial to the effectiveness of the interview process. Throughout the interviews, I aimed to maintain a phenomenological attitude, taking a stance of naïvety (Finlay, 2012) and remaining open and receptive. I also strived to maintain a good balance between guiding the interview and allowing enough space for participants to set its parameters. After each stage of the interview, I engaged in reflexive diary time. This was a time set aside to reflect on the process, capture what was felt and thought, the personal content brought to the interaction and specific aspects of the interview that caught my interest. Please see below an example of reflexive activity during the interviews. More examples are enclosed in the Appendix K.

### **Reflexive account June 2013**

*'Patricia interview 3 (final interview) - At the end of the interview, when Patricia spoke about the 'dead body' and the 'rabbits', I felt that she wanted to say more, but appeared to be hiding behind these examples. I wondered if there was something that she was 'not saying' to me. I thought about Sartre's concept of 'nothingness'. I left the interview feeling that I needed to know more, I wanted to explore these avenues, ask more questions. Her world was so attractive to me, so curious, there was so much more that I wanted to explore. I was 'blessed' to have been given 3 interviews, to have become part of her world for a while, but now it was time to leave and say goodbye. I feel sad, I want to ask for one more interview, but I had to let her go...'*

The reflective piece above also demonstrated my engagement as a researcher with the longitudinal interview process. The longitudinal interview process offered each participant the opportunity to experience three in-depth interviews over an extended period of time. Smith (2010) explains that the advantage of this practice is that the researcher is in a position to follow up any interesting aspects that may emerge during the interview process. The aim of the longitudinal process was not to document change or recovery, rather it intended to allow for more time to develop rapport, reflect on the interview and in some cases to explore important aspects further with the participant. Also, it was important to allow time, for the participants to reflect on the interview, to consider the visual item they wished to bring, and consider other elements to share. It was possible that after reflecting on some of their responses, participants changed some of their views about certain aspects of their accounts and may have wished to bring these new formulations to the next interview meeting. The longitudinal process provided time for this process to happen naturally.

Fontana and Frey (2005) argue that interviewing is not only a neutral exchanging of questions and answers; it involves an active process of bounding, and meaning making construction. The longitudinal process offered participants enough time to develop rapport and trust with me as a researcher, as well as allowing them the opportunity to reflect and/or reformulate their responses.

IPA is always dependent on what the participant chooses to disclose about the experience (Smith et al, 2009). The repeated interview process offered each participant the opportunity to experience in-depth conversations over an extended period of time, as well as allowing the elicitation of further narrative through visual methods. The participants were likely to be familiar with self-disclosure as they

attended a support group. This repeated interview process deepened rapport allowing me the opportunity to go deeper than the 'well-rehearsed' narratives about the self that the participants were likely to present. The repeated interview process is described below:

### *The first interview*

The first interview had an emphasis on engaging with the participant, building rapport, and providing an environment where their views could come forth more readily (Smith et al, 2009). This initial meeting also focused on introductions and initial questions. Participants' understanding of the information sheet was checked and consent forms were signed. I also explained that sensitive issues that could possibly surface during the interview, and went through the debrief sheet with the participant, explaining where the participant could obtain support should they need. I also began to explore participants' experiences of codependency and the recovery group in this first interview.

If possible and appropriate, at the end of this initial interview, I introduced the visual methods procedure, and asked them to prepare any objects, photographs or pictures that symbolized their experience that they could bring to the second interview.

### *The second interview*

The second interview, alongside the visual methods, intended to facilitate a more in-depth conversation about the lived experience of codependency and specific open questions were asked to facilitate this. Please refer to Appendix J for the topic guide used for the interview. This session was also used to explore the images or objects that symbolized each participant's experiences of codependency. Often mutual discussion of these images facilitated a more in-depth exploration of the experience, through assisting them to describe their experiences more freely, and creatively.

### *The third interview*

The third interview was used to continue to explore participants' experiences, aiming at obtaining an even deeper account. Avenues of inquiry that were possibly left open or unexplored from the previous interviews were followed. This meeting was also intended to offer closure to the interview process, debrief the participants and to thank them for their participation in the study.

It is important to highlight that participants were also debriefed at each stage of the interview process. They were offered the opportunity to ask questions and I checked their wellbeing after answering some of the questions.

Although participants were invited to attend three interviews, they were not required to do so. Choice was given as a way to promote participants' empowerment, and committed engagement in the research process. Overall the intention was to allow the participants to have the opportunity to lead and dictate the rhythm of the interview process and to fit the interviews around their busy life schedules.

### **Interview Piloting**

After obtaining School ethics approval in December 2012, I attempted to contact a potential participant who had previously demonstrated an interest in contributing to the study. Unfortunately, I received an email on the 20<sup>th</sup> of December communicating that this person had sadly passed away.

A new attempt to recruit participants was made in January 2013. The interviews were piloted during the months of January to March 2013, with four participants (2 men and 2 women). Two participants were recruited via the 12-step group website and two from further snowballing. I established contact with these participants via text message and obtained permission to call them at an appropriate time. I discussed the study with the participants over the phone, and invited their participation. Verbal agreement about their participation was obtained at this stage. Permission was also obtained to send a document containing written information about the study via email (see Appendix I for participants' information pack). Participants were invited to read the information and discuss any questions with me prior to the interviews. This procedure ensured the maximisation of the interview time.

On the occasion of the pilot interviews, 2 participants revealed that, although they considered themselves to be codependent and had been referred by their counsellor to attend a 12-step group, they had never actually attended a meeting. As these participants did not meet the criteria for the study, it was decided not to include their data as part of the study. Nonetheless, these interviews were viewed as a valuable opportunity to experience the practical aspects of the data collection - i.e. use of the audio recorder, consent and debrief sheet, allocation of time, and to establish the appropriateness of some of the questions.

The 2 other participants were self-identified codependents, who described themselves as in recovery for codependency, having experienced the 12-step group. One participant attended two meetings a week; the other had recently stopped attending meetings, and was currently seeing a private counsellor. The piloting interviews lasted approximately one and half hours, and were audio recorded. The initial parts of the interviews were used to set the scene and to describe the interview process. Participants were also offered the opportunity to ask questions or discuss any issues that they considered important about the study. I mainly focused on building rapport with the participants, ensuring that they felt comfortable with the interview process. After carefully briefing the participants, they were encouraged to talk freely about their experiences of codependency and (where relevant) the recovery group. The interview topic was used only as a guiding tool, to help to maintain focus. Questions were kept open, providing cues for participants to talk freely, with minimum interruption. Interestingly, both participants did not appear to be anxious or concerned about the process, and were ready to freely discuss their personal experiences. Kvale (2007) explains that some participants may experience the interview as an enriching experience, where they are able to gain new insights into their experiences. This enriching experience can be exemplified by the comments of one participant during his interview: 'I am very comfortable to talk about my personal life, as it helps me to think about things'. Overall both interviews ran very well. At the end of the interviews, the main points were summarised and participants were debriefed. Participants were also offered opportunity to ask questions and seek clarification of any points they wished to discuss. These participants' data (from Timothy and Helena) have been included as part of the study, as they met the recruitment criteria and offered a comprehensive account of their experiences of codependency and the recovery group.

### *Conclusion and reflections on pilot stage*

Several learning points were drawn from the piloting stage. Some of these points are listed below:

- Topic guide: The original topic guide devised for the study had to be reviewed several times. The guide progressed from having specific questions; to being more flexible and open (please see Appendix J).
- Participants: Participants' body language, level of education, work, and communication skills played an important part in the interviews, creating opportunity for reflection and adjustments to be made. As a result I also became more aware of my approach, my own body language (e.g. smile,

eye contact, position of my hands), response and overall engagement with my participants. Issues related to respect and wellbeing of the participants became more evident, as I engaged with them as 'real people'.

- Practicalities: Several practical issues emerged and had to be considered - for example: to have a box of tissues, the need of a backup audio-recorder, the position of the audio-recorder. I also became aware of the importance of allowing myself time for rest and reflection after the interviews.
- Participant information pack: I noticed that the pilot participants did not read the participant information pack attentively before the interviews. As a result it became important to go through the pack with participants during the interviews, and offer clarification on any issues. I also made the point to go through the debrief procedure carefully at the end of the interviews. This ensured that they became aware of other resources available if they felt the need for further support.

### **Conclusion of the data collection**

From the 10 participants originally recruited, 8 participants with experience of attending a 12-step group were considered suitable to take part in the study. The eight remaining participants provided a total of 20 interviews, which were carried out between the months of January to August 2013. All 8 participants took part in the first round of interviews and second round of interviews. Four participants explained that due to work commitments they would not be available to attend the third interview. It was agreed that their second interview would be extended to provide sufficient time for them to talk about their experiences, ask questions and conclude the interview process. The third round of interviews was attended by 4 participants (Patricia, Timothy, Selma and Heather).

After listening to each interview repeatedly, I took the opportunity to transcribe most of the interviews myself (due to time pressures two of the interviews had to be sent to a professional transcription service). This was important, as I intended to experience each participant's lifeworlds as far as possible and engage deeply with their accounts. After they were transcribed, the scripts were reviewed, colour coded, formatted and printed (please find a sample attached on Appendix L). All the research data were stored in a secured file in the PhD room, or password protected computer.

### *Analysis stage of the project.*

The IPA analysis is an interactive, inductive and flexible process (Smith et al, 2009). The IPA methodology suggests that as a researcher I should aim to gain a close, inside perspective of the participants' lived experience, in this case their lived experience of codependency. The methodology allows for this process to involve various interpretative stances (Langdrige, 2007). The analysis is a joint creation of the participant and researcher (Smith et al, 2009). Smith and Osborn (2007) suggested researchers operating within this methodology attempt to make meaning of the meaning-making activity of the research participants, a double hermeneutic. In IPA this meaning-making activity is facilitated by an engagement in the interpretative cycle (Hefferon and Gil-Rodriguez, 2011). The interpretative cycle involves a series of interpretative attempts, a 'dynamic relationship between the part and the whole at a series of levels.' (Smith et al 2009, p.29). This interpretative cycle was ongoing throughout the interview and analysis stage, and I noticed that my engagement with the data became deeper as it progressed into the different layers of the interpretation. This interpretative cycle also involved connecting with the participants' accounts, capturing their perspectives, engaging in reflexivity when evaluating my own contribution, pre-conceived ideas or concepts. This ongoing reflective process is documented and discussed at various stages in this report.

The analysis process was complex and I found it helpful to follow a set of steps (discussed below) recommended by Smith et al (2009) and Smith (2011). Overall, the data analysis process ran parallel to the data collection, and writing of the thesis. The initial layer of interpretation was carried out as the interviews were transcribed and reviewed, and the subsequent layers were added as the analysis unfolded during a 7 month period (from June 2013 to January 2014). Although in IPA the analysis process is seen as inevitably on-going, the main part of the analysis stage was completed by the end of January 2014.

Before presenting the data analysis steps, it is important to highlight that the idiographic nature of IPA considers the individual as a unit of analysis (Shinebourne and Smith, 2010). The data collected for each participant through the interviews and the visual methods was approached as a single data set and analysed as such. The material used in the analysis also included my field notes and reflexive comments. The analysis focused on the fine-grained detail of the individuals' experience, case by case. After this individual analysis, subsequent cross-case

analysis was performed until a convincing and informative narrative account containing both idiographic and shared elements was built (Smith et al, 2009). The steps listed below summarises the analysis process carried out.

### **Initial encounter with the data: reading and re-reading the transcripts**

My initial contact with the data was immediately after the interviews. In order to immerse myself in the lifeworld of the participant, I found it useful to transcribe most of the interviews myself. When not transcribed, the transcripts were checked back against the audiofile, also aiding immersion. Each interview transcript was read several times. I attempted to engage with the data, staying as close to the participant's account as possible. At this stage I also engaged in the hermeneutic cycle as I endeavoured to develop a sense of the overall structure of the text, exploring also the parts containing richer and detailed information. The steps taken at this stage are summarised below:

- Initial listening: I listened to the interviews several times to immerse myself in the participant's world, and obtain familiarity with the several elements of their discourse. I wrote down and highlighted any aspect of the interview that emerged at this stage. I also used my reflexive journal to note any aspect of the interview that impacted me personally (e.g. resistances, disturbing aspects of some interviews).
- Interview transcription. Reflexivity was an important component of this process. As I transcribed the interviews, and engaged more deeply with participants' accounts, several significant reflective aspects emerged. I discussed some aspects of my reflexivity with my supervisors, obtaining a clearer perspective and guidance. Examples of reflexivity which happened during this stage of the research have been added to Appendix K.
- Correcting of the interview transcription helps to obtain more clarity regarding the accounts of the participants and to improve its accuracy. I listened to each interview again and edited the transcripts accordingly. After editing the transcripts, these were formatted and each individual's data set was colour coded - to help maintain an idiographic focus (Please see a sample - Appendix N).
- Line-by-line reading of the interview transcripts highlighting any potential aspect of interest and relevance that was then documented in margins.

### **Initial exploratory coding (EC)**

After my initial contact with the data, I engaged in the initial exploratory coding of the data. The semantic and linguistic content of the data was examined at this stage. It was a word by word, and line by line analysis of the text (Smith et al 2009). There were three layers of interpretation within this stage. The first layer had a descriptive nature. The descriptive coding focused on the content of what had been said (i.e. the specific use of words and phrases). The second layer had a more linguistic focus, attending to how the language is used specifically exploring the use of terms and words in the accounts. It focused on the verbal and non-verbal (pauses, nervous laughter) content of the account (descriptive elements) and metaphors and rhetorical devices. The final layer within this stage promoted a more interrogative engagement with the text. Please see below a summary of the highlights of this stage.

- The procedure described by Smith et al (2009, p. 83 and 84) was meticulously followed. Samples of the exploratory coding were sent to the research supervisors. After obtaining their feedback, the transcripts were re-analysed, incorporating also this new information/perspective.
- After engaging with the data and performing the exploratory coding, I prepared a broad summary of my initial ideas of the experience portrayed by each participant (please see a sample in the Appendix L). This allowed me to engage in a dynamic process of alternating my focus from the detailed and particular aspects captured at the exploratory coding stage to the 'whole' aspect of their accounts, and vice versa.
- The analysis of the accounts relating to the visual material was performed alongside the interview data.

### **The individual case analysis: the development of themes from each case**

The aim of this stage was to identify the emerging themes from the data of each individual participant. This was a more interpretative and interactive stage of the analysis, as I continued to work on each case individually. As I progressed onto the next case, I attempted to bracket concepts that might have emerged from the analysis of previous cases. The aim of this stage was to map the interrelations and patterns, across the account of each individual participant and to organise the data.

This was an interactive process, when I was continually checking against the transcript, and connecting the themes with the specific quotation found in the text, moving from the part to the whole and vice versa.

Please see some of these steps summarised below:

- After completing the initial coding some possible patterns in the data were identified and grouped into a number of emerging themes. A large number of themes emerged at this stage. These were cut and pasted into a separate word document.
- As these emerging themes were grouped together, the repetitions were noted and deleted. This resulted in a reduced number of the themes. This process was repeated until the themes were grouped into overarching themes and reduced to a manageable number (Smith, 2011).
- After this, I extracted the relevant quotes from the transcripts and arranged them under each overarching theme.
- I created another individual Word document containing each overarching theme and the respective quotes.
- I then printed this as a Word document. The overarching themes with respective quotes were spread across a large table. I spent a number of days looking for similarities and divergences across the themes, and arranging them accordingly. After several attempts these overarching themes were further grouped and re-ordered.
- A Word document of the overarching themes and tables was created for each participant. This document contained a description of the overarching theme, an elaboration on how the theme was experienced by the participant, intertwined with the respective quotes from the participant. Please see an example below.

Box 3.1 Extract from interview analysis - Misha

Overarching theme	Emergent theme	Key words
The subjective experience of codependency		
1.Codependency related to a weak sense of self	<p>Low sense of self-worth.</p> <p>The overruled self. Issues of self abdication.</p> <p>The adaptable self. The chameleon</p> <p>Changes in self.</p>	<p>Self-esteem, anger, frustration, worth, destroyed</p> <p>less than, achievement, shadows</p> <p>Chameleon, abdication, trample, lonely, empty, fragmented</p> <p>Awareness, unlocking, light, negative, boundaries</p>

1. Codependency related to a weak sense of self.

Most of Misha's sense of codependency is associated with issues of self: self-worth, difficulties crafting a sense of boundaries around self, and adapting self to suit the environment like a 'chameleon'. She also portrays a sense of changes in self as she progresses with her journey of understanding codependency.

a. Low self-worth.

'I feel frustrated, I feel tortured, I feel, not angry, I feel disappointed and it doesn't make me feel good about myself. So it is a kind of a negative self-esteem umm'

'I didn't think that I mattered enough. So I was always trying to find esteem from people...'

'I was such in sort of crises of self-esteem'

'I think its low self-esteem. I think it's not believing that I'm worth, I 'm worth doing well for.

Most of the analyses of the accounts related to the visual data were carried out at this stage. As the interview transcripts of each individual participant were analysed, the corresponding visual data brought by the participant were also analysed and interpreted. This analysis involved examining each interview extract and its corresponding image following the layers of analysis recommended by Smith et al (2009). Shinebourne and Smith (2011) explain that the analysis guidelines provided by the IPA methodology are flexible enough and can be adapted to suit the purpose of the research. This analysis followed the procedure presented by Shinebourne and Smith (2011, p. 315), summarised below:

Stage 1 - The analysis involved reading the transcript and corresponding image several times, 'moving between the image and the corresponding text', writing notes on any meaningful and significant aspect.

Stage 2 – Returning to the transcript and images to transform notes into possible emerging themes.

Stage 3 – Examining the emerging themes and grouping them according to similarities. These were given a name and conceptual description.

Stage 4 – Checking the transcripts and images to ensure the connection with the participant's account.

Meanings arising from the visual images helped to look for other issues elsewhere in the interview, assisting in probing for further connotations and interpretations. It was surprising to note how much life and information the visual data brought to the analysis. Please see the vignette below for an example of some thoughts drawn from the analysis of Heather's interviews.

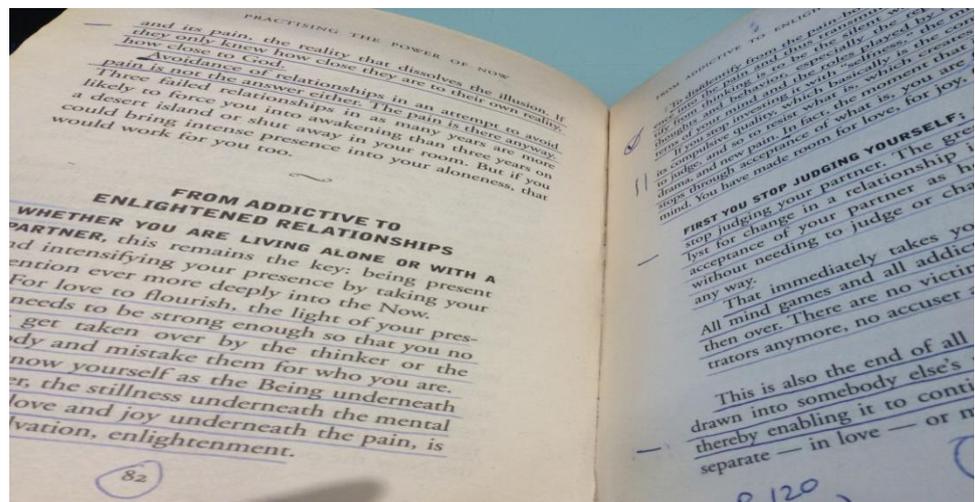
### Box 3.2. Extract of data analysis – Heather

Heather was 60 year old housewife who was suffering from depression. She started going to the 12 step group for codependency following a recommendation made by a health professional. She described being at the early stages of her codependency journey. Initially it was difficult to establish a good rapport with Heather. Most of her discourse is fragmented and difficult to make sense of. She spoke mostly about different authors and self-help books which she described as having offered her some form of meaning and significance to her experience of codependency. Heather brought images of self-help books to the interview and used some of the interview time to read quotes from the authors that she found meaningful. As I demonstrated interest on those images and book extracts, Heather gained more confidence and trust in our relationship as researcher and participant. The visual procedure helped with this process of rapport building. Heather's interviews portray an ongoing search for answers and significance in something external to herself. Throughout her discourse she conveyed an orientation to something external to her, like searching for something that she could trust. Her discourse was intertwined with quotes and references from books and different authors that she read, as she was attempting to make sense of it all.

*'They (the books and authors) all got the basic same founding, you have to kind of know that there is something more than yourself, otherwise you see, you have to be able to trust really...'*

The image below was used by Heather during one of her interviews. She mentioned this author, quoting extracts from his book throughout her account. It appears that together with many other self-help books, this external source offered a form of reference or a framework for her life.

*'... that Eckhart Tolle, the power of now, I really recommend. ...And practicing the power of now...'*



As I analysed Heather's interview transcripts, I noticed a sense of confusion and disconnection throughout her account, and it appeared that she felt lost in the midst of so many sources of knowledge. In this particular case, the images of the books added further insight into Heather's experience of codependency. It helped me to make sense of her often disconnected account. I came to understand that she may have been looking for an external frame of reference to bring a sense of order to a possible chaotic and fragmented internal world. This was further confirmed when I analysed the extracts of other participants with shared experiences. They also conveyed this feeling of internal disconnection and external search for a form of stability and reference. The visual procedure added richness to the interview and helped me to build rapport with Heather. It also helped Heather to articulate some of her thoughts and express the importance that these resources had become to assist her to make sense to her experience of codependency.

### **Cross case analysis: the development of superordinate themes from all the cases**

This stage involved comparing the overarching themes (drawn from the individual analysis) across participants, looking for connections, differences and patterns between the themes, and across the cases, creating a table which represented these themes. A number of themes emerged from this cross-case analysis. These were refined, condensed and re-clustered into super-ordinate themes, with subthemes (please see diagrams attached in the Appendix M for this staged process). The process was interactive and dynamic, and the themes were constantly refined, amended in the light of the new themes emerging. This brought depth and breadth to the process to help ensure the quality of the interpretation. A master table of the super-ordinate themes showing the connections between all the participants as a whole was produced. This master table revealed which of the themes were convergent/divergent. Please see below a summary of the steps taken at this stage.

- Each participant's table of overarching themes was compared and checked across the sample.
- A new master table containing the superordinate and sub-ordinate themes the sample was created (see sample in the Appendix M).
- A separate Word document was created for each superordinate theme, including relevant quotes from the participants (see sample in the Appendix N).

At the end of August 2013, these initial results were discussed at supervision. At that stage it was agreed that some important idiographic elements of the analysis had been 'lost' once the themes were clustered. As a result, I decided to take a step back, and add another layer of analysis to this data. I went back to each individual analysis and the summary documents and reviewed each individual case analysis. The process described above was repeated. The hermeneutic cycle was visible at this stage, as I moved from the individual themes extracted from each individual case back to the original raw data, attempting to gain a perspective of the whole experience of the participants.

After this, an ongoing process of reviewing, shifting, refining and grouping of the super-ordinate themes happened from August until December 2013. I have prepared a number of diagrams and examples to describe this process (please see Appendix M).

### **Final stage of the analysis: the narrative account**

At this stage I worked with the superordinate themes, with subthemes finally organised/ grouped on a Word document, capturing the majority of the data. This Word document contained a table of the participants, a description of each theme, and the most relevant quotes from each participant to exemplify the theme. After re-organising this final document several times, in a process of construction and reconstruction, I wrote a narrative account of the shared experience captured by each theme, including the subthemes, the quotes from each participant, the similarities and differences portrayed descriptive and interpretative layers of analysis. The narrative account aimed to capture the whole experience, as well as the individual experience portrayed by the participant.

Writing a final narrative account consisted of intertwining the individual lived experience with the group shared experience. I moved from a close idiographic analysis to an abstract and synthesised account of the group as a whole. The image of a 'tapestry' suggested by Smith (2010) was useful to illustrate the process of crafting the individual and group experiences. An ongoing process of reviewing, shifting, refining the findings of the study happened at this stage, and several attempts were made to construct an in-depth, concise and persuasive written narrative account of the experience of codependency portrayed by the participants. After several attempts, I felt that I had reached a point where I could not extract any further meaning from the accounts. I then decided to take a step back from the analysis, engage in more phenomenological reading, so to return to the findings with a fresher perspective. This was proved to be extremely effective; as I read more on existential phenomenology, I was able to reflect on some of the findings of the study, and create a more illuminating phenomenological synthesis for the experience of codependency shared by these participants.

The final narrative account for each superordinate theme was in turn thoroughly reviewed and re-adjusted until it reached a stage where it captured a 'good enough' picture of the individual and shared experiences portrayed by the participants of the study (Smith et al 2009).

### ***Conclusion stage of the project.***

The writing of the thesis occurred across the whole research process. The final writing of the thesis happened between February 2013 and August 2014. The

conclusion of the project includes three distinct stages: writing of PhD thesis, viva presentation and an ongoing dissemination of findings. The research project has already been disseminated in various forms - i.e. academic forums, books and peer reviewed journal publications (please see attached in the Appendix O, a list of these). Also a short report with the summary of the research, written in simple language, was sent to the participants. A copy of the PhD thesis or any publication resulting from the study was made available to participants, if they requested.

### **3.3.3 Research Quality and Ethics**

The project was subject to guidelines established by Brunel University's School of Health and Social Care Ethics Committee. The project obtained full ethics approval on 12<sup>th</sup> December 2012. A subsequent ethics approval for the inclusion of selected visual data in the dissemination of the findings of the study was obtained in August 2013. Please find the ethics documentation in Appendix P. Some of the ethical issues specifically associated with this project are discussed below.

#### ***Informed consent***

Informed consent is a key element of the research process, as it ensures that people are not deceived or coerced into taking part in the study. In this project, participants and research advisors were given information packs containing detailed information about the study, including the purpose of the study, the interview schedule, their right to withdraw at any point without repercussions, how the study would be disseminated and the protection of anonymity. They were re-assured that their participation or otherwise had no bearing on their membership of the recovery group. Participants' and research advisors' research information sheets and consent forms are presented in Appendix I. In addition, issues of process consent were revisited within the different stages of the interviews; oral consent was sought before sensitive issues were discussed (Smith et al, 2009). Participants were adults and had capacity to give consent. No information was used without previously obtaining participants' consent.

#### ***Confidentiality***

Confidentiality ensured that participants' privacy was protected throughout the research process. Detailed information about confidentiality was included in the information pack. Confidentiality created an environment of trust and honesty between myself and the participant, thus facilitating the overall interview process. In this study, the research data included images, records and transcripts of

participants' accounts. Participants' names were removed from all images, records and transcripts thus ensuring complete anonymity; pseudonyms were used instead. Occupations and ages have been described only in approximate terms to assist in maintaining confidentiality.

As discussed, in order to facilitate the discussion, participants were invited to bring objects and/or images or photographs that illustrate or symbolise codependency to the second interview. Initially it was thought that all the information collected through this method would have an exploratory purpose only. The initial plan was to explore and analyse the verbal accounts relating to these objects. At this stage it was thought that the images brought by the participants of the study would not be included in the dissemination of the findings; they had the purpose of eliciting a more in-depth discussion, and would help me to reach beyond the possible rehearsed narratives portrayed by these participants. However, during the analysis of these visual data, it became evident that this information represented a significant aspect of the participants' accounts, and as such should be included in the dissemination of the findings. It was decided that I needed to write back to the ethics committee and asked for an amendment to the ethics documentation. In August 2013, the ethics approval was obtained to include some of the visual data brought by the participants in the final thesis and any subsequent publication. The new ethics documentation was prepared and sent to the participants who had adhered to the visual procedure. The documentation included an explanation of the change, the need to include the visual data in the dissemination of the findings and a consent form (with the exception of identifiable photos of people). All the participants involved with the visual procedure returned signed consent forms.

### *Welfare of participants and researcher*

The welfare of the researcher and participants was ensured by several measures presented and discussed below.

The interviews were conducted at neutral places or venues ensuring participants' and the researcher's safety, comfort and confidentiality.

As well as receiving regular supervision from the research supervisory team, I also benefited from an external network of support including experienced IPA researchers, fellow academics and a counsellor.

Participants were debriefed after each interview. The participants of the study received a debrief sheet, including a list of useful information and support services which they could access if they felt the need to do so (Appendix I).

The pilot study demonstrated that these participants had a good network of support around them, including counsellors, therapists, friends and access to information. The pilot study suggested also that these participants were not vulnerable; they were competent adults, who had identified themselves as codependents through the assistance of health professionals or self-help books, and as such had accessed the support groups out of their own volition.

The participants had access to support via their support group or individual therapy. This alternative form of support was considered to be adequate. In the case of an upsetting eventuality, they would be encouraged to use these forms of support. Also they had the choice to contact the services included in the debrief sheet, in case they did not wish to bring issues to their support groups or individual therapy.

The participants were informed of their right to withdraw from participating in the study at any time.

As discussed, this research aimed to capture participants' narratives about their lived experiences of codependency, including potentially negative situations or experiences. Although it was envisaged that some participants could experience mild distress as they recollected experiences and reflected on the issues raised by the research, I did not expect the participants to experience any extreme form of distress as a result of their participation in this study. In the case of such an eventuality, as a trained therapist and researcher, I felt confident in my skill to assess if the participant had experienced any form of distress. In the first instance I was confident in my skills to debrief the participant, and if necessary help them to contact their support system or seek external support. At a final stance, if necessary I could terminate the interview and offer informal support and debriefing.

A specific example of a scenario encountered during the interviews is presented to illustrate this point. Timothy became quite tearful during his 3 interviews, especially when he spoke about his divorce and upbringing. It is possible that he became aware, for example, of worse problems with his relationships that he had recognized before. On these occasions, I stopped the interview, and asked him if he was alright. I offered for the interview to be terminated, and sensitively encouraged him

to contact the support services indicated in the debrief sheet. I offered to contact him again at a later stage and re-schedule the interview and established if the participant was still interested in taking part in the study. His response to me was most surprising. He assured me that his participation in the study had almost a therapeutic or cathartic value, as he felt safe and comfortable to reflect on his life experiences and share them with me. It was interesting to note that what one person may consider distress may not have the same connotation to another; rather it may be perceived as a form of relief or self-expression.

### Box 3.3. Extract from interview - Timothy

*Timothy interview extract. - 2<sup>nd</sup> interview*

*T: My problem has never been a partying life style, my problem was that I was still in a marriage after 25 to 28 years depending on your interpretation, and I didn't want to leave it, you know, I was kind whole invested in it, whole invested in it as nothing else really matter to me I wanted a home, I wanted a family ...*

*R: Whole invested?*

*T: Yeah, I (pause) I loved being at home. [Crying]*

*R: Have a tissue... Do you want to stop? Are you ok?*

*T: I really loved it, but it was poison, you know it was poison. I talk about it as it without any embarrassment, it was really bad for me in that situation ...it was really bad for me! I actually wanted I did want very much to be in a family! [Pause, crying] And I put up basically with bullying in order to stay in it. [Pause] which is you know bitter it is not ...positive for me, but I would have done so much to preserve it. I really miss that, I really miss that. [Sobs...]*

*R: Are you ok? Perhaps we could stop here. and I can comeback*

Finally, I was also prepared should participants disclose information which indicated that they were at risk - for example: domestic violence, suicidal intentions, or that there was risk to a third party. I was prepared to encourage participants to seek assistance from the relevant support services specified in the debrief sheet. The participants in the study were deemed to be competent adults, so unless the information disclosed by the participant indicated harm to a third party, for example vulnerable adults or children, no information could be disclosed to any other party without their permission. In the specific case highlighted above I reserved the right to disclose this information to the supervisory team, who would advise on how to proceed. Although the measures discussed above were in place, there were no problems during interviewing which indicated they needed to be implemented.

### *Data protection*

All the materials were kept securely, accessible only by me and my research supervisors, Elizabeth McKay, Frances Reynolds and Anne McIntyre. The data was stored in the University PhD office, within a locked unit (keys kept by myself), or on a password protected computer. Only myself and the supervisory team had access to raw data. Occasionally this data left the university, for example when I was working from home. In this case the data was kept secure inside a laptop (the file was password locked) or in a designated locked cabinet in the home office.

The results of the study will be presented at professional settings and publications. All research data will be retained for 5-10 years after the thesis has been submitted. This will ensure that there is enough time for all publications to be achieved. After this period the research data will be destroyed.

### **3.4 Conclusion**

The chapter contained a detailed and thorough discussion on the qualitative research approach as well as the philosophical and methodological underpinning of the research study. It presented an elaborated description of the interpretative phenomenological analysis (IPA), my rationale for choosing the methodology and its application on the different stages of the research project. I also explained the rationale and procedures adopted for the research design, the procedures of data collection and analysis and the population selected. The chapter offered an explanation on ethical principles adopted during the planning, implementation and conclusion stages of the study.

## **Chapter 4- Findings: Overview of themes and exploration of the experience of co-dependence as real and tangible.**

### **4.1 Introduction: Overview of themes**

The eight participants offered in-depth, vivid and rich information about their subjective experiences of codependency embedded in their lifeworld. The four main themes which reflect the experience of codependency captured by the analysis of the findings are presented below.

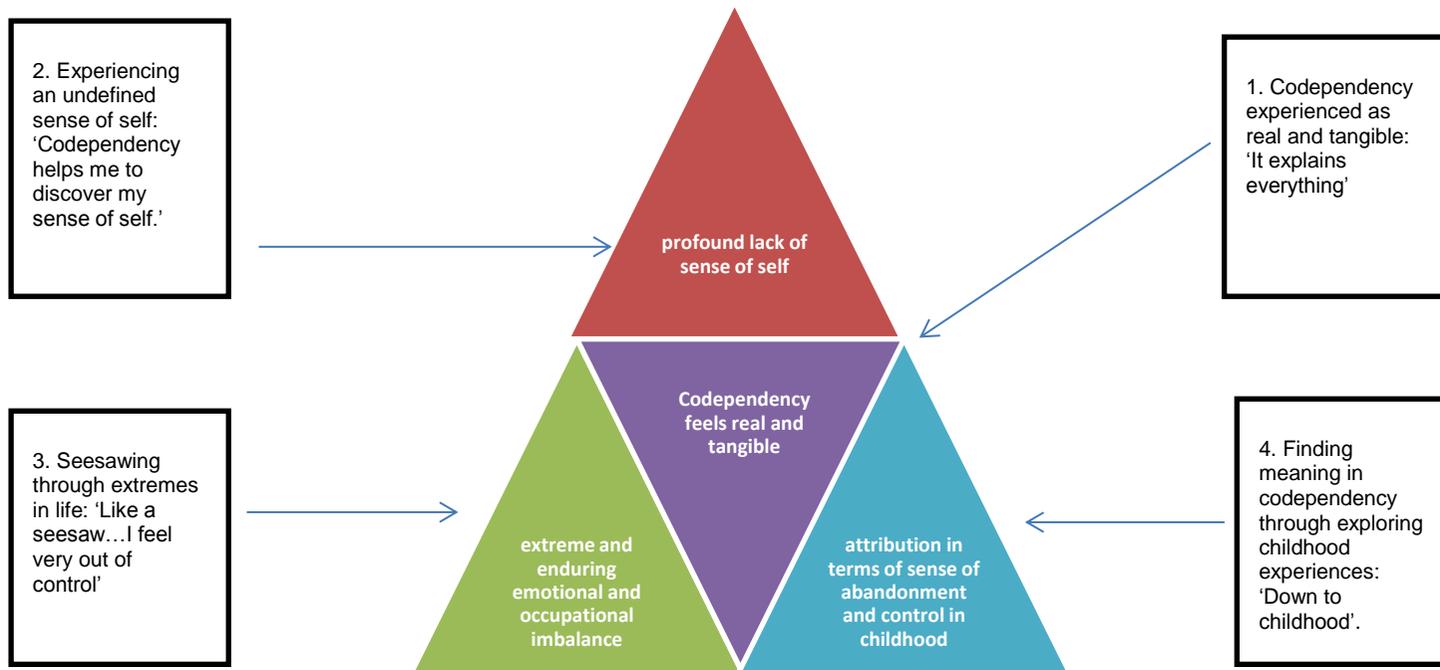
- Codependency experienced as real and tangible: 'It explains everything'.
- Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self.'
- Seesawing through extremes in life: 'Like a seesaw...I feel very out of control'
- Finding meaning in codependency through exploring family experiences: 'Down to childhood'.

Firstly, all participants revealed an understanding and lived experience of codependency as something that felt real and tangible, forming an important and central feature in their lifeworlds. Codependency was portrayed as 'real and tangible', as participants framed it as a socially recognized addictive disorder which exerted distinct influences over their lives. Yet, codependency appeared also to have an ambiguous significance; as well as offering meaning to some of their complex and negative life problems, it also confused and intrigued them, as they associated it with repeated mistakes in their lives. The second major theme related to experiencing the self as undefined. For the participants, the experience of codependency was associated with their difficulties with self-concept, portrayed as a fragile sense of self. Most of the participants explained their pursuits and attempts to obtain a clear and better defined sense of self. The experience of codependency was manifested through difficulties in living a balanced existence suggesting a perceived lack of internal stability. They related their lack of self-definition with continuing relational, occupational and emotional unmanageability. This links with the 3<sup>rd</sup> main theme which demonstrated that codependency was experienced as manifesting through extreme occupational and emotional imbalance. The 4<sup>th</sup> key theme relates to participants' attributions for their problems construed as codependency. Participants had engaged in a deep analysis of their childhood

experiences, to provide causal attributions for their perceived difficulties framed as codependency. Most recalled a rather paradoxical interpersonal family dynamic described as excessive parental rigidity, control and lack of support.

The figure below illustrates these themes which reveal the lived experience of codependency portrayed by the participants of the study.

Diagram 4.1. The lived experience of codependency.



The table below demonstrate the organisation of the superordinate themes and their respective subthemes.

Table 4.1. The themes and subthemes revealing the phenomenological experience of codependency

Theme Title	Description	Subthemes	Description
1. Codependency experienced as real and tangible: 'It explains everything'	Codependency perceived as a tangible condition, serving to attribute meaning to confusing lived experiences.	Codependency perceived as a form of addictive disorder.  Codependency experienced as a pathway for understanding of problems.	Codependency understood as a distinct and socially recognised form of a psychological problem or disorder which explains a range of life difficulties.  Codependency attributed meaning to distinctive personal problems.
2. Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self.'	Experiencing uncertainty and fragility of self: Seeking to define a better sense of self through the codependency journey.	The undefined self. Experiencing difficulties with a sense of self.	Struggling with a lack of self-definition portrayed by a fragile and low sense of self-esteem.
		The chameleon self, who blends in.	Experiencing a self that over-readily adapts and copies others.
		The searching self, who looks for answers.	Searching for self-definition through various external reference points.
		The transforming self: experiencing self-definition	Experiencing self-discovery.
3. Seesawing through extremes in life: 'Like a seesaw...I feel very out of control'	Struggling with a lack of emotional and occupational control and stability.	Experiencing imbalance and intensity of activities.	Struggling with a lack of occupational balance in life.
		Experiencing imbalance and intensity of feelings.	Struggling with emotional instability.
4. Finding meaning in codependency through exploring family experiences: 'Down to childhood'	The exploration of childhood experiences to attribute a cause for codependency.	Feeling controlled and abandoned in the family of origin.	Feeling controlled by rigid family environments, and the absence of a safe parental figure.
		The uncertainty of seeking security and belonging in the codependency group.	Looking for the codependency group as an alternative family (not always successfully).

The table below shows the distribution and prevalence of the themes among the participants of the study. It demonstrate the shared and, when available, the idiographic elements of each theme.

Table 4.2 Prevalence of themes across participants.

Participant	Theme 1. Codependency experienced as real and tangible: 'It explains everything'.		Theme 2. Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self.'				Theme 3 Seesawing through extremes in life: 'Like a seesaw...I feel very out of control'		Theme 4. Finding meaning in codependency through exploring family experiences: 'Down to childhood'	
	Codependency perceived as a form of addictive disorder	Codependency experienced as a pathway for understanding problems	The undefined self. Experiencing difficulties with a sense of self.	The chameleon self, who blends in	The searching self, who looks for answers	The transforming self: experiencing self-definition	Experiencing imbalance and intensity of activities	Experiencing imbalance and intensity of feelings	Feeling controlled and abandoned in the family of origin	The uncertainty of looking for safety and belonging in the codependency group.
<b>Jonathan</b>	x	x	x	x	x	X		x	x	
<b>Selma</b>	x	x	x	x	x	X	x	x	x	x
<b>Heather</b>	x	x	x	x	x		x	x	x	x
<b>Helen</b>	x	x	x	x	x	X	x	x		
<b>Timothy</b>	x	x	x	x	x	X	x	x	x	x
<b>Mathias</b>	x	x	x	x	x	X	x	x	x	x
<b>Misha</b>	x	x	x	x	x	X	x	x	x	x
<b>Patricia</b>	x	x	x	x	x	X	x	x	x	x

In accordance with the IPA framework for analysis, quotations have been added to the theme headings, so to stay closer to the participants' accounts (Smith 2011). An attempt has been made to represent each of the participant's voice on a balanced basis, whilst remaining sensitive to individual differences (Smith et al 2011 a, b). In addition, attention has also been given to these particularities when presenting the findings, thus adhering to the idiographic commitment of the IPA methodology (Smith et al 2009).

The section below introduces the first theme: *Codependency experienced as real and tangible: 'It explains everything'* (Selma). This key theme captures a highly shared consensual perspective of codependency as a tangible psychological problem, offering an explanation for the participants' perceived life struggles. Chapters 5-7 will explore the other three themes.

#### **4.2 Theme 1. Codependency experienced as real and tangible: 'It explains everything!'**

*'... but I needed something to explain it, I needed something to explain everything. And it (codependency) doesn't explain nothing, it (codependency) explains everything!'*

The above quote from Selma, demonstrates the significance that codependency held in the lives of these participants - codependency was perceived as a 'real and tangible problem', something of great impact and importance. The participants seemed to have found in codependency a simple, singular and all-embracing explanation for a range of life difficulties and problems. For them, codependency was something so real that it felt like it was concrete and touchable. It was an existent and tangible problem with unquestionable implications in their life worlds. Yet codependency manifested itself in many ways in their lives as demonstrated by the triangle diagram above.

The theme *Codependency experienced as tangible and real: 'It explains everything!'* captures the idiographic and shared perspectives related to participants' understandings of codependency as something certain and evident in their lives. All participants spoke about their experience of codependency as a real psychological condition validated by external sources such as codependency self-help authors,

health professionals, psychotherapists and even friends. Although the participants revealed an understanding of codependency as a psychological illness, they did not really go into much depth in expressing their understandings, likely because this understanding of codependency was for them an already taken-for-granted aspect of their lifeworlds. Furthermore, even though codependency was understood as a tangible psychological problem, the personal significance of codependency unfolded in a number of unique ways in their lifeworlds.

Accounts from participants have been used to exemplify their shared perspective of codependency as a 'real' pathological condition, yet at the same time presenting their unique understandings of codependency. Although some introductory information about these participants has already been offered in the previous Chapter 3, a more contextualised summary of each participant, describing their initial encounters with the concept of codependency is offered to exemplify the particular significance of codependency in their lives. These have been chosen to exemplify the diverse and shared element within the theme. Although codependency appeared to form an integral, explanatory and central aspect in their lifeworlds, there are some variations within the theme. Participants' accounts reveal that their understandings and experiences varied, demonstrating a number of particular and sometimes even conflicting perspectives such as seeing codependency as a form of generalised addiction disorder, or as a specific addiction, *and* as a pathway which leads them to understand some long-term confusing and unmanageable experiences (e.g. anxiety, depression, low self-esteem). These understandings will be demonstrated by the subthemes below:

- Codependency perceived as a form of addictive disorder.
- Codependency experienced as a pathway for understanding problems

#### 4.2.1 Codependency perceived as a form of addictive disorder

At an initial point in their interviews, all of the participants appeared to convey a basic understanding of codependency as a form of psychological illness, akin to an addiction. This rather realist and medicalised view of codependency was shared by all participants and featured much in their accounts:

*' I see it in the disease definition ...that is a group of symptoms affecting a group of people, and if left untreated...is kind of a progressive illness and that is what, that is what codependency is. And that is, you know, is a set of symptoms ...devastating you know! Obviously different people experience it in different extremes and I guess it's only bad if it is affecting your life in in negative way...'* (Selma)

Four participants (Helena, Selma, Mathias and Heather) even perceived this illness as having epidemic dimensions.

*'...codependency is one of the major diseases of the 21<sup>st</sup> Century! There are so many versions of codependency as there are people.'* (Helena)

However, one important caveat could also be highlighted here. Although these participants shared this view of codependency as a 'real' problem akin to an addiction, deeper enquiry revealed that their understandings of codependency varied, demonstrating also its subjectivity and variety of meanings. This is exemplified by Helena's extract above, when she acknowledged that *'there are as many versions of codependency as there are people'*.

A more in-depth analysis of these accounts demonstrated that they were not quite clear about which kind of addiction problems were associated with codependency. For example, five participants (Selma, Misha, Helena, Patricia and Heather) revealed an understanding of codependency as something like an underlying addiction problem, related to many forms of addictive behaviours.

*'I think all addicts' patterns come from codependency, I think they come from codependency. It [Codependency] is kind of the mothership of all addictions ...'* (Misha).

Other participants (Timothy, Pamela and Mathias) revealed more specific associations, offering indications of different types of addictions seemingly related to codependency i.e. work addiction, substance addiction and relational addiction. An example of a more specific association is illustrated from Timothy's experience. He associated codependency with his need for love and affection, something about which he spoke much during his interviews, demonstrating that the issue was very much part of his lifeworld.

*'...umm this kind of love addiction is part of my problem; I think that is codependency there.'*

Taking a more interpretative stance, it is possible that this understanding of codependency associated with addiction could have developed as a result of these participants' engagement with various forms of support. For example, this understanding could have been drawn from their association with the 12 step programme, or codependency literature, and/or as a result of their engagement in individual therapies (as shown by Helena below). The therapist seemed to have exercised some influence on her understanding of codependency and likely her initial engagement with the 12 step group.

*'Well, my therapist, way back, who works mainly with addicts but didn't work with me in addiction, he said that all addicts are basically codependents, so the first place is almost not go, to go to AA, is to go to codependency meetings. Because [codependency] is the doing something else to make you feel like life is enough, so whether it is on other people, or it's on drugs or into alcohol, it's on anything you are obsessed with, rather than being able to reside inside yourself.'*

Furthermore, it appears that by associating the experience of codependency with a form of addiction, Helena was indicating that this addictive behaviour was likely related to her intrapersonal difficulties and struggles. It is possible that the participants were in need of something external to themselves to objectivise their personal problems and difficulties. Perhaps they may have needed to find a form of a diagnosis or label, which explained some of the difficulties they experienced in their lifeworlds. It is possible that they were looking for 'a name' or explanation which attributed meaning to their confusing life experiences. For example, in the quote below, Jonathan spoke about his experience of realisation and discovery

when completing a large questionnaire for codependency offered at the 12 step meeting.

*'...the thing that I remember about going to my early meeting was a sheet of paper, or 2 or 3 sheets of paper with traits of codependency written on there, about 20 on each page, about 100 of total. I read down the list and I went oh look that is me! ... And ... it was so extraordinary, because I didn't know that there was a name for whatever it was that I had!*

It seems that identification with codependency may have come as a form of relief, something that offered an explanation for his life difficulties. He described his sense of anxiety alleviation by discovering that there was a condition which offered an explanation for his difficulties. It is possible that this discovery may have attributed a sense of normalisation and hope for him. This experience was shared by the other participants as captured by the next subtheme: Codependency experienced as a pathway for understanding problems.

#### **4.2.2 Codependency experienced as a pathway for understanding problems**

*'It [codependency] is a **lens**. It's a pointer. It's a help. It's another little path to further awakening...'*

In the quote above, Mathias rather similarly suggested that codependency could be understood as an indicator or pathway which facilitated people in the process of obtaining more understanding in their lives. He used the metaphor 'lens', an optical device used to improve people's vision; likely indicating the role of codependency enlightening and assisting people to see and understand their lived experiences.

An additional phenomenological analysis of the participants' accounts revealed also that they described their experience of codependency as going beyond an addiction. For them the experience of codependency appeared to imply a much broader scope. The extract below illustrates Heather whose experience of codependency was broader and encompassed other experiences (in bold to facilitate localisation).

*'To say codependency, for me I found it therefore is not an easy label, because it is a **much bigger thing** ... I use to think it was **quite good to have a code**, people talk about it as an illness or a disease...'*

Heather did not expand on this further; however she implied that perhaps it was good to have this code which offered an explanation for life issues. As the participants' experiences were further explored and interpreted, it appeared that rather than a diagnostic label associated with a biological addiction, the construct of codependency was likely used as a code, meaning giver or a pathway; something that was useful to explain their puzzling lived experiences, and bring some form of resolution to their lifeworlds. For example, Selma explained that for her, the label codependency attributed meaning, offering an explanation for a range of negative behaviours and lived experiences that she had struggled with for a long time. She spoke about her fragmented and unsubstantial sense of self. Other participants shared experiencing this rather fragile sense of self, as shown in the table of themes (above) and explored further in the next chapters.

*'...and then I found out about codependency. That [codependency] explained everything you know that I just (pause) that is why I have done all the things that I have done. That is why I have done all the things that I have done, all the behaviours and all the craziness and the manipulation, the emptiness and that feeling of the hole in the soul... I felt that I was nothing, like I felt insubstantial, like there were bits of me, that like there were bits of me that fallen of along my journey ... I needed something to explain it, I needed something to explain everything...'*

Furthermore, the analysis also revealed that the participants engaged in 'searching for meaning', an active searching process proactively looking for an understanding of their codependency and for support to deal with their identified problems. As they engaged in this process, it appeared that codependency became a dominant and central aspect of their lives.

*'I guess we are codependency addicts...'* (Misha)

It appeared that the participants were trying to explain confusing and distressing experiences as well as their problematic behaviours, and they found codependency as a meaningful pathway of framing these. The label codependency with the

surrounding theory and recovery pathways (e.g. CoDA) helped them to frame these chronically confusing set of experiences. In this context, participants offered unique perspectives on codependency which they appeared to have tailored to their specific life experiences. These unique perspectives became visible when each participant described their initial encounter and discovery of codependency. Codependency was portrayed as something that brought meaning to their lived experiences, providing some sort of explanation and understanding of themselves and their personal and unique stories. A brief description of each research participant's initial encounter with the construct of codependency and the way that this framed their felt difficulties is offered below to exemplify this subtheme.

### *Participants' particular experiences and idiosyncratic understanding of codependency*

Further elaborating on Subtheme 2 - *Codependency experienced as a pathway for understanding problems* participants' idiosyncratic paths of understandings of codependency are presented below.

Misha worked in the entertainment industry, was single with no children. In her first interview, she explained that she had been referred to a 'codependency therapist' by a psychiatrist to deal with a series of problems related to anxiety. She had actively engaged in 12 step groups and read books about the codependency topic. At the time of the interview, Misha had stopped attending the codependency group and was looking for alternative forms of support. The extract below demonstrates her initial encounter with codependency; she described herself as a codependent waiting to be triggered.

*'I first heard the word codependent, other than hear it banded around, when I went to see a psychiatrist, at the beginning of 2010. And I than started to go to CoDA, and I bought literature, I bought the Mellody Beattie book, and Pia Mellody book, and some of them just sat in the cupboard. But I had a kind of rising, a kind of low grade rising sense of what codependency was. I think that I was a codependent, kind of lying dormant waiting to be activated...'*

Misha presented an overall negative perspective of codependency, describing it as a frustrating and destructive feature in her life:

*'Most of my sense of codependency is quite negative, quite destructive, it is erosive I would say... I am 42 years old. I am not married. I don't have children I am really sad that I might not be able to have children. It (codependency) completely ruined my life, it was completely running my life...'*

It seemed that Misha understood some of the negative effects of codependency in her life as associated with lack of personal value and care. She spoke much about not being able to place value in herself, explained by her as an *'inability to put myself first...feeling that I am not worthy or matter enough...'* She seemed to have found in codependency an explanation for many difficulties associated also with lack of boundaries, self-esteem and safety. She spoke about her recovery from this perceived codependency as encompassing a range of factors in her life as well as a practical process of learning to look after herself as exemplified by the quote below.

*'What 'recover' means: 'It means, not suffering from anxiety, being true, speaking with the truth, feeling with the truth, being present, having a congruence between how I act and how I feel, umm. And more practical things, such as self-care, being clean, eating well, getting enough sleep, showing up for things. Umm commitments, working hard, umm know all the areas of my life that I actively engage in to be in order. And not trying to interrupt that process not self sabotage it. Self sabotage is a real problem for me.'*

Similar to Misha another participant, Patricia, also became aware of codependency as a result of health professional advice. Patricia described herself as a successful business woman, married and with adult children, diagnosed with severe depression. She explained that according to her mental health team, the depression could have been related to issues of codependency. She began to attend codependency groups as part of her treatment for depression. She explained that at the time of the interview, she was attending several codependency recovery groups a week, and felt that she was making some improvement.

*"... my journey in terms of codependency or recovery, came about as a result of developing really quite a severe depression...about 8 years ago. I was initially a bit depressed than moderately depressed and then ended up severely depressed. And this went over a number of years. And I ended up, about 5, 6 years ago, making a suicide attempt. And it was obviously very serious... my psychiatrist said: 'I think you might be suffering from something called codependency...'"*

Note in the quote above that the psychiatrist has defined codependency as something a person 'can suffer from', thus portraying a traditional psychiatric approach to explaining distress (similar to Helena's therapist above). As Patricia searched for the meaning or underlying root of her depression, she found several possible explanations related to codependency problems. For Patricia, her codependency was considered to be a secondary problem associated with depression; however, having discovered codependency as a cause helped her to engage in recovery groups for codependency which helped to make improvement. Patricia associated her codependency with problems of perfectionism, and over-committed caretaking tendencies, as described below:

*'I went to seminars ... with loads of other people, whose primary problem was addiction, which wasn't mine, but mine was definitely depression, but everybody there had a secondary problem of an underlying problem of codependency, so that was my kind of first introduction to it... for me the main things that caused depression for me were perfectionism, so being disappointed in myself, caretaking people, so that is codependency, rushing around, everybody else...being workaholic that is codependency, yeah I see it as very much coming from codependency.'*

There is an interesting confusion in the above quote in whether the codependency is primary – the root which other problems stem from – or secondary to something deeper like depression. It is possible that this inherent confusion reflects learning from books and others' accounts. Patricia appeared confused with codependency and so was another participant, Heather. Similar to Patricia, Heather also found in codependency an explanation for some of her psychological problems associated with depression and eating disorders.

Heather was a 60 year old housewife, married with adult children. She started going to the 12 step group for codependency following a recommendation made by a health professional. Heather appeared to have engaged in an ongoing seemingly desperate search to obtain a better understanding of her problems via the codependency literature, consulting a number of books and self-help avenues. However she appeared to have become rather confused with the amount of rather conflicting information she had managed to obtain about codependency, as perhaps exemplified by the quote below.

*'Well, actually a doctor recommended this kind of thing – 'you might be codependent' and I had read books on it, oh God there are so many books...All these self-help books they all point that way. But all this thinking and writing and theorising is actually in a way getting in the way of it.'*

The expression 'getting in the way of it' is intriguing here as she does not offer a coherent explanation for it. Perhaps she meant that the codependency popular literature was getting in a way of obtaining a better or clearer understanding of her difficulties and issues. When describing her issues, Heather's codependency discourse also brought in some feminist concerns. She presented her views on the role of women in relationships and voiced her frustrations about the way women are treated in some cases, as exemplified by the extract below.

*'... in a way maybe women appear to suffer more because they are in the hands often of man...but I get very angry that it seems to be a different rule for men than for women...A strong man you [can] use the word ... [is] dominant and dogmatic...women are programmed to be run down really, to keep the man up.'*

Although Heather may have offered a perspective of man as strong and dominant, the male participants in the study showed a different perspective. Jonathan openly spoke about his vulnerability and struggles with depression and anxiety. He described coming in contact with codependency as a result of seeking therapeutic support for a range of psychological problems. He was married, had a child and worked full time in the technology industry. Jonathan was educated at a boarding school and described his career as successful. In spite of this, he seemed to have struggled with a number of issues throughout his life, which led him to engage in various forms of therapy. He described his experience of coming in contact with the

construct of codependency as he attempted to resolve many of these perceived issues in his personal life.

*'...She started talking to me about codependency; she mentioned that to me and suggested that I might like to find out more about it. I worked out that she was the 10<sup>th</sup> counsellor, I had seen over the course of nearly 20 years....'*

Jonathan portrayed himself as someone searching for answers as he attempted to put his life together. Like the others above it appeared that Jonathan had a more positive view of framing his problems as codependency, thereby bringing perspective and order in his lifeworld:

*'I could see that my life wasn't normal, wasn't happy. It wasn't like people around me, and I didn't understand why, I couldn't give it a name, I couldn't explain what it was, I just knew, I had this issue about dealing with people' ...I was able to put everything in order, I am trying to make sense of some things'*

Another man in the study, Timothy, was divorced with one child. Similarly to Jonathan, he had also received boarding school education. He worked full time in the media and communication industry. Timothy spoke much about his upbringing and family problems. He discussed his struggles related to use of pornography and his attempts to find the right support, describing his unsuccessful attempts to seek support in other 12-steps groups and therapy until his sister suggested the 12-step group for codependency.

*'I sort of started using pornography, and for a 1 and half years I fought that. I went straight to counselling, to therapy, which I didn't find particularly helpful; I might have chosen the wrong therapist... I tried ALANON, a couple of different meetings, and my sister suggested CoDA.'*

Timothy appeared to be searching for the right relationship and associated much of his codependency issues to the inability to assert and be confident in himself. At the time of the interview he associated his personal achievements to his engagement in recovery for codependency.

*'I have told, I tell everyone else I know about it and it seems to make me a lot more confident in, my own ability as a prospective partner, but also handling my life in being able to make decisions at home and at work decision for other people and myself. I feel really good about myself at the moment. I feel really confident about myself.'*

Another male participant, Mathias described coming across the construct of codependency whilst in recovery for substance misuse problems. He was a business owner, a single father, with children from previous relationships. He explained that he had been in recovery for alcohol and drugs. His first encounter with codependency happened through a friend, who suggested he might be codependent and insisted for him to go to the codependency group.

*'...a friend suggested it, a friend of mine I was in recovery with from alcohol and drugs... he suggested to me that I might be codependent... I went (to the group meeting) and sat there with my head in my hands! Yeah it was a real huge realisation! It was weird because I didn't understand it ... I didn't want to tick another box'. You know, I am an alcoholic, I am a recovering alcoholic, recovering addict you know ... But I knew that I was...'*

In his interviews, Mathias spoke about the impact of codependency in his life as something that assisted dealing with feelings of internal lack or void (discussed in the next theme). He explained that through the identification with codependency, people can start a process of change in their lives. However, as well as perceiving the identification with codependency as helpful as a pathway for change, he also spoke about codependency as something more negative. In this case the experience of codependency was also related to something more detrimental, associating codependency with other conditions like eating disorder, depression.

*'I don't like that word (codependency). I think part of codependency is the belief that you are that role, that is you and that is why I think people hold on to bad relationships, because they've become the role...I call this codependency depression, eating disorders...'*

This diverse and seemingly contradictory experience was shared by most of the participants; at times they portrayed codependency as something problematic and destructive whilst at other times, conveying a sense of relief for obtaining an

understanding of their life difficulties. It appeared that the identification with codependency helped them to seek help, support and engage in a process of change. An example of this is found in Selma's accounts.

Selma was a single mother, who was coming out of state benefits and planning to start her own business. Selma spoke about experiencing a range of life problems prior to identifying herself as a codependent. Like most of the participants in this study, Selma appeared to be attempting to rebuild her life. She first heard about codependency when she was attending a healing course. At the time, she was struggling with a range of difficulties and problems in her life. These experiences appeared to have had rather damaging implications on her self-concept (discussed in the next Chapter). She spoke about her tendency to blame others for her difficulties, portraying a sense of hopelessness. It appears that discovering codependency may have offered an explanation for the rather difficult and negative past experiences.

*In the beginning of 2009, I did a foundation course of a form of energy healing and the first addiction it talked about was codependency. That is where I heard about it, I never heard about it before, I just thought I was a sex addict ... I just drunk a little bit too much, and just smoke a little bit too much weed, have too many one night stands as an outcome of drinking too much. .. Blamed everyone else, for the fact that I had a child when I was 13, and blame everyone else because I didn't have money and I was in debt ...and then I found out about codependency through that ...and I just said, that is why I was flawed ...*

Although Selma spoke about codependency as a construct that once discovered brought direction to her life stating that '*it explained everything and it saved my life*', at the same codependency is portrayed as something negative and even hateful. Yet she appeared grateful for a diagnosis, as that resolved uncertainty and disbelief perhaps, and might give a treatment strategy. The account below reveals a rather complex emotional involvement with codependency. This rather extreme and dualistic perspective echoes the experience captured by the theme: *Seesawing through life. Like a see-saw, I feel out of control*, discussed in Chapter 6.

*'The message is that for me, about codependency saved my life...it's transformed my life...the direction of my life.' 'This is a social disease, it's an epidemic...I just hate that is so epidemic ...codependency is so evil!'*

Similar to Selma, Helena also conveyed a rather ambiguous understanding of codependency. Helena described herself as a teacher, life coach and actor. She was divorced with children and appeared to be juggling a career and life as single parent. She learned about codependency through reading a popular psychology book. She explained that at the time she was having therapy, and the therapist suggested her attending codependency groups. Although at the time of the interview she was no longer attending 12 step groups, she later described her initial encounter with the construct of codependency as a form of discovery, as something that brought meaning to her inner struggles and questionings, and a clear pathway for support through the recovery group.

*" I do with a lot of stuff about codependency and I am always reading up on stuff, it interests me...Hmm, actually, I was in therapy and I remember I found the Melody Beattie's book, Codependent no more... I remember coming to my therapist saying; oh my God I am codependent! - Now I know what's what it wrong with me! He said, 'oh gosh, I thought we discussed that! Oh that's great', and then he said 'there are groups you can go to..."*

However, as noted on her quote at the beginning of the chapter, she also perceived codependency more negatively as a psychological problem with epidemic dimensions affecting a large number of people.

Overall the individual experiences portrayed above demonstrated each participant's initial discovery of the construct of codependency. They were included to exemplify the unique and personal meaning codependency had in each participant's life. It appears that as well as sharing an underlying understanding of codependency as a real psychological problem, the participants also carried personal perspectives and understandings of codependency and the way it affected their lives. In spite of codependency representing a useful tool to explain, attribute meaning and significance to a range of personal experiences lived by these participants. It appears that the construct of codependency also had multifaceted meanings and consequences for some participants. At times it was portrayed as a form of relief and answers for much questioning, yet bringing a sense of frustration and

puzzlement as they contemplated the apparent negative consequences of these issues in their lives.

### **4.3 Conclusion of the chapter**

In conclusion, participants shared an understanding of codependency as a distinct, externally validated psychological problem, something like a diagnosed illness such as an addiction. As their experiences were further explored, although codependency was still perceived as real and tangible, it also became apparent that the participants were possibly looking for an explanation which would give meaning to their lived experiences. In this case, their unique subjectivity influenced the meaning they attributed to their particular experience of codependency and will be further explored in the next chapters. Although participants' experiences were subjective and idiographic, many elements of this experience were also shared across the sample group; these shared elements were their perceived lack of self-definition, their tendency to live life in extremes, and their explorations of family experiences; they are discussed in the next chapters.

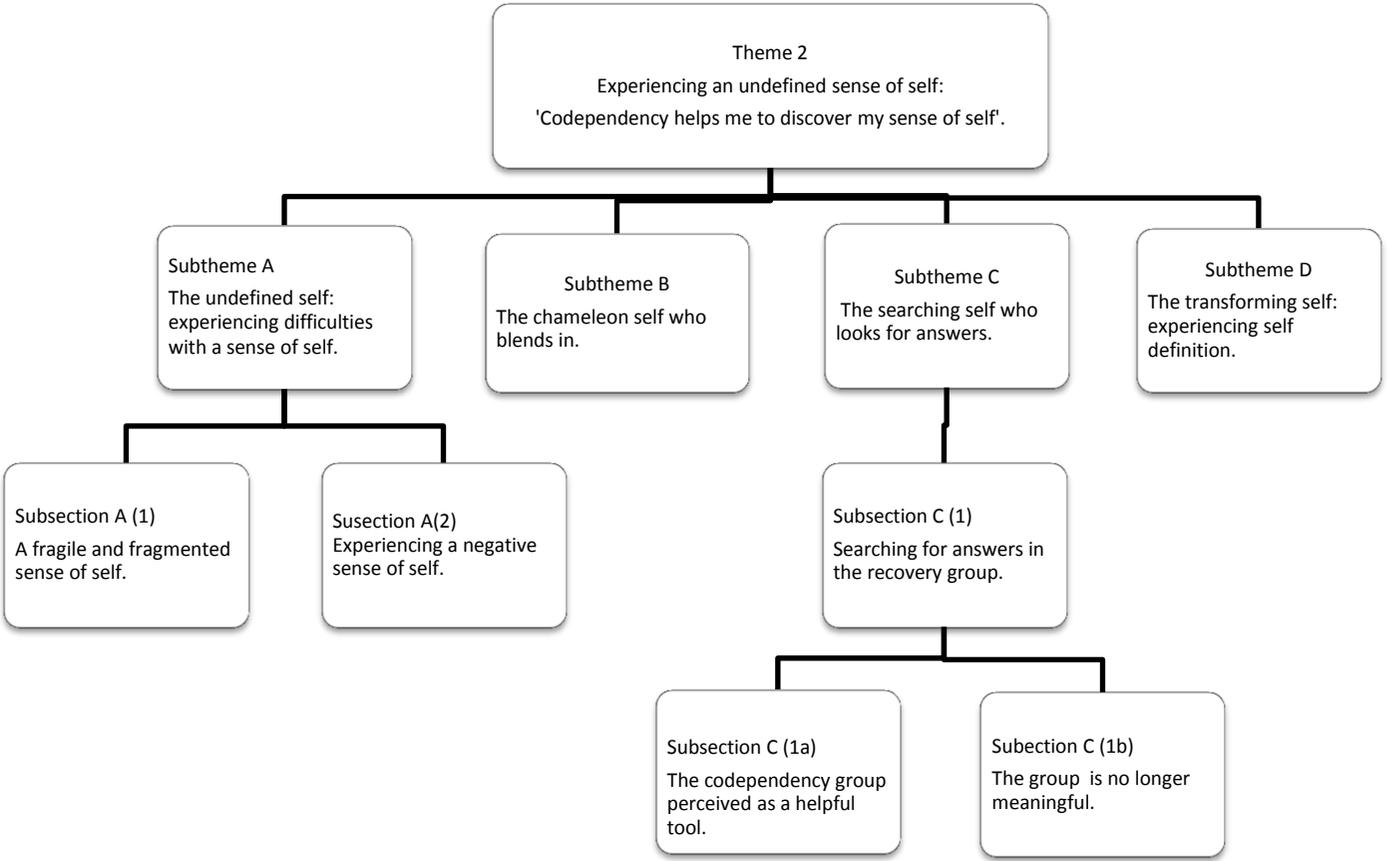
## **Chapter 5 - Theme 2 - Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self'.**

The theme '*Experiencing an undefined sense of self. 'Codependency helps me to discover my sense of self'* portrays the struggle for all participants in locating and defining themselves, and their search for a clearer sense of self. The participants spoke about their journeys of codependency as a way of helping them to discover and create a better sense of self - as for example highlighted by Mathias' quote:

*'Codependency helps me to discover my sense of self.'* (Mathias)

This theme was most extensively represented in participants' accounts (out of the four themes identified) and captures the participants' inner struggle with a lack of clear sense of self, which leads to a journey of self-awareness and development. This is further reflected by a number of subthemes and subsections represented by the diagram below.

Diagram 5.1. Experiencing an undefined sense of self. 'Codependency helps me to discover my sense of self' theme and respective subthemes.



Although the experience captured by this theme was revealed in all of the participants' accounts, there are also variations in their narratives as demonstrated by the prevalence of subthemes shown in Table 4.2 in chapter 4. As demonstrated in the diagram above the theme has a number of subthemes. Within subtheme A - *The undefined self: Experiencing difficulties with a sense of self*, seven participants described experiencing that they felt their identities were without a clear form, with most saying that they felt fragmented, weird, fake and crazy, and some described experiencing a sense of inner emptiness or void. This is demonstrated by subsection A (1) *A fragile and fragmented sense of self*. Five participants portrayed rather negative sense of self, identified by them as 'low self-esteem'. This is demonstrated by subsection A (2) *Experiencing a negative sense of self*.

Experience of a self who adapts too readily and copies others was also revealed in all of the participants' accounts as demonstrated by the subtheme B – *The chameleon Self, who blends in*. Participants described over-readily attempting to emulate other people's traits and adapting themselves to social situations, possibly to obtain a sense of acceptance and belonging. This excessive adaptation was perceived as detrimental, as they described a sense of discomfort in losing their sense of self through this experience.

The expressed struggle in identifying a clearer sense of self appears to have led to a search for answers which participants hoped would help them to locate a more defined concept of themselves. As these participants engaged in this search for answers, they engaged in a process of self-discovery. This is demonstrated by the subtheme C *The searching self, who looks for answers*. Within this subtheme, section C (1) *Searching for answers in the recovery group* describes participants' attempts to find answers in the 12-step recovery group for codependency. Although all of the participants found the group meaningful, demonstrated by subsection C (1a) *The codependency group perceived as a helpful tool*, four participants spoke about their eventual discontent with the group, demonstrated by the subsection C (1b) *The group is no longer meaningful*.

In searching to obtain a more delineated concept of themselves, most of the participants (n=7) described engaging on an ongoing process of change, self-growth and transformation, which caused surprise and fulfilment. Together with other experiences, redefinition of self as a codependent was perceived as something that was associated with this continuous (not complete) process of self-

discovery, bringing meaning to some of their experiences, as presented by the subtheme D – *The transforming self: experiencing self-definition*.

The photograph below, brought by a participant (Selma), was useful to exemplify participants' processes of crafting a sense of self, captured by the overall theme. Selma brought this photograph to represent what she considered to be some devastating consequences of her childhood (discussed under theme 4), which she attributed as contributing to her problems with self-definition. She explained that she made the duvet when she was young: *'Yeah, I made that. I don't know where it has gone... I sewed it I was about, again 10 or 11, and I just wanted to (play). I had it on my bed for years and years.'*



Selma used this image of the quilt to represent her early obligation to carry out adult tasks instead of playing during her childhood. She spoke about feeling pressed by her mother to assume roles and responsibilities that were too advanced for her age. She showed much regret when reflecting on the experience, and describes a sense of loss of her childhood, as a result of the pressures placed upon her (discussed in theme 4: *Finding meaning in codependency through exploring family experiences: 'Down to childhood'*). Selma explained that in the process of attempting to locate her sense of self, she re-visited her childhood experiences, as exemplified by her account below (emphasis in bold to facilitate localisation).

During her interviews Selma spoke about losing *'bits of herself along the journey'*, as demonstrated by the quote below.

*'...it has been like stages of me, like just **losing myself**, and even not knowing who I was, because in my childhood I wasn't allowed that you know. I always had to be how my parents expected me to be, and wanted my help and wanted me to behave.'*

A more interpretative phenomenological analysis may suggest that it is possible that this picture may bring a deeper hidden meaning to Selma's experience of codependency. One could interpret that the patchwork duvet may represent this undefined and rather fragmented sense of self experienced by Selma and implied also by other participants. It is therefore, possible that each patch may represent a part of self, which she attempted to craft together under a frame, contained within clear boundary lines, possibly revealing the way she later crafted a more defined and complete picture of self. Although this interpretation is my inference as a researcher, this sense of fragmentation and self-construction appeared to have been very much shared by the other participants in the sample. This ongoing search for self-definition is captured by the overall theme and its subthemes discussed below.

### **5.1. Subtheme A. The undefined self: Experiencing difficulties with sense of self**

The lived experience of struggling to locate and define a sense of self is discussed under this subtheme. The experience appears in two ways: first, as participants' expressed difficulties in locating a clearer sense of self - described as experiencing a fragile and fragmented sense of self. Secondly the subtheme also captures the difficulties of some participants in experiencing a negative sense of self, portrayed as low self-esteem.

#### **A (1) A fragile and fragmented sense of self**

*'... there was no one, there was no me in there, there **was like little bits**, but I didn't feel like I was being me, felt like I was just nothing...' (Selma)*

This quote illustrates the experience described by most of the participants (n=7), conveying a sense of self which lacked definition, completeness and wholeness.

For example, in the quotation above, Selma conveyed this sense of lacking definition and fragmentation. She explained that she felt like there were only pieces of her, which lacked form and consistency. She spoke about not having a clear sense of her own existence, feeling that she was ‘nothing’, like a broken object or crazy.

*‘I was just cracked all the way through ... Just feeling like I was just **cracked, and damaged and broken** ... I knew that whoever it was this **crazy** person that seemed to be living inside me - that wasn’t me! I knew that, because I had to find out who I really was ...’*

A self which is fragmented and without a clear definition was also described by Misha. Similarly to Selma, she spoke about finding ‘pieces of her’ spread around, demonstrating a possible difficulty in defining a constant sense of self.

*‘I think **being fragmented** is real common, is a real feeling that I have, I am all over the place. I don’t have a sense of myself as being whole and good and constant. And I feel different every day.’*

The experience of fragmentation portrayed by Misha could be related to what she explained as a ‘lack of boundaries’ around herself. Misha suggested that most of the work she was doing in therapy and the recovery group was related to delineating clear boundary lines around herself which in turn would, it was hoped, increase her well-being or sense of comfort. The extract below captures this experience.

*‘...[boundaries] they keep me safe, they allow me to navigate my way through life without feeling discomfort, without causing myself pain or others and, yes, they allow me to express myself, but in a healthy, in a safe fashion.’*

The changes described by Misha as she attempted to create clear boundary lines around herself are discussed as part of subtheme (D) *The transforming self: experiencing self-definition*. The breakdown of boundaries expressed by Misha in the quote above appears to be not just unpleasant but felt to be unsafe; she demonstrates a need for strong barriers to keep her secure.

Heather expressed her fragile and undefined sense of self, as experiencing a lack in herself, which she understood as feeling like she was not enough. This appeared to

be related to the idea of feeling like she was 'nothing', almost inexistent, as conveyed by Selma above: '*no one in there, I was nothing...*' Heather described this experience as a form of '*disconnection from self, and as having an unclear sense around boundaries*'.

*'...because **they** (codependents), they feel that they don't have enough, or they are not enough. Therefore they don't feel they exist...and knowing what boundaries are, you know **your** space, being **you** and another person that you are a separate person... **They're** losing that connection to themselves. I would say it's codependency, is not having a connection with self.'*

This disconnection was portrayed throughout her account, which appeared mostly fragmented, chaotic and difficult to make sense of. It is interesting to note in the quote above that Heather used the 2<sup>nd</sup> and 3<sup>rd</sup> person to talk about her experience (pronouns in bold to facilitate localisation in the text) - the first person, the 'I', did not appear. Whilst she may have been trying to generalise about the experience of codependents, her use of language possibly exemplifies the unclear sense of self portrayed, and it is possible to suggest that she may have needed to relate to something external to her ('they – the codependents') from which to draw a sense of self. This need for an external reference experienced by Heather is also shared by other participants and is discussed in detail as part of the subtheme: *The Searching self, who looks for answers*.

Similarly to Misha, Heather also suggested that codependents may lack boundaries around themselves, and hence a lack of sense of definition and individuality.

*'And knowing what boundaries are, you know your space, being you and another person that you are a separate person. Because, I think codependents have such a problem with boundaries, but if you aren't aware of your emotions, how could you have boundaries, how could you know, how, which are your emotions and which are other people's?'*

It is possible that both Heather and Misha may have been drawn to the concept of boundaries from the number of therapists and self-help books which they used to bring some meaning to their lifeworlds; this is explored as part of subtheme: *The Searching self, who looks for answers*.

Like the other participants, Helena perceived codependents as lacking a sense of wholeness and completeness. She introduced an interesting point of view proposing that codependents do not feel like they are good enough or have the right to exist unless they are doing things for other people. She alluded that this activity may be related to a need to obtain a sense of themselves and to justify their own existence. Similarly, Helena also referred to the experience of self as something that is external to her, using mostly pronouns such as: 'they, them and we' to describe the experience (pronouns in bold to facilitate localisation in the text). Note how she constantly switched back and forth between I/we to they/them, including the really confusing statement "**we** regain **your** right to existence".

*'Yeah, and that makes them feel that **they** have a right to exist, it gives **them** a reason to be here. But somehow the reason, just I look after myself is not enough and painful. Because at some point **they were** told that they weren't enough. So if **they** can be lots for other people and doing lots for other people, then **they** are somebody ...the sort of almost by doing for other people, **we** regain **your** right to existence.'*

Helena identified the connection between 'doing for others' and 'being', as giving codependents a sense of meaning to their own existence. Although Helena gave a negative connotation to this for example, she suggested that in order to justify their existence codependents find themselves doing things for others; nonetheless, it is possible that 'in doing for others', the person finds some form of meaning or self-affirmation, which may also be related to being noticed and valued by others. However, it may also be possible to suppose that these individuals may take this 'doing for others' a step too far, to a point where they lose a sense of self, or perhaps experience a lack of self-definition, or a merging with others, as it will be demonstrated in the next subtheme – *The Chameleon self, who blends in*.

An undefined sense of self was described by the participants as similar to difficulties with visibility, self-expression, lack of assertiveness, and minimisation of their needs. For example, **Jonathan** reported experiencing codependency as:

*'Codependency I think, is a way of losing yourself, my experience is that when you suffer from codependency you have no sense of..., you have no ego, you have no agenda, you have no feelings, you have no right to have your wishes met, you are invisible, you don't belong'.*

Selma also identified this sense of invisibility and lack of self-expression when she recalled the experience of being pregnant at the age of 13, dissociating from self, and not being noticed by those around her. She spoke about living with six siblings and her mother, a busy household, where she was expected to look after the younger ones and perform household chores – an experience where she found herself ‘doing for others’ most of her time.

*‘I was pregnant here and nobody knew (showing me her pictures). ...nobody knew until I was 6 months! ... I didn’t tell anyone, not friends not anyone...There was something, something wrong to not question, to not try and find out what was wrong with me, you know, that nobody did, nobody took the time to, nobody noticed!’ (Selma)*

When Selma says ‘nobody noticed’, she is portraying a sense of abandonment and sadness as no one acknowledged/recognised her situation or looked after her as a child (as explored above in relation to the potential meanings of her patchwork quilt). Here a more interpretative stance may suggest that she was possibly regretting that her existence was not noticed by those who mattered in her life and that she had internalised this sense of invisibility.

Similar to others, Mathias spoke about his lack of vivid and clear sense self. *‘Self is just quite heavily covered, with layers of stuff.’* He spoke metaphorically of a self not expressed or noticed, giving a sense of a hidden self. It appeared that Mathias was attempting to uncover his sense of self, by removing these *‘layers of stuff’*. He understood that his discovery of codependency could be something that helped him to discover his true self, as demonstrated below.

*‘I think it’s just a word (codependency) that absolutely opens you up, it unfolds to a level which you need to be unfolded to; because that lack that exists within your own self is so deeply buried. I just needed to hear this word to identify areas of lack in my life that needed to be dealt with, and I either deal with them or somebody will mention that word again...’*

He spoke also about a sense of struggle or lack that he found within himself. Mathias was unable to identify what this lack was related to; he suggested that codependency could be something like a ‘key word’ which could unlock him, as he progressed in his journey of searching for self.

An interesting point emerged in relation to Timothy who did not speak about his sense of self. Timothy spoke much about other people, conveying a sense of entanglement in all his relationships. It is possible that Timothy's sense of self was hidden or enmeshed in his relationships, explaining his lack of visibility, expression and representation in this subtheme. This experience is explored further under the subtheme: *The searching Chameleon self, who blends in* which portrays the idea of a chameleon self, a self which is tailored to suit the environment.

Patricia also spoke very little about her sense of visible self, preferring to discuss issues around lack of self value and low self-esteem, discussed in the next subsection.

## **A (2). Experiencing a negative sense of self.**

Whilst discussing their fragile sense of self, five of the participants spoke about experiencing a negative sense of self, as for example mentioned by Patricia's quote below.

*'...yeah but a lot of it [codependency] revolves around valuing self. Yeah, but I have always known that self-esteem was one of the major issues for me ...'*

An item (see below) brought by Heather to the interview may be useful to illustrate this subtheme.



Heather interrupted her discourse to apply the make-up. She would often look at herself in the mirror, then turn her gaze to me and ask if she looked nice, revealing a deep need for reassurance and acceptance. Heather appeared to convey a message that she was attempting to make herself attractive, improve her self-

esteem, and make some form of good impression on me. It is possible that this exchange may exemplify a deep uncertainty about her self-esteem. This experience appears to be shared by four other participants, and will be discussed below.

However, before elaborating on this experience, a reflection on the use of the term 'self-esteem' is relevant. As discussed previously, all of the participants attended some form of the recovery group or therapy. It is likely that their accounts may have been influenced by the knowledge obtained as a result of their participation in these forms of psychological interventions. For example, although the psychological term 'self-esteem' is often used to describe the experiences in this context, it may also be possible that they had experienced low self-esteem before engaging with the various forms of therapy which provided the vocabulary needed for them to articulate the experience. On the whole, participants considered low-self-esteem to be an important part of their experience of codependency, and therefore worth being reflected upon. The account below by Misha exemplifies the importance of self-esteem and self-value, as shared by these participants' experiences of codependency.

*'I feel my self-esteem has been destroyed. I didn't think that I mattered enough. So I was always trying to find an esteem from people ...I was such in sort of crises of self-esteem. I think, it's low self-esteem. I think it's not believing that I'm worth, I 'm worth doing well for.'*

Misha spoke very negatively about her self-esteem, referring to it as 'destroyed' and described a sense of struggle with creating a more positive sense of self. It appears that for Misha, her lack of positive self-esteem may have been related to the value she placed on herself. Misha's overall account was centred around issues of low self-esteem, which she associates directly with her experience of codependency. It appears that Misha perceived low self-esteem as one way in which her codependency manifested itself in her lifeworld. She portrayed a strong sense of frustration and disappointment with herself; note how in the quote below, she repeated the sentence 'I felt bad about myself' four times, emphasising the negative impact that these experiences of a low sense of self had on her life.

*'And I think that when I started to do that [behave irresponsibly, like a bad girl] and I realised that the worse thing that happened was that I felt bad about myself. I felt look there you go. I felt bad about myself. But I felt bad about myself, then now I will just feel bad about myself.'*

Selma used the hyperbole 'horrendously' to show her struggle with issues associated with a negative self-image (hyperbole in bold):

*'...before I use to think that I was **horrendously** ugly. I use to think that I was fat, so had sort of borderline anorexia, my life and hated the, my face, hated the ways it looked, hated that I was black and not white. That I just, constant comparison of myself, I had massive jealousy and low self-esteem, like, I even had no self-esteem, but I had nurtured a bravado, and a false confidence ...'*

Equally, a low sense of self was also described by Jonathan, who reflected on how he felt in his work situation.

*'I mean for example I feel, I work in an office and I feel very self-conscious in a work place. For 15, 20 years, I felt if I didn't belong, I felt if people looked down on me, I felt if I shouldn't really be there, I felt as I should knew who I was, that I was invisible. Going to work, for all those reasons I didn't feel valued'.*

Patricia's sense of low self-esteem appeared when she spoke about comparing self to others and struggling not to feel better than the other people with whom she shared her recovery. Patricia referred to the experience as something that she had to work on in order to develop a more balanced sense of self, not feeling better nor worse than anybody else.

*'I am different from everybody else, you know taking drugs, I am better than that, and finally had to realise, you know, that I am not better than anybody else. I am not worse than anybody else either, I am just the same, and it has taken a long time really, for that to sink in.'*

Overall, the participants shared the experience of lacking a clear sense of self, often perceived negatively and/or as fragmented, associating this with their sense of codependency. The participants appeared not to have a strongly internalised sense of self, needing something external to themselves, like a reference to compare

themselves against, or validation. They all appeared to share an eagerness to search for what they regarded as a clearer concept of self. The next subthemes *The Chameleon self and the Searching self* capture their experiences of accommodating and searching for external forms of reference in their process of self-creation.

## 5.2 Subtheme B. The chameleon self, who blends in

*'...it is like that the **chameleon**, you know, trying to fit in with every situation rather than allowing myself to be who I am...'* (Selma)

Selma's quote illustrates the subtheme: *The chameleon self, who blends in*. This subtheme captures the experience of over-readily adapting to situations, like chameleons, to fit in, taking this 'adaption' to an extreme where they lost sight of self. The subtheme captures participants' frustration with their lack of self-definition, which according to them resulted from this over- willing blending into social or relational situations. Participants spoke about their attempts to fit in, in order to feel liked, and to belong.

The subtheme attempts to demonstrate particular experiences related to issues of adaptation, which is normally seen as positive but here it is being viewed as negative, identified as 'going too far' beyond what these participants considered to be 'normal' life experiences. This experience of maladaptation appears to cover a spectrum of situations from those that are less harmful i.e. adapting to social situations, to more harmful forms, such as adapting to more destructive intimate and relational situations, which often brought a range of negative consequences to these participants' lifeworlds.

The spectrum of experiences covered by this subtheme begins with the situation described as hyper-adapting to, or accommodating within, social environments, possibly to feel accepted. As discussed above, some participants used the metaphor 'like a chameleon' to describe this process of adaptation (the metaphor has been highlighted in the quotes).

*'As oppose to people pleasing, as oppose to tailoring myself to suit the environment that I am in, managing people's impression of me, impression management is something that I've really battled with. Modifying myself in a **chameleon-like** fashion to fit in, losing a sense of constancy around my values, my needs...'*

Two expressions used by Misha above reflect important aspects of her experience i.e. 'people pleasing' and 'impression management'. The expression 'people pleasing' has been repeatedly used by participants across this theme and will be part of the discussion later in this chapter. The expression 'impression management' was a unique and interesting term adopted by Misha. The expression portrays Misha's struggle in attempting to manage people's perceptions of her; expressed by her choice of the word 'battle'. Misha appeared to have felt powerlessness in this situation, as she spoke about letting go of her values and needs when adapting to the expectations of other people. She seemed to have lost her sense of self, as she attempted to adapt so completely to the perceived expectations of those around her.

Equally, Selma also used the metaphor 'chameleon' several times throughout her account to describe her experience.

*'...what I want to find my true self that is. I didn't know what even that meant. But that was just what my heart was saying before, I am not, I am not being who I am, like I am not being me, like this person that I was being all of my life, isn't me, wasn't who I was meant to be, that wasn't me. And so this this fake, you know it is **like that the chameleon**, you know, trying to fit in with every situation rather than allowing myself to be who I am, **because I didn't know who I was. I didn't know who I was.**'*

Likewise, Selma conveyed a sense of struggle, which seemed to be related to a need to find what she called her 'true self'. She described what she identified as experiencing a 'fake self', possibly conveying that she may have been battling to gain a more defined or authentic self-concept, as discussed before. In this particular situation, Selma found herself questioning if the person who seemed to be living inside her was a 'fake' or a 'real' self, implying that there was another person living inside her body. This appeared to be translated into much frustration and confusion for Selma, highlighted by the repetition of the sentence, 'I did not know who I was'.

It is argued that as these participants strived to adapt so completely to situations, they experienced a struggle in defining and locating their sense of self. This experience of adapting self to situations was also shared by Patricia; however a slight variation was noticed in her account. Interestingly, although Patricia described also trying to fit in too readily, she perceived herself as 'different' from others and as a result attempting to adapt and fit in to feel accepted. She also portrayed a sense of surprise as she realised that she was not the only one to feel 'different'.

*'So there is a desire of sort of fit in, because you think you are different, because you have this big hole, and then you learn that actually there is this whole crowd of people who thought they had a big hole too...people who probably, you know, got the same problems, **different but the same**, and I have got fantastic friends in recovery.'*

It can be argued that Patricia's sense of codependency may be related to the need to feel accepted, which may result in her adjusting to situations like a chameleon (Patricia's attempts to fit in the codependency recovery group are discussed further under subtheme C. *The searching self*). The quote below may illuminate this argument - note how she appears to be pulled by two extremes, struggling between saying what people want to hear as opposed to being completely honest.

*'I am going to say what you want to hear. What I think you want to hear...The ability to be completely brutally honest rather than saying what people want to hear, which is a big part of codependency.'*

Overall the experience of the chameleon self was shared by Misha, Selma and Patricia in the context of various social environments in which they shared the experience of adapting self, possibly as they longed to fit in and to belong to groups around them. One could argue that this need to belong, and excess adaptability may have led some of these participants to feel encapsulated by the same situations they chose to fit in with. For example, Helena spoke about feeling 'controlled' by situations around herself; which led to a sense of containment and imprisonment. She described her struggle to remain encapsulated in the mundane and routine aspects of life. She appeared to resist this 'pull' to adapt to situations around her; revealing an apparent struggle to break the mould and live a more fulfilling and liberating life.

*'... we are supposed to live inside a box of niceness, appropriateness, and I am not sure if it fits for humans, because if it really did then we wouldn't have all this other stuff...well some of us are here to cause a racket and that's not always pretty ... it's not your traditional middle class, mother with kids and a dad and the dog, you know, it's an unusual set up but it makes me feel more alive...'*

As well as adapting themselves to feel accepted in their social environment, a more extreme form of adaptability was portrayed: some participants spoke about

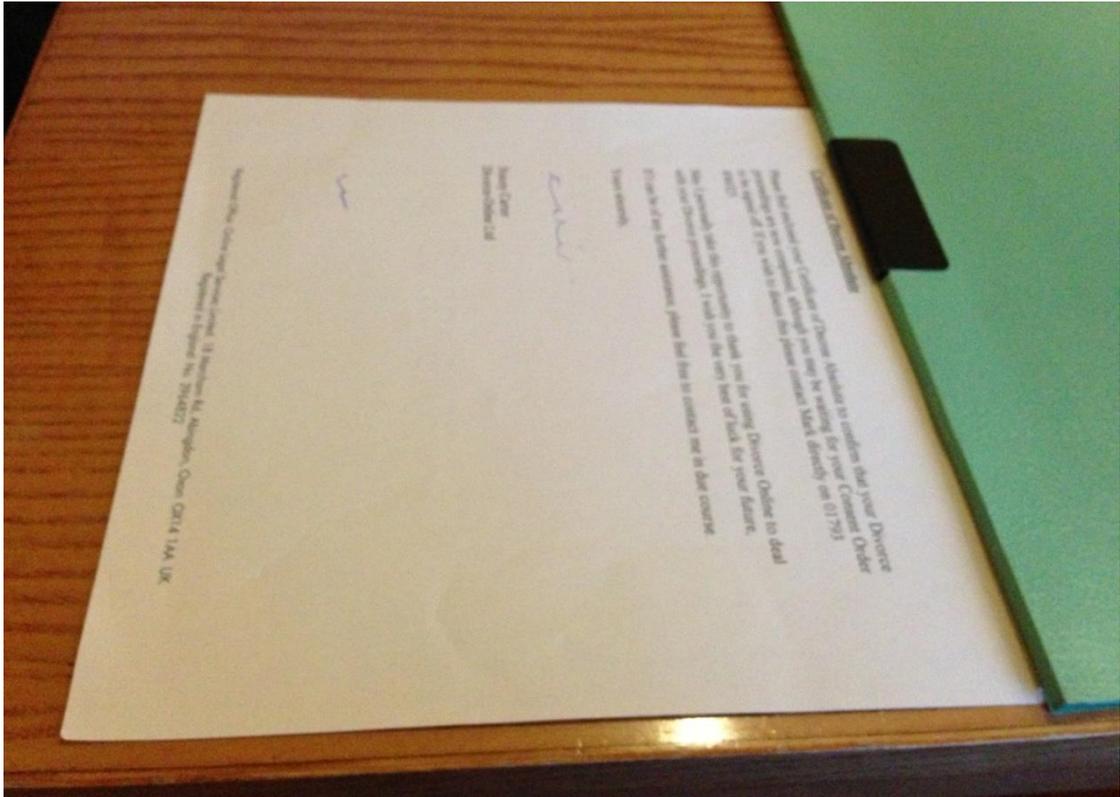
struggling with an excessive adaptation to difficult intimate relationships. This adaptability appeared to have reached a point where these participants felt locked in to subservient and passive roles within relationships. These relational difficulties had various negative consequences; for example, participants expressed feeling overruled, staying in the relationship in spite of its detrimental and often destructive effect, and choosing partners who had problematic psychological issues. This was exemplified by Jonathan, who described his adapting to the needs of his romantic partners, and being 'subservient', or overruled in his intimate relationships. Jonathan spoke about his lack of assertiveness in relationships, indicating that he allowed his needs and wants to be about pleasing other people. Jonathan too experienced 'people-pleasing' behaviour, as also described by Misha. In his case, he conformed to the expectations of his partners.

*'...it means when you are in a relationship, you are subservient to the other person ...Yeah, going with the flow, going with the flow... I minimise my own wants... for the better of other people's. I don't follow my own agenda. I have difficulty asserting myself in relationships...'*

Jonathan expressed great frustration in repeatedly choosing partners who experienced psychological problems. He questioned the reason for attracting people like this to his life, almost like he was unable to stop it from happening. This experience was also shared by the other participants (Mathias, Patricia, Misha, Selma and Timothy) who reported choosing partners who had psychological problems.

*'... a lot of them were addicts of one sort or another, either mildly or more so, with one, it was marijuana, with the another was overeating, umm, couple of heavy smokers, and that goes hand in hand with that obsessive stalking behaviour, so I was attracting all these addicts into my life.'*

The idea of an adaptable and subservient self that could be attractive to others who wished to take advantage of such neediness was further demonstrated by Jonathan's conforming to an unhappy marriage for longer than he wanted. Jonathan described the experience of eventually filing for divorce. As part of the visual method in interview 2, Jonathan chose to bring his divorce certificate to the interview to show as an item which for him represented his experience of codependency (see photography below).



*'I brought this, that is my divorce certificate, essentially the reason I brought it was because I was codependent and I allowed myself to get pushed into a marriage that wasn't right for me, and it ended 3 years later...To someone who was quite pushy, quite head strong, quite manipulative and at the time, I didn't really have any sense of myself, I allowed my agenda to be dictated by other people...I felt I had something to prove, if their opinion was more important than mine. I should never have done it, but **I was, I was, I was, I was weak.**'*

Note that when explaining what the document meant to him, there is a three time repetition of 'I was' before he finally said 'I was weak'; this may also indicate that he experienced difficulties in admitting his own weakness in asserting himself in this situation. For Jonathan the divorce letter may have represented his experience of codependency; however one could also suggest that this letter could represent a symbol of his independence – possibly a symbol of his empowerment as he was able to find his voice and advocate for his rights in that relationship. Later on, Jonathan described experiencing this sense of independence as he spoke about surprising himself, discovering he was able to make positive changes in his life. This is explored next as part of the subtheme *'The transforming self: experiencing self-definition.'*

As discussed, most of the participants experienced difficulties expressing themselves and their own needs in intimate romantic relationships. They spoke about feeling unsafe, overruled or undermined. The account below by Misha exemplifies this; she used powerful expressions such as ‘trampled’ to describe how she felt in intimate relationships. She described self-abdication, which could be translated into a form of adapting and adjusting to a relationship to a point where she lost a sense of safety and possibly also the strength to express her needs. Similarly to Jonathan, she spoke about engaging in a relationship with a person whom she later assessed as not being suitable for her. One could question the reason behind these choices, as they appeared not only to affect her personal life but also her professional life. Throughout her account, Misha spoke about feeling ill-equipped for life and associated these difficulties to her childhood experiences. She seemed to suggest that as a child she was not adequately prepared to face these issues in life. Misha’s account of her childhood and family experience is discussed in theme 4.

*‘In codependency ... would be letting somebody really trample me and not getting my own needs met, allowing myself to be put in a position where really unsafe with around my own boundaries... When I know that somebody is completely taking advantage of me, and I am not standing up for myself...I had what I can only describe as a kind of complete abdication of self, both professionally and personally. I re-entered a relationship with somebody that I had already rejected as being unsuitable, and rejected as unsuitable.’*

Similarly, Timothy too described feeling overruled, bullied and undermined in his marriage relationship, reflecting his professed tendency to engage in people-pleasing. It appeared that, as Timothy attempted to please his wife, he would adapt himself to her expectations, resulting in what he called a loss of the ability to assert himself in the relationship and to make decisions. He also used strong metaphorical language to describe the experience, for example: ‘treading all over me’. Another interesting linguistic feature found in his account, Jonathan repeated the sentence ‘she had no respect for me’ three times (bold), as indicating his strong sense of regret and frustration with the situation. Again similarly to Misha, he did not give any reasons for allowing this situation to endure in his life, and most of his account appears to portray a great sense of powerlessness.

*'...you are likely to end up in a sort of bullying relationship which is pretty much what I had with my wife. She got to a stage where, you know I was just not making decisions and she was just prevailing in every aspect. .. **she had no respect for me...because she was bullying me and treading all over me, she lost all respect and she lost all respect for me,** and the relationship ended you know, and her having an affair was just a mechanical part of it... and the fact that I couldn't bear to stop people-pleasing in that situation was you know, what caused it ...'*

Most of Timothy's account was focused on his loss of self within intimate relationships, reflecting a great need to feel accepted by other people. He spoke about this experience as a 'habit', to gain acceptance. He expressed a sense of frustration that most of his intimate relationships had ended in betrayal. It may be suggested that Timothy felt taken advantage of by the very people whom he often attempted to please. He used the interesting metaphor - 'a tattoo across my head', to possibly represent the embodiment of this experience of vulnerability, as exemplified by his account below.

*' ... I felt like I needed a tattoo across my head you know 'have a relationship with me and sleep with someone else''.*

Likewise, Selma described engaging in the process of losing herself in an intimate relationship to the extreme point where she felt she had lost her self-value and confidence, rather like Timothy and his 'tattoo. It appears that both participants described feeling ground down to point of abuse by partners.

*'...then when I was with my son's dad, by the time I was 18 I had just been so worn down with that relationship that I just had no faith in myself for that I could see that I was worthy, and so you know, it has been like stages of me, like just losing myself, and even not even knowing who I was...'*

Like most of the participants, Patricia shared the negative experience which she described as adapting and fitting into her marriage relationships where she appeared to have felt undermined, and lost a sense of self. For example she described the situation of being 'wheeled' back and forth from the USA when she was ill with depression (at the insistence of her husband). She spoke about the experience as though she was being pushed off to get a quick fix, in spite of her unwillingness to go. It appears that she did not have a say in the situation, and felt

overruled by her husband, who she described as not being able to cope. The language used by Patricia was highly passive and appeared to suggest that she felt pushed around by people. The experience may also be related to feeling disempowered and losing control over her life.

*'I had this sort of cycle of depressive episode, umm, 18 months of, wheeled off to the States, and being pushed by my husband, he just can't cope, you have got to do something to fix this, and being pushed off to the States, and getting a quick fix, which is, and getting a lot out of it, but them coming back to the same situation, and in October last year, I went and I felt that I was being pushed out of the house, being sent off, didn't really want to go, really, but I felt pretty desperate!'*

Patricia brought her soft toys to her interview as a representation of her codependency (see photograph below). In this case, a small and apparently insignificant experience associated with these soft animals may have offered us a window into her lifeworld. She explained that she had to negotiate with her husband to have the soft toys in their bedroom. She described the experience as 'engaging in a battle', to have the soft animals accepted. It is possible that what she was portraying here was the battle to manifest herself, her voice in the relationship, possibly to feel accepted. It is interesting that this happened after she had returned from the treatment centre in the USA; a person who is usually subservient in a relationship and who comes back 'imposing' her toys on the bedroom may create disturbances in the dynamics of that relationship, upsetting the power balance. Note how she ended her quote stating that 'the teddies were finally accepted', possibly conveying the impression that she feels more able to express herself in the relationship. It was interesting also to note (in the interview) that Patricia described the experience with a childlike tone of voice. This could mean that she was describing the need to meet deep intrinsic needs of acceptance of belonging which are often formed around childhood (discussed as part of theme 4).

*'Yeah, yeah they [the soft toys] are on umm, in fact I had a battle with them, when I when I first came back (from the US) you know I put the bears on the bed and you know, this is really interesting to me but, umm ... my husband suddenly said, 'you've taken over the bedroom', and I said; 'what?' 'You have taken over,' you know how it's like with men, and I said 'what?' "How do you mean?" 'you got the bed covered in all these animals, what are these?', and I*

*said 'oh, they were given to me by my friend' and 'I like them' (speaks with a childlike voice and make a face like a child), ... And now I am confused, I have not managed to figure out how to deal with that yet, umm but the teddies have been accepted (laughter) the teddies I think have been accepted now!'*



The images of the teddy bears may also portray something deeper about her experience; the way that she holds the two animals seems to convey a message of togetherness. It is possible that the animals represent Patricia and her husband; she may be conveying a message of 'attempting hard' to keep them both (husband and her) together. For example, during her account, Patricia described her husband as 'love avoidant', and shared that she often felt abandoned.

Similarly to Patricia, in spite of their negative relational experiences, it appears that most participants would chose to remain in these relationships; for example, Heather spoke about her relational difficulties as she struggled to adapt, feeling overruled in her marriage. Most of Heather's account in relation to her marriage was quite negative and appeared to describe a sense of feeling undermined and controlled by her husband. She used a strong statement to describe the experience: *'I have been powerless over... a man is **powerful power, power** over me, but all is [I'm] saying is that everyone is powerless!*

Note that she missed the 'I' on the second part of the sentence, after she said that a man is powerful (repeated 3 times) over her (in bold to facilitate reading). It is possible that she feels so powerless and overruled that she lost a sense of self. There was a sense of fear demonstrated in Heather's account when she spoke about ceasing to adapt to her husband's demands. It is possible that this fear locked her in the relationship, causing her to adapt and conform. Similarly to Patricia she spoke about fear of abandonment, which will be further explored in the next theme: *'Seesawing through extremes in life: Like a seesaw, I feel out of control!'*

*'...The only thing is when you are trying to change unless the other person changes with you it, it's sort of...It's quite frightening because if you are changing then you know that they have got a choice that they can change too, or react or leave. You know there is always a step, it's a big thing about abandonment, fear of abandonment, but if you are looking for your ..., 'cause you know, I wouldn't die if he left me or if I was on my own, it's all in the head, obviously it wouldn't be so easy'.*

Like Patricia and Heather, other participants also described the experience of something like becoming imprisoned in their relationships and they found themselves 'locked' into these situations, possibly feeling powerless and unable to break free. This is exemplified by Misha's account of her engagement in romantic relationships. Misha spoke about experiencing what she called 'being locked on a negative pattern of behaviour' with her partner, and a difficulty in *'breaking the ties of a relationship.'*

*'I had been really struggling to break the ties of a relationship... when I broke up with him, he refused to let me go professionally and I and I became locked into a very destructive, very compulsive, very obsessional pattern of behaviour with him.'*

This experience of persisting with damaging relationships is also shared by Mathias. He described putting himself aside in most of his relationships, allowing other people's needs to take precedence over his. *'...always put myself to the side always, always constantly, you know. I am here for them, I am here for him, I am here for them...'* Similarly to Timothy, Mathias also experienced betrayal in his relationships. He spoke about the fact that, in spite of the betrayal and separation, he made a decision to accept his wife back. Mathias seemed to have found his

understanding of codependency useful to bring some meaning to this difficult situation.

*'...we split and then I got a phone call from one of my best friends ... so he came around to my house and told me that him and Penelope (Mathias' wife) were in love that they had been sort of together, you know , whilst we were together ... but then after that Penelope came back. I still took her back, and I don't really know why, well I do because I am a codependent!'*

Like Misha, Mathias conveyed a sense of being locked in the relationship and unable to dissociate himself from his partner. He remained in the relationship in spite of it not working. He described his experience with a sense of obligation, as something that was similar to a military duty that was given to him by God. This sense of duty may have encouraged him to engage in a cycle of separation and reconciliation with his partner which happened, according to him, approximately '13 or 14 times'.

*'I would be in relationships that were unhealthy, unequal, umm unpleasant umm and I would stay on them, you know, no matter what like a marine, umm... It's my duty, God gave me this! '*

As Mathias adapted and fitted into different relationships, he described the intriguing experience of feeling 'boxed in' (discussed above) as occurring in most of his significant relationships, including those with his children and partners. It appears that Mathias felt easily 'all-defined' by these roles, so that he lost a sense of personal continuity and freedom of self-expression. Mathias described the experience as something like seeing himself divided into many parts, which he identified as social roles. He suggested that codependents can become too adapted to each role, to a point where they would become the role and lose a sense of self. However, he was starting to challenge this – see quote below. This experience may share similarities with the experience of encapsulation with the mundane life expressed by Helena above.

*'...do you know what, I am not the dad, I am not the codependent , I am not the ex-partner, I am not the love addict, that is a part of me being, it is a part of my character but I am playing that game that is going...but I don't think that is all that I am. If that role is just me than I become boxed in, and I think when I become the dad or the ex-partner I think that is me completely boxed in.'*

The experience of remaining locked in the relationship as a result of this excessive adaptability was also articulated by Selma and Timothy. For example, Selma spoke about what she understood as a tendency to remain in unsuccessful relationships and to attempt to make them work. It is possible that this may also have been a reason shared by Mathias; perhaps like Selma he hoped to save his relationship from failing.

*'...this is one of my codependent traits, was that I stay in unhealthy relationships umm, for too long for **trying to make them work.**' (Mathias)*

Likewise, Timothy spoke about initially choosing to stay in the marriage which he described to be like a 'poison'. It is possible that he also chose to stay and save his relationship. It is interesting that once the marriage had failed he expressed missing the relationship, in spite of its detrimental effect on him. Timothy spoke about becoming totally immersed in the relationship, giving a sense that he ceased to exist as a separate person. Like a chameleon, he became so adjusted to the relationship that he lost a sense of his own self, like nothing else mattered in his life.

*'I really loved it, but it was poison, you know it was poison. I talk about it as if without any embarrassment, it was really bad for me in that situation ...it was really bad for me...And I put up basically with bullying in order to stay in it...which is, you know, bitter, it is not positive for me, but I would have done so much to preserve it. I really miss that, I really miss that.'*

Overall, participants experienced a dysfunctional degree of adapting themselves to situations as something negative and related to their codependency. The subtheme captures the sense of struggle and powerlessness as participants spoke about taking this 'adaption' to an extreme where they lost a sense of continuity of self. The theme captures participants' frustration with the loss of self-definition, which according to them resulted from this excessive blending to social or relational situations. It appeared that these participants attempted to fit in as a result of an intrinsic craving for belonging.

This experience of adaptation appears to cover a spectrum of situations. This spectrum begins with the experience described as over-adapting to or accommodating within social environments, possibly to feel accepted. Taken to an extreme point, this subtheme also reflected that participants shared the experience of adapting themselves to unsuitable relationships which resulted in them feeling

overruled and trapped. Participants described feeling intimidated by their partners, and adopting a rather subservient position, whereby they felt complicit with negative relational dynamics. A more interpretative analysis may suggest that some of these participants may have attempted to define their fragile sense of self within these relationships. Some participants expressed a sense of frustration as they constantly engaged in relationships with people who they considered to be unsuitable. Participants appeared to find it extremely difficult to break free from these unsuitable relationships in spite of the detrimental implications in their lifeworlds. It is possible that what encouraged these participants to remain in these relationships was their fear of abandonment. The next subtheme will describe these participants' search for other external channels which could provide some definition for their fragile sense of self. This is captured by the next subtheme *The searching self, who looks for answers*.

### 5.3 Subtheme C. The searching self, who looks for answers

*'You are looking outside yourself for it but it can never be found there, and you will always be unhappy if you're looking at, if you're looking... you are seeking yourself outside...'(Heather)*

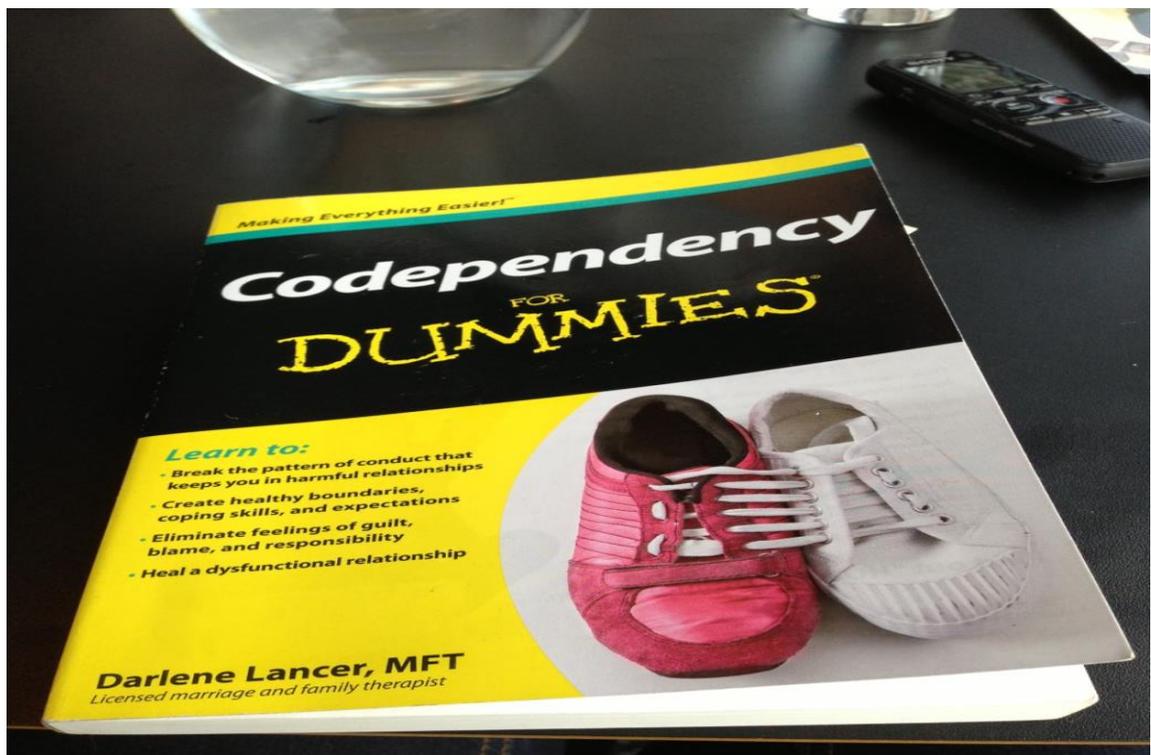
Heather's quote illustrates this next subtheme *The searching self*. The subtheme captured participants' search for something external to themselves (as opposed to internal), something that they could trust, that could form a reference in their lives, and provide answers, which would help rectify their lack of self-definition. All of the participants expressed embarking on a journey where they searched for an external reference which could help them to shape their sense of self, bringing a sense of definition and constancy, fulfilling the lack that they found in themselves. Participants expressed looking for this external source of reference in a variety of ways: self-help books, groups or individual therapy, other people's life principles, spirituality and health professionals as for example described by Patricia below. A more particular aspect of the participants' experience, their adjustment to the recovery group for codependency, features much within this subtheme, and will be discussed later, under a dedicated section.

*'Searching for truth, looking for answers in the promises [12 step promises], the aha moments [in therapy], going back...because you have got to sit down and work things [in therapy], and your shortcomings, all your behaviours in the past, yes loads of inventories [in the recovery group]'* (Patricia)

It appears that there was a shared sense of desperation and striving portrayed by this experience. For example, Jonathan conveyed a sense of struggle as he attempted to find this desired external frame of reference. He spoke about his sense of urgency, his needs for answers, possibly portraying an urge to feel less powerless and undefined. He looked for therapists, groups, and books to satisfy his need for an explanation for what was wrong with him. His search for answers led him to experience different forms of therapy and treatment for his codependency.

*'I was angry, I wanted some answers. I would have kicked in some doors to get some answers, really!'*

The picture below presented by Selma at her third interview, is a useful representation of this subtheme. Selma spoke about reading a variety of books about codependency: *I am reading "Codependency for dummies" at the moment, is quite good...'*



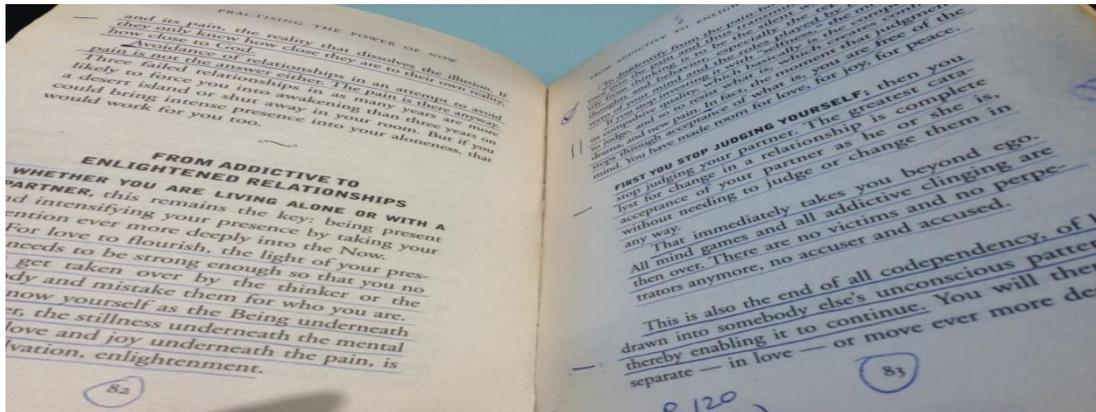
Like Selma, most of the participants appeared to collect books which could offer them a desired framework for their lives, something that could bring structure to their undefined sense of self. Participants spoke about having consulted a large number of books and several brought images of these books as a symbolic

representation of their experience of codependency. It is argued that they may have found the 'codependency' discourse (as portrayed by the book above) as a useful framework for their lives, offering answers for some of their inner struggles and some form of guidance for their life.

Although for some like Selma (above), self-help books may have offered explanations for their inner questions and struggles, for others the large number of sources consulted may also have caused more confusion, leaving more questions unanswered, as Heather said: *'...because in the past I would try to read as much as I can and that just confuses.'* This sense of confusion is also noticed in the content of her interviews, which in places appeared to lack clarity of thought and cohesion (about their understandings of codependency). Although Heather suggested that her reliance on reading may have been a feature of her codependency which brought much confusion, she continued to search for books and quotes from external sources. It appears that she needed an external authority to bring order to her sense of inner chaos and disconnection. Throughout her discourse Heather conveyed an orientation to something external to her, like searching for expert source of information that she could trust. There is a sense of confusion and disconnection in her in places and it appears that she feels lost in the midst of so many sources of knowledge. Her discourse about codependency was jumbled and intertwined with quotes and references from books and different authors that she had read, as she was attempting to make sense of it all.

The image below was used by Heather to describe her experience of codependency. It is interesting to note in the image how the book accounts and her own accounts are woven together, and difficult to separate in the end. The annotations on the book show such engagement with the text; but interestingly, nearly everything is underlined. This may suggest that Heather may not be in the position to be selective, as she may be very needy for support and explanation of her inner turmoil. It is interesting how this text in the book below appears to offer 'commands' to the reader, about how to deal with their codependency. This text appears to be very 'authoritative' and sets out codependency as a 'real' condition.

*"They [the books and authors] all got the basic same founding, you have to kind of know that there is something more than yourself, otherwise you see, you have to be able to trust really ... that Eckhart Tolle, 'the power of now', I really recommend. ...And practicing the power of now..."*

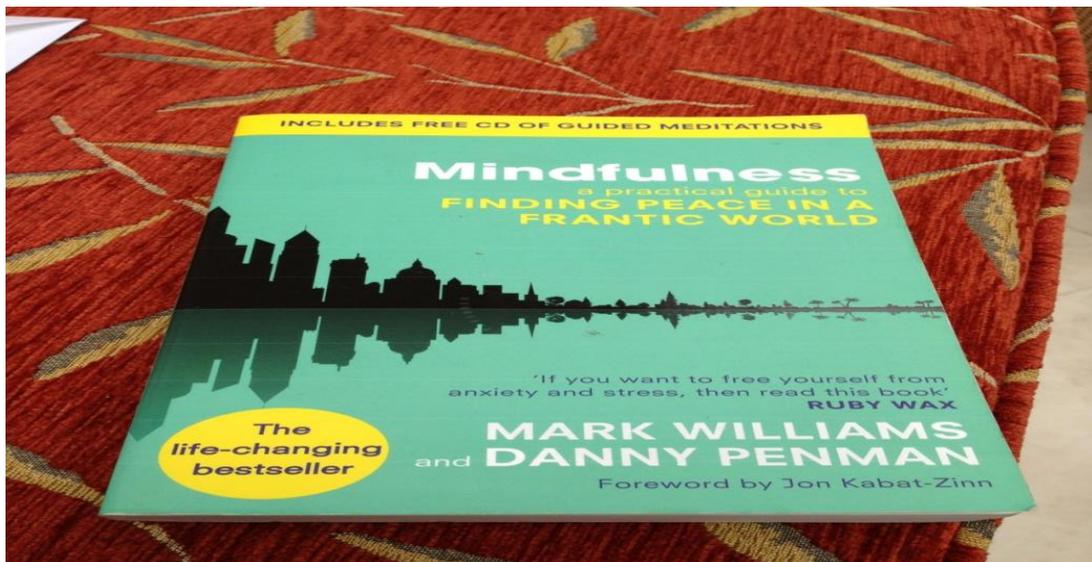


Similarly to others, Helena shared the experience of searching for a sense of significance and a framework in something external to her. She uses an interesting metaphor to describe this need for something external which could bring a sense of soothing for her struggles: *'It's an inability to give ourselves what we need, without something else, without a plaster...'* The metaphor of a plaster brings an interesting meaning to the subtheme. A plaster is something that is used to cover a wound. Is it possible that it infers that Helena felt so wounded by her life experiences that she needed to look externally for a plaster to cover her pain or to grip parts of herself together. Helena spoke about the difficulties she had in finding the answers for her questions from within. She also spoke about her difficulties in residing inside herself. She did not offer an explanation for the difficulty expressed and it may be possible that this may be related to problems in defining a clear sense of self. Also, a plaster is something that after a while needs to be discarded. Interestingly this also appears to relate to Helena's experience in relation to her engagement with the recovery group. Helena, similarly to three other participants, ceased to attend the recovery group after an initial engagement (these experiences are discussed later on in this section).

The need and search for an external frame of reference was also shared by other participants. For example similarly to the others, Patricia looked for answers in books, seminars and therapists. The picture below represents her search for answers in self-help books. Patricia brought the book to the interview and explained that the practice of mindfulness techniques was helpful to her. The book was recommended by a therapist, which may suggest that the therapist may have been very directive in expecting the client to use an external source of help. The therapist

appears to share the same authoritative tone portrayed by the author of the book brought by Heather (above). It is possible that these participants found a sense of safety and security with this type of authoritative approach. They may have needed a solid and strong guidance which would compensate for their lack of self-definition.

*“...So I started going to a lady in Harley street, a CBT type, but quite a good one, I have an American friend who always know the best people to go to. It was her recommendation...and then the other thing that sort of has really made a big difference for me...mindfulness... I did a mindfulness course probably 8 years ago ... when I got back from Arizona I decided to change therapists and my therapist said, you know, there was no discussion, she said: ‘you have got to buy this book’ ...’*



Patricia also spoke about finding some significance in connecting with the recovery group, and equally connecting with what she calls her Higher Power. Patricia's experience of the recovery group is discussed later on in this section. It appears that her connection with this higher power may have brought her a sense of relief from concerns with her husband and children. It seems that having something powerful and reliable external to her, something she could trust and to which she could release control, was a good source of help for her, as demonstrated by the quote below.

*‘... but I umm been able to handover to God is just such a blessing umm, remembering that you know that my children and my husband have higher*

*powers, so it is not down to me. They have their own higher power, and their higher power will take care of them. And that is, that is huge that it is not all resting on my shoulders!*

This shared experience of searching for a reference point could also be exemplified by Mathias' experiences. He searched for possible answers and a life framework via external supports, not only self-help books and spirituality, but also in other people who may be considered as 'self-help gurus'.

*'... You seek help, or I don't think that people come to full realisation; I think that is why there are things like psychologists, therapists, 12 step programmes, umm support groups, churches...'*

Like Patricia, Mathias found answers in his engagement with spirituality. There is an element of secrecy or mystery about Mathias' description of his spiritual experience. He spoke about detaching self, like he was attached to something bigger than himself which appeared to be in control of his life. There is an interesting 'black-white' contrast on the extract, when Mathias says that 'he is not in control, but something else is'. It appears that for Mathias, either self or something else is in control; it appears that there are no shades of grey in between. This duality in thinking is shared by other participants and discussed further as part of theme 3 *Seesawing through extremes in life: 'Like a seesaw. I feel out of control!'*

*'I detaching myself? Myself is becoming detached, myself is becoming detached. Yeah, I am not in control of that, something else is...'*

Selma also described experiencing an external spiritual connection which she believed brought some meaning and significance to her life. She appeared to have found some answers and comfort in being connected with what she called God. Similarly to Mathias, the dualist thinking process may also be found as Selma described needing something external to her, or bigger than her, in this case 'God', to be in control of her recovery.

*'...there was no relationship with a Higher Power which I call God... the journey, the return to God has been the biggest and most important one in this in my recovery, and underpins all of my, because in my belief and my understanding that I am and everyone is intrinsically being changeable, connected with God and that God is incomplete without me...'*

Not everyone described absolute reliance on external supports. Misha's experience conveyed sense of searching for an external reference to validate her decisions, yet she also spoke about relying less on this source and more on herself, as she felt that she was making progress in her journey from her engagement with the recovery group which will be discussed next. Similarly to the other participants she also demonstrated a tendency to consider situations within two extreme poles, in this case: internally and externally to self.

*'Now it feels more internal, now it feels more umm, my own development, is becoming enough. I am not having to look outside myself as much as I use to (breathes), and that just like feels like progress.'*

Overall this section expressed participants' ongoing quest for answers, help and a framework in something external to themselves possibly to offer them some form of self-structure. Several pathways had been explored by these participants: self-help books, therapists, courses, gurus and religious powers/spirituality. Some of these pathways may have provided the participants with a temporary sense of connection and wholeness, whilst others remained in their pursuit. One of the pathways sought by the participants was the 12 step recovery group, discussed next.

### **C (1) Searching for answers in the recovery group**

Participants' engagement in the codependency recovery group could be related to this need to search for an external frame of reference; possibly something that they could adjust themselves to and as such gain a sense of constancy, safety and belonging. Their engagement with the 12-step group for codependency was perceived as one aspect which was a contributor to their process of searching for themselves and for an understanding of their codependency. Throughout the interview process it became clear that, for all of the participants, the 12-step recovery group for codependency was perceived as a tool - one element which added to a collection of external resources that they had searched to assist them in what they described as their process of finding themselves. However, most surprisingly, given that the recovery group was the source of recruitment, the experience of the group varied considerably amongst the participants. Some found the group extremely helpful and considered it to be an important external frame of reference, whilst others found that their participation in the group eventually hindered their further progress. Two subdivisions within this section capture the different views presented by the participants: C (1a) *The codependency group*

perceived as a helpful tool and C (1b) *The group is no longer meaningful*; discussed below.

### ***C (1a) The codependency group perceived as a helpful tool***

*'...these are still tools that are gonna keep me balanced and keep me safe in my recovery.'* Selma

As discussed above, all the participants considered the group to be one element which contributed to their search for a better understanding of themselves and their codependency, possibly 'a helpful tool' but not the 'only tool' (as noted above). Heather, for example, seemed to have given the group a similar status to other sources of help, such as yoga and the self-help books:

*'I think CoDA has definitely helped as much as it has focused my attention on, is like a you know, a number of tools to help you, so you have CoDA and then I have the power of now, I have yoga, and I am thinking about things like this all the time so it is always evolving for me..'*

This experience of the recovery group, as only one aspect of a collection of external sources is also shared by some other participants, for example, Jonathan explained that the group was like a piece of a jigsaw which, combined with other forms of support, may have helped him over a period of searching for sources of reference for his life.

*' Yeah, it's all pieces of a jigsaw and they all have been built in a 2 year period, the therapist, and the codependency group meetings 2007/8.'*

Interesting also, participants' perceptions of the actual part that the group played in their journeys differed considerably. For example, although Jonathan presented the group as a piece of his jigsaw, he explained that the work that he did in therapy played a much bigger role in this coping and recovery process than the group itself, giving the group a less important status.

*'The work I did with Simone, my counsellor is probably or 70 or 80% of it, I would say, a huge amount. The rest probably comes from the codependency group meetings...'*

Another perspective was presented by Misha; she described benefiting more substantially from the learning she obtained from the group, in that she gained self-awareness. Although Misha spoke about benefiting more from the group than from therapy, it is interesting to note that in her account below, she listed several benefits gained from the therapeutic work, not the group work. Indeed, later on in her account she spoke about feeling 'held back' by the group and deciding to search for other alternative forms of support. Participants' experiences of stopping attending the group are further explored under the subdivision C (1b) below.

*'I think that the big, steepest curve of learning was in the codependency group. I learnt about self-esteem in therapy, I learnt about taking care of myself, how there is a relationship between taking care of my self-esteem and self-care in therapy...'*

As discussed in the subtheme '*The chameleon self*', Misha experienced feeling locked into intimate relationships. The knowledge she obtained in group meetings and therapy for her issues of codependency may have helped her process of separating herself from these relationships. According to Misha, this process of detachment was facilitated by her gaining more self-awareness into her perceived codependency issues. She used metaphors to describe this experience:

*'The codependency group and codependency therapy has each little moment, is each unlocking, letting this self-awareness flood in ...'*

The use of metaphors appeared in other accounts, to describe the experience of obtaining self-awareness through their identification with codependency and seeking recovery through group and individual therapy. For example, Mathias and Timothy used rich metaphorical language to describe this experience (metaphors highlighted). Timothy spoke about diagnosing '*bits of baggage*':

*'...what the codependency group does, or what you try to do within the group is **diagnose this bits of baggage**, these incapacities, these expectations, these habits, umm and do something about them...'*

Mathias described a process of 'unfolding' and 'uncovering self', which may be related to the image he discussed before: 'a self covered in layers' discussed under the previous subtheme – *The undefined self*. Perhaps in this case the group

provided an environment where he could be honest and give his testimony, without hiding anything about himself.

*'You recover, that is how meetings work. Because you go to a meeting, there is no hierarchy, there is no this person knows more than you do, there is no judgement and all that needs to happen is **unfolding**, it is not like if I am codependent if I stand here I am a codependent, travel to here and I won't be, it's like I only need to stand here and just **uncover**'.*

Another metaphor was used by Mathias. He spoke about the group as helping in his process of 'peeling back the layers'. It is possible that these layers may refer to Mathias's life experiences, some positive, some negative which may have been added to his life story through the years, as he attempted to blend with the situations around him. It seems that rather than helping him, these experiences may have covered or contributed to obscure his sense of self as described in the previous subtheme – *The undefined self*. Again, like above, he indicated that the group environment may have facilitated this process of self-disclosure and self-awareness to happen.

*'And kind of the codependency group side was the if you like, the philosophical, the opening up it was kind of like just **peeling back the layers**. Emm and I just felt it just continually peeled back layers ...'*

However as discussed before, these participants also did not perceive the group to have been the sole contributor to this process; other factors also were also identified. For example, Timothy saw that the group was a helpful part, but also simple things such as friendships and other relationships also played a part in helping his recovery process.

*'... and sometimes is not necessarily the group that help with that, sometimes is a relationship, or a friendship or something said ... to you that is very crucial...'*

Mathias added that other tools such as therapy, and philosophy also contributed to this process.

*'I guess what I needed in my life was both of those things. And I kind of got one from the codependency group and one from [the] love addiction group.'*

*Umm, and then umm, kind of started to study philosophy as well, practical philosophy actually.’ (Mathias)*

Agreeing with their view, Helena also spoke about the group facilitating only a small aspect or first step of people’s recovery process:

*‘I think the codependency group covers a small aspect, I think if you come from somewhere very damaged and you need support from a group, I think CoDA is amazing, it is a great first step, but with everything the first step doesn’t change your life...’*

Overall, participants spoke about the group as a tool for helping them to deal with their perceived issues of codependency, and to obtain more awareness about self; however their views on the impact of the group on their recovery journeys varied. Furthermore, as the participants spoke about the group as a useful tool, only one aspect of the group was identified as helpful: the sharing which happened in the meetings.

Most participants (n=5) spoke about the sharing aspect of the 12 step group as being most helpful to them in assisting them to identify issues of codependency and helping them with the process of gaining self-awareness through identification, which provided a helpful reference to their own life experiences. Timothy, for example, explained that resonating with other people’s sharing worked as a catalyst to his own thought process.

*‘Sharing, I find, I don’t know, there is something about sharing that is far more resonating, far more immediate..., which also kick starts your own thought processes, your own feeling processes, and that is very helpful...I mean somebody talking about, their own predicament, that helps you in yours. Umm identification is the technical word...’*

Similarly, Jonathan spoke about the benefit of listening to other peoples’ experiences. He found that this process of identification helped him to make sense of his own issues.

*‘Umm, and I think the CoDA meetings have helped with that as well. It sort of worked through the steps with a sponsor as it were. I’ve been for a number of*

*years now and I have listened to people sharing. Some people sometimes come for the meeting and share it from many years of recovery. Umm, (pause), and the more you hear the more it makes sense.'*

Mathias described the experience of sitting at meetings, listening to other people's stories and reluctantly finding himself portrayed in them. He spoke about his initial reluctance in joining yet another group (having already attended AA and NA) and to accept another label in his life. He used the metaphor 'tick another box' to describe this difficulty.

*"...But I just remember sitting in the meeting listening to people talking about their experiences in recovery and it just sort of resonated it, just kind of, it just go through me and I was just sort of sat there like this (put his hands on his face) and I thought, 'I don't want to tick another box!'"*

It is possible that these participants attempted to identify their stories with the stories of other members of the group so to become accepted by the group. As it has been suggested before, it is likely that these participants may over-readily adjust themselves to the situations around them, so to find some form of stability or reference for their lack of self-definition. It is possible that they may have accepted the 'stories' of the other group members and attempted to find similarities with their own stories, and in doing this they found a sense of connection and belonging with this group. On the other hand, their accounts did not suggest complete identification with CoDA stories. Furthermore, although these participants found some aspects of the group beneficial to their process of understanding themselves and their codependency, for half of the sample their engagement with the group had not been sustained.

### ***C (1 b) The group is no longer meaningful***

Some participants (n=4) spoke about stopping attending the group after a period of time. It appears that the group offered them some answers or support at the early stages of their journey, but they had continued their search, looking for other external frames of reference. The reasons presented by the participants as to why they left the group varied significantly. For example, Selma spoke about feeling that the group was holding her back in her journey, as it appeared to focus more on the past than on the present.

*'Yeah ... I stopped going to CoDA. Several reasons... I mean, I love the 12 step model, umm I yeah I think for the beginning of the recovery process is like the support, the peer support factor amazing and umm, building a network of people that you can start trusting... ..however I do feel like moving forward and getting some really moving into future. I don't really need to keep focusing in the past so much ... So I don't need to keep doing writing about my past, I don't need to keep doing, you know, I can just focus on my present ...'*

Selma added an interesting reflection on the need to dwell in the codependent label which is much encouraged in the group. It is possible that although initially this labelling language may have provided her with some form of self-definition, at a later stage in her process it seems to have discouraged her to continue to take part in the group, as she did not wish to continue to be classified as a 'codependent'. *I don't need to keep re affirming that I am a codependent again ...'*

Helen had similar concerns. Furthermore, although the label could be seen as a controversial topic, the other participants did not speak about it as part of their interviews. They preferred to speak about how they perceived the group as holding them back from moving forward in their personal journeys. For example, Mathias spoke about experiencing the 12 step group positively at the beginning of his identification with codependency:

*'...and did that [attend CoDA] for probably 18 months, 12, 18 months, with a quite solid every week going, spoke to my sponsor every week outside of the meeting, started to read lots of you know, books about codependency emm, just really started to devour it really, umm, because it just felt absolutely what I needed to do.'*

At a later stage, he reflected on the negative effect that the group had on his life: *'I was becoming too much of an island!'* (Mathias' tendency for isolation is discussed theme 3). He spoke about experiencing a form of stagnation and a need to look for something more practical and solution-focused. He described searching for other alternatives to help him in his process of recovery. He found an alternative group, (SLAA-Sex and Love Addicts Anonymous) which he described as more helpful.

*'...so I stop going to CoDA about probably 6 months ago, not by choice and not by saying that I wouldn't go to CoDA, but I kind of get enough CoDA*

*recovery therapy and it's quite umm focused and intense and started to go to umm SLAA... There was a lot of solution in SLAA... because I felt with CoDA, I was becoming too much of an island and I think that was my addictive nature ...'*

Helena and Misha also spoke about stopping going to the group. Similarly to Mathias, they felt that the group was holding them back in their progress. Helena spoke about people developing a codependent relationship with the group, instead of taking responsibility for their own development.

*' I stopped going to the group ... I think for some people I think it was great, but I find that for some people it was just an opportunity to offload ..., and I didn't see them progress, I didn't see them taking responsibility... It felt codependent to be in that group' (Helena)*

Like Mathias, Misha also felt that the group was holding her back in her understanding of her codependency, and as a result continued to search for an alternative frame of reference; in this case, she also found the alternative group SLAA to be helpful.

*'So my understanding of codependency, first of all, I feel like I was putting it on hold. It's a bit down on the Codependency group ... the Love addiction group (SLAA) really helps in the way the codependency group didn't...In November of last year, I went into SLAA and I went into SLAA full force, really committed 7 meetings a week, started working the steps straight away....began sponsorship route which is just incredible!' (Misha)*

Although all of the participants had attended the group at some stage in their journeys and agreed that the group was a tool, which helped them by offering an initial frame of reference for their lack of self-definition, the experience of the 12 step recovery group varied considerably amongst the participants of the study. The participants spoke about the sharing aspect of the group and the perceived sense of safety brought by the group; however its sustainability on a long term basis was also questioned. Some of the participants concluded that, after finding the group useful at the early stage of their recovery, the group did not continue to meet their needs, and as a result decided to stop attending the group. These participants continued their search for an external frame of reference for their lives in other sources such

as similar 12-step based recovery groups, health professionals or other forms of self-help. The participants also attributed family functions to the group, being explored as part of theme 4.

#### *Conclusion of the subtheme- The searching self, who looks for answers*

This subtheme captured participants' search for something external which they could trust and help form a reference in their lives. It appears that this search was related to the lack of self-definition, as they expressed the need for an external reference which could help them to shape their sense of self. It appeared that they searched for situations where they could 'fit in' or mould themselves possibly also to gain a sense of belonging and some form of resolution to their internal conflicts. Several pathways have been explored by these participants: self-help books, therapists, courses, gurus, spirituality and recovery groups.

#### **5.4 Subtheme D. The transforming self: experiencing self-definition**

*'That I first started surprising myself and I could notice that I could do things that I didn't think I could do!'*

Jonathan's quote exemplifies participants' the sense of surprise and triumph as these participants revealed facets of themselves changing and becoming stronger, as part of their recovery for codependency captured by this subtheme: *The transforming self: experiencing self-definition.*

As demonstrated, the overall theme: 'An undefined sense of self: Codependency helps me to discover my sense of self' follows an ongoing process of change and self-discovery. It starts by capturing the participants' struggle with locating and defining a sense of self. It progresses into demonstrating participants' attempts to adapt to situations around themselves, and also their struggles as they search for some external form of reference. As participants progressed with their recovery journey of understanding themselves and their experiences of codependency, most of them portrayed some form of ongoing self-transformation (n=7), albeit partial. The theme concludes by capturing participants' positive evaluation of this ongoing process of transformation, portrayed as a sense of surprise and fulfilment, present in most of the participants' interviews. For example, Helena spoke about a sense of fulfilment as she reflected on how she was before, in comparison to how she is now:

*'I could see the fault in everything, and I liked to point it out, there is a form of identity in that, I was annoyed by everything, nothing was right, and now I just go thank God, I don't have to go like that, such a stress, now I am so much like, it will be fine...Like I am not even close to the same person, I genuinely think that life is amazing, I wake up every morning thinking, 'I am so lucky!'*

Like Helena, after gaining an understanding about his codependency and engaging in a process of self-transformation, Jonathan also experienced something like a sense of fulfilment. Similarly he reflected on his process of change, and compared the way he was before with the way he is now, concluding that what changed was the way he perceived himself. Jonathan spoke about coming to the conclusion that most people like him were possibly experiencing similar struggles and challenges.

*'What has changed is how I perceive myself and that is really the only thing that has changed. Because before I use to perceive myself as someone who wasn't really there, who wasn't really visible, wasn't really heard, who wasn't really noticed, and wasn't really supposed to be there and didn't belong, and what I have understood more recently is actually everybody is the same'*

Timothy also spoke about experiencing positive transformations in his life as a result of the process of understanding himself and his codependency. He associated this change to an improvement in his confidence in making decisions.

*'I have told, I tell everyone else I know about it and it seems to make me a lot more confident in my, my own ability, ...as a prospective partner, but also handling my life in being able to make decisions [at] home and at work, decisions for other people and myself, and I feel really good about myself at the moment,. I feel really confident about myself.'*

Likewise, Patricia expressed a sense of ongoing transformation when she described the experience of seeing things coming together in her life. *'... suddenly things come together a bit more but I have a feeling that that continues to happen...'* She also reflected on how she was before, as opposed to how she feels now. She said that she feels more in the present moment. To exemplify this, she spoke about visiting an art gallery and experiencing a sense of surprise, as she was able to admire the paintings as never before. This experience could also be interpreted as

some form of awakening after a lengthy period of perceived difficulty, possibly due to her experience of depression.

*'...and I think it was partially because I perhaps never been quite as much in the present moment as when I was, when looking at paintings, as I was on that particular day...because I was really seeing it properly and the colours were much brighter and the whole thing was much sharper ...'*

This sense of ongoing transformation, of life coming together after a period of perceived turmoil, was also experienced by Mathias. Similarly to Patricia, he portrayed something like an experience of awakening, as he started to engage in activities and do things that he enjoyed. He described the experience as similar to 'parts' coming together creating a whole, possibly alluding to parts of his life coming together after a period of crisis. Mathias spoke about doing things that he wanted to do. Mathias' experience may be explained as a person creating a sense of self by acting in the world, as an object-for-itself, and therefore acting their own being.

*'So I started to sort of increase my meditation practices, started studying philosophy, emm starting just really doing the things that I wanted to do. And it was amazing that all started to come together like that, all the many different facets that I viewed as completely individual started to come together!'*

Similar to the participants above, Mathias also reflected on how he changed, and spoke about himself before as opposed to himself after this process. The quote below may reveal several interesting points, giving us further understanding into Mathias' lifeworld. For example he used the second and third persons ('you and we') when talking about his experience before the process, as if that troubled person was someone else, different from himself. He also repeated the expression 'very lost' twice and the adjective 'very' four times, when expressing the idea: 'I was very lost'.

*'I think for a period, **you** (referring to himself) have been a codependent. But really all I was, was very very lost, very very lost, same with my alcoholism, same with my drug addiction. I think **we are** being showed that that isn't **you**. You think it is **you and you** probably based 38 years of your life thinking it is **you**.'*

This subtheme captures participants' reflections on how they were before they engaged in this process of change, in comparison to how they perceived themselves to be now, after engaging in the process of recovery from their issues of codependency. It appears that the construct of codependency may have been seen by the participants as a facilitator to their process of self-development. Most of the participants found significance in the term to explain what was wrong with them; and it seems the process of understating their issues of codependency prompted an ongoing process of self-transformation. It appears that there is a changed new understanding of themselves, possibly gained as part of a deeper engagement with the self-help group and recovery activities. Selma spoke about an experience of ongoing process of transformation change in self, as she engaged with understanding her codependency.

*'So having an awareness of anything, awareness of something...I started looking and researching it [codependency] and reading the books ... That enabled me to begin a process of changing.'*

Misha spoke about this process of self-transformation as being continuous and ongoing like the 'sea tide':

*'the image I had in my head was, I , I, **the tide is behind me, and I am moving up the beach,** and as I move further up the beach the tide comes in a bit more, and I have to move my position and the tide comes in a bit more, and the tide comes in a bit more, and then I move my position and the tide comes in a bit more and it is not threatening. I don't feel threatened, like I move forward and adjust, and then I move forward again and adjust and each time. I am a different you know, I am slightly different, the tide can go out and I can come in again, but it's this inalterable umm, healthy natural process of unfurling.'*

It is interesting to highlight that, although all of the participants expressed something about the topics discussed under this subtheme, Heather did not mention anything related to this in her account. It is possible to infer that Heather was still attempting to understand and make sense of her experience and, as a result, may not have been able to experience or perceive changes in her life, or perhaps had not yet felt the need to do so.

In conclusion, most of the participants expressed engaging in an ongoing process of self-transformation, which may have been associated with obtaining a better understanding of themselves and their perceived codependency. It appears that the construct 'codependency' associated literature and self-help therapy and/or support was perceived as a useful driving force for this process. Participants spoke about obtaining more self-awareness, which led them to experience a surprising stronger, better defined and more positive sense of self. However, this was a partial or fragile achievement, as they continued to struggle with perceived issues associated with codependency and look for support. The theme here captured an ongoing process of self-development, not a complete recovery.

### **5.5 Conclusion of the theme**

The theme - An undefined sense of self: 'Codependency helps me to discover my sense of self' was presented in this chapter. All participants described struggling with a lack of self-definition which they had come to understand as a feature or manifestation of a deeper problem which they understood to be 'codependency'. They felt undefined or fragmented, submerging their own individuality to fit in and be accepted, even to the point of tolerating dysfunctional or abusive relationships, and searching for external reference points (such as self-help books and therapy). Nearly everyone described some success in defining the self in more positive terms, but this remained fragile and liable to break down, for example as manifested by a tendency to engage in extreme behaviours, and continuing reliance on external authorities on codependency/ therapy. The next theme: Seesawing through extremes in life: 'Like a seesaw, I feel out of control' describes participants' struggles in living life with a sense of chaos and lack of self-control.

## Chapter 6- Theme 3 - Seesawing through extremes in life: 'Like a seesaw...I feel very out of control'

*'Maybe (my life is like) is a seesaw, maybe is something like a seesaw, you know... I can swing from self-care to self-deprivation, self-care to self-deprivation. ...And it's not very consistent, the two ends of it ... if I push, and put too much weight on one end, you know, I feel very out of control, but if it is balanced, it would be easier'(Misha)*

The seesaw theme captures the experience of lack of control and stability featured in the lifeworlds of all eight participants (Table 4.2). As exemplified by the quote above, participants expressed this profound lack of balance, as they engaged in extremes and intensity of happenings and feelings. This experience of extremes and intensity of happenings was a manifestation of codependency in their views. They spoke about this as a negative experience, portraying also a sense of duality, or split; for example, stating that they felt 'up and down emotionally', 'swung from self-care to self-deprivation'. Most of the participants appeared to engage in some form of 'black and white' thinking. It appeared that this experience of imbalance caused a sense of struggle as they searched for a more stable experience; for example, as portrayed by Mathias.

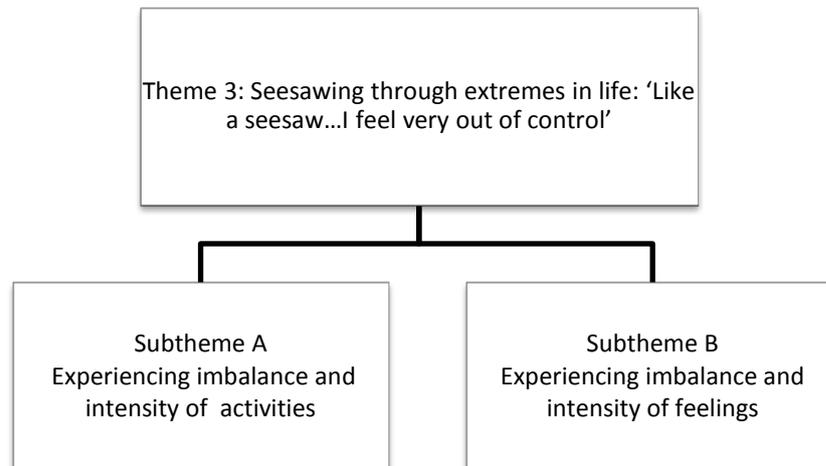
*'I actually think, I needed to go down that particular path to come back to the middle, and yea, that is my experience in almost everything to be honest. I tend to flick to each end of the scale and eventually balance somewhere in the middle.'*

The theme captured experiences whereby participants found themselves oscillating from one extreme to the other, in a variety of life situations and activities, and some regretted their tendency for inclining more to one side of the extreme than the other. For example, **Misha** described the experience as 'burn or burst' explaining that she felt 'emotionally mobile', and leaning towards one end of the spectrum, conveying a sense of imbalance.

*'So it's very burn or burst. I am either being completely controlling or impossible... I do get stuck at one end, ... and that in itself is to me a sign of dysfunction that I don't have a kind of sense of gravity, a sense of constancy, I am very kind of mobile, emotionally mobile.'* (Misha)

They spoke about experiencing this sense of intensity and imbalance in a range of situations involving daily activities, relationships and emotions. These two main areas are discussed as subthemes, as demonstrated by the diagram below.

Diagram 6.1 Overview of the theme 3: *Seesawing through extremes in life: 'Like a seesaw...I feel very out of control'*



The picture below was introduced by a participant, Helena. The picture shows a drawing of 'cats singing' (her daughter's drawing), and was used to exemplify her account of this experience captured by the Seesaw theme. Helena used the drawing to speak about her search for stability, contentment and freedom. She spoke much about a tendency to live life in an out-of-control and imbalanced manner, which she struggled to control. Helena identified this behaviour as codependency. According to her, most codependents may engage in extremes of worries and negative activities, running around, rushing through life, as opposed to being content to just 'be', and 'live the present moment', enjoying 'freedom from pressure and fear'. The picture below portrays a much desired sense of equilibrium and balance.



*'... my daughter made a picture... cats singing, and it makes me laugh, it makes me giggle like, I think it's hilarious, they all look so free, and ridiculous... which codependents are often so scared of looking stupid! Codependents run a lot...they either use drinks or drugs, or sex or anything that is addictive that really takes over, so they don't have to be present, because they can't, they don't know how to be present, because they are always into the next thing, constantly, stress after stress after stress ...'*

Helena reflected on the experience, looking for an explanation for this need for intensity of experiences portrayed by other individuals who, similarly to her, shared the experience of what they perceived to be codependency. Helena spoke about codependents' difficulties in living in the present, and their urge to move into the next thing, a pattern that may reflect a fragile self, as explored in the previous chapter.

## 6.1 Subtheme A. Experiencing imbalance and intensity of activities

*'And I am a little bit like that, in order to relax I have to burn out almost, I don't know how to just relax, 'cause I somehow have to go to the extremes.'*  
(Helena)

This experience of extreme engagement in various activities was described by most (seven) of the participants. The subtheme captures the experience described by the participants' 'need or urge' to do activities in what they regard as excess and intensively, such as excessive drinking, drugs and sex. Whilst some saw this tendency as self-destructive, Selma appeared to associate this to a need to escape deep feelings of emptiness and devastation. Selma's choice of word 'devastation' (repeated twice in the extract) may reflect this tendency to exacerbate and intensify the experience.

*'... I would drink too much, and then smoke too much weed, and like the sexual acting out as well... big part of the highs and the lows and all of it, just combined to it, just this craziness it was all. The majority of it was internal, you know, the majority was just this, constant feeling of **devastation**, but it's really weird, it's just like this paradox of **devastation** and **emptiness**...' (Selma)*

The words chosen by Selma: 'emptiness and devastation' - may convey the same meaning found in the experience of 'emptiness' described by other participants. The use of a powerful word such as 'devastation' portrays a vivid sense of chaos and destruction, which may be associated in turn with the experience of a fragile self.

Helena spoke about a series of possibly destructive actions pursued by codependents. Like in most of her other accounts, she separated herself from the experience (using the pronoun 'you' instead of 'I'), and spoke about the experience as something happening outside her lifeworld. In this particular case, she may have needed to do so, as the activities listed appeared to be not only extreme but harmful to herself and her others:

*'So it's when you are in an abusive relationship where your husband beating you up...It's when you end up on a coke addiction ... if you become an alcoholic and keep crashing your car, ruining your marriage, and hmm,*

*...promiscuous and you keep having to go and have one night stands  
...(Helena)*

Helena described not coping well with what she identified as a quiet or empty life. It is possible that she may have needed to experience the rush of activities, so as to escape this experience of inner emptiness. She explained that she experienced fear when she engaged in a less hectic life style:

*'Yeah, I don't work very brilliantly with the mundane; it is the steady life.....if I don't get to the edge of what it feels like to be alive, then I don't feel alive, then I get grumpy.' '...anything that feels like life stops, it's a terrifying space...'*

Helena appeared to experience a struggle to cope with a sense of emptiness described by her as a 'terrifying space'. It is possible that this need to 'rush through life' may also have been associated with fear of feeling this emptiness and a search for fulfilment. A more interpretative analysis suggests that both Helena and Selma shared a similar experience: an urge to engage in intense experiences as a result of a deep need to escape a sense of emptiness they experienced inside self. It is possible that this tendency for self-destructive activities may also enact a form of self-loathing associated with their fragile and negative sense of self.

Similarly, this deep sense of emptiness was also shared by Patricia. She described herself as different from other people, although seemed similar to the other participants, because she carried something like a 'big hole' inside her. Patricia thought that she also took her daily activities too far, engaging in them with a sense of perfectionism. She reflected on her tendency for workaholism and her attempts to live a more balanced life.

*'... a lot of the sort of stress and, unrealistic expectation of myself and of other people, perfectionism... and overdoing it, and the workaholism comes into it...yeah, and it getting it back into proportion'*

Whilst Selma and Helena spoke about an excessive engagement in what they considered to be harmful activities, Patricia, Mathias and Timothy spoke about engaging excessively and intensively in what they identified as more positive activities such as work, being a good father, communicating and loving a person. Yet agreeing with the others, they perceived the activity negatively and as out of

balance. As an example, Mathias spoke about a tendency to overdo things, for example in relation to work and looking after the children.

*'Non-stop, rushing, always running...For example this afternoon, I leave here, drive to the north to pick up my son from my first marriage, then I drive back into another town and pick up my 2 children. And then I have them all weekend, and drop them at school on Monday, or school and nursery on Monday morning. And then I am straight back to work. I have been doing that for about 6 months now, nonstop. I have been getting quite exhausted.'*

Mathias' account appears to give a sense that he was running on a treadmill in order to fulfil his obligations as a good father. The experience portrayed here may be associated with what he described before: his strong sense of duty, engaging in relationships 'like a marine', and also his struggle in feeling 'boxed in' by his roles in life. It is argued that Mathias may draw a sense of self from these roles, hence his excessive engagement in them.

Both Mathias and Timothy reflected on their involvement in romantic relationships during their interviews. It appears that whilst Timothy seemed to have embarked on what appeared to be a rather 'frantic pursuit' for a relationship, Mathias seemed to have chosen the other end of the spectrum and became something like 'a celibate' separating himself from people and relationships. There was a sense of imbalance portrayed here, demonstrated by these participants' tendencies for extremes rather than balance in their lived experiences. The intensity of the experiences portrayed by both participants can also be noticed in the linguistic structures they chose to use. Note how Timothy repeated the grammatical structure, 'I've', three times and the word, 'connection', twice, when attempting to explain his pursuit of women. Similarly Mathias used powerful metaphors such as, 'like an island', 'monk', 'celibate' to describe his choice of detaching himself from relationships (linguistic examples in bold).

*'I am not prepared to wait, to wait around just on the off chance that people in the CoDA meetings I go to might be interested. I am kind of impatient aren't I, umm? So you know, **I've umm, I've, I've linked up with these two women, the connection, the connection** ...but it sort of enabled me to flip up in this intensity in my trying to establish a mate, a girlfriend, if you like, and just kind of*

*stop being so intense! I keep using that word but it is exactly what it is.'*  
(Timothy)

*'... you know you can go and be a **monk now...you know, you will be celibate to the rest of your life**'. Great!' 'I was becoming too much of an **island**. I think that was my addictive nature umm. I was detaching with everything with love, which isn't really what life is about.'*(Mathias)

Although both participants appeared to have chosen separate pathways to deal with relationships, they seemed to share a deep need for romantic relationships. For example, as discussed, Timothy portrayed an intense need to communicate with his female partner. He appeared to be uncertain about the social acceptability of such behaviour; he questioned if his intense need to communicate was indeed excessive. He described himself as 'unhelpfully needy' in this situation. Note how he repeated the word, 'communication' twice in the first sentence, and six times altogether in the extract, as if to emphasise the intensity of the activity.

*'During my relationship with the married woman, I got really obsessed, and I found that I really loved the high level of **communication, emotional communication**, absolutely. God it was lovely, it was just so fabulous!...I could tell all though that time that I was really **unhelpfully needy**... I **communicated** with her about 10 times a day, umm by text or phone call ...It was slightly misleading for me, because I assumed that everyone wanted to **communicate**... it is slightly surprising to me that people don't want to **communicate** that much... and finding it very puzzling that people don't want to **communicate** as much as I do...' (Timothy)*

Similarly to Timothy, Mathias also spoke about his engagement in relationships as something he considered rather excessive, and associated this with a sense of lack he perceived inside himself. Mathias described taking 'love too far' and taking relational situations to an extreme, where he felt exposed. He used the expression 'cling on to' to describe the experience, conveying a sense of being desperately latched onto people or becoming so connected with the other person that he struggled to detach himself. Mathias spoke about experiencing a sense of 'lack inside'; this was also shared by most of the participants.

*'I think that the lack that is found as a person, which we were referring to as codependency. At the moment it is exposed in any relationship. It involves love and, I think unfortunately because I am codependent, I take that love too far. So I attach to and cling on to things that I 'love' in inverted commas, which unfortunately tends to lead to exposure as a person.'*

A more interpretative analysis suggests that it is possible that these participants shared the experience of excessive engagement in a variety of pursuits in order to cope with a sense of void, emptiness or a lack they experienced inside themselves. Indeed these questions were asked by some of the participants (n=3), as they reflected on their experiences. For example, this sense of lack was questioned by Misha. She associated the experience of craving activity to a fear of contemplating a lack of self-worth.

*'Rush through, quite often through the whole day. It was like, I didn't have time to stop and, what do I need? Because I was afraid that if I ... that I wasn't worth it, I didn't think that I was worth it. I didn't think that I mattered enough.'*

Although the quote above exemplifies the experience shared by these participants, it also offers a unique perspective into Misha's inner life. In phenomenological terms, the quote contains a 'gem' (Smith 2011), an insightful view into Misha's lived experience revealed by the sentence: "*I didn't think that I mattered enough*". The experience revealed here appears to portray that Misha could be running from herself, more specifically running from fear of not being enough, worthy and valuable. This is related to what she described before as experiencing a 'crisis of self-esteem'. Before, Misha explained that she felt that she did not matter enough, and engaged in failed attempts to draw a better sense of self from other people: '*so I was always trying to find an esteem from people...*' It is therefore possible that by engaging in extremes of activities, Misha was running away from devastating feelings of inadequacy, low self-worth and insignificance.

One could argue that this sense of inner 'lack' experienced by these participants may have led them to seek intense experiences, which in due course contributed to what they identified as an imbalance or lack of stability. For example, Heather related this need to be constantly engaged in extremes of activities to an attempt to escape a sense of emotional discomfort she experienced when she found herself in

quiet or still situations. Heather associated this to a lack of security, and an inability to face her own emotions.

*'Codependency people usually find it difficult to be quiet and still because they are uncomfortable with ...because they are uncomfortable with their emotions. And so they are always thinking, analysing and I know that I find it hard, I find it uncomfortable just being very quiet... Oh yes, because you have to think all the time, because you don't feel secure...'* (Heather)

It is possible that they engaged in these activities to fill an emotional gap, to stop thinking about their life; hence they feel uncomfortable when they are still. Helena appeared to suggest that she needed to learn to be comfortable with aloneness without experiencing a sense of abandonment, or needed to engage in an excessive range of activity in order to escape this. She spoke about her intention to change, to become more comfortable in being alone:

*'Being on your own, your own, but not being abandoned. It is the comfortableness of aloneness; it is being comfortable in being alone.'*

Overall the participants recounted what they perceived as an excessive tendency to go to extremes of engagement in activities, and for some this also involved relationships. They interpreted this as a problem related to their codependency, and spoke about attempting to establish a more balanced life experience. It appeared that, for some participants, this heightened activity was associated with a need to escape facing issues such as low self-worth, a sense of lack of self, abandonment, and a sense of void or inner emptiness. It appears that this need to engage in extremes of activities was associated with participants' attempts to escape contemplating stillness. It is possible that this sense of stillness brought upon them negative emotions such as fear, which in turn were associated with the sense of emptiness.

## 6.2 Subtheme B. Experiencing imbalance and intensity of feelings

*'...so there's duality you know, high, low, happy, sad, so you can be happy one day and sad another, so you are up and down...you are coming from a place of depths and whatever... you don't have those highs and lows...'*  
(Heather)

The notion of extremes and intensity of experiences is also related to the way participants describe experiencing their feelings. In the quote above, Heather describes her tendency to move from one end of the spectrum of emotions to another: happy/sad, up/down. Most of the participants experienced this sense of emotional imbalance or instability.

*'I was emotionally quite up and down..... I so I find that emotionally I am much more on an even keel'* Jonathan

Furthermore this emotional imbalance may have brought a sense of internal chaos and confusion. For example, Misha described feeling emotionally out of control and labile, which she related to unsuccessful attempts to control things which were external to her.

*'...The only way we can feel safe, feel under control, is to try and control the environment. And later we play out that pattern by trying to control ourselves with drink, or drugs or sex. I approached all my relationships with this intense need for control and when I felt out of control I completely lost, I just lost my sense of self and started behaving in a way was unhealthy, I knew wouldn't have me fulfilled and happy, but I couldn't stop myself.'*

A closer and more idiographic look into their accounts revealed that although they all described emotional liability they gave more prominence to describing experiencing intense negative emotions. They found this intensity of feelings as excessive, and associated this to their issues of codependency. It is possible to suggest that some of the participants may have experienced the need to engage in extreme activities as a form of escapism from these negative feelings (as discussed previously under subtheme above), for example as described by Selma:

*. ‘...And before anything and everything devastated me; whether it was the guy that I slept with didn’t text me back. I would be devastated, like suicidal, after 5 minutes of waiting for a reply from a text...so any time something happens and it’s usually quite a small insignificant event, I can get quite seriously triggered and feel very emotional, and very excessively upset about something.’*

Three main negative emotional experiences were described by the participants and associated with their codependency: fear (n=8), depression (n=3) and shame (n=2). What appeared to have made this situation particularly relevant to these participants was that they described experiencing these emotions in extremes and excess, to a point that appeared to be detrimental to their everyday activities and relationships. For example, Misha described intense shame. She used the metaphor ‘cirrhosis’ communicating a possibly wide and devastating implication of the experience in her life: ‘*Shame is like a cirrhosis on me*’. This metaphor appears to reveal the embodied feeling of shame, portrayed by Misha as a degenerative disease destroying her inner structure – eating away from the inside. She associated this experience with her extreme engagement in activities. As previously presented, she described running away from devastating feelings of inadequacy, low self-worth and insignificance through various forms of addiction.

This experience of shame was also shared by Selma. She spoke about not knowing how to feel, portraying a sense of confusion in relation to her feelings and feeling shame about being happy. There is a linguistic emphasis in her statement, as she repeated the expression ‘being happy (ier)’ three times (linguistics in bold).

*‘I don’t know how to feel... I felt a lot of shame about being **happy**, a lot of shame about being **happy** and being **happier** than people around me.’*

Selma was not very clear about what is wrong with being happy. It is possible that she felt a lack of entitlement, or worthiness to experience happiness. Maybe this was associated with her extreme sense of low self-esteem as discussed under the previous theme.

Other participants (Patricia, Heather and Jonathan) spoke about experiencing extremes of depression, which were associated with medication and psychological intervention: *'I had been seeing a sort of a therapist, when I was having treatment for depression...'* (Heather). Jonathan spoke about his depression to have reached a point where pharmacological intervention was needed: *'I'm still suffering from bouts of depression, quite serious; I was on a lot of medication...'* For Patricia, her codependency was associated with her experience of depression which she described as following a continuum whereby she progressed from a mild form to an extreme, which resulted in a suicide attempt. It appears that as Patricia searched for the meaning or underlying root of her depression, she found several possible explanations. Some of these appeared to be related issues of codependency associated with female roles and vulnerabilities, such as looking after or taking care of other people.

Another interesting aspect of this perceived imbalance and intensity of feelings was the shared experience of fear which featured in all of the participants' accounts. All the participants spoke about struggling with what appeared to be a disproportionate extent of fear: *'... and the fear and doubt that I've been nurturing all of my life...'* Selma. Participants identified various forms of fear, portraying possibly a lack of understanding about the cause, impact or implication of this in their lifeworlds. For example Misha conveyed a sense of confusion in relation to this experience. Although she appeared to be clear about the extreme impact that fear had on her life, she seemed to struggle to understand the reason and full implication of this.

*"What is the fear of not doing it? What stops me from not? What is my fear about doing it?' And the fear can only be that I don't want to show up for myself. I don't feel I am worthy showing up for if that makes sense and is that really pervades a lot of what I do."*

It is possible that Misha felt hesitant in 'showing up for herself', because she struggled with the fear of being rejected or possibly abandoned by those sharing her lifeworld. This experience also seemed to be shared by Heather: *'then the fear of abandonment and fear of rejection...'* Helena expanded on the subject of fear as she spoke about fear of being alone, and associated this with fear of abandonment. She repeated the sentence 'they don't want to be alone' (three times), possibly conveying a sense of the intensity of the fear of abandonment she experienced. Note also that similar to other occasions, Helena used the pronoun 'they' to

describe the experience, possibly attempting to detach herself and examine it as something happening outside her lifeworld.

*'...lot of the time codependents **don't want to be alone, they don't want be alone, don't be alone**, because then whatever there is that the fear of loneliness or abandonment goes into play...'*

Although Mathias did not explicitly use the term fear of rejection in his account of the experience, he spoke about a fear of revealing himself and being judged. It is possible to infer that he may have felt under pressure to show an image of himself that would be accepted by others: *'...And you just (don't) reveal your true self, because you feel judged, you feel scared'*. Similarly Patricia spoke about fear of failing and not being liked by others, possibly conveying a sense of fear of rejection *'...Fear of failure probably, for me fear of failure, of people not liking me...'* It appears that both participants felt that they were hindered from 'being themselves' by their fear of not being accepted by other people, resulting in the experience of abandonment. The experience of fear described by these participants could also be associated to the difficulty in asserting himself and confronting others, portrayed by Timothy. *'... in rowing I would be paralysed by fear of confrontation umm, and to feel unable to fight my corner in that situation...'* A more interpretative stance would suggest that it is likely that Timothy, as a result of fearing being rejected and abandoned by his wife, chose to fit into an unhappy relationship where he felt unable to express himself. Finally, although Jonathan did not clearly use the word 'fear' to describe his experiences, like the other participants, it is suggested that his experience of fear may have been expressed as part of his description of his insecurity and discomfort with social situations. His experience also appears to be related to 'fear of rejection and abandonment' indicated by the accounts above: *'... it was **feeling unease at social situations**, particularly with lots of people I didn't know.'*

Overall, participants spoke about experiencing what they identified as emotional instability, and they appeared to oscillate more to the negative side, experiencing intense and chronic negative feelings such as shame, depression and fear. The experience of fear was shared by most of the participants undermining their everyday activities and relationships and reflecting in particular a fear of rejection and abandonment.

### 6.3 Conclusion of the theme

The theme captured the idea of extremes and intensity of experiences. Participants described the experience of finding themselves oscillating from one extreme to the other in a range of situations: daily activities, thoughts and feelings, and relationships. Participants described what they regarded as an excessive tendency to go to extremes of engagement in activities and, despite this awareness, found it difficult to avoid such reactions. This excessive engagement appears at times quite compulsive and difficult to control, associated with a need to escape facing feelings associated with a sense of internal lack/ emptiness and low self-worth.

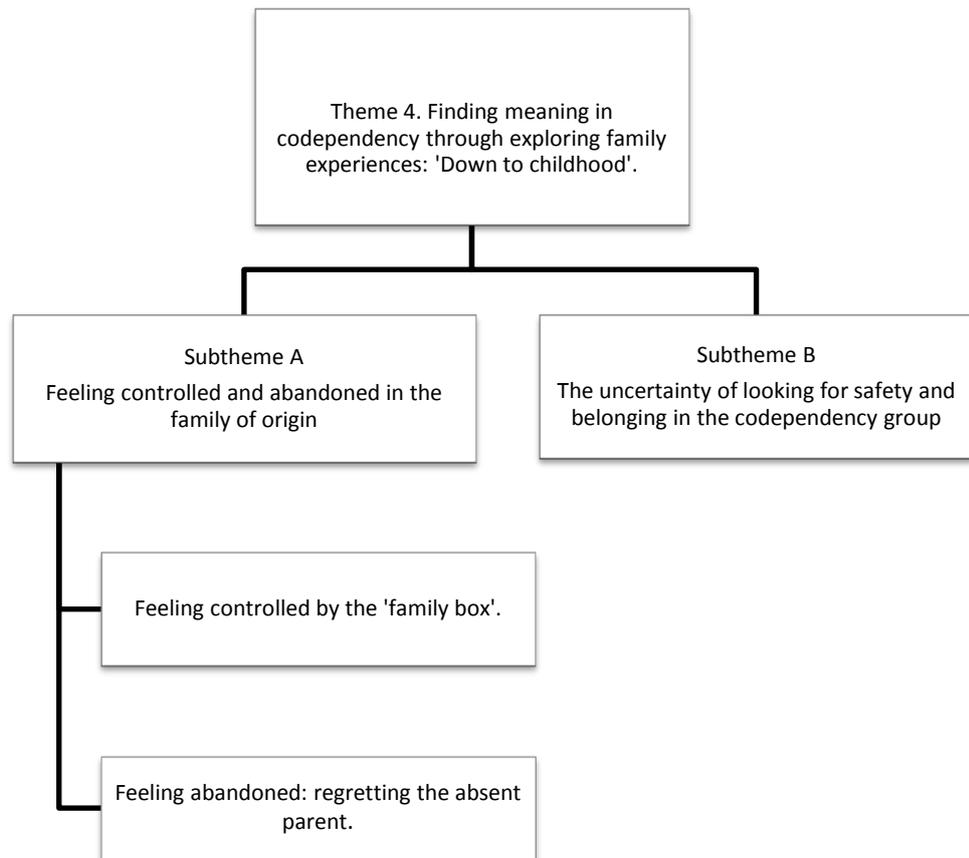
The notion of extremes and intensity of experiences is also related to the way participants experienced their feelings. Everyone described a lack of emotional stability, and they appeared to oscillate more to the negative side, experiencing intense negative emotions such as sadness, shame and fear on a chronic basis. The experience of fear was shared by most participants, and they commonly expressed a fear of rejection or being alone with themselves, possibly facing their sense of lack and emptiness of self discussed in the previous theme. The analysis revealed that the participants engaged in a process of searching for answers which could offer some meaning to the negative experiences captured by the theme discussed here. It appears that they attempted to find these answers in their childhood experiences, as it will be demonstrated in the next chapter which discusses the final theme – *Finding meaning in codependency through exploring family experiences: 'Down to childhood.'*

## Chapter 7- Theme 4- Finding meaning in codependency through exploring family experiences: 'Down to childhood'

*'I do believe that it is down to childhood experiences and the individual child's perception of those experiences ... considering that all of my siblings are messed up as well...'* Selma

This theme captures the participants' explorations of their childhood with the intent to find meaning in what they understood to be their experience of codependency in their adult life, as for example demonstrated by the quote above from Selma. All of the participants, apart from Helena, reflected on their various negative experiences of childhood. They described specific situations in their families of origin, which they considered important in explaining the later difficulties they faced as adults. These reflections appeared throughout the interviews and were portrayed by the participants within a causal perspective. It may be possible that as these participants sought to understand issues regarded as 'codependency', they looked for possible flaws in their upbringing to provide an explanation for these difficulties, or to absolve themselves from responsibility. Furthermore, this line of reasoning may also have been prompted by their engagement in the 12-step recovery group and individual psychological therapies which encourage the exploration of childhood experiences as possible root-causes of psychological problems. Although this research is not concerned with exploring if childhood events played an objectively causal role in the development of codependency, it remains committed to exploring participants' own understandings and attributions, demonstrated by this theme. The theme has two subthemes, which captured particular aspects found in the participants' accounts represented in the diagram below. The prevalence the theme across the sample is demonstrated in the table in chapter 4.

Diagram 7.1: Overview of theme 4 - *Finding meaning in codependency through exploring family experiences: 'Down to childhood'*



As demonstrated by the diagram above, the theme is twofold. The first subtheme *Feeling controlled and abandoned in the family of origin* portrays participants' reflections on negative childhood events identified by a paradoxical interpersonal dynamic of control and abandonment, which they considered to be responsible for their issues of codependency in adult life. This experience was shared by most of the participants (n=7) and is divided into two parts. The first part addresses the experience of feeling constrained by rigid family environments. This is illustrated by the quote below from Selma where she described being raised in a controlling family environment, and expressed her regret with the high demands placed upon her by her parents.

*'...Just emm, I think you know again just childhood, having to do exactly what I am told when I am told to do it. Having that expectation of doing things perfectly, the first time without even [being] showed what to do, or how to do it, emm. ...'*

The second part captures the absence of the safe parental figure which was associated with the experience of insecurity or abandonment in some of the participants' accounts, illustrated by the quote below from Timothy.

*'Because, can I say because? I will say because, because you have been parented in such a way... detached or violent, or, withdrawn, or you get abandoned, you are desperate in your relationships to ensure that those things don't happen again...'*

Like most of the participants, Timothy went back to his family and searched for a causal explanation for some of the experiences which could be associated with his sense of codependency. The account portrays a rather impersonal account; Timothy preferred to use the pronoun 'you' rather than 'I' to describe the difficulties he faced as part of his upbringing. This might reflect an attempt to resist or impersonalise the rather harmful aspect of the experience. Note that he repeated the word 'because' three times, suggesting that he was searching for an answer, a cause, which would bring meaning to the difficulties he experienced in his intimate relationships as an adult. This repetition may also suggest some hesitation, revealing some conflict about whether a causal explanation is appropriate or not.

As well as capturing participants' childhood experiences, the theme also displays an interesting and particular aspect of the participants' experience: their engagement in the codependency group as a possible substitute for their families. The experience was shared by six of the participants and is demonstrated by the second subtheme – *The uncertainty of looking for safety and belonging in the codependency group*. The subtheme suggests that these participants' longing for family safety and belonging may have been transferred to the codependency group, in which they chose to take part. It is argued that the group may have functioned like a 'surrogate' family, where participants sought to meet these intrinsic psychological needs, as suggested by the extract below from Heather.

*I suppose you can say it's a home (the group); it's a home isn't it? And that gives you security, doesn't it?*

Overall, theme 4 - *Finding meaning in codependency through exploring family experience: 'Down to childhood'* describes the ways in which participants' views on their family shape their experience of codependency, captured by the two subthemes, as discussed next.

### **7.1 Subtheme - Feeling controlled and abandoned in the family of origin**

This subtheme is divided into two parts. *Feeling controlled by the 'family box'* and *Feeling abandoned: regretting the absent parent*, explored below.

#### **Feeling controlled by the 'family box'.**

Five participants shared a negative perception of being raised in home environments where they experienced various forms of excessive control, criticism and perfectionism. Jonathan's extract below captures the shared experience of these participants. Jonathan used the box as a metaphor to represent certain behaviours determined by his parents, which his brother and he were expected to oblige and follow:

*'We were told that we had to fit in that box and that is it! And it has taken me 30 years to learn that is not the case'. Jonathan*

An image brought by another participant Misha, may be useful to illustrate this subtheme. Misha interpreted the image as representing the connection between the experience of codependency and her childhood. Misha perceived her family dynamics as negatively impacting her current life. She spoke about codependency as deriving from this family system, from which she struggled to detach herself.

*'...that (the photograph of the furniture) for me is kind of a whole discrete memory from my childhood, it was a desk that was by my bed... ...Well I suppose you could say that where I am most dependent, codependent is with my family... I believe that codependency always grows out of the family system ...it's so obvious that that [desk] represents family to me... '*



Misha explained that the desk's drawers contained some of her childhood drawings; something that she felt nostalgic about. It is suggested this image may carry a deeper meaning than Misha may have perceived. It is possible that the image represents Misha, carrying inside herself a personal and meaningful story, containing childhood experiences and the emotions associated with them. Maybe, at this stage in her life, Misha felt ready to open these drawers and reveal some of this content to be explored and analysed as part of her recovery journey. When speaking about the image, Misha appeared to convey a sense of annoyance and regret as it appears that her mother had discarded the desk.

*'I have no idea (about what happened to the desk) ...this is all full of family paintings and stuff, I just think that my mother has thrown this away... (this had) all intimate family photos, the kind of thing that happens in families... (nervous laughter)'*

This sense of annoyance aimed at the mother figure was also shared by other participants. Some of the participants recollected their mothers as the controlling figures in their families of origin. For example, when explaining how he felt controlled or 'boxed in' by this rigid family system, Jonathan appeared to have held his mother responsible for an excessive control and rigidity.

*'...The box is you get good grades at school, you work hard, you do your homework. It's my mother's idea of what I should be, how I should be'*

Jonathan used the expression 'controlling mother' to express this: *'...I know that this sort of stuff occurs in that sort of controlling mother'*

Both Heather and Misha, described their mothers as somehow 'controlling', associating this with difficulties they experienced later in life. Heather suggested that her mother's controlling tendencies may have contributed to her eating disorder problems:

*'...Possibly she hadn't been a good enough mother, which made her (pause) controlling, controlling sort of... and as a result of that I got sort of an eating disorder'*

Similarly, Misha described her mother as being distant and critical *'... she is very critical and judgmental...she is aloof, she is remote, she is unavailable...'* She also held her mother responsible for not having prepared her enough for life challenges, which she had to face as an adult. She spoke about having to teach herself life-skills which she expected to have learned as a child. She described her relational difficulties and associated this with the lack of support offered by her mother.

*'... there are lots of normal people out there who have managed to teach their own kids how to relate to other human beings in a healthy way, for some reason, I didn't learn it and I had to learn as an adult, re-train myself. So that is definitely what I feel I am, in training. And I don't remember my mum doing any of that ...maybe my mother was judging me. .. I felt historically a lack of support from my mum...'*

Similarly to Misha, Jonathan also held his mother responsible for difficulties faced in his adult life, and regretted not having his needs for validation and belonging met by his mother, suggesting a lack of maternal nurturing.

*'In relationships even, I never felt that I belonged. And I guess that comes from how I was treated as a child... Umm, my mother didn't really listen to what me and my brother would say. We were overruled, we weren't taken seriously'*

Although the account portrayed a genuine sense of struggle, a more interpretative stance may suggest that Jonathan may have come to these conclusions as a result of his involvement in psychological therapy. Other participants, who similarly had received therapy for their issues of codependency, recalled similar family experiences. Like Jonathan, they used the same discourse format, predominantly featuring psychological language to discuss their experiences. For example, Misha linked these controlling home environments to her negative evaluation of self. When reflecting on her childhood experiences, Misha described feeling 'less than', or 'not quite enough', in comparison to her overachieving sister.

*'Yeah I think a lot of the messages that I got in my family were a bit unfortunately that I was less than, you know rather than, I wasn't quite enough...When I talked to my sister about her impression of our childhood and our relationship as sisters, I say: 'look you were older, more intelligent, prettier, better at sports, more popular, more fashionable' umm, and 'I felt that I was slightly in the shadows, and you were always impressing people with your knowledge and your memory and how many books you'd read'.*

Misha spoke about an interesting memory of her childhood, which could be useful to illustrate this experience. She spoke about being given only half a chocolate box by her father when she did not achieve good grades at school. It is possible that Misha used the account of this half box of chocolates to reflect on her experience of feeling 'less rather than more' or not 'good enough'.

*'Because I was good at English and languages and the other half wasn't good and my dad gave me half a box of chocolate. So he got the box of chocolate and he took the top half off. But 'What doesn't that mean?' You know it is like it is such an obscure thing to do...'*

This sense of being a 'half' may also have been expressed when she reflected on the impact that codependency had on her life. She expressed the frustration she felt, as she believed that her issues of codependency were the 'cause' of these shortcomings in her life.

Similarly to Misha, Selma shared this same feeling of being controlled by the rigidity of her family environment. She spoke about being expected to behave appropriately, and to fulfil her parents' expectations of her. She also appeared to

blame her parents for not having provided instructions on how to do the things they asked her to perform, as noted above. She gave the example of being expected to look after her younger siblings, and behave like an adult, when she was only a child. She spoke about the sense of regret she felt about being expected to look after others, instead of being cared for or nurtured by her parents. She spoke about this experience with much sadness, like she was grieving her 'lost childhood'.

*'... because in my childhood I wasn't allowed that you know, I always had to be how my parents expected me to be, and wanted my help and wanted me to behave, ...you really are trained to satisfy your parents needs rather than, and wants rather than listening to your own, and that is what the children are here to do, just having someone else to fulfil their needs and wants and having someone else nurture us so that we become everything that every child wants but, when you are raised in a codependent family (cry pause), it's the opposite of what you meant to, what is meant to happen. Yeah, just feels really sad'. (Selma)*

Childhood photographs were used by Selma to give voice to this experience (photos not included due to anonymity issues). When reflecting on the photographs, she portrayed her lack of a choice, feelings of being stuck and powerless in her family situation, and obliged to care for younger siblings. Her experiences appear to share similarities with what Jonathan described as being locked in the family 'box'.

*'...because I didn't have a choice because mum was ill a lot, and stuff like that and in just you know there were like 5 of us, so she always needed help umm, and so yeah, so that is, that picture for me symbolises how I would just used to think that the babies were mine, like my responsibility and I needed to look after them and take care of them.'*

Selma also used images of paintings (below) to discuss her experiences. Selma showed several images which she associated with her childhood. She did not say much about the images but it is possible that these images 'gave voice' to childhood feelings and struggles, which she may not have found words to describe.

*'...so can't remember what his name; what the artist's name is. I just love the way the, he's depicted the children just playing something, but then their shadow is in the top, they're already children, but who they're imagining them to be? ... because I was so young I don't have an emotional response to it*

*because I just didn't understand what was going on and I know that now, but as an adult trying to process that I have been quite angry and upset, and just fearful. But then it's kind of again it's freedom, allowing these emotions and allowing these memories to resurface...'*

The picture (below) shows a working boy lifting a broom. The boy appears to be fighting or reacting against the oppression of an adult figure in the shadows. Selma used the illustration to represent how she felt as a child. One could also interpret the picture as a possible act of rebellion against an oppressive situation. For example, the image may convey the idea of a working child, who is rebelling against a rather powerful and intimidating adult figure, possibly representing Selma's frustration and rebellion against the control she felt under as a child.



Selma regretted the perceived pressure and demands placed upon her by her family of origin. She appeared to believe that these may have contributed to her early and rather 'ahead of time' maturity. As she showed me the pictures, Selma spoke about the sadness she felt about looking older than her age, conveying a sense of struggle with her image as a child. She used the word 'deformatised' (deformed) to explain how she saw herself in the photos. The image was introduced by Selma to represent this experience: a little boy with strange, ugly features, with a deformed shadow above him: *'I always looked older than I was as well, because of that need to be older and be deformatised'*



Selma used powerful and rather grotesque images to represent how she perceived her childhood experience and associated these experiences with her codependency. These images convey a sense of a rather sorrowful and frightening experience. Similarly to the other participants, Selma also associated these rather traumatic childhood experiences with the difficulties she experienced in adult life. For example, as illustrated by the extract below, she spoke about the impact of her childhood on her relational life.

*'... is all those things that impacted that stops me from connecting, stops me from connecting with other people. Stop me from knowing who I am, if you don't know who you are, how can you authentically connect...'*

Although Selma also spoke about being raised in a rigid environment, she differed somewhat from most of the other participants, in seeing her father (when present) as the main domineering and controlling figure who created a deep sense of fear.

*'And I did know why because my dad was very domineering and any way very autocratic, emm tsk, and that kind of explained where that deep fear kind of came from.'*

This difference of emphasis on the father being controlling rather than the mother is also found in Patricia's account. She spoke about experiencing some form of control in her family; similarly to Selma, she appeared to have perceived her father (when present) as the domineering figure, not her mother.

*'I mean my father was in the military, quite dominant commanding sort of presence. Some of the people that had mentioned that, that I had known had had a military father, so it is a little bit regimented, very strict.'*

Like the others, Patricia returned to her childhood experience to find some meaning to her life experience as an adult. However, interestingly, her experience differed from the other participants. Patricia indicated that her memories of her childhood were not too regretful; although hinting that some of the unpleasant issues may not have been completely addressed as they should have been. She used an interesting metaphor to describe the experience of not dealing with problems: 'swept under the carpet'.

*'...my childhood was, my parents were actually pretty good parents, but there were some problems with my childhood, but they weren't alcoholic problems....that I think in both my family of origin and in my own family there is a load of other stuff that has been swept under the carpet...'* (Patricia)

The above quotation also seems to imply that Patricia 'knows' about the widespread view that parents of codependents are likely to struggle with substance abuse problems. Although she appears to be rejecting this connection, she also seems to be suggesting that other interpersonal family dynamics may be associated with this process.

In summary, an examination of the experiences portrayed by these participants revealed a sense of harsh containment and control experienced in a range of situations related to their families of origin. A closer investigation of their accounts revealed a further interesting aspect: a parental figure who was perceived as physically and emotionally absent by most of the participants. This is further explored under the part below.

### **Feeling abandoned: regretting the absent parent.**

This absence of a safe parental figure was portrayed by five participants and associated with their later experience of codependency. Most of the participants reflected on their perceptions of the absence of parental figure during their childhood, a parent who was not physically or emotionally present. This was usually associated with the absence of a father, as exemplified by the quote below from Jonathan.

*'... my father who was, quite passive, actually often quite absent, he worked, sometimes he worked in the evenings, sometimes he worked at weekends... he wasn't the men's man...my mother bossed him about, my mother ran the house...'* Jonathan

An interesting aspect of the participants' reflection on their childhood experiences was that, although for some of them, the mother figure was perceived as overly present and rigidly controlling, the 'father' was usually perceived as emotionally or physically absent. Similarly to the above subtheme, as they discussed these experiences, the participants adopted a rather factual, causal perspective.

Although Selma spoke about her father as being domineering, she also described him as not available during what she described as a rather difficult childhood. She explained that he left home when she was still a child, and as a result she was raised mostly by her mother. It appears that his absence was particularly noticed, when she became pregnant at the age of 13. In the account below, Selma spoke about her sense of regret and sadness as she reflected on her father's account of a visit around that time. As she reflected on the experience, she spoke about the lack of involvement of her father in her life at this particular time; this is exemplified linguistically by the repetition of the words 'never...anything' (in bold).

*'... my dad said one time, that he came in to give us something, our pocket money or something, he wasn't living with us at that time, but he would come around to give us pocket money and he said that he saw me sitting in the kitchen and he just thought to himself 'something is really wrong with her', **but he never said anything, never did anything**, and then few weeks later that my belly and it [pregnancy] appeared, all shit hit the fan and came out that I was pregnant.'*

Selma conveyed also a sense of abandonment, recollecting that those who were supposed to look after her at the time, failed to do so. It appears that these issues were still affecting her life today as she reflected on her current vulnerability to feeling abandoned as a result of this past experience.

*'...and then my codependency really gets triggered because I feel really needy and I don't know how to fulfil my needs and **so I experienced that quite strongly**... Yeah, kind of like an abandonment. Yeah'*

Like Selma, Misha described her father as absent. She explained that her father was an alcoholic, who was away most of the time performing in the music industry. Misha spoke about being raised in a chaotic family environment, possibly due to her father's celebrity life style. She offered a reflection on the difference she felt when he was physically present but emotionally absent. Misha's split between a father who was emotionally and/or physically present may have been conveyed by the extract below. Note the repetition of 'my dad' (twice); possibly indicating that she experienced two fathers: the emotionally present father and the physically present father. She also reflected on how she felt as a child in the family home, speaking about a sense of danger, and insecurity. Similarly to Selma, she spoke about

carrying this sense of insecurity and abandonment with her throughout her adult life, and trying to manage this by attempting to be in control of situations in her lifeworld.

*'...but I do think that from **my dad, my dad**, when he was physically present and emotionally present, let's not forget he is an artist and alcoholic (laughter) ... My father was an alcoholic, he is an alcoholic; ... I responded to that sense of danger ...in a (my) home umm, by doing everything I can could to be in control of that [my life]..'*

It seems that although the other participants regretted this parental absence in their lives due to negative reasons, some participants attributed this absence to a more positive reason: work. For example, Patricia's father was perceived as unavailable due to work responsibilities. Although similarly to Selma's father, he was portrayed as domineering when present, she explained that he was in the military and travelled a great deal. Mathias described his father as a workaholic and, similarly to the other participants, implied that this may have been related to the difficulties he experienced later in life.

*'I think I think it [codependency] was accelerated by my upbringing. I had a very loving family but father is probably, well father is definitely codependent around mother. Mother is bordering on narcissistic, so kind of but also quite codependent as well. ...father is workaholic as well. I kind of picked that up. And I think that is kind of where it came from for me.'*

Overall participants spoke about their dual experiences of abandonment by one parent and feeling controlled by the other, within their families of origin. One could argue that the theme also conveys a sense of extreme duality, as participants described the paradoxical experience of feeling both controlled and abandoned. This duality may have been portrayed most explicitly by Misha, as she reflected on both her parents' contribution to her upbringing, conveying a sense of 'split' felt as a result of her upbringing:

*'Maybe there was a sort of half factor, maybe one half of my family was (or was not) supporting me and maybe (the other half) my mother was judging me....'*

It is possible that as a result of experiencing this dynamic of abandonment and control, these participants felt a sense of an internal lack or split, described by some

as experiencing 'a hole in the middle' (Patricia). This may reflect feelings of uncertainty of personhood, apparent throughout the second theme of the analysis (see Chapter 5). This split may have contributed also to the felt experience of oscillating between extremes in different situations in life (discussed in the previous theme 3. *Seesawing through extremes in life*).

Participants may have searched for something to give them a sense of wholeness, bringing some form of stability to their lives. The 12-step group may have been sought by them as a safe alternative - a safe place where they sought to fulfil these unmet needs and bring some form of security to their lifeworlds. The next subtheme explores participants' experiences of perceiving the codependency group as an alternative framework for belonging for their lives.

## **7.2 Subtheme. The uncertainty of looking for safety and belonging in the codependency group**

As discussed above, an overall sense of abandonment and need for a non-controlling home environment was portrayed by the participants as they reflected on their perceived negative childhood experiences. It is possible that participants' longing for family belonging and freedom may have been transferred to the codependency group, in which they chose to take part, which then acted as a substitute for their family of origin. This was demonstrated by the extract below from Patricia which exemplifies her longing for the codependency group to be like a home family group.

*'... opportunities to get things off your chest, to talk and sometimes that sorts things out in your mind... it's being able to say what you like and knowing that you won't be judged. That is a huge thing! It is knowing that you are loved, I mean, **my home group**...'* (Patricia)

However, a more in-depth and idiographic exploration of these experiences uncovered a variety of perspectives regarding the role of the group in adequately meeting these needs. For example, whilst some participants (n=4) spoke about feeling safe in the group environment, and considered the group to be like a family, where they could speak freely without being judged; others (n=3) spoke about struggling to maintain this sense of safety as they continued to attend the group, deciding eventually to leave the group. Furthermore, although Helena did not speak

much about her family in her interviews, she also had decided to leave the group, finding it no longer meaningful.

The sense of ambivalence and contradiction found within this subtheme is captured in Heather's account. She appeared to convey a need to find some form of unconditional acceptance, an environment safe enough for her to express herself without feeling condemned. She initially felt that the group allowed her to feel safe in sharing and being listened to without feeling judged (see quote below).

*'Well in a way I think is more like family therapy almost, it is a safe place to talk because those guidelines for sharing they are so important. .. You have just to listen, it's non-judgemental, because probably, when you were growing up, you haven't had that someone being there, isn't it? If someone is there and you are not judged, you know you can say things...'*

Although Heather may have needed to perceive the group as a safe place, a sense of ambivalence is also found in her account. She expressed some doubts and questioned if the group really had similarities to a family group:

*'I suppose you can say it's a home (the group), it's a home isn't it? And that gives you security, doesn't it?'*

This quotation may indicate her deep questions about the safe nature of the group. Although she initially described it as an environment where she was free to talk about her issues without feeling judged, later she expressed doubts about the condition of some of the other group participants, whom she perceived as not yet having resolved all of their issues. In the extract below, she used a strong word 'horrified' to describe how she felt in the situation, indicating perhaps that she was no longer feeling safe. A sense of ambiguity appeared on her discourse here, she said: 'I am horrified, but not horrified....' – this contradiction is likely representing the ambivalence she felt about feeling safe or not in the group.

*'Yes very helpful I think. But I am always stroked, **and I am kind of horrified, but not horrified.** ... but they (group members) have other dependence issues like addiction to alcohol. How many of them are actually in therapy, in sort of therapy business, or addictions? I can understand it, but*

*is it pretty worrying isn't it? If people, if they haven't dealt with their own, how could they, you know...'*

The quote above may reflect Heather's sense of ambivalence. From one side, she would like to understand other people and to experience safety in the group. On the other hand, she may feel unsafe to be part of a group of people who she believes continue to be struggling with a range of issues and addictions.

Like Heather, although Mathias also initially experienced the group as a safe place to talk about the issues in his life (as exemplified by the quote below), he later described a need to leave this group. In the quote below, Mathias described an experience of self-identification with the shared content of the group. It appears that this experience may have helped him to gain more awareness into his sense of self. He appears to indicate that the non-judgemental group environment may have fostered this process.

*'What happens in a meeting is really weird. You sit there, you talk about your stuff, but what you are actually doing is, you know, and for a few minutes in that meeting you just go fiuu. And you just reveal your true self, because you don't feel judged, you don't feel scared. You get a taste of the reality of the situation.'*

However, later in his account he explained that the group may have ceased to function as an environment for self-awareness and was instead hindering his progress. A more interpretative stance may suggest that the group may have offered Mathias an initial sense of support, safety and belonging which contributed to his experience of gaining a more defined sense of self; however as he progressed into his journey, the group may have lost its role in his life. Like an adult who outgrows his family of origin and leaves the family home; he may have outgrown the group and experienced the need to leave.

Selma introduced an interesting consideration when reflecting on the felt safety aspects of the group. Although she agreed that the group may have been a safe environment, which helped her to address what she understood as her codependent behaviours, she made the point of saying that this sense of safety was achieved only when the group was conducted well, possibly following a structure and guidelines.

'...when (the group is) done in its pure form, (the group) is very safe environment and it works. Like, it really works to start looking at the background, start looking at the reasons why, the reasons why I am looking at the (codependent) behaviours ... I think the main thing is just having a structure...'

It is possible that by seeking a structured form of group, these participants may have been looking for a safe and structured environment, which was familiar to them. The structure of the group may have resembled their family environments described as a 'box'. On the other hand they also searched for the group to fill the gap of abandonment and to offer a sense of nurturing and belonging. It seems that for some, the group may have eventually failed to provide for these intrinsic needs. For example, later on in the interviews, Selma spoke about a need to have a 'cut-off point' with the group as it became unsuitable for her. It appears that similar to her childhood family experience, the group was not considered safe and structured enough to meet her perceived needs, and she left. She used the word 'unhealthy' to describe the experience; the same word was often used to describe her family of origin environment (in bold).

*'I think there comes a point where it needs to be that cut off point....It was becoming an **unhealthy** relationship unfortunately ...'*

Patricia demonstrated a different perspective about the group. She spoke about continuing to feel safe in the group, conveying a sense of sustainability to her experience. She described the group as a family, possibly fulfilling basic needs of acceptance, belonging and nurturing. Note that she repeats the pronoun 'my' twice when speaking about the group as her 'home group' (in bold), conveying a deep sense of belonging.

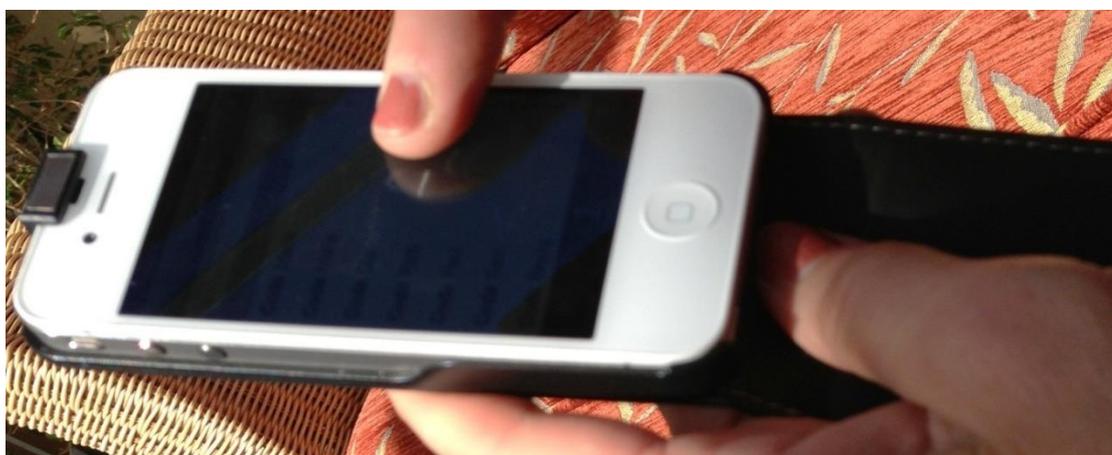
*'...It is knowing that you are umm, loved, I mean, **my my home group**, umm ...I walk in there and I think I love this people...'*

Similarly to Heather, Patricia found the guidelines for sharing useful to give her a sense of safety; possibly because these resembled her experience of being raised in a strict family environment (her father was in the military), where there were many rules: *'I think it must be the way I was brought up, was you would behave a certain*

way, manners had to be perfect ...all that sort of perfect little girl thing'. Note how, in the extract below, she repeats the word 'safe' 3 times when speaking about the safety aspect of the group, possibly indicating that she needed to re-assure herself that the group was indeed a safe place for her. *'Very safe place, very safe, very safe, and if it is at all unsafe, someone will [show] what is called the red card.'*

During her interview, Patricia showed me a number of text messages she had received from the friends from the group (please see the picture below). She explained that she had given them all the same surname, 'CoDA', and commented on how this made her feel that they all belonged to the same family. This may suggest an intrinsic desire to create a situation where she could experience something like family bonding, which could provide her with a sense of belonging and safety.

*'Umm so, but if I look at my contacts (show me her iPhone list of contacts – photo below), what is very funny is what my phone use to do , if you go to is c for CoDA, you will see there it starts you see, Suzy CoDA, Susan CoDA ... and goes on, see? So there is one with all (pause) the different people, and it looks like their surname is CoDA ...'*



Amongst all of the participants, Patricia appeared to be the one who described benefitting most from the group. She expressed a deep engagement with the group in a variety of ways - for example, as well as being an environment where she described feeling accepted and safe, the group also provided her with a time for reflection and quietness:

*'And the meetings give me a chance, even if I don't really take in what other people are saying, if I choose to tune out. It's a place where the phone can't ring, the kids can't shout, the clients can't phone, there are no connections to anything else, except for me to think. I find that really valuable, and I see it as my me time.'*

In conclusion, it is possible that some of the participants looked for the group as a place where they found a sense of safety and belonging not previously experienced in their family of origin. The structured aspect presented by the group could have functioned as an initial attraction to some of the participants, who may have felt the need to find a safe frame of reference to assist them with their search for a more whole and constant sense of self and a place to belong. For some this only worked for a period of time; this sense of belonging and safety was not sustained, and some of the participants spoke about leaving the group after a time of initial engagement. For others the group remained as a useful source of support where they appeared to have some of their needs met.

### **7.3 Conclusion of the theme**

In summary, almost all participants felt the need to explore their long-standing need for safety and belonging, initially revisiting their childhood experiences, as it appeared to help them to give meaning to their experience of codependency. As participants sought to understand the difficulties they experienced in their lives, they re-visited their childhood, looking for possible faults or gaps in their upbringing. This strategy may have been promoted by their engagement in individual therapy or equally elicited by their participation in the 12-step recovery group. For example, the 12-Step recovery group for codependency understands codependency as a form of addiction. As discussed previously (see Chapter 1 and Appendix A) the 12 step culture associates addiction with dysfunctional family systems. Within this framework, participants are expected to reflect on the underlying factors which may have caused or influenced their dependency problems. This reductionist and causal point of view will be further analysed in the discussion chapter of the thesis.

Overall, most of the experiences portrayed seemed to be related to issues of perceived control of the mother and absence of the father figure, portraying a sense of duality. This may be related to the difficulties in locating and defining a sense, described as part of theme: *Experiencing an undefined sense of self: 'Codependency helps me to find a sense of self'*. Some participants described

struggling with an unsubstantial and delicate sense of self, which was not perceived as whole or constant; instead feeling broken or fragmented. It appears that some of the participants may have used the codependency group as a way to deal with these difficulties, possibly attempting to find something that would 'hold them together' as described by Patricia: '*... what really keeps me together is the fellowship, is that support...*' Also, although the subtheme captured some of the participants' perceptions of the group as a safe place where their intrinsic needs of safety and belonging could be fulfilled, in ways that they felt had not been addressed in childhood, it also captured a sense of uncertainty. It also demonstrated for some participants the group did not fulfil this expectation, as they described choosing to leave the group and seek other pathways as discussed previously.

Finally, it is possible that, as a result of this dynamic of abandonment and control, these participants felt a sense of split, or something like a lack of internal stability, as they went about their lives feeling split between extremes of experience, as captured by the theme: '*Seesawing through life*'.

#### **7.4 Conclusion of the main findings of the study**

The IPA methodology aims to understand how people make sense of experiences in their particular lifeworlds, searching for the meaning they attribute to these experiences (Larkin et al 2011). The shared experience of codependency was portrayed by the participants as a real and tangible psychological problem in their lives which appeared to follow a pattern, incorporating three interlinked factors: a profound lack of clear sense of self, an enduring pattern of extreme, emotional relational and occupational imbalance, and an attribution of current problems in terms of abandonment and control in childhood. This experience is summarized by triangle diagram (4.1) introduced in Chapter 4. The next section will discuss these findings in relation to the aims of the study, interpreting the findings further with respect to theory and research to date, and identifying the novel contribution of this study.

## **Chapter 8–Discussion and conclusion**

### **8.1 Introduction to the chapter**

Within the limited academic discourse on codependency, the voices and lived experience of individuals who consider themselves codependents are mostly unavailable. In general, the literature continues to focus on the construct as a psychological illness rather than recognising the meaning it carries in framing the lived experience of some individuals. The existing qualitative literature recognized that further investigations are needed in order to uncover the experiences of ‘codependents’ specifically, highlighting the need for further research exploring how these individuals understand the lived experience of codependency (Blanco, 2013; Irvine, 2000; Rice, 1992). This current research study addressed this gap in the literature. The voices and lived experiences of a group of eight individuals have been explored through this interpretative phenomenological analysis. In examining people’s lived experience of codependency, the study was concerned in answering the research question:

What is the lived experience of codependency among people who have sought support from a 12-step recovery group for codependents?

In this chapter, I will discuss the important findings of this study in relation to the research question. The discussion is structured around the four overarching themes which emerged from the analysis of the findings. The findings portrayed by these themes are organised, discussed and interpreted according to their relevance to the research question proposed, relevant theories and research literature, giving emphasis to their novel and unexpected aspects. The chapter offers a critical review of the study based on the quality procedures advocated by Yardley (2000). This last chapter concludes the thesis by presenting the practice and theoretical implications of the findings of the study, including recommendations for further research, drawing the thesis to a completion.

#### **8.1.1 Informing theories adopted to interpret the findings of the study.**

Codependency is a problematic psychosocial construct with multiple meanings, not only in quantitative and qualitative studies but as embedded in popular language. It appears to be subject to the interpretation of the individual, and therefore a matter of constant variation, exercising a function fitted to constantly shifting narrative

positions. The relativist perspective adopted by this study supports the view that there are horizons of understandings and therefore multiple perspectives (Gadamer 1975, 2008). As previously discussed (see Chapter 3), this research operates within a contextual constructivist position (Smith et al 2009), which supports that 'knowledge is local, provisional and situation dependent' (Madhill, Jordan and Shirley 2000, p. 9). Within this position, all perspectives are considered to be valuable, permeated with subjectivity and therefore not invalidated by conflicting with alternative perspectives (Madhill et al 2000).

The IPA methodology grants that diverse psychological and philosophical perspectives are integrated into the research to interpret and elucidate findings (Smith et al 2009, Smith, 2011). IPA aims to develop an interpretative analysis, positioning the findings in relation 'to wider social cultural and theoretical context' (Larkin et al 2006, p.104). IPA studies have drawn on diverse and often conflicting theories and views to interpret and illuminate their findings (Smith 1999, Smith 2004, Smith 2007, Shinebourne and Smith 2008, 2011). For example Smith (2004) argued the use of psychodynamic interpretations in a previous IPA study (Smith and Osborn 1988). He stated that although both IPA and psychodynamic perspectives come from different epistemological points, the latter can be used to help the analysis through a 'close reading of what is already in the passage' (Smith 2004, p.45).

In view of that and following the guidance offered by IPA theorists, a range of theoretical perspectives ranging from psychodynamic to occupational science have been included to add layers of meanings and interpret the findings drawn from participants' accounts. For example, Attribution Theory (Weiner 1995, 1993, 1985, 1983, 1980; Kelley and Michella 1980; Kelley 1973, 1972) was useful to interpret the findings associated with the themes '*Codependency perceived as real and tangible: It explains everything*' and '*Down to childhood: Finding meaning in codependency through exploring family experiences*'. A psychoanalytical perspective on family, derived from object relations theory suggested by Winnicott (1960a, 1960b) was also applied to interpret the family experiences captured by the theme '*Down to childhood experiences*'. Similarly, psychoanalytical views proposed by Craib (1998) and Winnicott (1960a, 1960b) were used to interpret the theme '*Experiencing an undefined sense of self*'. Occupational Science perspectives (Wilcock 1993, 1998) were useful in interpreting the findings associated with occupational imbalance captured by the theme '*Seesawing through extremes in life*'.

Bowen's family theory (Bowen 1993) interpreted several aspects across the themes associated with issues of self and family of origin experiences. Although these theories are derived from very different philosophical roots they were valuable and usefully applied to achieve further understanding of the participants' accounts.

## **8.2 Theme 1 - Codependency experienced as a real and tangible issue: 'It explains everything'**

The research participants perceived codependency as real and meaningful in their lives - a socially recognised psychological illness in which they had a strong belief. Yet, they offered multiple understandings and applications of codependency in explaining many issues in their lifeworlds. Although codependency was understood as a tangible problem, a socially recognised illness embedded and taking a central part in their lifeworlds, the findings also revealed that this experience was not fully comprehended and grasped by these participants. Their accounts demonstrated a sense of confusion and perplexity when contemplating the perceived consequences of codependency in their lives (see Chapter 4).

An initial interpretation of the findings suggested that the participants seemed to carry a rather medical understanding of the codependency construct. When asked about their understandings, participants would primarily offer a perspective of codependency as a progressive and pervasive psychological illness, something like an addictive disorder. They referred to their difficulties using terms such as 'addiction', 'illness' and 'disease' conveying a sense of embodiment of the experience of codependency. They perceived codependency as something that, if not treated, could get worse over time. They also saw it as affecting many other people who, according to them, experienced the symptoms in various degrees from mild to severe.

As discussed previously, this medical discourse has been widely available and propagated by popular psychology literature of codependency (Beattie 2011, 1992; Melody 1992, 1989; Schaef, 1990, 1988, 1987, 1986; Bradshaw, 1988) and in the 12 step groups (see chapter 1 and Appendix A). Therefore it is possible that participants' interpretations may be associated with exposure to these views. In addition, most of the research carried out within the codependency field has framed the construct within this medical view. Such research offered an understanding of

codependency as something concrete, observable and measurable (Mark et al 2011; Dear and Roberts 2005; Martsof et al 2000, 1999 among others).

There were some inevitable difficulties when interpreting these accounts. It was not always possible to separate out participants' own personal understandings from the views they had read about and discussed with others, which may then have been incorporated into their own experience. For example, the participants brought more than eight different self-help books as visual data to the interviews, and explained that these were representations of their codependency journey (see Chapter 5). It was likely that some of the narratives used by the participants were received and modelled based on this self-help literature or on 12-step explanations for difficulties. Although none of the participants suggested this link, some of their narratives may also have even been rehearsed through their attendance in groups. These potential framing devices are a challenge for phenomenological enquiry which assumes one is being offered 'first hand' experience (Smith et al 2009). It seemed that these participants may have found other people's definitions useful to give shape and explanation to their affective experience, maybe to bring them under some form of control and guidance about how to deal with their problems.

Irwin (1995) argued that the codependency discourse may have 'a heuristic value in labelling pain experienced by people... providing a readily comprehensible conceptual context for mutual support activities' (p. 664.). There is literature in other areas of research suggesting that individuals find relief in being able to label pain, as labels attribute meaning, significance and social validation for their experiences. For example, in a study investigating how adults with cystic fibrosis cope with a diagnosis of diabetes, Collins and Reynolds (2008) found that some participants described relief in encountering a diagnostic label for their unexplained symptoms. The diagnosis fostered a process of understanding the illness and seeking expert help and frameworks of recovery. Other health research studies have also noted this, with conditions such as ADHD, mental illness and multiple sclerosis (Young, Bramham, Gray and Rose, 2008; Pattyn, Verhaeghe, Sercu, Bracke 2003; Smith 1999). Brett Smith's (1999, p.276) narrative paper on the experience of depression, offered interesting insights about applying labels to summarise difficult experiences, he stated:

*'Against this back cloth, it appears that an individual's ability to repair his or her narrative wreckage is partly shaped by the significance and kinds of*

*stories... that are available to them in various subcultures and cultures that they inhabit'.*

Agreeing with Smith's statement above, finding a culturally available story of codependency provided a turning point for the participants in this study. Here, the discovery and acceptance of the label codependency, involving various explanations offered by 'lay experts' and therapists in the field, appeared to come as a relief rather than being experienced as stigmatising. It seems that for them, the benefits of having a label, an explanation and a place to belong (e.g. the recovery group), outweighed any associated stigma.

These findings contradicted some of the early critiques which attributed problems with labelling and stigma in relation to codependency (Uhle, 1994; Anderson, 1994; Chiauzzi and Liljegren, 1993; Collins 1993; Harper and Capdevilla, 1990; Gomberg 1989; Gierymski and Williams 1986). As discussed before (Chapter 1), these authors argued that by acquiring the label 'codependent', people would feel disempowered, as bearers of pathology, suggesting that their identities would become lost in the sick role attributed to the label. The findings of this study showed a different perspective. Here, identification with the label codependency functioned as a welcome explanation for these participants, bringing meaning to their driven, sometimes confusing and frustrating subjective experiences. The narratives of these individuals revealed difficult experiences such as feeling lost and confused, struggling with several life difficulties. The label codependency appeared to have brought a welcome relief – an 'ah ha' moment that reduced the enduring anxiety of being mad/bad and out of control (see Selma and John chapter 4, p. 119-121). The label served as something that could help them to understand themselves, their pain, ongoing mistakes in adult relationships and other areas of life and to guide them forward in looking for answers.

The findings here suggest that for these participants, codependency was much more than an abstract psychological concept; it became a way of experiencing the world – a phenomenological construct (see Mathias quote Chapter 4 page 120). As a phenomenological construct, 'codependency' offered a more controllable meaning for their complex and chaotic lived experiences. Although the construct's lack of clarity has also been greatly criticised in the literature, (Anderson, 1994; Uhle, 1994; Gierymski and Williams, 1986; Chiauzzi and Liljegren, 1993); it is possible that this lack of conceptual clarity and rather simplistic framing device for complex, anxiety-

provoking experiences may have made the construct attractive and suitable to capture the diverse experiences portrayed by these participants and to render them more controllable.

A deeper investigation of the findings demonstrated that these participants may have functioned as 'meaning makers' (Langdridge, 2007 p.30), attempting to use their particular understandings of codependency to make sense of their personal lived experiences (see Chapter 4, p.122-129). Arguably, by objectifying codependency as something as tangible as a delineated psychological illness, these participants benefited from attributing a more widely accepted, socially shared meaning to their own varied life difficulties. Social Attribution theory may be applicable to the scenario discussed here, which describes people's need for a label such as codependency to explain their experiences (Weiner 2004, 2001, 1986, 1985; Kelley and Michella, 1980; Kelley, 1973; 1972; Heider, 1958). Roesch and Weiner (2000) explained that attributions are interpretations or redefinitions of what caused a salient issue or problem. Attribution theorists argue that when faced with adversity, people ask themselves causality questions, which in turn prompt causal searches (Kelley and Michella, 1980; Kelley, 1973, 1972). In this study, the participants appeared to have engaged in an ongoing process of resolving some of their intra- and interpersonal problems through their identification with the codependency label. According to this theory, the codependency attributions may have provided a way to explain and understand situations that happened in these participants' lives in the past, serving also as a framework for future actions, decisions and behaviours.

Attribution theory is concerned with social and cognitive aspects involved in this process of causal inference about situations. The theory appeared useful to explain these participants' ongoing search for an explanation or a label, which could offer a plausible meaning to their negative life experiences. Like 'naïve psychologists' (Heider 1958), the participants appeared to have engaged in the process of attempting to find an explanation for what was wrong with their lives. For example, they were looking for an explanation for 'crazy behaviours' (Selma), depression (Patricia), relationship problems (Jonathan and Timothy), low sense of self (Misha). It is here that some individual differences were evident within the group, as participants attributed the cause for their many different life difficulties to codependency. In this case, it is argued that the label 'codependency' may have

attributed a sense of 'reality' or social validation to these strongly felt, enduring and yet unexplained experiences, bringing with it additional sense of meaning and relief.

In summary, the identification with the codependency construct served as a useful attribution, as something offering meaning to their life difficulties, a recognised path to gaining support, as well as prompting them to make changes in their lives. When discussing their understandings and experiences of codependency, participants offered three main shared perspectives captured by the themes: *Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self'*; *Seesawing through life: 'Like a seesaw I feel out of control'* and *Finding meaning in codependency through exploring family experiences: 'Down to childhood'*, discussed next.

### **8.3 Theme 2 – Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self'.**

The subjective accounts of the participants captured by the second theme – '*Experiencing an undefined sense of self*,' indicated that issues of self were found to be intrinsically related to their lived experience of codependency. Participants spoke much about a 'lack of a defined sense of self', which underlined the analysis throughout. The theme captured a sense of participants' inner struggle, experiencing a self without form, invisible or fragmented, conveying also a sense of low self-esteem. The experience of a self who adapts too readily and copies others was also revealed. Within this theme, findings demonstrated that lived experience of codependency was associated with a struggle in locating and defining self, which prompted these participants to search for answers in avenues which were external to themselves. The interview extracts revealed their long-standing intention to reconstruct a more positive sense of self, which they associated with the process of recovering from codependency. In this case, the analysis demonstrated that the construct of codependency may have enabled them to attribute meaning to difficulties associated with a chronic lack of self-definition and to engage in a process of constructing a more positive sense of self.

#### **8.3.1 The many conflicting perspectives on 'the self'**

The literature on self and identity presents a variety of philosophical, sociological, psychological and social perspectives with a spectrum of understandings (Wetherell

and Mohanty 2010). These terms are abstractions which belong to different levels of theorising (Kohut 2013). In the context of this study, the research participants chose to use the term 'self' or 'sense of self' to describe their experiences; therefore the concept has been favoured to discuss the findings.

The ways that individuals frame their sense of self has been subject to scrutiny and debate (Wetherell and Mohanty 2010; McAdams 2006; Crossley, 2000; Gergen, 1999; Wetherell, 1996); questions have been raised regarding the nature and the function of self (Lewis 2003). There are two fundamental ontological perspectives which either support the notion of an essentialist or a non-essentialist self. The essentialist perspective supports the notion of a unified, continuous and consistent sense of self; conversely the non-essentialist perspective advocates a self perceived as ephemeral, multidimensional and context specific (Turner 1982/2010).

'When embedded in individualistic-objectivist discourse', the self is understood as a 'unitary, discrete entity' (Lewis 2003, p.228); therefore essentialist. The psychoanalytical theory operates within this position. The theory is concerned with intra-psychic, centralised structures and processes of the mind (Freud 1977). The concept of self is conceptualised as a structure within the mind with 'instinctual energy and temporal continuity' (Freud, 1977 p. XV). Craib (1998) reviewed the spectrum of psychoanalytical views on the concepts of self and identity, highlighting the importance of reflexivity in the formation of a person's sense of self. As it will be discussed, this perspective has been useful to interpret the findings captured by the theme '*Experiencing an undefined sense of self*,' discussed here.

There are also several theorists arguing a non-essentialist and therefore more relativist concept of self (Lewis 2003), with several distinct perspectives operating within this view. For example, discursive formulations of identity have suggested an investigation of the concept of self through discourse (Wetherell and Mohanty 2010). Similarly, some approaches to narrative analysis have considered the construction of self through individuals' life stories and experiences (Langdrige 2007; Crossley 2000; McAdams, 1996, 1988). Gergen (1999) introduced the post-modern perspective of the 'saturated self', and suggested that the myriads of alternatives available to individuals form a fractured sense of identity, which is continually being re-constructed. Gergen (1999) and Shotter and Gergen (2003) suggested that life experiences are conceptualized by individuals in a dynamic process, whereby interpretations are constantly filtered and reevaluated by the

distinct communities in which they are understood. The relativist perspective adopted by this study supports the view that there are multiple perspectives of self. It agrees with the views advocated by the above authors which suggested that the self is constructed through discourse, narratives and experiences; therefore non-essentialist (Langdrige 2007; Crossley 2000; McAdams, 1996, 1988).

Nonetheless, the perspective captured by the '*Experiencing an undefined sense of self*' theme represents the situated interpretation of the understandings offered by the participants. In this particular situation and context, self was often perceived and understood as a constant and evolving unity (see for example Misha in Chapter 5, p 171). The findings revealed that through their discovery of codependency, participants may have felt more able to find new ways of defining their sense of self. These participants engaged in a reflective process of self-creation which appeared to have enabled and liberated them to create a more meaningful and authentic existence. They engaged in a process of thinking about their sense of self, considering their past, present and future life experiences. This resonates with Craib's psychodynamic perspective which suggests that a 'central feature of self in modern society is its reflexivity, a constant questioning and reconstruction of self in a lifetime project' (Craib 1998, p.2). Identification with codependency seemed to have prompted these participants to engage in a more in-depth reflexion on their personal experiences, reaching beyond the superficial line of 'mundane awareness of passing thoughts, ideas, reactions and emotions' (Wetherell and Miell 1993, p. 91). Similarly to the participants here, Craib uses the metaphorical language to describe this process suggesting that people become 'self-creating chameleons' (Craib, 1998, p.7). One could argue that the participants of this study appeared to function as 'self-creating chameleons' (Craib, 1998, p.7), searching for frameworks for 'selving' (Langdrige 2007 p.30), until they could reach a more meaningful self-concept.

This process of self-creation described by the participants is further interpreted below within a range of philosophical and psychological perspectives.

### 8.3.2 Winnicott's concept of false and true self and Bowen's theory of differentiation of self

Additional interpretations drawn from Winnicott's (1965a, 1965b) and Bowen's (1993) theories were useful in further illuminating the experiences captured by the theme - *Experiencing an undefined sense of self*.

Winnicott's (1965a, 1965b) psychoanalytical perspective of the 'false and true self' add further explanations to participants' frustrations with their inauthentic and negative sense of self and their ongoing pursuit for a better and more authentic sense of self-definition. Winnicott used the term "true self" to describe the individual's sense of spontaneity and authenticity. He argued that a defensive organization of self, termed the 'false self', emerges when the person did not experience his/her needs validated in childhood. A good parent accepts the initial total dependency of the child, and as the child develops the parent supports their growing autonomy and independency (Nichols and Schwartz 1995). As a result of this, he argues that the person acquires a positive and differentiated sense of self, internalising a strong sense of self-value. Conversely as a result of non-validation, the child learns to accommodate to the conscious and unconscious needs of his/her primary care giver, developing compliant behaviour (Daehnert 1998). Winnicott's views appear to resonate with the notion of an inauthentic, non-validated and undifferentiated sense of self, captured by the subtheme - *The chameleon self, who blends in*.

Agreeing with Winnicott, Bowen (1993) proposed that the degree to which the person develops a cohesive and differentiated sense of self is determined by the differentiation he/she obtained from the family of origin. Bowen argued that people with a low level of differentiation, may have internalised a more fragile and weak sense of his or her own thoughts, emotions and needs, tending to accommodate to situations around them. They find themselves accommodating and conforming to situations to the extent that they lose their sense of individuality and authenticity. Here, *The chameleon self* subtheme demonstrated participants' difficulties in finding themselves in many situations where they became over-adapted, accommodating and overly engaged in 'people pleasing and impression management', as for example, adapting to the dysfunctional needs of romantic partners.

Codependents' lack of autonomy and tendency to pursue an external frame of reference has been explored previously in the literature (Daire et al, 2012; Dear et

al, 2004; Wright and Wright, 1995, O'Brien and Gaborit ,1992; Fischer et al, 1991; Potter-Efron and Potter-Efron 1989; Whitfield, 1984, 1987; Cermak, 1986); For example, Dear, et al (2004) and Dear and Robert (2005, p.294) discussed the codependents' tendency to focus attention on expectations of others to obtain approval (external focus), and to neglect their own needs 'to focus on meeting the needs of other people' (self-sacrifice). However, these theorists limited these behaviours to substance misuse situations, when the codependent is fixed on meeting the needs of a family member or partner with alcohol or drug problems. In the current study, *The chameleon self* subtheme shed a new light, offering a deeper insight into this perspective. The in-depth analysis suggested that these tendencies were related to the participants' struggles with a lack of clarity about their sense of self, explained as the lack of authenticity and differentiation discussed above. This lack of self-definition featured in many aspects of their lives, not necessarily related to relationships with people who abuse substances.

Furthermore, the study demonstrated that by identifying themselves as codependents, the participants engaged in a process of exploring alternative frameworks for creating a more authentic and positive sense of self, as for example captured by the subthemes '*The searching self, who looks for answers*' and the '*Transforming self*'. In this case, the label codependency was experienced as a means of motivating them to search for a more meaningful sense of self, working in a largely positive and not oppressive way. Although acquiring the label did not necessarily resolve their issues, it may have helped them to engage in a process of self-development, to experience acceptance and meaning, and to access relevant support. Here, this process was fostered by several socially acceptable frameworks which facilitated this activity (i.e. the codependency group, the self-help books and therapy). These external frameworks appeared also to have been valuable as meeting their needs for an external confirmation or validation; also meeting their needs for safety and belonging (discussed under the subtheme - *The uncertainty of seeking security and belonging in the codependency group*, section 8.5.1). For these participants, identifying themselves as codependents and attending the group, likely meant a socially recognised 'way' of creating a more positive sense of self, discussed next.

### 8.3.3 The searching self - looking for answers in the 12- step group for codependency.

The subtheme '*The searching self, who looks for answers*' revealed the participants' engagement in a process of searching for more satisfying ways of living through therapy, self-help books and recovery groups, interpreted as a 'manual or tools for 'selving' (Langdrige, 2007. p.30). The subtheme demonstrated participants' engagement in the 12 step group as associated with an apparent search to obtain a clearer sense of self. The participants considered the 12 step recovery group as a tool in their process of gaining a more meaningful understanding of their lived experience of codependency. It provided a platform for self-exploration and construction, helping them in the process of creating an authentic self. For example, some participants described their participation in 12 step group as a way of gaining self-awareness, time for self-reflection and identification (see Timothy, Misha and Mathias Chapter 5, p. 160-5).

Sociological research in the field of codependency showed a conflicting perspective on 12-step engagement (Irvine, 2000; Rice, 1992). Irvine (2000), and also Rice (1992) suggested that codependents have their identity fixed by the 12 step discourse. Irvine (2000) posed that the group offered people an institutionalised and medical formula of self, which requires continuous monitoring and participation in the group, thus fostering further dependency. Irvine (2000) suggested that the group served as an anchor in the lives of group attendants as they managed their relational issues.

Irvine's perspective does not concur with the narratives of the participants captured by this IPA research study. Although the findings captured by the '*Searching self*' subtheme revealed that the participants appeared to be looking for frameworks that would help them to make sense of themselves and their lived experience of codependency, the findings do not suggest that these participants were institutionally anchored in the group. The findings revealed that these participants appeared to have drawn on the 12 step group structure and language to guide them in the process of searching for a more defined sense of self, not necessarily becoming 'moulded' by the group. They spoke about the group as a tool, among many others that they chose to use in this process (see Chapter 5, p.161, 162, for examples). In this study a more flexible 'manual for selving' differs from the rigid external frame of reference suggested by these previous authors. A more idiographic and in-depth exploration of participants' group experience suggested

that their engagement with the group was only one element of what they identified as a recovery process from codependency and that most were prepared to engage sporadically with the group or to leave it entirely.

For most of the participants (apart from Patricia), attendance at the group was not something that they deemed had a unique role to play but was understood as one aspect out of many others which helped them in what they perceived to be a process of recovery from codependency. The findings captured here revealed that the participants' experience of the group varied in terms of level of engagement and meaning. From the eight participants recruited, only two participants appeared to be attending the group regularly (Patricia, Timothy), two were attending sporadically (Jonathan, Heather), and four participants said they had disengaged completely from the group and were searching for alternative sources of support or alternative coping strategies (Misha, Helena, Selma, Mathias).

A further in-depth exploration of the accounts of participants who had dropped out of the group offered some more insights here. The four participants (Misha, Mathias, Selma and Helena) expressed that, after attending the group for a while, they found it no longer helpful and decided to leave. All of these four participants spoke about seeking other forms of support (e.g. talking therapy) as more suitable to their emerging requirements. Helena and Selma spoke much about feeling constrained by the group and its 12-step framework. It appeared that at some stage the group was experienced as holding them back, as they shared the experience of feeling like they were 'going in circles' and not making the progress they were looking for. They described their desire to move beyond the norms of those around them, choosing to be free from their expectations, and wishing to have a choice over how they wanted to live. The other two participants (Mathias and Misha) offered a more positive perspective. They understood their process of disengagement from the group as a natural form of self-development and growth as they became more internally centred as a result of gaining more self-awareness.

Within the small body of research concerned with the 12 step recovery group for codependency (Blanco, 2013, Irvine, 2000, Rice, 1992), there is a lack of research exploring issues related to group disengagement. In other fields, studies examining disengagement from 12 step recovery groups addressing problems such as alcohol and drugs, identified a high drop-out rate associated with these groups (Kelly and Moss, 2003; Kelly, 2003; Project MATCH Research Group, 1998, 1997; Ouimette,

Finney and Moos, 1997). In these contexts, Kelly and Moss (2003) suggested that group disengagement was associated with low motivation and lack of readiness to change behaviour. The findings of this study do not concur with these reasons. Here, the participants suggested that their disengagement was associated with the group ceasing to be meaningful and useful to cater for their emerging self-development needs. Nonetheless, these self-identified codependents emphasised that they continued to be motivated to search for change, as for example demonstrated by the subtheme – *The transforming self: experiencing self-definition*.

Concluding, as the participants were recruited from CODA 12-step recovery groups, it was expected that the group would play an important aspect of their experience of codependency. However, despite some focused interview questions on this topic, the participants of the study did not dwell much on their engagement in the recovery group. Instead they preferred to discuss their own experiences of codependency, which took pre-eminence and a more central focus, particularly their struggles with self-definition. It is possible that this reflects the position that the group had in their lifeworlds - not as something central, but as a resource that stood on the side to be used when and if needed.

#### **8.3.4 Lack of clarity offered by quantitative research in codependency addressing issues of self-definition**

As demonstrated in this research, issues of self played an important part in the lived experience of codependency portrayed by all of the participants. However previous quantitative research in codependency has offered little clarity on these important issues (Dear and Roberts, 2005; Crothers and Warren, 1996; Carson and Baker, 1994; O'Brien and Gaborit, 1992; Fischer et al, 1991). Restricted to questionnaires, these quantitative studies have only come close to suggesting these associations. Furthermore these quantitative papers were limited by their positivistic framework, samples (mostly student populations) and survey methods, and therefore were not able to further explore these findings in relation to personal meanings, or idiographic understandings.

In addition, although a few studies in the area suggested a possible association between codependency and poor sense of self (Marks et al, 2011; Springer et al, 1998; Cowan and Warren, 1994), as argued by Dear and Robert (2005, 2000), one does not have to be identified as codependent to have low self-esteem. Issues of self-esteem featured in this study co-exist with many other psychological problems,

therefore may not be considered entirely as a defining characteristic of codependency *per se*.

As discussed above, the only two qualitative papers touching on issues of codependency and identity (Irvine 2000, Rice 1992) focused mainly on issues associated with the 12 step group for codependency. By concentrating on sociological aspects associated with the discourse of the 12-step recovery movement, these authors may have lost track of the uniqueness of the individual, their experiences and idiographic understandings of self in relation to codependency.

Arguably, these previous studies missed the important and fundamental point: they overlooked the identity creation motives associated with the experience of codependency – the process of discovering or creating a sense of self through internalising the construct of codependency. The issue of self, captured here, resonates with the findings of other IPA studies looking at experiences of addictions (Shinebourne and Smith, 2009; Larkin and Griffiths, 2002). These IPA authors identified issues of self and identity as a fundamental part of their participants' accounts of their lived experiences of addiction. Smith et al (2009) confirmed that 'issues of self and identity are often a central concern emerging from the growing body of IPA studies' (p. 163). As a psychologically rooted methodology, IPA appears to be more adequate than sociological approaches to address such issues as it fosters a more in-depth account of the lived experience (Smith, 2011).

### **8.3.5 Conclusion**

In summary, the findings portrayed by the theme: '*Experiencing an undefined sense self*' demonstrated that issues of self formed a fundamental part of participants' accounts of their lived experience of codependency. It revealed that the research participants were engaged in a complex process of self-definition which appeared to have been intertwined with the identification of codependency in their lives. These participants found themselves on an ongoing project of becoming and creating themselves. They engaged in a process of crafting a more authentic sense of self through multiple projects including, but not confined to, participation in the 12- step recovery group.

### 8.4 Theme 3 - Seesawing through life: 'Like a seesaw, I feel out of control'.

An important facet of the experience that participants identified as codependency was the way that it was manifested in their everyday lives. This was portrayed metaphorically by the theme – '*Seesawing through extremes in life*'. The theme captured the idea of extreme intensity of experiences, and lack of stability and balance in the lives of the participants. Participants described the experience of finding themselves oscillating from one extreme to the other in a range of situations: daily activities, thoughts, feelings and relationships. They appeared to swing rapidly from one side of the spectrum to another - e.g. from self-care to self-deprivation (see chapter 6). The participants spoke also about experiencing what they identified as a lack of emotional stability; with most (seven) oscillating more to the negative side of feelings, with some experiencing extreme depression at times.

Perhaps the most significant aspect of this theme was what participants regarded as an excessive tendency to go to extremes of engagement in activities with a sense of imbalance - e.g. 'running a lot, working too much, reading too much, having too much sex' (see Chapter 6). This may have offered a means to alleviate negative emotional experiences or feelings of emptiness of self or nothingness. For example, some participants interpreted the experience of excess engagement in activities to fear of contemplating a lack of self-worth, a sense of not being enough (i.e. see Misha, Heather, Helena, Chapter 6, p.180). Two participants (Timothy and Selma), spoke about their intense engagement in romantic relationships exemplified as sex addiction, and compulsion to contact a girlfriend many times a day. The accounts of the two participants portrayed a sense of inner emptiness and neediness which appeared to have been translated into a search for activities and relationships to compensate for these.

Within the concept of the 'true and false self', Winnicott (1965a, 1965b) also seemed to have touched on some of these issues experienced by these participants, linking both the themes of identity and seesawing activities. He explained that a person who carries a 'false' sense of self tends to become entangled in a cycle of excessive 'doing' and insufficient 'being'. He argued that people with a false self acquire their sense of self through their excessive engagement in activities, e.g. working too much, as reflected in the experience portrayed by the participants here (see Patricia Chapter 6, p.177). The participants

here may have experienced fear contemplating their inauthentic or false sense of self and as a result would throw themselves into activities and relationships, so to better define the self or to smother negative pre-occupations.

#### **8.4.1 Experiencing occupational imbalance**

The findings revealed that participants experienced a marked extreme occupational imbalance as they engaged in activities with a sense of unmanageability. The issue of balance in life and occupations has drawn the attention and interest of healthcare and occupational science (Westhorp 2003, Wilcock 1993, 1997, 1998). Occupation encompasses everything we do in life, including activities, thinking and being (Law and Baum, 2005). Most of the time, occupation is perceived as something positive, which enables people to develop themselves and contribute to society (Townsend, 1997). Christiansen (1996, p. 445-446) suggested that occupational balance occurs when 'the perceived impact of occupations on one another is harmonious, cohesive and under control'. Wilcock (1998) added that a healthy and balanced lifestyle encompasses all aspects of the person's life including performing physical, mental, social, and emotional occupations in proportion.

However here, the participants did not portray their engagement in activities as harmonious; on the contrary they described their sense of frustration with their excessive and uncontrolled engagement in activities, describing these as out of balance and control (see Chapter 7). Wilcock (1997, p. 28,) highlighted this risk as she suggested that although occupations and activities are 'an important aspect of the health experience, necessary for human life and development, one should also consider the risk of them becoming imbalanced'. According to Wilcock (1998), the risk of occupational imbalance happens when people may engage too much of their time carrying on specific activities to the detriment of others, resulting in them becoming unable to adequately meet their needs for physical, social, and mental engagement and rest. This perspective seems to reflect the experience of these participants when they described their frustrations with the lack of balance and tendency for hectic engagement in activities.

Paradoxically, these participants appeared to have obtained a sense of 'being' and perhaps meaning for their lives through what they regarded as an excessive engagement in activities. So although this excessive 'doing' was not considered by them positively, as something healthy or productive (see Patricia and Mathias, Chapter 6, p. 177, 178); it nonetheless, seemed to have played an important role in

their lives. Twinley and Addidle (2011, 2012) argued that occupations must be viewed as complex and multifaceted, with some of their facets portraying a 'dark side', which are not necessarily related to health and wellbeing. They argued that this 'dark side' may offer the individual a sense of meaning, purpose and perhaps even belonging. It is therefore argued that behind this excessive occupational engagement which led to imbalance, there were deep existential issues associated with their sense of being and belonging. Therefore, instead of generalising the problem as negative and unhealthy, it becomes important to understand the underlying meaning of this pattern of engagement and the significance of this for the person. The seesawing theme discussed here captured the lack of internal instability and sense of inner emptiness portrayed by the participants, thus exemplifying the underlying existential issues associated with this rather compulsive engagement. Moreover, here the participants appeared to have explored and understood this excessive engagement as a manifestation of codependency in their lives. Most of the participants (Patricia, Misha, Helena, Selma and Mathias) appeared aware of the negative impact of this occupational imbalance in their lives and were looking for ways to bring more balance to their lifeworlds.

Although occupational imbalance has not been specifically addressed by research in the field of codependency, the theme has been identified in literature on addiction behaviours, which can also be interpreted as a form of 'dark occupation' (Helbig and McKay 2003). The findings of Larkin and Griffith's (2002) study show notable parallels with the experiences of these participants. They identified that their participants experienced themselves as a 'void' – lacked a clear sense of self. According to the authors, this sense of 'void' led their participants to engage in their addictive behaviours, so to fill this sense of emptiness. They argued that this compulsivity could be seen as a form of 'escapism' or as they say, 'as attempts to gain grip on one's own self experience' (p.296). Their findings share similarities with the experiences portrayed by the participants here, even though only one participant (Selma) reported problems with addiction in the past. The parallels between this current study and Larkin and Griffith's IPA study on addictions appear to indicate that, from a phenomenological stance, there are a number of shared experiences between codependency and substance addiction.

#### **8.4.2 Experiencing emotional imbalance**

Emotional instability is another aspect captured by this theme. The participants spoke much about experiencing a sense of intrapersonal unmanageability, feeling

out of control emotionally, experiencing highs and lows or intense negative emotions such as fear, sadness and shame (please see Chapter 6, p.182-5).

This aspect may be interpreted using key features of Bowen's differentiation of self theory (Bowen 1993). Bowen traced a parallel between the individual's level of relational differentiation and the differentiation this person experiences between own emotions and reasoning. According to Bowen, it is the level of differentiation - the capacity to function independently - that prevents people from becoming entrapped in reactive emotional polarities (Nichols and Schwartz 1998). Bowen argued that a differentiated person is able to reflect and reason when faced with conflict and stress in life. He explained that this person is able to avoid a reactive response, assuming a position of balance. On the other hand, he argued that undifferentiated individuals find it difficult to distinguish their feelings from their thinking (Nichols and Schwartz, 1998; Bowen 1993). He concluded that people with a low level of internal differentiation tend to allow emotions to control their reason to an extent that they react impulsively and automatically (Nichols and Schwartz 1998). As a result, these people's lives become governed by their emotions, moving to extremes of positive or negative emotional reactions, similarly to the experiences portrayed here. This theoretical position appears to relate much to the experience of the participants who portrayed their experiences metaphorically as being emotionally up and down like a see-saw.

In the codependency literature emotional suppression was identified by authors as a characteristic of codependency, featuring in the latest definition by Dear et al (2004). This was described by the authors as limited emotional awareness or a deliberate control of emotions until they become overwhelming. However, here the participants did not appear to be suppressing emotions or unaware of them. On the contrary, they seemed very aware of their emotions and revealed their frustrations with their inability to manage these.

### **8.4.3 Conclusion**

Overall the participants perceived that codependency was manifested throughout their emotional, relational and occupational lives, as demonstrated by the theme- '*Seesawing through life*'. Bowen's theory of differentiation, Winnicott's theory of the true and false self and Wilcock's perspective on occupational imbalance were valuable in interpreting more deeply some aspects of the experience captured by the theme, and furthermore relating these problems of imbalance to issues of poor

self-definition. These theories have also been useful to interpret the findings captured by the final theme - *Finding meaning in codependency through exploring family experiences: 'Down to childhood'*, discussed next.

### **8.5 Theme 4 Finding meaning in codependency through exploring family experiences: 'Down to childhood'.**

The theme: *Finding meaning in codependency through exploring family experiences: 'Down to childhood'*, captured the underlying childhood experiences identified by seven participants as associated with (and perhaps responsible for) their experience of codependency. Most of the participants, apart from Helena (who did not mention her family in her interviews), revealed a negative perception of their childhood experiences.

Attribution theory proposes that explanations for undesired situations are likely to be attributed to external causes outside one's control (Elliot, Maitoza and Schwinger 2011). These participants appeared to have engaged in the process of external causal attribution (Kelley and Michella 1980; Kelley 1973; 1972; Heider 1958); whereby they searched for past childhood experiences as distal causes for their identified codependency. Here, the manifestation of codependency was considered as beyond one's immediate control or fault. Although the person may then go on and try to manage codependency, it is seen more like a psychological problem that develops as a result of past issues associated with the person's upbringing rather than as a result of wilfulness or personal choice. In this scenario, attributing the cause or blaming the family was particularly relevant, as an external attribution for these participants.

The findings discussed here also resonate with early views of codependency in family therapy (see Chapter 1 and Appendix A). As discussed before, Bowen defended that differentiation begins in childhood when the person learns to differentiate self, as a separate individual from his/her family. This process becomes internalised as the person develops a more distinguished/delineated sense of self, as an autonomous and independent person.

The personal significance of early family interactions in the lives of the participants here can also be further understood within Winnicott's psychoanalytical family therapy theory, in particular the interaction between primary care givers (identified by him as primarily the mother) and the child (Winnicott 1965b, 1965b). Although a

psychoanalyst, diverging from Freud (1977), Winnicott was not interested in the role of instincts or drives in childhood experiences; instead he was concerned with a key aspect of child and parent interaction: the facilitation of a 'holding environment' (Winnicott, 1960, p.591). The term 'holding' is used to denote not only the actual physical holding of the child, but a supportive and embracing environment which facilitates the person's optimal psychological development. Winnicott explained that it is in this holding environment that the person experiences a progression from total dependence to differentiation (Winnicott 1965b, 1965b). He argued that, without an adequate holding environment, the person's sense of being can be lost, facilitating the development of a 'false' or unauthentic sense of being, similar to the sense of self described by the participants as captured by the theme: *Experiencing an undefined sense of self*.

Winnicott's psychoanalytical views on the holding environment gave meaning to some of the experiences captured by this theme. As participants reflected on their childhood experiences, they spoke much about their early childhood family environment as negative. They described the lack or absence of one parent (often the father), at the same time resenting a highly controlling presence of the other parent (often the mother). Participants spoke about feeling controlled and constrained in these family environments characterised by rigidity, due to actions of a demanding parent. Yet they also described a sense of abandonment, regretting the absence of a supportive and safe parental figure.

The participants described their family environments as rigid and unsupportive, therefore likely not providing a sense of nurturing advocated by Winnicott. These were described as environments with a higher level of constraint without much support or nurturing which could prompt the child to feeling that he/she may have no option but to conform. Participants portrayed a sense of having to conform to an unauthentic existence and resented not having the freedom to make choices and express themselves, revealing a sense of passivity and powerlessness.

In spite of the shared element captured by this theme, there are also a few idiographic variants. For example, although seven participants spoke about their child experiences negatively, Patricia seemed to have portrayed a more positive view of her childhood than the other participants (see Chapter 7, p.197-8). Furthermore, differing from the others, both Patricia and Mathias attributed their fathers' absence to more noble causes related to work activities.

Overall it appears that most of the participants identified underlying negative childhood situations as precursors of their experiences of codependency. Their experience appears to resemble situations described by certain psychodynamic family theories. However, it is uncertain whether participants were describing essentially 'real' memories of childhood events or whether their perspectives may have been influenced by their engagement with frameworks which promote psychoanalytical perspectives - i.e. individual psychotherapy, self-help books, or stories told within the 12-step groups. Nevertheless, what matters here is that their attribution appeared to have offered them a solution and a meaning, a sense of significant explanation for the negative life experiences which they interpreted as codependency.

### **8.5.1 The group functioning as a replacement for a holding environment**

A more in-depth analysis of the participants' accounts of engaging with the group suggested that a number of participants (Patricia, Timothy, Heather, Selma, Mathias, Jonathan) may have initially looked to the group fellowship to provide a sense of family safety and belonging, to fulfil a need for unconditional nurture that they felt had been absent in their childhoods, as demonstrated by the subtheme - *The uncertainty of seeking security and belonging in the codependency group*. The subtheme suggested that these participants were looking for an environment of unconditional acceptance, safe enough to express themselves without feeling controlled or criticized by others – like the holding family environment described above by Winnicott (1960).

It appeared that as these participants were used to family environments with control and containment, the group may have had an appeal as a safe alternative due to its strict guidelines. The group appealed as it offered both a response for their nurturing as well as safety needs. In addition, by engaging in the group, participants may have looked to attain a degree of support from other people who may have identified similar issues in their lives. The image of the mobile phone contacts list symbolising Patricia's view of the codependency group as family illustrates this engagement (see Chapter 7, p.205). Perhaps the group may have helped participants to become more tolerant and understanding of their problems, or have provided some shared affirmation and validation.

However, although the findings here suggested that some participants were likely to perceive the group as an alternative for their family, different levels of engagement and confidence in the group were noted. Some participants expressed doubts about their trust in the group to fulfil their needs. Some questioned the group as a 'safe environment'; others spoke clearly about their disappointment with the group which led them to leave and search for other sources of support.

### **8.5.2 The family of origin as a main focus of research in codependency.**

As discussed in the literature review, researchers have previously attempted to investigate the onset of what they understood to be codependency within dysfunctional family relationships. Most of the studies in the field were concerned with the specific issue of parental substance misuse as a predictor of codependency (Knudson and Terrell 2012; Ancel and Kabakci, 2009; Reyome and Ward 2007; Fuller and Warner 2000; Cullen and Carr 1999; Hewes and Janikowski 1998; Crothers and Warren 1996). The findings of the current study revealed that although most of the participants associated their codependency with issues in the family of origin (n=7); they did not perceive these issues as resulting from parental substance misuse, as previous theorists in the field had indicated (Beattie, 1989; Cermak, 1986; Mellody, 1989; Whitfield, 1984). Only one participant (Misha) reported parental substance misuse problems as contributing to her family difficulties.

Researchers have previously looked at the relationship between codependency and different forms of child abuse, neglect and parental control. They were also concerned with the relationship between what they understood as codependency and adult attachment (Ancel and Kabakci 2009; Springer, Thomas and Barry 1998; Carson and Baker, 1994). A few quantitative studies were found to suggest that issues of control and rigidity prompted problems with self-expression in the adult lives of codependents (Cullen and Carr, 1999, Crothers and Warren, 1996).

Overall, authors of these quantitative studies recognised the limitations of survey methodology and called for a more specific investigation of codependency, exploring family of origin issues from the perspective of people who consider themselves to be codependents (Reyome and Ward, 2007; Cullen and Carr, 1999; Hewes and Janikowski, 1998; Crothers and Warren, 1996). The findings of this research study provided a response to that call.

The findings presented here concur with the findings of Biering (1998), although Biering purposefully recruited health professionals (not self-identified as codependents) who had made a success of their careers. In both studies it seems that, by reflecting on their childhood experiences, the participants appeared to be attempting to find an external cause and attribute meaning to their difficulties. Perhaps this attribution style reduces their sense of personal responsibility for their lives, or guilt and blame for failure in relationships. External attribution may have helped positively to resist depression and sense of powerlessness and to engage in a process of transformation change captured by the theme -*'Experiencing an undefined sense of self'*.

A phenomenological study by Larkin and Griffiths (2002) exploring the experience of addiction touched on some of the issues shared by the participants here. This IPA study found that issues associated with repression, rejection, abuse and assuming unrealistic expectations featured in the narratives of childhood experiences of their participants who reported problems with substance misuse. The findings captured by this theme and the similarities found with the results offered by other Larkin and Griffiths's (2002) study, may suggest that these qualitative explorations of experiences are useful in revealing hidden and less-accessible aspects which are not visible in other forms of research inquiries.

From a phenomenological perspective it may not matter if these accounts are based on 'genuine' memory recollections, or have been influenced by received narratives from the recovery group and elsewhere. This study is interested in exploring the experience of the participants, and the meanings they attribute to it. What matters here is that these findings identify concerns and experiences which the participants understood as having contributed to the development of codependency. The findings reveal novel and important knowledge, not reached by previously quantitative codependency research (Knudson and Terrell 2012; Ancel and Kabakci, 2009; Reyome and Ward 2007; Fuller and Warner 2000; Cullen and Carr 1999; Hewes and Janikowski 1998; Crothers and Warren 1996). The findings here suggested that according to the perspective of individuals who consider themselves codependents, family patterns which seem to create vulnerability to codependency are not necessarily confined to those abusing substances. Overall, in spite of some previous research in codependency focused on issues within the family of origin as precursors of what these researchers identified as codependency, the dynamic of

abandonment and control, described by participants in this study, has not been specifically identified before.

### **8.5.3 Conclusion**

The discussion presented here offered useful insights into the underlying family experiences which the participants attributed as possible causes for their codependency. The findings also revealed participants' experiences of the 12-step group, demonstrating the partial role that the group played in providing an environment of nurturing and safety, addressing deep-seated unmet needs for affirmation.

This section concludes the discussion of the themes. The next sections will offer a critical evaluation of the study which addresses important issues around its quality and limitations. This will lead to the presentation of the contribution of the findings to knowledge base in codependency highlighting the impact and importance of the study in the field.

### **8.6. A critical evaluation: strengths and limitations of the study.**

The evaluation of the study is an important component of the research process as it enhances the quality and relevance of the findings. Yardley's (2000, 2008) criteria were used to evaluate the trustworthiness and credibility of the study. The criteria were recommended by Smith et al (2009) as broad ranging, varied and therefore appropriate to be applied to a myriad of topics. Smith's (2011) quality guidelines were also consulted when evaluating the study's theoretical and applied implementation of IPA. The IPA methodology has been used before as a method to study issues concerning with substance misuse (Shinebourne and Smith 2011, 2010, 2008); however it has not been used to explore people's experiences of codependency. As the study progressed, it became clear how valuable the methodology was in uncovering the richness, depth and uniqueness of this complex human experience.

Finlay (2006 b) recommended that researchers should be clear, thoughtful and reflexive about their position and values when evaluating research (p.319). I have included reflective extracts in some parts of the thesis to ensure the transparency of this activity. The guidance and recommendations offered by these authors were considered to be a useful framework to inform the critical analysis of the study, discussed in this section.

### 8.6.1 Sensitivity to context

Yardley (2000) recommends that sensitivity to context is a paramount characteristic which reflects the quality standard of the research study. Sensitivity to context was considered throughout the research project and in particular during the interview and data analysis stages. In the next sections, I offer a number of considerations indicating how Yardley's (2000) criteria were applied to enhance the quality of this study.

#### *Sensitivities related to the participant group*

Sensitivity to participants' feelings, skill and limitations was paramount and taken into consideration throughout the research process. Sensitivity to participants' perspectives and views was important when considering the experiences they associated with codependency. Issues related to the context of the participants, their experiences, mental and physical state (physical tiredness, emotions, mood), limitations (i.e. communication, availability, understanding), need for and choice of support had to be considered. This activity was also supported by the team of research advisors who regarded themselves as co-dependents. They contributed to the planning and interview stages of the research, by offering useful advice and checking the appropriateness of the interview questions. The research advisors highlighted that it was important that the participants felt empowered and secure within the research process.

The sample contained an educated and informed group of participants - for example three participants had attended boarding schools (Heather, Jonathan and Timothy). Most of the participants were professionals with established careers (Patricia, Timothy, Jonathan, Misha, Matias, Helena). The participants were highly articulate, informed and comfortable with the codependency topic. They were willing to share their stories, possibly as they were used to telling their codependency stories at groups and workshops - for example, Misha and Patricia had attended a number of codependency workshops in the UK and abroad. Helena spoke about having a codependency library in her house, containing the most updated versions of codependency self-help books. This highly articulate and informed group may have affected the research in many ways, posing some limitations on transferability of the knowledge provided by the findings (please see discussion on limitations section 8.6.5).

### *Social Cultural sensitivities*

Social cultural sensitivity was important when researching personal constructed experiences such as codependency. As demonstrated in the background section, the construct of codependency emerged in America and is influenced by the literature produced in that country. This study was situated in the UK, a country which is marked by diversity. I needed to be aware of these cultural aspects and their influence on how the construct was perceived and experienced by individual participants (i.e. their social cultural backgrounds, perceptions and impressions of the American culture). Although the sample included individuals with a variety of backgrounds, it had a homogeneous aspect: attendance at the recovery group (at least in the recent past) and self-identification with the codependency construct. The analysis process recommended by the IPA methodology (Smith et al 2009) assisted me to deal with these issues. For example, the case by case data analysis process was useful when dealing with the diversity elements found within sample and the cross case analysis to account for the shared elements of the experience by participants.

I also was sensitive to my own culture and reflected on the impact of my Brazilian background, familiarity with the British culture, clinical knowledge and experience of the research process. For example, Brazilian health practice in substance misuse is largely influenced by the US theories, which support the view of codependency as a problem considered to be an integral part of substance misuse rehabilitation (Bortolon et al 2010). My work as a therapist in Brazil often involved facilitating support groups for relatives of drug users; these often contained elements of codependency and the 12 step framework.

In this study I took the relativist stance that findings are co-constructed, wherein the perspectives of my participants are intertwined with my own perspective. Although the hermeneutic position of IPA was consistent with this relativist stance, I was sensitive to my interpretative contribution and attempted to deal with my previous knowledge and preconceived ideas through reflexivity. I have added some reflective extracts in this document (and Appendix K) to exemplify my engagement with this activity. *Please see an example below:*

#### ***Reflective Account 10.12.2013***

*The IPA methodology supports the view that the researcher's interpretative account is an important element of the research process. Through a reflexive process the researcher becomes critically aware of the ways that thoughts, experiences and opinions may impact the research inquiry. It is possible that my clinical background may have an impact on the research process. I am a mental health occupational therapist and have experience of working with people who regard themselves as codependents. It is possible that my past experience and knowledge may influence the gathering and interpretation of the information provided by the participants in the study. It is important that I take special care to identify and challenge my taken-for-granted assumptions about the construct of codependency. Finlay (2012) describes this as a process of 'embracing a phenomenological attitude' (p3). However she points out that the immediate challenge that the researcher faces is to embrace intersubjectivity, to remain open to new understandings and to maintain a phenomenological attitude. When discussing these experiences with individuals who considered themselves codependents, it is very clear that they had a personal understanding of the construct, and consider it an important part of their lives. Whilst reflecting on this, I am able to value the subjectivity of this experience, and to understand that each individual may perceive the construct according to their own particular view and understanding.*

Sensitivity to the literature is an important aspect to be considered during the research process. There is a range of popular psychology literature on the topic and most of the participants demonstrated that they favoured this literature, considering it useful for guidance in their own lifeworlds. Sometimes, I found myself questioning if these books were indeed helping these participants or if they were adding more confusion into their lifeworlds (see for example Heather's account on Chapter 5 p, 156). However, I had to remain sensitive to their choice of the literature, respecting their views and perspectives whilst remaining mindful that it might be difficult to probe 'authentic' personal experience without the heavy framing already applied via participants' knowledge and acceptance of these popular theories.

### **8.6.2 Commitment and Rigour**

Yardley (2008) highlights the importance of providing evidence of commitment and rigour. Smith et al (2009) defines rigour as the 'thoroughness of the study' (p.180). In this study, I carried out a series of activities to ensure to ensure that rigour was applied to all stages of the study.

I attended several IPA forums and seminars in order to learn the methodology and apply it effectively in the study. The planning and consultation stages of the research were thoroughly developed, taking into consideration rigour when selecting participants and planning the study. This stage was informed by the team of advisors who collaborated by offering experiential information to this stage.

Rigour during the interview procedure was paramount to ensure a successful outcome - for example, it was important that I offered focused attention and conveyed interest and engagement during the interview process. I also used open ended questions when interviewing the participants and allowing them space to 'tell their stories' via multiple interviewing and followed specific IPA recommended procedures for the analysis of the data. I also ensured the rigour of my study by attempting to maintain a 'phenomenological attitude' when analysing interview data (Finlay, 2008, p1).

Although I attempted to follow a rigorous procedure, the research process was far from smooth, and I faced challenges along the way. For example, although obtaining ethical approval from the University's ethics committee intends to improve the rigour of the study, receiving approval to include a visual method in the study became a rather complex process. Scheduling the interviews around the rather busy lives of the participants was another difficulty faced. In some cases, I had to resort to limiting the data collection process to only 2 interviews; more on limitations of the study is discussed later in section 8.6.5. Please see below some practical examples of how I have attempted to demonstrate rigour throughout the research process.

- Taking a reflexive approach throughout the research process, using a journal. Although my background in occupational therapy and psychology was useful in exploring this rather complex human experience, it could, nonetheless, interfere with the interpretation of the findings. In order to address this, I have presented extracts of reflexivity, informing the reader of my decisions. I hope that this will enable the reader to understand my position as a researcher, contributing to the research (please Appendix K for examples).
- Having regular research supervision.
- Supervisors checking the data transcripts and analysis.
- Making an audit trail. Please see a sample of the raw data and analysis process in the Appendix L and M.

- Having clear tables illustrating the frequency of each theme (Smith 2011). I have also included graphs demonstrating how recurrent themes were chosen (please see Appendix L for more examples).
- Having an advisory group formed by self- identified codependents, in a consultative role.
- Following a systematic research procedure.
- Using participants' quotes to exemplify the themes (Smith, 2011).
- A total immersion in the data - i.e. choosing to transcribe most of the data myself and engage in data analysis for 6 months.
- Providing enough information about the research to participants to ensure fully informed consent (please see information pack attached – Appendix I).
- The findings of the study were presented and discussed at various forums and conferences, i.e. London IPA data analysis clinic, London IPA forum and others. Attendance at these forums helped me to think more deeply and also to assure that I was adhering to the IPA methodology.
- Having an independent auditor (IA) (please see discussion below)

### **8.6.3. Transparency and coherence**

The project was planned and executed in accordance with the underlying principles of IPA, hermeneutics and phenomenology (Smith et al 2009, Smith 2004). Transparency explains 'how clear the stages of the research process are described in the write up of the study' (Smith et al 2009, p. 182). In order to ensure the research process was carefully explained to participants in written format, all written materials were proof read to ensure coherence of arguments and a comprehensive understanding of their contents. As discussed before, a written summary of the project is available to the research participants, though not formal member checking or approval of the analysis and themes. The whole project was guided by the team of supervisors, which helped to ensure the quality and coherence of the work. Arguments and ideas were thoroughly discussed at supervisory meetings. The team of supervisors also reviewed chapters of the PhD thesis thus ensuring the coherence of the views presented.

When appropriate some parts of the project were discussed with the team of research advisors, in approximately four meetings spread across the period of the research. Parts of the project were also presented at IPA forums and seminars, where constructive feedback was offered.

When assessing the quality of this study, it is important to remember that in IPA the interpretative activity includes also the perspective of the researcher (i.e. the 'double hermeneutic'), so it is not likely that other researchers would be able to reach exactly the same conclusions; therefore member checking activities such as sharing the analysis with the participants are not favoured. As the IPA methodology does not favour formal 'member checking' (Smith et al 2009), the interview transcripts were not sent back to the participants. This is because they are in the natural attitude (Finlay, 2008, p.1) and as such at a different point in the hermeneutic cycle. Therefore in order to ensure the quality of my analysis in relation to the representativeness and coherence of the themes i.e. - 'if they hang together logically' (Smith et al 2009, p.182). I invited an independent auditor (IA) (a fellow PhD student within the department) to verify if the quotes were adequately representing the four main superordinate themes and their subthemes. The IA checked the credibility and quality of the analysis (Smith et al 2009; Smith and Osborn 2007). Furthermore, I use extensive quotations to illustrate and defend inferred themes, paying attention to context, and attention to both convergent and divergent experiences (Smith 2011).

The IA was a colleague who had recently completed her qualitative PhD study. Although limited by time and availability, the IA checked if the themes were clearly represented by the quotes which they illustrated - i.e. if they were grounded in the data. A pack was given to the IA demonstrating how I developed the analysis, including the themes illustrated by participants' quotes. The IA was asked to comment on the appropriateness of the themes' titles and quotes. The IA feedback was explored and incorporated into the analysis. For example the IA confirmed some accounts as matching with the description of the theme, whilst challenging others. This has led me to look more deeply and more carefully whether the theme descriptor really captured the nuance and perspective of the participants (please see the box below for an example of this). The IA added completeness to the thesis, not convergence (Madhill et al 2000, p.10), instilling rigour and transparency.

Table 8.1. Example of IA comment

Quote	IA comment
<p><i>Selma: ‘...this is one of my codependents traits was that I stay in unhealthy relationships umm, for too long for trying to make them work’.</i></p> <p><i>Patricia ‘I had this sort of cycle of depressive episode, umm, 18 months of, willing of to the states, and being pushed by my husband, he just can’t cope ... being pushed off to the states, and getting a quick fix, which is, and getting a lot out of it, but them coming back to the same situation, and in October last year, I went and I felt that I was being pushed out of the house, being sent off, didn’t really want to go, really, but I felt pretty desperate’.</i></p>	<p><i>‘Could this also be a ‘chameleon’ comment?’</i></p> <p><i>‘I think this fits your definition of chameleon. It also seems to be about very powerful emotions and control by another’.</i></p>

#### **8.6.4 The use of visual methods and the use of visual and verbal metaphors to express the lived experience of codependency**

The IPA methodology with the visual method assisted me to build a richer picture of the subjective experience of codependency. The use of a visual method facilitated a deeper immersion in participant's lifeworlds, and the exploration of the different perspectives presented by these individuals. For example, the image of the mobile phone symbolised Patricia's engagement in the codependency group as family in contrast with the accounts of other participants who felt that the group no longer met their needs (see Chapter 7, page 205).

The visual method was useful to elicit a more in-depth phenomenological analysis, helping participants and myself as a researcher to move beyond their 'received' or 'rehearsed' narratives about codependency, thus facilitating a deeper exploration of their particular experience - for example the image of the bedside table brought by Misha (see Chapter 7, p.191) which she interpreted as symbolising her feeling of being contained and controlled by the family of origin. The visual method assisted me to make sense of some of the difficult elements of the experience portrayed by the participants - for example the images of rather grotesque childhood paintings brought by Selma to represent her childhood experiences (see Chapter 7, p.195-6). The IPA methodology with the inclusion of the visual method enabled further knowledge to be gained through the individuals' unique interpretations of the meaning of their experiences that might not otherwise have come to light in the verbal interviews. These experiences were considered in the context of the individual's personal values and interpretations. A number of visual and verbal metaphors were used by the participants to describe their experiences, discussed next.

#### ***An analysis of the use of visual and verbal metaphors to express the lived experience of codependency***

The use of metaphors in helping to understand research participants' experiences has featured in many qualitative research studies (Kirmayer 1992; Levitt, Korman and Angus 2000; Eatough and Smith 2006; Shinebourne and Smith 2010). Shinebourne and Smith (2010) in their IPA study exploring the meaning of women's experience of addiction recommended attention to metaphors as tools to explore the 'codependency story' of individuals recovering from addiction.

Agreeing with Shinebourne and Smith (2010), in this codependency study, participants used rich metaphorical expressions to describe or 'give voice' to their complex and often abstracted experiences. Several interpretations have been proposed in the context of this study. These interpretations helped to build a richer picture of the lived experience of codependency as portrayed by the participants of the study. Here, the use of verbal and visual metaphor created a bridge between the lifeworld of the participants, myself as a researcher and the participants, as it facilitated the expression and interpretation of some difficult to articulate experiences. It brought much richness to the research interviews and in some cases assisted me to elicit a more in-depth interpretation of their experiences.

A number of verbal metaphors have been used by the participants as useful linguistic tools to explain their experiences of codependency and recovery: 'chameleon, 'fragmented self, self covered in layers, scattered, invisible or non-existent'. The metaphors used by the participants here were interpreted as describing the embodiment of their experience of a self, portrayed as 'without a clear form or substance and unity'. Participants spoke about experiencing self often as broken into pieces and scattered (i.e. Selma, Misha, Mathias Chapter 5). It is suggested that in this metaphorical discourse, participants were conveying the 'embodiment of their selfhood' (Rasson 1994, p. 292, Jenkins 2014). They were perhaps portraying the struggle in sensing the plurality of self, a self divided in multiple parts, different 'selves', or scattered to a point of non-existence or annihilation. They appeared also to demonstrate a need to assemble these multiple parts together, creating a more unitary and substantial or more meaningful sense of self (Craib 1998, Winnicott 1965a, 1965b). Metaphorical expressions such as 'pieces of a jigsaw coming together' (see Jonathan Chapter 5, p.160), could be interpreted as participants achieving a sense of completeness and obtaining a more unified and authentic sense of self.

However, one could also argue that the metaphors used by the participants when describing their experiences may have been acquired through their participations in the groups or their reading of self-help material, as they all share some similar features indicating a process of self-disclosure. Nonetheless, the metaphors were presumably chosen by the participants to transmit their inner experience, thus helping to reach a more in-depth experiential content. It is also possible that the use of the metaphors may also have helped these participants to dissociate and separate from certain previous negative emotions and behaviours. Selma used the

metaphorical expression 'crazy person living inside me'; thus attributing her negative sense of self to something separate which had invaded her being (see Chapter 5, p.164). In this case, she may have used the metaphor to dissociate from something which she considered shameful and undesirable. Another vivid metaphor, chosen by Patricia, the 'hole in the soul' effectively described the sense of lack and nothingness she may have felt when facing the lack of authenticity and emptiness of her existence. Other participants shared similar views (see Heather, Selma, Jonathan Chapter 5, p. 136-7).

Visual metaphorical expressions could also be noticed in relation to the objects and photographs that these participants brought to the research interviews. They brought a variety of books on codependency, a solicitor's divorce letter, an image of the family cupboard, as well as artwork and family photographs. These images became 'vehicles for voice', bringing 'emotions and life experience into the research conversation' (Lorenz 2010, p.210, 219). Here, the use of visual imagery provided the other participants not only with much opportunity to communicate their views and experiences, but also to elicit a deeper interpretation of their experience. For example, the photograph of the patchwork quilt brought by Selma (see Chapter 5, p.133), was a powerful tool for understanding her lack of self-definition and the process described by several participants of 'knitting themselves together' as they attempted to create a more well defined sense of self. The divorce letter brought by Jonathan (Chapter 5, p. 146) helped to convey a message of 'breakthrough' and 'liberation', as he attempted to break free from preconceived moulds of self, and pursue a more authentic existence (although it could also communicate reliance on external authority to define self and permit transition).

In support of the use of metaphorical photographic expressions, Smith (2004) highlighted the importance of metaphorical features within the IPA analytical process. Ricoeur (1978) argued that metaphors evoke the imagination of the reader, helping to see new possibilities. He highlighted the usefulness of metaphors 'in changing the way we look at things and perceive the world' (p.152). MacLachlan (2004), explained that metaphors are useful in research as they provide a 'physical representation of an abstract idea', facilitating the communication of difficult and complex issues (p. 23). In his photovoice research using visual metaphors to explore the lived experience of survivors of a brain injury, Lorenz (2010) highlighted the benefit of visual metaphors in bringing life and deeper discussion around complex life experience.

Overall, in this study, the use of metaphors had a positive effect as they helped the participants to communicate their complex experiences, which they may have found difficult to explain otherwise. Here, visual and verbal metaphors opened up opportunities for a more expressive communication adding a richer level of comprehension to the data collected (Shinebourne and Smith 2010), bringing a greater understanding to the overall findings of the study. Concurring with Ricoeur (1978) the vividness of metaphors such as the ones here assisted in their capacity 'to set before the eyes the sense that they display' (p.144). This study captured an abundance of metaphorical expressions which assisted in bringing further insights into their lived experience of codependency offering multiple possibilities and rich layers of meaning, and perhaps enabling participants to move beyond the 'rehearsed narratives' that they may have told before at the 12 step meetings.

#### *Challenges faced with the use of visual methods in this study.*

Although the visual method added a valuable aspect to this research study, inevitably there were also challenges encountered. Three main challenges are summarised below:

First of all, ethical implications regarding the use of images in health care research had to be considered. As the research was informed by non-consequentialist ethical approaches (ESRC, 2008), which focus on the principles of autonomy, beneficence, non-maleficence and justice, special attention had to be drawn to issues of anonymity, confidentiality and protection of the visual data gathered. For example, all the information collected through the interviews and visual methods had to be anonymised, and photographs brought by participants with faces of people could not be used in any report of the study. After carefully considering all the ethical implications of the visual data collection method, the research project was submitted to the institution's ethics committee and received full approval. Once the ethical implications were addressed, the participants received specific information and consent forms, containing the necessary information about the handling of the visual data, i.e. data storage, analyses and dissemination. Although the ethics procedures were well received by all of the participants, the ethical 'safeguards' also restricted what could be explored in terms of visual data. For example, one of the participants brought a number of photographs, including pictures of members of her family, to illustrate her experience of codependency in relation to what she considered to be a dysfunctional upbringing. Although the photographs were useful to elicit an in-depth discussion and helped achieve greater depth and rapport in the interview, they

could not be included in the dissemination of the findings of the study. If they were included they would have added more vividness to the account described only linguistically.

Secondly, non-engagement presented a challenge as two of the eight participants, both males, did not engage with the visual procedure. They did not present any particular reason for this, expressing only that they could not think of anything to bring at the time. As a researcher, it was important to respect the decision making and autonomy of the participant. These participants were highly articulate and willing to speak openly about their experience of codependency; therefore the researcher did not initially deem it to be necessary to use the visual method to complement their interviews. Further comments on accepting their choice to reject the visual method are offered in Chapter 3 and section 8.6.5.

Finally, the third challenge faced was related to the analysis of the visual data. The IPA analysis by itself is considered to be a challenging process (Smith et al 2009); and the inclusion of visual data only added to the complexity of the task which as a new researcher, I often struggled with, in any case. The steps of IPA analysis recommended by Smith et al (2009) and Shinebourne and Smith (2011) were helpful to assist with the analysis process. Although there are no explicit IPA guidelines to analyse visual data, the procedures adopted by previous IPA studies were followed (Shinebourne and Smith, 2011, Smith et al 2009, please see chapter 3). However, I found the analysis of visual images was often subject to my own response and inferences - for example, the image of the patchwork quilt.

Overall despite these difficulties, the inclusion of a visual method created an opportunity for an exploration of deep and meaningful aspects of the participants' lifeworld often providing a symbolic/metaphorical representation of their experience of codependency. The use of images enabled some participants to convey a message that otherwise they would not have been able to articulate through the use of interviews alone. For example the divorce letter brought by Jonathan powerfully represented his movement of breaking free from previous difficult relationships and perhaps his simultaneous willingness to be defined by external authorities.

Further limitations and ways in which they hindered the attainment of a 'full' understanding of the codependency experience are discussed below.

### 8.6.5. Further limitations of the study

In spite of adopting the quality measures mentioned above, the study was limited by a number of factors; therefore when discussing the findings and implications for knowledge and clinical practice, it is important also to consider the limitations presented below.

#### *Limitations related to the IPA methodology*

A reflection on using a relational concept (codependency) within the context of an individualistic methodology (IPA).

This research has highlighted that codependency is a complex psychosocial and relational construct with multiple meanings. As discussed in the previous chapters, codependency emerged in the context of alcohol and drug abuse (McDonald, 1956; Price, 1954; Whalen, 1953 Jackson and Kogan 1963), and has been associated with relational stress reactions (e.g. attempting to control or monitor the behavior of the alcoholic) in families of substance misusers (Prest and Storm 1988, Crothers and Warren 1996, Fuller and Warner 2000, Knudson and Terrell, 2012). Authors in the field argued that although this 'codependent' form of relating was initially identified in this context, similar patterns appear also in other forms of relationships (Wright and Wright 1991, Beattie 1987, 2011). When examining the lived experience of codependency, this relational interdependency cannot be overlooked, as it may have important implications for the experience portrayed by research participants.

Although in this research, the self-identified codependents reported being embedded in a network of relationships intertwined with their lived experience of codependency, a possible limitation could be associated with using this relational concept (codependency) within the context of an individualistic methodology (IPA). One could argue that the IPA methodology may not have been sufficient to tap into the complex and intertwined relational components of lived experience of codependency found in this research process.

IPA carries an idiographic focus, which means that in this research, I attempted to focus on each particular participant, their particular experience and context (Smith 2004). The methodology places emphasis on first-person experiences. It possible that the individualistic focus of the methodology evoked primarily the important

issues around self and identity portrayed by the research participant; thus not entirely capturing the relational aspects and dynamics associated with the research process. IPA researchers such as Tomkins and Eatough (2014) have also identified this issue. They explained that IPA is generally concerned with the first-person, subjective experiences, and could neglect the social, relational, discursive and institutional influences on selfhood, stating:

*'IPA's idiographic commitment to the particular, keeping the individual firmly in sight in order to do justice to the quality and texture of the experience...downplays the contextual, relational aspects of the participant's experience and of their making sense of their experience' (p.249).*

In agreement, other phenomenological authors pointed out that the very nature of the human experience is relational; they suggested a more dialogical and relational approach to be introduced to phenomenology by incorporating unconscious, emotional and relational processes into the research context (Finlay and Evans 2009; Spinelli 2005; Todres and Wheeler 2001).

IPA authors have argued that in practice, the methodology allows for researchers to assume a phenomenological and relational stance when examining the lived experience (Eatough 2009; Smith 1994a, 1999a, 1999b, 2004). They have demonstrated that when doing the research, the methodology evoked important relational aspects, which formed part of the lives of the participants. For example, in his study with women in transition into motherhood, Smith (1994a, 1999a, 1999b, 2004) showed that although the methodology adopted an individualistic frame of reference, the relational aspects of these women's lives featured as a central aspect to this research. In this case, he explained that as the IPA data collection and analytical process was flexible and non-prescriptive, it allowed for the relational aspects of the experience to emerge naturally. Similarly, Eatough (2009) commenting on her research looking for how women resolved conflict in their lives (Eatough and Smith 2006), defended that the IPA analytical process was 'flexible enough', allowing for the research to produce knowledge 'about what is being studied which is person-relational and world-centred' (Eatough 2009:189). She explained that the lived experiences captured through IPA were embedded in the intersubjective world of the researcher and the participants, coming to light through an exchange of dialogues and relations within this research process. This was also

noticed in this research study, which was saturated with reflections, the accounts of the participants' relational experiences and intersubjectivities.

It is possible that, when exploring the lived experience, IPA could be viewed as adopting a relational approach. The methodology encourages a flexible dialogical, double hermeneutic and analytical approach, where data is co-constructed and interpreted between the researcher and participants. IPA also encourages researchers to address this relational aspect through reflexivity (Smith et al 2009). For example, in this study, through a process of multiple reflexivities (Tomkins and Eatough 2010, Tomkins 2011), I was able to examine and become aware of important dimensions and elements such as personal identification, power, control, inequality between myself and the research participant (Finlay, 2011; Finlay and Evans 2009).

However, Finlay and Evans (2009) suggest phenomenologists should take a step further on this process, perhaps shifting from an idiographic to a more relational focus, incorporating also psychoanalytical components. They suggest that the research arena can be a context where unconscious motives can be subtly acted out, calling for researchers to use reflexivity to examine and become aware of these. Furthermore this complex issue of unconscious 'acting out' could also be a potential limitation of a verbal enquiry method. Although I acknowledge that the IPA methodology does not focus on the psychoanalytical aspects involved in the research process, through reflexivity and the assistance of a trained therapist, I attempted to address my unconscious responses involved in this research process, for example, issues around transference and counter-transference.

Overall in this IPA research, the relational dynamics between myself and the research participants were explored through reflexivity. The data created constantly evolved, through the dialogical, interpretative process of double hermeneutics, a relational process, which both myself and the research participants contributed. However, in spite of this, the study also highlighted a tangible tension found within the IPA methodology (Tomkins and Eatough, 2010). The study was limited in terms of focusing on the totality of the relational dynamics such as the unconscious, emotional dynamics involved in the research process, as this would likely compromise the unique idiographic identity of the IPA methodology. It is recommended that further research should consider this limitation, and explore creative ways of addressing this gap by introducing a more relational focus into the

research process. For example, researchers could investigate how to incorporate relational psychoanalytic concepts into the research activity, and explore ways to engage in a process of 'co-creation of knowledge', 'doing research with the participants rather than on the participants' (Finlay and Evans 2009:177).

### *Limitations related to the choice of research participants*

Two main limitations have been identified in relation to the sample chosen for this study, discussed next.

#### *Limitation related to the nature of the sample*

As discussed in the Methods chapter, eight participants living in the UK (Greater London and the Midlands), were selected from 12 step recovery groups for codependency. Although the sample was large for IPA research (Smith et al 2009), it is nonetheless relatively small and therefore findings are not straightforwardly generalizable to other contexts. The participants volunteered to take part in the study, so they may have been highly motivated to share their experiences and understandings of codependency. Other self-identified codependents may have different views and experiences. This was also further complicated by the discovery during the interview process that not all of the participants were still attending the 12 step recovery group. Participants' high level of education may have compromised their engagement with the recovery group, affecting their full commitment and permanence in the group. Participants may have had more resources to critically reflect on their engagement with the group, judging it not fitting for their needs. They may have had more resources for seeking support and treatment elsewhere. This study was limited to their unique perspectives and experiences.

According to Shinebourne and Smith (2011), the 12 step group forms a good sample representation, as it adequately meets the IPA criteria of a purposive, context-specific, expert knowledge group (please refer to methods Chapter). Although this recruitment procedure was planned with the positive intention of increasing homogeneity within the small sample, it nonetheless may have limited the study in some ways. Limitations around 'rehearsed and edited narratives' had to be considered, as this group appeared to be well informed about lay and psychological theories about codependency. For example, it is possible that the fragility of self and reconstruction of codependency discourse may have appeared in the narratives of the research participants as a result of their engagement with the self-help literature in codependency. It was expected that some content presented

by these participants may have been learned at the 12 step group, through individual therapy, or through reading self-help books on codependency. They may have internalised the publicly available discourse on codependency - for example by use of books on codependency. It is possible that this discourse may have provided them with an easy, 'ready-made' answer for their deep and complex questions. One could not entirely disentangle 'first hand' experience from the framing applied from this learning. IPA research in other contested conditions such as chronic fatigue syndrome and addictions has faced similar issues (Shinebourne and Smith, 2009; Dickson, Knussen, Flowers 2007, 2008;). However, concurring with other research carried out in 12 step groups (Shinebourne and Smith 2011, Hoffman 2003, Jensen 2000, Cain 1991), participants' accounts varied considerably, and were not in any sense 'scripted'.

That being said, all of the participants associated their codependency with childhood problems. This may or may not have been as a result of their engagement with the 12-step programme which encourages participants to make detailed inventories about their life experiences (Alcoholics Anonymous 1976). It is also possible that the theme may have emerged as a result of their engagement in individual therapy. Both psychoanalytical and client-centred therapeutic approaches also focus on exploration of childhood experiences. It is possible that these views may have influenced participants' narratives in this study, in particular the narratives captured by the childhood theme. The research was limited in this remit.

Furthermore, within the IPA methodology, I am not interested in establishing the 'veracity' of such claims, but in listening to their accounts with openness and respect (Smith et al 2009). Therefore it was not my intention to check the legitimacy of these claims for example by interviewing other family members to observe the dynamics associated with their reported childhood experiences. Adhering to the quality framework proposed, (Smith, 2011; Smith et al, 2009; Yardley 2000), participants' narratives were treated with respect and interpreted according to the perspective attributed by them. In this context, I remained sensitive to their views and claims, as they were deemed relevant and an important part of their experiences of codependency and the ways they construed the origins of their difficulties.

### Limitations associated with the sample and the data collection procedures

Throughout data collection, I needed to be sensitive to the particular nature of the sample as their engagement with the interview process was limited by their busy life styles and personal choices. Some of the interviews had to be re-scheduled or cancelled in order to suit their schedule. I also had to be flexible with regard to their chosen venue for the interview, and sometimes agreed to meet with them at quiet local coffee shops near their homes or workplaces. Furthermore, four participants only offered two longer interviews to maximise the use of their time (Jonathan, Misha, Helena and Mathias). It is possible that some of this acceptance of the participants' own choices (e.g. number of interviews, visual method, venue) had an impact, limiting the information collected in the study.

In the interviewing context, participants may also have edited some of the content and disclosed only elements of their experiences which they judged to be relevant, or socially acceptable. In this situation, I used my interview skills as a trained therapist and attempted to probe further to obtain a more in-depth account. At the same time, I maintained an attitude of empathy and remained aware of participants' emotions, cognitive skills and social responses. I was able to use some of my skills as a clinician to facilitate an atmosphere of safety and respect during my contact with the participants. This, in my view, facilitated the free expression of views, opinions and experiences - for example, some participants cried as they recollected some painful childhood experiences. In these situations, I offered to stop the interview and provide support. I also offered to reschedule the interview for another time. In all occasions, the participants chose to continue with the interview, expressing that they felt a sense of relief as they spoke about these difficult issues.

Two participants chose not to engage in the visual procedure, possibly due to them being unfamiliar with such an innovative method in research, or because they were reluctant to engage with more creative self-expression. As a researcher, I was sensitive to their desire not to engage, respecting their choice and valuing their interview contribution. The downside of this is that some important aspects of their experiences may not have been entirely captured and they may have only presented the rehearsed narratives of codependency. However, the means of data gathering through open ended interviews may have compensated for their lack of involvement in the visual method. The open ended interviews enabled me to explore their narratives further and probe for more depth in their answers. During the interviews I remained attentive to important cues offered by the participant as these

would enable me to probe further and deeper into their experience (Smith et al 2009). The longitudinal interview process also enabled the participants with time to reflect upon issues which they considered important and wished to contribute or re-visit (more on the limitations of the visual method in section 8.6.4).

#### *Limitations related to my experience as a researcher.*

During the research process, I had to consider also my limitations as a researcher. For example, although the design of this study was closely drawn from the IPA literature, the methodology was new to me. As a newcomer in the IPA field, I had to learn the methodology as the study evolved. I followed the guidance offered by Smith et al (2009) and other IPA publications closely (Smith 2011, 2004, Smith and Osborne 2007). My supervisors were also a source of support and guidance, confirming some of the procedures adopted. I attended IPA forums and seminars to assist me to develop my skills as an IPA researcher. In spite of this, I encountered some problems with the design and implementation of the study. For example the combination of visual method with the IPA methodology was a challenging process in relation to obtaining ethics approval and analysing the data. There were some frustrations, as I felt the process was limited by my lack of experience, in the way I implemented and maximised the utilization of the method. This was particularly evident, whilst analysing the visual data. It was then that I realised the usefulness of the practice in reaching a more detailed perspective from the participant, and felt the impact of my limitation in effectively drawing a more in-depth account from participants through the visual method.

Additionally, there may be some preconceptions from myself as a researcher carrying out the interviews and data analysis. My previous quantitative experience as a researcher and my clinical experience as a therapist working in the field may have impacted on the way I engaged with the participants, and interpreted the research data, for example at the initial stages of the data analysis, I would associate some of the accounts with what was already known about codependency in the research literature. It is hoped that the use of reflexivity, the inclusion of different perspectives from research supervisors, advisory team and the use of an independent auditor may have helped to reduce any personal or professional preconceptions in interpreting the findings.

Having considered the strengths and limitations of the study, the next sections will present the contributions of the study to knowledge in the research field of codependency and its relevance to clinical practice.

## **8.7. Contribution to knowledge: the impact and importance of the study.**

The impact and importance is considered in terms of its knowledge contribution to the existing body of literature in the field of codependency and the implication of this knowledge in health care practice, discussed below.

### **8.7.1 The contribution of the study in bringing novel knowledge to the existing body of literature in the field of codependency**

I will start this section by identifying the specific new contributions brought by this research to the body of knowledge in the field. Other additional contributions to practice will be discussed in the latter part of the section. This research has brought new knowledge in the field of codependency in the specific ways listed below:

*The study offered knowledge acquired from individuals who regard themselves as codependents.*

As identified in the literature review chapter, the lived experience of individuals who are self-identified codependents had not been specifically addressed by the body of previous research on codependency. This research study brought the 'person' centre-stage in this research field, providing an opportunity for knowledge to be obtained from an insider's perspective.

For these participants, codependency was not a stigmatising medical label (Orford 2005; Collins 1994), a social discourse (Rice 1992) or a learned 12-step narrative (Irvine 2000), as suggested by previous theorists in the field. The findings demonstrated that, for these participants, codependency was a real and tangible lived experience. It was an embodied experience, framing an array of difficult and damaging problems, as a psychological illness, validated by a number of therapists and by the presence of a dedicated support organisation. This experience formed an integral part of their lifeworlds, offering explanations and meaning to many of their unexplained life problems and difficulties. The findings demonstrated that the identification with codependency served to validate a confusing array of their felt

experiences and provided a platform for them to create a more authentic and well defined sense of self.

*The study offered a phenomenological and methodological innovation to the literature.*

The phenomenological focus on the lived experience was the unique and differential aspect of this study, there being no similar previous research. The only study close to this area looked at the careers experience of a sample of nurses, not self-identified as co-dependents (Biering 1998).

This study offered an alternative to the other traditional approaches used in the field of codependency - for example quantitative studies which focused on codependency as a psychological illness or sociological studies which focused on the dynamics of codependency 12 step groups.

In combination with the IPA methodology, the study brought an innovative visual method to explore the lived experience of these participants. The IPA methodology with the visual method helped to build a richer picture of their subjective experience of codependency. Although with some limitations, the use of a visual method facilitated a deeper immersion in participant's lifeworlds, and the exploration of the various perspectives presented by these individuals went beyond rehearsed or learned narratives.

The overall findings of this research revealed an underlying experience of codependency shared by these participants, adding novel knowledge to the field. The shared experience of codependency was portrayed by the participants as a real and tangible psychological problem which appeared to follow a pattern, incorporating three interlinked factors: a profound lack of clear sense of self; an enduring pattern of extreme, emotional relational and occupational imbalance; an attribution of current problems in terms of abandonment and excessive rigidity in childhood, with some seeking restorative belonging in the recovery group. These contributions are discussed below.

*The study suggests that a lack of self-definition is central to the lived experience of codependency.*

The participants revealed a fragile and undefined sense of self which they considered affected their lives in many forms, including the way they accommodated to situations and relationships, searched for answers, engaged in activities and experienced their emotions.

Counsellors and practitioners are often well aware of the importance of issues associated with self and identity in clinical practice (Larkin and Griffiths 2002; Kellogg 1993). What is striking about the significance of these findings is that they have not been given much attention by the research literature in the field of codependency. Although some early clinical theorists in the field highlighted this likelihood (Cermak, 1986; Friel, 1984; Wegscheider-Cruse and Cruse, 1981), a few researchers have only come close to considering these issues of an undefined sense of self (Dear and Roberts, 2005; Crothers and Warren 1996 and Carson and Baker 1994). Overall these studies did not entirely document or explain the codependents' struggles with lack of self-definition and their ongoing pursuit in creating a better defined, more positive sense of self as a central aspect of their experience. In this study, the relationship between self and codependency was explored and informed by participants' own accounts of their experiences. The findings of the study suggested that issues around framing a sense of self are crucial in providing a better understanding of the experience of codependency.

*The study suggests the negative impact of occupational and emotional imbalance in the lives of codependents.*

This research portrayed the vividness, the distress, the unmanageable quality of this experience identified as codependency. Participants' experience of oscillating between extremes (in emotions, occupations and relationships) offered a key perspective on the manifestation of codependency. These participants were all concerned with their apparent lack of balance, as they described a struggle with occupational and emotional instability. They seemed to express and cope with intense distress and feelings of void through these extremes and oscillations in emotions, activities and relationships. This imbalance appeared to be driven by complex intrapersonal issues associated with a lack of understanding about themselves, portrayed as feeling both shapeless and yet over-constrained.

These issues have not been specifically captured by previous codependency research; representing an important finding, not only useful to inform clinical practice but also to be considered in further research within and beyond occupational science.

*The study presented codependents' specific attributions of their difficulties to dynamics within the family of origin perceived as control and abandonment.*

Codependency authors (Reyome and Ward, 2007; Cullen and Carr, 1999; Hewes and Janikowski, 1998; Crothers and Warren, 1996) have called for a more specific investigation of codependency, exploring issues of family of origin from the perspective of the codependent. This research study provided a response to this call. Almost all the participants of the study spoke about issues within their family of origin as they attempted to find meaning for their adult experience of codependency. Participants' own interpretations and attributions suggested that they found it useful to explore family of origin dynamics as a way of finding meaning in their current experiences of codependency. In this case, they spoke the dynamic of control and abandonment as particularly problematic in their childhood experience, portrayed as family lack of safety and belonging which some sought in the recovery group.

*The study has challenged certain previous knowledge in the field.*

Early opinion papers have implied that individuals deemed codependents may experience some form of stigmatization associated with the traditional labelling and stereotyping medical language encompassed by the construct (Anderson, 1994; Uhle, 1994; Collins, 1993; Chaiauzzi and Liljegren, 1993; Harper and Capdevilla, 1990; Gomberg, 1989; Gierymski and Williams, 1986). The findings of this study challenged this argument. The study demonstrated that the label 'codependent' did not carry such a negative stigma for these participants; on the contrary it was mostly perceived as a meaningful label for their pain and confusion. Although they appeared to be confused and perplexed about the implications of codependency in their lives, participants did not demonstrate any concern with stigmatization. Furthermore the argument posed by these authors that people's identities may become lost in the sick role or the label 'codependent' was not confirmed by this study. Contrary to these views, the participants here appeared to have benefited from the label to assist them in a process of self-construction, as for example demonstrated by the theme – *Experiencing an undefined sense of self: 'Codependency helps me to discover my sense of self.'*

Furthermore, the findings did not show that participants attributed codependency to engaging in relationships with people with substance misuse problems as suggested by the early views on codependency (Wright and Wright, 1991; Hemfelt et al, 1989; Whitfield. 1984). This specific relational issue did not feature much in the accounts of the participants. The relational issue discussed by the participants was associated with a lack of clarity about their sense of self; a sense of internal lack or emptiness and imbalanced engagement in activities (e.g. sexual relations - Selma, compulsively texting partners - Timothy).

Still challenging traditional perspectives in the field, some of the traits identified by Cermak's (1986; 1984) definition of the codependent personality (e.g. tendency to control others, denial, feelings of constriction) were not given attention by these participants here. One aspect identified by Cermak which did feature in the accounts of the participants was the problem of low self-esteem. The issue of low self-esteem has also appeared in other studies in the field (Mark et al, 2011; Springer et al, 1998 Cowan and Warren, 1994; and Fischer et al, 1991).

In addition, interpersonal control was associated with codependency by a number of early and recent theorists (Daire et al, 2012; Dear and Roberts, 2005; Dear, Roberts and Lange, 2004; Wright and Wright, 1995, O'Brien and Gaborit, 1992; Fischer et al, 1991; Whitfield 1984 Cermak, 1986). They suggested that codependents find themselves in situations where they attempt to exercise high levels of control such as over their relationships. This tendency was not evidenced by the findings of this study. On the contrary, issues related to control appeared as participants expressed feeling controlled by situations outside themselves and as a struggle in controlling their emotions and activities.

Furthermore, most authors suggested previously that emotional suppression was commonly presented by individuals identified as codependents (Dear and Roberts, 2005; O'Brien and Gaborit, 1992; Fischer et al, 1991; Potter-Efron and Potter-Efron, 1989; Cermak, 1986). Although the participants spoke much about their emotional instability, they did not reveal any aspect associated with emotional constraint or suppression.

Considering the worldwide accepted definition of codependency, offered by Dear et al (2004) and Dear and Roberts (2005), which suggested a common thread of four elements ('external focusing, self-sacrifice, interpersonal conflict and control, and emotional constraint p. 294'), it appears that only certain elements associated with

tendencies for external focusing and self-sacrificial behaviours were portrayed by these participants. This study gained a more in-depth perspective into this tendency suggesting its association with lack of self-definition and a search for an external framework which would enable them to better understand themselves. The participants appeared to be looking for a support which could offer an initial structure to their lifeworlds, a 'manual for selving' (Langdrige, 2007, p. 30).

In relation to participation in 12 step recovery group, the findings also challenged the results of other research in the field of codependency which suggested that the 12 step group for codependency was a substitute for broken romantic relationships and fostered dependency (Irvine 2000). The participants of this research viewed the group as a support tool, with some perceiving the group as offering family nurturing; which in some cases could be replaced by other forms of help (e.g. talking therapy). The issue of group dependence was not relevant to this study, as the participants presented different levels of engagement with the group. Furthermore at the time of the study, four participants were no longer attending the group.

The study has also challenged the results of other quantitative research looking at reasons behind 12 step group disengagement more generally. Research in this field identified disengagement with lack of motivation to change addictive behaviours (Kelly and Moss 2003). In this research study, participants emphasised that they remained motivated to change and create a more meaningful sense of self; however, some felt restricted by the group and were seeking new forms of support.

Overall, this new IPA study provided insights from a previously non-researched sample of individuals who considered themselves codependents. It showed that, diverging from findings of most previous studies in the field, self-identified codependents were concerned with different issues. They placed great importance on issues of self, emotional and occupational manageability and supportive family environments in their lived experience of codependency. However, in discussing these contributions, one has to consider that the methodology chosen may have had an implication for these findings, as it focused on the accounts offered by participants. One could argue that this research study may have only captured the perspectives that these participants chose to disclose or were able to convey, and therefore is limited to this remit.

Overall this research brought new insights which enrich the understanding of codependency in a person-centred way through giving attention to the experiential claims of individuals. These contextualised experiential accounts help to bring to life the experience of codependency. They disclosed interesting and valuable insights that challenged researchers' previous findings in the field, and lead to clinical implications.

### **8.7.2 The impact and contribution of the research to clinical practice.**

Although in this qualitative study, I am not claiming that the findings can be generalised simplistically, I am, nonetheless arguing for a theoretical transferability (Smith et al 2009). Smith (2011) suggested that the particular aspects explored through IPA 'takes us closer to the universal' (p.7). The deepest level of understanding helps to understand how people deal with different situations and facilitates the sharing of experiences. Therefore, I suggest that the findings of this study could be used to illuminate clinical practice, as other individuals sharing similar experiences can benefit from the knowledge brought by this study. Although these findings are new in relation to the understanding of the experience of codependency, yet some of the experiences described by these participants resonate with the findings of other IPA studies of people with substance misuse problems. For example, a number of similarities were found between the experiences portrayed by the participants here and those who took part in Larkin and Griffiths study (2002), indicating that both experiences may share some commonalities listed below:

- A sense of void inside;
- Engagement in compulsive activities as a way of escaping or filling this void;
- Unhappy childhood experiences, i.e. repression, rejection, abuse, assuming unrealistic expectations;
- The 12-step group perceived as a tool to restore a sense of identity and self-value;

The similarities of both studies highlight the usefulness of the findings here in bringing a better understanding of these issues into clinical practice.

*The study brings a new insight into the lived experiences of this client group in relation to issues of self- concept.*

The findings highlighted the need for therapists to be aware of issues relating to self-concept and self-esteem when offering support to people regarded as codependent. Better support structures and evidence based resources need to be available to support these individuals as they seek to construct their sense of self and enhance their self-esteem. It is suggested that such issues are identified, discussed, monitored and addressed in clinical practice.

Frank (1998) suggested that individuals who experience illness benefit much from empathic listening as it can bring a sense of acknowledgement or validation of their issues, contributing greatly to the restoring of self. Therapists need to be conscious of the impact that the therapeutic encounter has on their self-identified codependent clients. Nicholls (2012) explained that it is in the 'therapeutic relationship that the client can gain an understanding of themselves and begin the process of change (p.20)'. By using self therapeutically, within a stable and secure therapeutic environment, practitioners can assist these clients as they attempt to create a more meaningful sense of self. A thoughtful therapist-client relationship, focusing on embracement and support, could be valuable in assisting these clients as they engage in the process of self-construction.

Furthermore, it is important that therapists become aware that for this client group the label 'codependent' may not come with negative connotations. On the contrary, it may be seen by clients as a useful explanation for their complex array of struggles and life questions. Although it is not suggested that therapists should offer this label to individuals; nonetheless it is recommended that they are aware of the sense of relief this client group may attain from finding a label, which attributes such a socially recognised explanation to their complex life experiences. Codependency appeared to have been a welcome realisation in the lives of the self-identified codependents in this study– often providing a turning point in coping with their chronic, complex life problems. These self-identified codependents appeared to have since built much of their lives on the bases of their understanding of codependency. Therapists working in this field need to be sensitive to the importance of this attribution in the lives of these individuals.

*The study brings a new insight into ways that this client group frame their subjective codependency in terms of problems in their families of origin*

The findings of this research revealed that these individuals described experiencing interpersonal dynamics of control and abandonment in their family of origin. These self-identified codependents placed great importance in the explorations of their childhood experiences. This calls for therapists to consider interpersonal dynamics in families as an important aspect of these individuals' lived experiences. It is important that therapists maintain therapeutic environments offering an atmosphere of acceptance, providing also a firm and stable support-base for these individuals. Furthermore, it may be important to consider these narratives may come as a form of healing as these individuals attempt to reconstruct or transform themselves (Smith 1999). Roger and Maslow (1957) highlight that therapists should aim at offering unconditional positive regard and empathy; emphasising the importance of accepting the client's experience as it is perceived and portrayed by them. They highlight the importance of therapeutic encounters which foster a non-judgemental environment of respect, acceptance and empathy. In this context, to ascertain the veracity of these claims may not be pertinent, instead therapists should focus on offering the support needed to work through these perceived difficulties.

*The study brings an understanding of the function of the 12 step group in the experience of this client group.*

The findings revealed useful insights into the experience of the 12 step group. This can help therapists to obtain a better understanding not only of the reasons why people seek to engage in these groups, but also the reasons behind their disengagement. The findings of this study revealed that participants sought the 12 step groups as a tool aimed to assist them in framing their sense of self through encountering safe, nurturing support. However, their involvement in the programme was perceived as mostly fulfilling a temporary need. After an initial engagement, several expressed the need to move on and continue their search for alternative forms of therapeutic support for their new and emerging needs. Therapists could explore and create alternative forms of support which could help these clients as they consider further avenues after disengaging from the group.

*The study brings an understanding on how the experience of codependency may affect clients' occupational and emotional wellbeing.*

Participants' 'extreme' oscillation in engagement in activities and occupational imbalance adds an important novel aspect to clinical practice. Therapists working with these clients should be conscious of this rather extreme and imbalanced engagement in activities. They can plan psycho-educational interventions which are aimed to assist these individuals to consider a more balanced life style. Stress management strategies such as mindfulness and relaxation techniques can be offered to assist these clients to deal with their need to engage in activities intensively, as well as dealing with the intensity of emotions. Emotional regulation strategies could also be considered to assist them to become more aware and to monitor their emotional states. Occupational therapy interventions might be effective in assisting these individuals in reaching a more balanced occupational engagement in valued leisure, self-care and productivity activities.

Occupational therapists are particularly skilled to assist people who self-identify as codependents to reflect on their occupational choices. Occupational therapists can work collaboratively with these clients, helping them to identify areas and reasons behind these choices. For example they can assist clients to uncover the underlying meanings which they attribute or perhaps draw from this intense engagement in activities. Occupational therapists can educate clients about the risk factors associated with the cycle of occupational imbalance and deprivation. Finally occupational therapists can help clients to find solutions and alternatives which would promote a healthier and more balanced lifestyle, hopefully leading to a more meaningful life experience.

It is hoped that the results of this study will provide a base for developing a more empathic and contextualised understanding of the experience of codependency, which in turn will enable health professionals to offer support which is relevant to these individuals' experiences.

## 8.8 Recommendations for further research

This research considered a sample from individuals with shared experience of attending (or having attended) a 12 step group; therefore it was limited by this remit. It is recommended that further research attempts to identify populations outside the 12 step programme of support and explore their experiences to establish if they are as positive about the possibility of transformational change, and what support resources they find helpful, although it may be difficult to locate this population.

This research demonstrated that issues related to occupational imbalance were a key aspect in the lived experience of codependency identified by the participants. Further qualitative research should focus on exploring the implications of this lack of balance and excessive doing in framing these individuals' sense of self, exploring also the coping strategies identified by them as they attempted to deal with the problem, all of which would be useful to inform clinical practice.

Furthermore, the historical review demonstrated that the codependency concept emerged initially in the context of wives of substance misusers. The review of the literature revealed a paucity of studies investigating the construct among people who self-identify as codependents. Although the participants of this study described some relational difficulties, none of the participants were currently in relationship with people with substance misuse problems. Further phenomenological studies could look specifically at the experiences of spouses of substance misusers, who may call themselves codependents, exploring their particular understandings and experiences of codependency.

The historical review also demonstrated that the codependency concept has received some criticism with regard to its association with middle class, Western cultures (Uhle 1994; Anderson 1994; Collins 1993; Krestan and Bepko 1990). Furthermore, it appears that there is a growing interest in codependency emerging from developing countries (Blanco 2013, Bortolon 2010). It is suggested that other phenomenological studies could explore the experience of individuals who consider themselves codependents, in populations from countries not likely to be as influenced by American or Western cultural constructions of codependency.

In this study, the participants were asked to bring an image or item which specifically represented their experience of codependency. In spite of its value in

fostering a deeper account of the experience, the use of visual imagery in this research was limited, and although some participants engaged with the procedure, others did not. It is possible that this may have limited the scope of the method in eliciting a more in-depth, less rehearsed account of their experience. It is recommended that other research studies could better apply this useful method by offering the participants an open choice to bring any item (related or not to their experience of codependency), which they consider to be meaningful and important as part of their lifeworld. By allowing the participants the freedom to bring anything they consider to be important, the researcher may be able to explore possible links or avenues which could lead to a more in-depth exploration of their lived experiences, thus reaching beyond the rehearsed narrative to achieve a more in-depth perspective of the experience.

Some participants brought photographs of their childhood and family experiences. Although these images brought an important contribution to this study, due to ethical reasons they were not used in the dissemination of the findings. It is recommended that further research could explore this useful photo-elicitation method by perhaps inviting participants to build a narrative based on a photo-story board of their experience of codependency. This may bring more in-depth experiential information on the role of the construct as a meaning giver for their lived experiences.

Finally, the power of the participant's stories in this research cannot be ignored. Participants appreciated the opportunity to tell their codependency stories which became a vital component of their journeys. Smith (1999) and Frank (1988, 1998) highlighted the relevance and importance of story-telling in research. It is recommended that further research in codependency consider a narrative method of enquiry as a way of further exploring the stories of individuals who identify with the construct in their lives.

## **8.9 Conclusion of the discussion**

In summary, the sections above situated the themes of the study in relation to their response to the research question, their relevance to the existent knowledge in the field, interpreted according to distinct philosophical and psychological perspectives.

Here the findings answered the research question regarding the lived experience of codependency. The main themes captured the subjective experience of

codependency shared by these eight participants. The shared experience of codependency was portrayed by the participants as a real and tangible factor, central to their lives which appeared to follow a pattern, incorporating three interlinked factors: a profound lack of clear sense of self, an enduring pattern of extreme, emotional relational and occupational imbalance and an attribution of current problems in terms of abandonment and control in childhood. The discussion demonstrated the existential aspect of the experience and the meaning that the codependency construct held in assisting these individuals in their process of self-construction.

The discussion of these findings was situated within relevant theoretical background. Attribution Theory (Weiner 2004, 2001, 1986; Kelley and Michella 1980; Kelley 1973; 1972) helped to interpret the findings associated with the themes '*Codependency perceived as real and tangible*' and '*Down to childhood experiences*'. Occupational Science perspectives (Wilcock 1998, 1993) were used to interpret the findings captured by the theme '*Seesawing through extremes in life*'. Bowen's family theory (Bowen 1993) and Winnicott's (1960a, 1960b) psychoanalytical family therapy views were used to interpret several aspects across the themes associated with issues of self, family of origin experiences, emotional and occupational imbalance. Similarly, psychoanalytical views defended by Craib (1998) were useful in interpreting the findings captured by the theme '*Experiencing an undefined sense of self*'.

A detailed critical analysis of the study was presented, reflecting on the limitations and difficulties encountered as part of the research process (i.e. limitations related to the group of participants chosen, use of visual methods, my limitations as a researcher).

The impact and importance of this study have been discussed in relation to its overall contribution to the existing literature in the field as well as suggesting benefits and implications for clinical practice and further research. The next section offers a conclusion on the PhD thesis.

## 8.10 Conclusion of the thesis

The inspiration to conduct this research originated as a result of my own intuitive process as a clinician working in mental health. As demonstrated, codependency is a complex and contentious construct. It has been used widely in clinical practice, by the general public and in popular psychology. It has also attracted much criticism and debate. Although codependency researchers have called for more understanding of this contested construct taking into consideration the perspectives of people who regard themselves as codependent, the subject has been explored mostly within a quantitative framework, and largely with students.

Literature search revealed that there was no previous phenomenological research investigating the experience of codependency portrayed by individuals who consider themselves to be codependents. This study completed this knowledge gap in the literature of codependency by offering a phenomenological exploration of their experiences. Following the Interpretative Phenomenological Analysis (IPA) methodology, this study explored the experiences of a group of eight individuals who considered themselves to be codependents.

The participants were recruited from local 12 step recovery groups for codependency. The IPA methodology requires the research to recruit a purposive sample of participants with shared experiences and expert knowledge on the phenomenon being investigated, therefore justifying this recruitment choice. Although this group had a shared experience of seeking the 12 step framework for support, their experiences and perceptions of the group varied significantly.

The information, collected over three to six months by the means of two to three in-depth semi-structured interviews and a visual method, was extensively and thoroughly analysed. The IPA methodology assisted to understand the participants' world and their unique and shared experiences. The methodology fostered an interpretative analysis, which positioned the accounts of these individuals in a wider context, allowing also for a more interrogative stance. As the IPA methodology carries epistemological openness, it allowed this research study to operate within a contextual constructivist position.

The main themes which emerged from the analysis of the interviews created a rich picture of the lived experience of codependency shared by the participants. The first

theme entitled *Codependency perceived as a real and tangible issue: 'It explains everything'* revealed participants' understanding of codependency as something real, forming an integral part of participants' lives. The participants understood codependency as a socially recognized form of psychological illness which explained and offered meaning to their painful and hitherto puzzling lived experiences. This contradicted the views of early critics in the field which suggested that these individuals became labelled or stigmatized, and as such would become disempowered or lost in the sick role attributed to the label (Irvine, 2000, Anderson, 1994; Uhle, 1994; Collins, 1993; Chaiauzzi and Liljegren, 1993; Harper and Capdevilla, 1990; Gomberg, 1989; Gierymski and Willams, 1986). On the contrary, the findings revealed that identification with the label codependency functioned as a welcome explanation for these participants, to bring meaning to their driven, sometimes confusing and frustrating subjective experiences.

From the perspective of these participants, codependency was associated with existential issues associated with an undefined sense of self. The second theme - *Experiencing an undefined sense of self: 'Codependency helps to discover my sense of self'* revealed the participants' struggles and search to obtain a better defined sense of self. Several subthemes were presented as part of this theme. The subthemes described participants' frustrations with their lack of clear and authentic sense of self. They portrayed some of their struggles in finding themselves behaving like chameleons, adapting and conforming over-readily to situations. They also described their journeys in trying to find a better mould or framework for self, which could lead to a more creative and authentic sense of self. The issues associated with an undefined sense of self played an important part in the lived experience of the participants of this study; nevertheless, research in the field has not entirely addressed these. Although the findings demonstrated that the participants placed much emphasis on existential aspects of the experience, researchers to date have appeared to overlook the existentialist themes associated with the experience of codependency (Dear and Roberts, 2005, Irvine, 2000, Crothers and Warren 1996; Carson and Baker, 1994).

Participants believed that their codependency was also manifested in the marked occupational and emotional imbalance in their lives. They spoke about having difficulties with balance, sharing a perceived lack of internal stability, communicating a profound fragility of self, which fostered experiences of intense and enduring emotional and occupational imbalance. This experience is captured by the third

theme: *Seesawing through life: 'Like a seesaw...I feel very out of control'*. These rich accounts challenge some of the generalisations about codependency – such as emotional suppression – previously associated with codependency in the literature (Dear and Roberts, 2005; Dear et al 2004,).

Finally, the study also uncovered the participants' specific attributions of their difficulties to family of origin dynamics perceived as control and abandonment. The final theme: *Finding meaning in codependency through exploring childhood experiences: 'Down to childhood'* captured the underlying experiences which individuals felt had led them to develop problems later identified as codependency. This contradictory parenting pattern of control and abandonment was not necessarily associated with parental substance misuse as suggested by early theorists in the field (Beattie 2011, 1989; Whitfield 1991, 1987, 1984; Mellody 1989; Cermak 1986), nor by quantitative researchers which examined the relationship between childhood family experiences and codependency in populations of students (Knudson and Terrell, 2012; Ancel and Kabakci, 2009; Reyome and Ward, 2007; Fuller and Warren, 2000; Cullen and Carr, 1999; Crothers and Warren, 1996).

Challenging previous qualitative research in the field (Irvine 2000, Rice 1994), the findings of the study demonstrated that the codependency recovery group did not feature as a central aspect in their lives. Some felt that it had initially offered a nurturing place of safety, meeting early needs not fulfilled within their families of origin. Later, it was considered as one element, a tool which enabled them to find an initial structure and support as they attempted to understand their issues of self and lack of family safety and belonging. These findings bring a new perspective into the lived experiences of this client group.

However, as argued before, this study is limited by a number of factors including a series of methodological, personal and participants' sensitivities. Although the findings offered by the study are not straightforwardly generalizable, some of the knowledge presented here can be transferred to similar settings. The findings have several implications to professionals working in the field, more specifically in the substance misuse area. The findings of the study are also relevant to occupational therapists, whose role is to offer interventions which foster a sense of occupational balance and fulfilment. Furthermore, the study identified several areas for further research which would further contribute to knowledge and clinical practice in the field.

As I conclude, over the past three years I have been immersed in studying this rather complex and contested construct of codependency. I have looked at this multifaceted construct from many angles. I have read what academic and non-academic authors have written about codependency. I have listened to talks, attended lectures and seminars on the topic. As I have spent time talking and listening to people who consider themselves to be codependents, I developed a deep sense of admiration and respect for them. I have found myself surprised by their tenacity and courage in facing life problems. I learned to admire their resourcefulness and determination in finding answers for their complex and sometimes painful life experiences. I learned much from them.

In this process, I have re-visited my own perspectives, values and beliefs, and as expected I have changed. Some of my old traditional convictions and viewpoints have been reviewed and changed by new fresh ones. I have become more open and receptive in considering diverse perspectives, values and ideas. In summary, I have learned to value the subjectivity of the personal experience, and to understand that each individual may perceive things according to their own particular view and understanding. I have learned to accept and live with the anxiety that in life, at times, there may be no single or tangible truth, but a collection of perspectives which are suited to different life experiences and situations.

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## **Appendix A. The Social historical background of the construct of codependency**

In this section, I offer additional information on the social historical review of the concept of codependency, which complements the first chapter of the thesis. The literature consulted to inform the information contained in this section and in chapter 1 of this thesis includes the relevant publications associated with the codependency construct available both in the popular psychology and academic arenas. The non-academic information was accessed via public searching engines (i.e. Google, Yahoo forums), codependency websites, by searching the bibliography lists of key books and articles and also following recommendations of research participants and advisors. The academic publications were accessed following the searching procedure discussed in chapter 2 of the thesis.

As discussed in Chapter 1, early interpretations of codependency began to appear in the 1940's in the United States of America (USA) and were associated with behaviours presented by wives of alcoholics (Price 1945, Whalen, 1953 and McDonald 1956). It appears that some of these initial identifications might have been influenced by the early concepts presented by Karen Horney, a neo-Freudian psychoanalyst prominent in America around the 1940's (Horney, 1950, 1947, 1942).

These early ideas had strong psychoanalytical roots and influences (Freud 1977). The Psychoanalytical approach is a broad and controversial perspective in psychology, with a particular focus on early nurturing relationships, personality structures, unconscious conflicts and maladaptive intra- and inter-personal defences (Craib, 2001, Priestley, Rassool, Saffer, Ghodse, 1998; Brehm, Khantzian, Dodes 1993). Craib (2001) explained that psychoanalysis 'provides us with a hermeneutic of human development and change (and) ways of understanding our lives' (p.10). He argued that the analysis of the underlying psychological structures and mechanisms may not be empirically available for a clear examination, but are recognised by the effects they have on human functioning. Therefore, within this psychoanalytical perspective, the codependent behaviours observed by these early theorists, were understood as manifestations of these internal psychological processes.

The construct of codependency appears to have been influenced by the perspectives associated with the Alcoholic Anonymous' (AA) communities in the

USA during the 1960-1970s, likely as a result of the country's involvement in the Vietnam War.

From the 1970's onwards the construct of codependency began to be associated also with family problems or dysfunction. However in order to understand family dysfunction it is pertinent to first consider what these authors understood as 'normality'. Nichols & Schwartz (1998) summarized family 'normality' as associated with a list of factors such as: families functioning as changeable and adaptable open systems; with open and effective channels of communication; with clear rules, boundaries and stability; exercising positive control instead of coercion, where individuals have clear and defined roles which are also adaptable and changeable. The association of codependency with the emerging models of family therapy will be discussed next.

One of the most influential theorists of family therapy at the time, Salvador Minuchin (1974), developed the structural family therapy model. The model proposed a structure for the family, characterized in simple and distinctive components of boundaries, subsystems, alignment and complementation. According to the model, functional families contain clear and permeable boundaries which protect individual members and ensure their individuality; equally allowing for mutual support. The model suggests that families have unique structures, formed by organized subsystems for example: mother and father, mother and child, father and child (Nichols and Schwartz, 1998). In some cases, as result of parental dysfunction, the child is prematurely forced into a parental role and expected to care rather than being cared for. As the child matures into adulthood, these internalized experiences are believed to be replicated, and as a result, influence adult relationships. The excessive caring attitudes and over-responsibility carried by these adults are suggested to be associated with codependency (Wells, Hill, Brack, Brack and Firestone, 2006).

John Bowlby(1973), was a greater influencer of family therapy in the UK (his work is discussed in Chapter 1).

The Bowenian model family therapy model contained many constructs which were associated with the early understandings of codependency (Bowen, 1978, 1974). The model proposes that the extent that a person functions as an emotionally independent individual is related to the balance between the individual's emotional and intellectual system, as well as the level of differentiation this person achieved

from his family of origin (Prest and Protinsky, 1993). A differentiation of self involves separation of emotional and intellectual process; which impacts on the individual's ability to reflect on actions and make choices, without feeling responsible or controlled by others (Carr 2001; Bray and Williamson, 1987;). Differentiation is perceived as necessary for healthy development of intimate relations inside and outside the family unit. Differentiation compromises the ability the person has to manage individuality and togetherness in relationships (Ng and Smith 2006). According to the model, when individuals fail to differentiate themselves from their parents, this pattern tends to be transferred to significant relationships in adult life. The issue of differentiation of self was also discussed in the psychoanalytical school of family therapy. Most family theorists, including Bowen, had also psychoanalytical training, and as such brought some of its insights and interventions into their family therapy practice (Nichols and Schwartz 1998).

The psychoanalytical school of family therapy combined systemic and psychodynamic principles. This school of family therapy contained a range of associated theories, i.e. psychology of self (Kohut 1971, 1977), the object relations theory (Guntrip 1971), the reasonably 'good enough mother' (Winnicott (1965a, b). Winnicott (1965a, b) defended that a reasonably good family environment and a good parenting fostered normal human development. According to him, parents who were reasonably caring and understanding normally accepted the initial total dependency of the child as well as creating autonomy for the child to develop a sense of independence.

As discussed, the perceived association of dysfunctional family patterns with the construct of codependency has been a central theme of the codependency literature (Hemfelt et al 1989; Stafford and Hodgkinson, 1991); thus highlighting the importance of exploring these issues from the perspective of people who identify themselves as codependents.

The codependency construct began to appear more prominently in the clinical and popular literature from the 1980's onward. Three models came to the forefront in this period, providing different viewpoints in codependency: these are termed in the literature as the disease model (Mendenhall 1989; Whitfield 1987,1984; Friel, 1985), the endogenous and exogenous model (Wright and Wright 1981), and the personality model (Cermak 1986), these are discussed next.

## **The disease model of Codependency**

During the 1980s, the disease model of codependency was proposed. The model considered codependency within the boundaries of clinical interventions, and was concerned with diagnosis and treatment. The diagnosis of codependency could be made by the individual self-diagnosing or by a health professional. Individuals could diagnose themselves using different sources of self-help tools (Beattie 2011, 1992; Bradshaw, 1988; Melody 1992, 1989). Alternatively, a health professional offered the diagnosis, based on their understanding of the concept, and recommended treatment (Whitfield 1984, 1987, Mendenhall 1989). The treatment prescribed or recovery from codependency usually involved reading self-help books and attending recovery groups (Irvine, 1995).

This model continues to be used by therapists today, for example, Denning (2010) pointed out that: 'many (therapists) continue to view codependency in the context of the disease model and the 12-step recovery...(and) family and friends of drug users are frequently left with traditional self-help groups as ALAnon and Co-Dependents Anonymous' (p, 164).

Although this model forms the basis of some quantitative research carried out later in the field (Mark et al 2011; Well et al 2000; Martsof et al 2000; Hugher-Hammer, Martsof and Zeller 1998, O'Brien and Gaborit 1992); it arguably has a reductionist and dualistic perspective, limiting the understanding of the experience of codependency within the boundaries of an illness.

Furthermore, the disease model of codependency conflicts directly with the perspectives advocated by the Disabled people's movement (Morris, 2001; Oliver and Barnes, 1998) and the mental health service user's movement (Beresford, Harrison and Wilson, 2002). Beresford et al (2002) explain that current perspectives in health and social care challenge these traditional 'pathologising' perspectives, which focused on the 'medicalization of people's distress and experience' (p.389). The current focus of health care research is beginning to shift from the medical perspective, to valuing the experience of the individuals. Their lived experiences are beginning to become recognised as a valid source of knowledge to inform health care practice (Glasby and Beresford 2006). Drawing from this perspective, this

research project aimed to capture the lived experience of individuals, providing them with a platform to present their views and lived experiences.

### **The exogenous and endogenous model of codependency.**

Still in the same decade the 1980's, another perspective on codependency emerged. Wright and Wright (1981, 1985) proposed an interpersonal and intrapersonal perspective of codependency, suggesting a linear relationship between interactional and intrapsychic processes. They agreed with the dominant view of the time, which contended that in some cases codependency could be associated with internalized personality characteristics resulting from a dysfunctional family of origin – the endogenous strand; however going beyond the influence of family, already discussed previously. They proposed that codependency could also have an 'interactionist' basis; in some cases, a result of 'efforts of an essentially normal individual to adjust to an extremely difficult partner and life situation', the exogenous strand (p442).

According to Wight and Wright (1981), exogenous codependency develops as individuals engage in relationships initially with apparently no noticeable problems, yet as the relationship progresses, difficulties begin to arise, causing the individual to adjust to these. Whilst interdependence is understood as a normal basic need for company and affiliation (Hogg and Frank, 1992), the authors proposed that exogenous codependency is a negative relational pattern, whereby the dependency is taken to an unhelpful extreme. Wright and Wright (1981) also argued that endogenous codependency encompasses internalized self-perceptions which form the individuals' interpersonal choices, predisposing individuals to engage and maintain dysfunctional and abusive relationships. Some of the ideas associated with the endogenous construction of codependency have psychoanalytic roots (discussed in the above section). The ideas related to exogenous codependency have a symbolic interactionist base (Blumer 1986), a sociological perspective which argues that people are products of their social interactions, and act based on the meaning they attribute to these.

### **The Personality disorder model of codependency.**

The personality model of codependency highlighted the role of constitutional factors in predisposing individuals to develop what these authors understood as

codependency. The model argued that individuals bring to interpersonal relationships a wide range of patterns of traits, self-perceptions, attitudes and behaviours. It defends the view that there is a certain type of individuals who are more prone to engage in dysfunctional relationships (Wright & Wright, 1991). Certain personality dimensions can make individual vulnerable to emotional problems when experiencing stressful situations; hence this predisposition could be associated with the onset of codependency. A major primary theorist who supports this view was Cermak (1986).

In the 1980's, Cermak (1986) attempted to design a measurable model where the codependency construct could be presumably categorised and measured. Within this positivistic view, he was concerned with establishing a clinical definition for the term, which would be used in standardised assessment criteria and treatment strategies. Cermak defined codependency 'as a recognizable pattern of personality traits, predictably found within most members of chemically dependent families, which are capable of creating sufficient dysfunction to warrant the diagnosis of Mixed Personality Disorder as outlined in DSM III' (Cermak 1986, p 1). These common traits are listed as the following characteristics: 'taking responsibility for meeting other's needs; anxiety and boundary distortions around intimacy and separation; enmeshment in relationships with personality disordered, chemically dependent, other codependent and impulsive disordered individuals. Also a constriction of emotions, depression, hyper- vigilance, compulsions, anxiety, substance abuse, excessive denial, recurrence of physical or sexual abuse, stress related medical illness, and /or primary relationship with an active substance abuser for at least two years' (Cermak 1986:16). He proposed diagnostic criteria for codependency, with the aim to include the diagnosis in the early version of the Diagnostic Statistical Manual, the DSM III – R (American Psychiatric Association, 1987).

Cermak presented several case studies to clinically exemplify the diagnostic features identified above. However there is no evidence that Cemark conducted any further empirical research. Two research studies further explored his theory: Irwin (1995) and Gotham and Sher (1996). Both studies suggested an overlap between some of the characteristics of codependency suggested by Cermak and other personality concepts (see literature review). This highlights that the contested construct of codependency may be understood from many different perspectives,

integrating many different psychological strands, fitting in many categories, and at worst encompassing everything.

Cermak (1996) also opened a further debate about the framework surrounding codependency. He raised questions relating to the concept being constructed as a didactic tool, a psychological problem or a disease entity. The usefulness of having the term constructed as a didactic tool to work with families of substance misusers was pertinent at the time, as the term legitimized the feelings of family members, and allowed them to shift the focus from the substance misuser to their own perceived dependence. Cermak's work arguably offered a contribution to the construction of codependency, but he was not successful in achieving a measurable model of the construct which met the requirement established by the American Psychiatric Association. It is possible that if he had succeeded in including a model of codependency in the DSMIII, this would have led to further medicalization of the construct.

Overall these models informed healthcare practice at the time, offering also a range of perspectives on codependency. It appears that these perspectives have supported the notion of a multifaceted psychological problem, which affects people's lives in many different ways. The multiplicity of perspectives offered by these authors raise questions about the 'reality' of codependency, and also about why some people identify with this label, which clearly carries some negative connotations.

The 1990's was marked by an increase in the number of quantitative research studies attempting to identify and analyse the construct of codependency more objectively. The decade was also marked by the emergence of views criticising the influence of the construct in health care practice and reflecting shifts in societal views on caring behaviours as presented in Chapter 1.

Although it is possible that the construct began to lose some of its initial appeal and popularity in the late 1990s, still today, the term codependency continues to appear in popular psychology books and articles (Jellen 2014, Lorhmann 2013, Beattie 2012), as well as in academic publications (Marks et al, 2011; Bortolon et al, 2010; Gulsum and Kabackci 2009); and therefore worth an examination in research.

## Appendix B. The occurrence of codependency

This section examines the perceived occurrence and prevalence of codependency within specific groups identified as partners of substance misusers, health professionals and women.

### **The prevalence of perceived codependency in current families of individuals with addiction problems**

The early codependency literature presents the assertion that current family members or partners of people with substance misuse problems will demonstrate what authors identified as codependent behaviors such as enabling, excessive caring, and overprotection of the substance misusers and others (Beattie 1989, Cermak 1986, Mellody 1989, Whitfield 1984, 1987). This historical perspective of codependency advocated that 'codependent' individuals tend to engage and remain in 'problematic relationships' usually with people who abuse chemical substances. These authors suggested that 'codependents' remain in the relationship, offering care and support to their partners in spite of its detrimental emotional and social effects on their personal lives (Cullen and Carr 1999).

Even a strong British opponent to the concept of codependency, Orford (2005), has acknowledged that some of the fundamental principles of what these authors identified as codependency addressed issues found in families of substance misusers, as he stated:

*'...it (codependency) does touch upon a number of themes that we find to be central to the experiences of family members. Amongst those themes are the way in which worry for a relative becomes a dominating feature of family life, the struggle that family members experience in finding effective ways of coping, and many barriers that exist to standing up to and challenging excessive drinking and drug taking' (Orford 2005, p.28).*

However, the review of the literature highlighted that there is no definitive empirical evidence supporting these assumptions (Dear and Robersts 2002). Although these views are well documented in the popular psychology literature (Beattie 1989), it is surprising that only a small number of studies have attempted to investigate the prevalence of codependency within families of alcohol or drug users. The literature review presented only five studies (Sarkar et al 2013; Bortolon et al 2010 and Bhowmicket al 2001; Meyer, 1997; Prest and Storm 1988). Within this group three

studies were carried out in developing countries: two in India (Sarkar et al 2013), Bhowmick et al 2001) and one in Brazil, (Bortolon et al 2010).

A small pioneering pilot study published in the eighties in the American Journal of Family Therapy, was developed by Prest and Storm (1988). The authors searched for codependency patterns, comparing the relationships of couples presenting compulsive eating with couples presenting compulsive drinking (n= 40). The study was possibly the first formal research in the field, and an assessment tool for the codependency concept was devised to collect data. The data collection tool contained a combination of qualitative and quantitative items. Although there was an attempt to demonstrate the reliability of the instrument by administering the tool twice to two couples, this was a very limited reliability check and there was not any evidence of further reliability or validity testing.

In spite of this limitation and the study's small sample, the results showed that the key elements of codependency presented by the tool were identified in both groups. For example, spouses of compulsive partners presented symptoms of codependency characterized by a number of identified enabling behaviours. Results also indicated that the quality of the relationship of both groups, affected and were affected by the compulsive behaviour of the spouse; demonstrating that both partners were trapped in a self-feeding dysfunctional cycle. However, most of the participants reported coming from families of origin that had presented dysfunctional behavioural patterns, where they had never witnessed positive conflict resolution amongst family members. The results may have been influenced by these participants' early formative experiences, and their perceptions of interpersonal relationships, and it is therefore possible that their responses were shaped by their experiences of these early relationships. These participants' worlds may have been constructed around problematic interpersonal dynamics which may have been transferred to their current family relationships, and further investigations are needed to explore this.

Still within the area of eating disorders, Meyer (1997) conducted a small study amongst American university students (n=95 women). The primary reason of the research study was to examine the role of codependency in the relationship between stressful life events and eating disorders. Participants were asked to complete the Potter-Efron Codependency assessment questionnaire (CAQ, Potter-Efron and Potter- Efron 1989), and divided into two groups (codependents n=50 and control n=45) according to their scores. Other validated measures used included,

the Eating Disorder Inventory-2 (EDI-2, Gamer 1991), the Differentiation of Self Scale (DS, Oliver, Aries and Batgos, 1989) and a demographic questionnaire. The authors reported that 33% of participants were in relationship with alcoholics, and 34 % reported experiencing chronic stress (i.e. physical and emotional abuse, long term illness, parental divorce, mental illness in family member). This incidence seems very high for college students and one could question if this was this a specially selected sample. Results of the Chi square analysis revealed that the codependency group experienced more chronic stressful events (including the alcoholic relative variable) than the non-codependents. However when considering only the alcoholic relative variable (without the inclusion of other chronic stress variables) no significant differences were found between groups. Women reporting an alcoholic relative were not more likely to be categorised as codependent, according to the CAS scale, than those who reported not. This finding is rather surprising, since there is much discussed in the literature about this possible association. However the authors did not make it clear if the students were actually living with an alcoholic relative or not as this would likely affect their reactions and perception of the problem. It is also possible that the small number of participants in each group may have contributed to this discrepancy.

Further analysis of ANOVAS demonstrated that the codependent group scored significantly high on the self-other differentiation and on the eating disorder scales than the non codependent group. Therefore these women, assessed as codependent, appeared to demonstrate more eating disorder thoughts and behaviours than those who were not. A second series of ANOVAS considered the differences in eating disorders scores between participants who reported having an alcoholic relative and those who did not report; however no significant difference was found between the groups on the eating disorder and self-other differentiation variables. Overall the findings of the study question early views that codependency was associated with 'significant other' substance abuse; although it is not clear if these relatives were actually close or not to the participants. Furthermore these results have to be interpreted with caution as a sample of college students, who completed a number of self-reported questionnaires may not considered representative of a population of individuals self-identified as codependents. .

Overall both studies, by Prest & Storm (1988) and Meyer (1997), appear to indicate that the codependency may not only be associated with substance misuse in the person's current family as early theorists suggested (Whitfield, 1984, 1987, 1991).

The results seem to suggest that the experience could also be constructed as a form of compulsive or addictive problem shaped by the person's own perceptions and experience. Similarly to the results presented by the personality researchers discussed above, the association of codependency with compulsive or addictive problems carried by the codependent, not by family members, highlights the lack of conceptual clarity of the construct.

A few years later, continuing to explore the occurrence of codependency in relatives of substance misusers, three small survey studies contradicted the results presented by these early studies (Bhowmicket al 2001, Bortolon et al 2010, Sarkar et al 2013).

Bhowmicket al (2001) and Sarkar et al (2013) surveyed spouses of substance misusers receiving rehabilitative treatment in India. Bhowmick et al (2001) reported that in their rather small survey of 60 participants, 49 were found to be codependents. Sarkar et al (2013) used a slightly larger sample for their survey (n=100), reporting that 64% of spouses were identified as codependents. Both studies adopted the Codependency Assessment Questionnaire (CAQ, Potter- Efron and Potter- Efron 1989 ) as a criterion for codependency.

In Brazil, Bortolon et al (2010) evaluated codependency beliefs and readiness to change in families of substance misusers who contacted a helpline service over a period of a month (n=154). The results of this survey may not be entirely representative, as the data gathered for the study was limited to a month of phone calls restricted by a helpline service in Brazil. However, the authors reported a significant percentage (71%) of the relatives scoring codependency beliefs according to the Holyoke Codependency Index (HCI Dear 2005), a measurement tool with reported good psychometric properties.

In conclusion, only five studies considered the occurrence of what authors identified as codependent behaviours in current relatives of substance misusers. The small number of studies available in the literature emphasizes the lack of research in this area. These studies were limited by the sample size, sources of recruitment and data collection tools used in their procedures. These studies have done little to support the assumption that codependency may be prevalent in close relatives of substance misusers. Furthermore, none seem to examine codependents own interpretations of the dynamics of their relationships – which would be needed to test out the explanation put forward by Orford (2005) above.

## **The prevalence of perceived codependency in Health Professionals**

Another assumption found in the literature on codependency is that individuals may engage in caring professions as a result of unmet childhood needs, which according to these authors resulted in codependent behaviours.

Four empirical studies attempted to explore this pattern (Clark and Stoffel, 1991; Chapelle and Sorrentino 1993; Biering 1998; Martsof et al 1999). Within this group, it was decided that two studies did not fit the quality criteria to be included in the review. Clark and Stoffel, (1991) used a very small sample of only thirty volunteers to investigate the relationship between care giving and codependency according to the criteria for codependency determined by the Assessment Inventory (CAI, Friel 1985). Given the small number of participants and questionable psychometric properties of the tool adopted, the study did not demonstrate sufficient procedural and methodological quality to be included in this review. Another publication, a research conducted by Chapelle and Sorrentino (1993) did not offer enough detailed information about the study's design and procedure to foster an appropriate analysis, therefore was not considered (please refer to Appendix E for a table containing a summary of the articles not included in the review). The review of Biering (1998) study was included in chapter 2. In this section the review includes only the work presented by Martsof et al (1999) and discussed next.

A two group, cross-sectional study was conducted by Martsof et al (1999). The authors aimed to determine the prevalence of codependency in a group of American health professionals from different disciplines (n= 77 females, n=72 males). The CODAT, Codependency Assessment Tool (Hugges-Hammer et al, 1998) was the measurement tool for codependency. The tool has been developed through a series of preliminary studies performed by the authors. The psychometric properties of the CODAT have only been assessed once with a population of females (Hugges and Hammer et al 1998); and further evidence is needed to confirm if the assessment is adequate to be used with a more diverse population. Data analysis showed that 82% of the sample had minimal measured codependency (n=123), and 18% had mild codependency (n=16). Further to this, although there is little statistical significance, men scored slightly higher on the CODAT (m=38.12) than women (m=34.7). The findings of the study contradict the proposed association of codependency with the caring professions and gender suggested in the literature.

## **The perceived predominance of codependency in women**

As previously highlighted, critics of codependency have argued that the construct has been shaped by the white male American cultural roles, and as a result could be gender biased (Krestan and Bepko 1990; Anderson 1994, Collins 1993, Uhle 1994).

Only a small number of quantitative research studies have attempted to investigate the perceived predominance of codependency in women. For example, Cowan and Warren (1994) examined the relationship between gender, negative gender stereotype traits, and codependency traits among female (n=339) and male (n=115) college students. The authors developed their own measurement tool for codependency based on a scale with questionable psychometric properties (Beck 1991) and previous scale with wider use in research in the field, the Potter-Efron Codependency Assessment Questionnaire (CAQ, Potter-Efron and Potter-Efron 1989). A total of 113 items were drawn from these two scales, they were factor analysed and reduced to 78 factors. These 78 factors were grouped into 8 subscales: lack of family acceptance, dysfunctional significant other, dysfunctional family, lack of autonomy, lack of expression of feelings, responsibility for others, control of others, negative feelings/ low self-esteem. The instrument was applied to the sample, the ratio of participants to items were 3.5: 1 which is limited. The reported reliability indices for the instrument were based on these data used in the factor analysis: Cronbach's alpha ranging from 0.69 and 0.93 for the subscales, which shows moderate to good internal consistency. The authors found little evidence of gender differences in codependency amongst this sample of college students. They reported that women scored higher than men only on two of the subscales: negative feelings/ low self-esteem and responsibility for others. However due to the questionable properties of the measurement instrument used to collect the data, the results of this study should be interpreted with caution. Furthermore one could argue that a population of college students may not be entirely suitable to investigate the occurrence of this contentious problem.

Contrasting with the above results, Martsof et al (1999) used a mixed gender sample of health professionals in their study and concluded that men demonstrated higher scores of codependency than women. Another study by Martsof et al (2000) attempted to demonstrate the prevalence of codependency in older American women (age 65 to 91). Participants included a group of women attending a health

clinic to receive a flu vaccine (n=238). The authors do not present reasons for recruiting this group, and it appears that this group may have been recruited as a convenient and easy accessible sample. Additional variables such as functional abilities, quality of life and depression were also analysed. The CODAT, Codependency Assessment Tool (Hugges-Hammer et al, 1998) was the validated measurement tool for codependency. Depression was measured by the validated Beck Depression Inventory (BDI-II, Beck, Steer and Brown 1996); and quality of life by the Quality of Life Visual Analogue (VAS – no reference provided by the researchers). Participants' functional abilities were assessed by an adapted tool used to measure functional abilities for arthritis, entitled the Measurement of Patient Outcomes in Arthritis instrument (Fries et al 1980). Some of the tools used for data collection may have lacked precision as they are not validated for assessing the identified variables, and additional information and references for these tools were not provided by the researchers. However, descriptive statistical results indicated that 99% of participants scored low in codependency. There was a very small percentage of moderate codependency (1%, n=2) and no severe codependency was found among participants. Although a small percentage of codependents were identified, the researchers reported that codependency and depression were significantly correlated ( $r=0.44$ ,  $p=.0001$ ). Results of the multiple regression analysis showed that codependency was significantly associated with variations in functional abilities ( $p<0.01$ ), but not significantly related to quality of life, indicating that self-identified codependents were less functional; however this association was not observed in relation to quality of life. The results reported may have lacked statistical power as they accounted for only a small percentage of codependents assessed. The small percentage of measured codependents found in the study further contradicts the assumptions of early theorists that the phenomenon has epidemic dimensions. The study is based on self-reporting measures and reliant on individuals' understanding and experience of factors related to the researchers' concept of codependency. It would be pertinent to conduct a detailed analysis of these self-reported experiences rather than their completion of predetermined measures. This would enhance the understanding of the ways in which this perceived codependency may have affected the lives of these small number of individuals identified as codependents.

Martsof et al's (1999, 2000) studies have indicated that codependency may not be as epidemically prevalent as early theorists suggested (Schaefer, 1986; Whitfield, 1991). Overall these two studies have limitations as both looked at the prevalence

of the phenomenon in specific convenient populations in America chosen by researchers. These people likely were not even aware that they were categorised as codependents, as they submitted anonymous data. It is therefore relevant to explore the life experiences of individuals who more clearly identify with the codependency phenomenon, and consider the meaning of the phenomenon within their own social context.

Dear and Roberts (2002) collected data from one hundred and two Australian university students (43 men and 149 women) to evaluate the relationship between codependency and gender. Their study was based on the Holyoake Codependency Index (HCI, Dear and Roberts, 2000), a measurement test developed by the authors, and the Personal Description Questionnaire (PDQ, Antill, Conningham, Russell and Thmpsom. 1981), a validated measure of gender-role identification. Results indicated that women scored higher in codependency in only one aspect of their scale, the HCI, namely the 'external focus', explained by the authors as related to approval seeking behaviours. Although the finding of the study is consistent with the other empirical studies reviewed, the results are not generalizable to other populations as their sample consisted of a proportion of Australian students. Furthermore, even though the authors report sound psychometric properties to their tool, one could argue if it does indeed measure all aspects of this contentious perceived problem. It is possible that other aspects such as 'control and responsibility in the relationship' (Wright and Wright 1995), 'care taking' (O'Brien and Gaborit 1992) which have been highlighted by the early authors in this field may have a stronger association to gender; these may not have been identified because they are not included in the HCI measurement criteria. The authors suggest that further studies should include a more specific population of individuals who have been identified as codependents.

Offering a qualitative perspective on codependency and gender, Philaretou and Allen (2006) presented a social and cultural view on masculinity, encompassing male experiences of codependency, anxiety, addiction and sex related abuse. This perspective is based on the analysis of an autoethnographic study conducted by the Philaretou and published early in his book: 'The perils of masculinity: An analysis of male sexual anxiety, sexual addiction, & relational abuse' (Philaretou 2004). Overall the author offered an interesting discussion on possible outputs associated with male sexual anxiety. He suggested that men externalise their anxiety by engaging in abusive behaviours, whilst they internalise this by entering codependent

relationships, where they become the object of abuse. The author provided a variant to the codependency literature, considering how masculinity issues may be related to codependency. This position addresses the dominating criticism in the field which suggests the concept as gender biased, focusing on behaviours associated with women, mostly spouses of alcoholics (Anderson 1994, Collins 1993, Uhle 1994, Krestan & Bepko 1990). Philaretou's narrative is rooted on his personal account of growing up in Cyprus and later moving to the USA, and therefore influenced by the social cultural values of these cultures, which may not be relevant in other contexts. Furthermore being a personal ethnography, the results may not be transferable to other individuals.

Following this publication, the usefulness of autoethnographic methods addressing controversial topics such as sex and codependency was discussed by Philaretou and Allen (2006). The authors examined the methods needed in studying complex topics such as codependency, sexual addiction, internet pornography and cabaret sex. Autoethnographic methods involve a self-investigation, and the interpretation of personal documents, letters and recollections of particular events in the researcher's life (Denzin 1989). In this paper, the authors discuss seven possible emergent codependency themes listed as: relational preoccupation, engagement and disengagement practices, realistic and unrealistic relational expectations, fused boundaries, front-stage/back-stage behaviours, excitement and disappointment fluctuations, and personal sacrifice (Philaretou and Allen 2006, p.70). A combination of factors are suggested to contribute to the suitability of autoethnographic methods, for example the usefulness of self-reflexivity and the researcher's immersion in the topic in proving valuable insider's knowledge of the phenomenon. However, within this method, the data collected and analysed is influenced by what the researcher considers to be pertinent and relevant. One could argue that the method is limited to providing only a partial interpretation of the autoethnographer's life based on a personal interpretation, which may not be transferable to other individuals. The autoethnographic method relies on the documentation of re-constructed events that are relevant to one researcher, and likely influenced by the social and cultural context in which this researcher is immersed. Nonetheless, these authors have added an important perspective on the construct, highlighting that the construct may be useful to explain issues associated with male sexual anxiety.

## **Conclusion**

In conclusion, this appendix presented a small body of literature concerned with the prevalence of codependency in families where there is current substance misuse, in individuals who chose caring professions, as well as its debated predominance in females. Overall the review demonstrated that the view of early theorists in this field may not be the only 'single' or objective reality; but that others may have different views and perspectives and that evidence is partial and contradictory. Furthermore it challenges the argument that codependency is widespread and has reached 'epidemic' levels (Schaef 1986). The review demonstrated the need for more qualitative investigations concerned with individuals who identify with this construct and who adopt these views to frame their lived experience. It highlighted also the need for more studies concerned in exploring the lived experiences of people who find themselves in relationships with people who abuse substances or engage in similar pathways.

## Appendix C. Psychometric properties of the codependency tools

### An overview of the reliability and validity of measurement tests

Before considering the measurement tools developed to address the codependency phenomenon. It is important to establish a benchmark highlighting the overall quality a measurement test. Measurement tests are useful tools to provide preliminary detailed research information about concepts being investigated. These can also be further developed into clinical tools used for assessments and evaluations of clinical interventions Fawcett (2009). With the development of the construct of codependency as a psychological illness, quantitative research authors attempted to create research measurement tests that accurately investigate the phenomenon. These are discussed below.

### Codependency measurement tests

The literature reviewed identified twelve tests mentioned as research instruments in codependency.

Measurement tests that have been developed to assess *codependency*:

1. Holyoake Codependency Assessment, Dear and Roberts 2005
2. Spann-Fischer Codependency Scale, Fischer et al (1991)
3. Acquaintance Description Form- C5 ADF-5, Wright and Wright (1983)
4. Potter-Efron Codependency Assessment , Potter-Efron and Potter-Efron (1989)
5. Codependency Inventory - CDI, O'Brien and Gaborit (1992)
6. IDAHO Codependency Scale, Harkness et al (2001)
7. The Codependency Assessment Inventory – CAI, Friel (1985)
8. Beck Codependency Assessment Scale -BCAS, Beck (1991)
9. A Codependency Test, Kitchens (1991)
10. Codependent Relationship Questionnaire, Kristberg (1985)
11. Recovery Potential Survey, Whitfield (1989)
12. CODAT – Codependency Assessment tool, Huger-Hammer (1998)

From this number, eight tests presented enough published research which provided sufficient material to be reviewed. A review of these seven tests is discussed. Please see table A.1 for a summary of these tests.

Table A.1. Summary of the codependency instruments

Measure & Author	Instrument Details	Validity/Reliability
<p><b>Acquaintance Description Form (ADF-C5, 1998)</b> Preliminary versions (Wright 1985, Lea 1988 Wright &amp; Wright 1990, 1991, 1995).</p> <p><b>Prof Paul Wright (Professor of Psychology)</b> Department of Psychology University of North Dakota, USA</p>	<p>Focus on relationships (dysfunctional patterns of relating)Self-report, 85 statements, (28 subscales) Answers given on a 0-6 point Scores range from 0-18 (0 low to 18 high)</p>	<p>Reliability was tested by the author providing Cronbach's and test-retest scores for each factor. Appears not to be cited or used in other research studies</p>
<p><b>Holyoake Codependency Index (HCI-2005)</b> Dear &amp; Roberts 2000 (pilot) Dear &amp; Robert 2005</p> <p><b>Greg Dear MPsych (Psychologist)</b> School of Psychology Edith Cowan University, Australia</p>	<p>Focus on codependency traits. 13-item self-report. Each item contains a statement to be completed on a five point Likert scale. It contains 3 subscales which were extracted from factor analysis: Self-sacrifice, External focus and Reactivity.</p>	<p>Initially analysed by exploratory factor analysis, with participants recruited from a counselling service for families. Subsequently it was analysed using a population recruited from the general community.</p> <p>In 2000, Dear replicated the factor structure and retest reliability of the scale in a sample of university students and random participants</p> <p>In 2005, Dear and Robert checked the internal structure of the scale by replicating 4 original studies instrument.</p> <p>Used in other research (Bortolon et al 2010). Author recommends more rigorous factorial validity to be conducted with a more representative sample of community and clinical population</p>
<p><b>The Codependency Assessment Questionnaire (CAQ - Potter -Efron Potter-Efron 1989)</b></p> <p><b>Dr Potter-Efron , (Social worker)</b> University of Missouri, USA</p>	<p>Disease model – dysfunctional pattern of relating with a substance misuser. 33 items divided into 8 subheadings (fear, denial, shame, anger, despair, rigidity, identity and confusion). Scoring: 2 positive answers on each subheading, the subheading is counted as positive. Participants need to have 5 to 8 positive subheadings to fit the criteria for codependency.</p>	<p>Validated by another study (Gotham and Sher 1996). Gotham and Sher conducted factor analysis and reported a Cronbach's alpha score of .87. Used in other research study (Warner and Fuller 2000).</p>
<p><b>Spann-Fischer Codependency Scale, 1991</b> Fischer 1992, 1991,</p> <p><b>Prof Judith Fischer, (Professor of Human Development and Family Studies)</b> Texas University, College of Human Sciences, Texas USA</p>	<p>Looks at personality traits and issues such as external locus of control, emotional responses, rigidity as well as relationship problems. 16 items, self-report measure. 6 points Likert scale Scoring from 16 (low) to 96 (high) 1=</p>	<p>Fischer (1992) reported a Cronbach's alpha score of .73 to .80. and test-retest reliability score of .87. Used in other studies (Harkness et al 2007, Fuller and Warner 2000, Pidcock 1998, Lounghead 1998, Crothers &amp; Warren 1996, Irwin 1995, Wright 1983)</p>
<p><b>IDAHO Codependency Scale, 2001</b> Harkness &amp; Cotrell 1997, Harkness 2001 Harkness et al 2001 Harkness 2003 Harkness et al 2007 <b>Professor Daniel Harkness (Social Worker)</b> School of Social Work, Boise State University, IDAHO, USA</p>	<p>Focus on codependent behaviours and relationships (dysfunctional patterns of relating) Behaviour anchored rating instrument. Used case vignettes extracted from clinical experience of substance misuse professionals</p>	<p>Kendall's coefficient of concordance used across professionals. The coefficient of concordance was .96. Convergent validity was obtained by Spearman rank order correlation between the health professional's ratings and the scores obtained by another codependency scale (Spann-Fischer), correlation .54. Appears that was not used in other studies. The measure was not made available by the author.</p>

<b>Codependency Inventory (CDI- 1992)</b>  <b>Dr Mauricio Gaborit (Psychologist)</b> Department of Psychology, St Louis University, USA	Focus on interpersonal relationships 17 true-false items Items adapted from the Self-help Group (CODA).	Brien and Gaborit (1992), factor analysed the instrument: 7 factors emerged (63.1% of the variance). Author reports a Cronbach's alpha score of .64. Evidence of reliability testing. Used by other researchers ( Irwin 1995).
<b>Codependency Assessment Inventory (CAI, Friel 1985)</b>  <b>Dr Friel (Consulting Psychologist)</b> Minneapolis, USA	Focus on different life aspects of the participant: self-care, perfectionism, boundaries in relationships, family of origin, intimacy, physical health and others. 60 false/true items. Author provides a scoring system. Scores range from few concerns (less than 20 answers, mid-moderate (21-30), moderate to severe 31-45, severe 46-60).	Scale used in clinical settings only. No evidence of reliability tests found in the literature. Cited by other authors (Fuller and Warner Chapelle 1993)
<b>CODAT Codependency Assessment Test (Hughes et al 1998)</b>	Drawn on codependency concepts of Wegscheider-Cruse and Cruse (1990). A multivariate 153-item tool addressing 5 main factors: other focus/ self neglect, self-worth, hiding self, medical problems and family of origin issues.	Used in other studies (Martsof et al 2000, Ancel and Kabakci, 2009- modified version, Reyome and Ward 2007). Authors report test-retest reliability = .78 to .94, and Cronbach's $\alpha$ = .78 to .91. Construct validity was established by comparing the scale with the BDI scale for depression. Criterion group validity was established by comparing the scaled with to a control group of 38 professional women and 21 women receiving treatment for codependency.

### **Holyoake Codependency Index (Dear and Roberts 2000)**

Dear and Roberts devised the instrument with the intention to produce a codependency measure with sound psychometric proprieties measuring the core elements of the codependency construct (Dear and Roberts 2005). These core elements were drawn from prior research carried out by the authors; this involved a systematic analyses of 11 published definitions of codependency. The results of this systematic review identified 4 common factors to these definitions: self-sacrificing, interpersonal control, emotional suppression and external focusing. The Holyoke Codependency Index (HCI) is based on these four distinct factors as indicators of codependency. The instrument is formatted as a 13-item self-report measurement test; with each item containing a statement to be completed on a five point Likert scale. The measure contains 3 subscales extracted from factor analysis, listed below (Dear and Robert 2000):

1. Self-sacrifice: tendency to place more importance on other people's needs.
2. External focus: tendency to regard other people's views about self and to rely on other people for self-worth and approval.
3. Reactivity: tendency to be affected by the behavior of others.

## Validity and Reliability

The psychometric properties of the scale have been extensively evaluated. Initially the reliability and validity of the scale were assessed in two separate studies; with participants (n=307) recruited from a counselling service for family members of alcoholics (Dear and Roberts 2000a); subsequently it was analyzed using a population (n=303) recruited from the general community (Dear and Roberts 2000b). The internal consistency of the scale was assessed with Cronbach's alpha. In these preliminary studies the internal consistency of the subscales ranged from  $\alpha = .74$  to  $\alpha = .84$  in the clinical sample, and  $\alpha = .73$  to  $\alpha = .83$  in the community sample. The factorial validity of the scale was analyzed by exploratory factor analysis; criterion and content validity of the scale was demonstrated by two separate paths discussed below:

- The data from the sample showed significant correlation between the HCL subscales and other measures assessing self-esteem (Rosenberg 1965), depression (Beck & Beck 1972), coping style and the severity of alcohol problem presented by the family member.
- In comparing the means of both samples, they concluded that the mean scores of each subscale were significantly higher for the clinical sample than for the sample containing community participants – indicating criterion validity.

In 2002, Dear et al replicated the factor structure of the scale with a sample of university students (n=107) and random participants (n=378). Factorial analysis showed that all the items loaded in the correct factor. In 2004, Dear et al, conducted the retest reliability of the instrument with a group of college undergraduates, and found a positive correlation result (self-sacrifice  $r = .76$ , external focus  $r = .79$ , reactivity  $r = .82$ , total scale  $r = .88$ ).

In 2005, Dear and Robert checked the internal structure of the scale using a more rigorous confirmatory factor analysis (CFA) test. By replicating 4 original studies the authors found evidence of further validity and reliability for the instrument. The main conclusions reported by the authors are presented:

- The subscales were found to be reliable, showing good retest reliability and internal consistency, with Cronbach's alpha values ranging from  $\alpha = .70$  to  $\alpha$

=.86 across all studies. The total scale internal consistency of the scale ranged from  $\alpha = .83$  to  $\alpha = .84$  and the retest reliability was  $r = .88$ .

- The construct validity of the test called for further evaluation. Although they found that the subscales correlated significantly with other variables; the authors concluded that the other codependency measures available lack adequate psychometric properties, therefore it was not possible to examine the validity of the instrument further.

The Holyoke Codependency Index has the most current codependency measurement test available and has been utilized in research (Bortolon et al 2010, Marks et al 2011). The overall psychometric property of the Holyoke Codependency Index has been evaluated with a number of research studies carried out by the author, and the test has been used in other research studies. It is therefore possible to conclude that the validity and reliability of the scale have been sufficiently analyzed; with the results suggesting that that test is a reliable tool, apt to be used as a research instrument.

### **Spann-Fischer Codependency Scale – Fischer et al 1991**

The test was designed based on a working definition of codependency, which conceptualizes codependency as a personality syndrome, focusing on individual differences. The underlying framework adopted for the test, defines codependency as a personality type including traits such affective traits, background, and family of origin factors, responsibility, control and others.

The test is straightforward to be administered, containing only 16 items. The simplicity of the test makes it attractive to be used in research. The responses are evaluated on a 6 point Likert scale, rating from 1 = strongly disagree to 6 = strongly agree; scores range from 16 (low codependency) to 96 (high codependency).

### **Reliability and Validity:**

The psychometric properties of the Spann-Fischer Codependency Scale were assessed by Fischer et al (1991) in a large preliminary research study. The reliability and validity of the test was assessed with 5 different groups of participants: group A- 192 students, group B – 228 students, group C-228 students, group D- 30 members of AI-Anon group and group E- 14 self-reported codependents. Participants were invited to complete several scales according to

their group allocation: self-esteem (Rosenberg 1965), external locus of control (rotter 1966), gender tendencies (Bem 1974), anxiety (Beck et al 1988) and depression (Beck 1967), interpersonal communication (Fischer 1980), interpersonal satisfaction (Fischer 1980), interpersonal control (Fischer 1980), interpersonal support (Fischer 1980) and leisure activities (Robinson 1977). The Spann and Fischer Codependency Scale was administered to all the participant's groups. The reliability of the scale was demonstrated by the consistence of the scores amongst all the groups investigated. Fischer reported the internal consistency of the scale as good ranging from  $\alpha = .73$  to  $.80$ . Still within the same study, the content validity of the scale was assessed through experts' review and factorial analysis. Factor analysis demonstrated that the items formed coherent patterns concurring with the theoretical framework used for the scale. The between groups scores also differed significantly i.e. *t*-tests confirmed that the scores of recovery codependents group were lower than the self-reported codependents ( $p < .001$ ). Discriminative validity was confirmed as the scores of the scale were not correlated to demographical factors such as age, income, race and occupation. The concurrent validity was demonstrated as the scale did not correlate significantly with other codependency tests; however more information on the other codependency measures used in the study, including the correlation scores was not made available by the researchers.

The reliability and validity of the scale has been extensively assessed in other research studies: Hakness, Manhire, Blanchard and Darling (2007), Pidcock & Fischer (1998), Crothers & Warren (1996), Irwin (1995), Fischer and Crawford (1992), Fischer, Wampler, Lyness & Thomas (1992), Wright and Wright (1983) and Loughhead et al (1998). Overall, the Spann-Fischer Codependency Scale has been used in codependency research for approximately two decades. The psychometric properties of the measurement test have been extensively examined by the research conducted over this period. Most authors concur that the measurement test has appropriate and sound psychometric characteristics; therefore is adequate to be used as a research instrument.

### **Acquaintance Description Form-C5 (Wright and Wright 1998)**

Wright and Wright (1999) developed the measurement test after reviewing the literature and interviewing clinicians working in the substance misuse field. The test is characterized as self-report instrument for assessing different aspects of

relationships. The Acquaintance Description Form is understood a multivariate technique for measuring the intensity and quality of relationships. Wright's (1985) initial work provided a list of possible characteristics of codependent relationships such as: exaggerated sense of permanence, worth dependence, activity dependence, rescue orientation, change orientation, exaggerated sense of responsibility, and control. This list was further adjusted and composed their first scale, the ADF (Acquaintance Description Form). After this initial work, Wright and Wright developed the ADF-2 and the ADF-3 (Wright & Wright 1990, 1991). The ADF-3 included extra factors such as the excessive use of denial, excitement/challenge, jealousy and fear of abandonment. In total the ADF-3 had 11 characteristics of codependency; and participants were invited to indicate on a 0-6 point continuum the degree to which each statement applied to their relationships. The ADF-3 was analyzed by Wright and Wright (1990, 1991). After extensive review, the authors arrived at the current version of the scale ADF-C5 (Wright & Wright 1990; 1991; 1995). The current version of the scale has 85 statements; with scores ranging from 0 to 18, on 28 different sub-sections, which are associated to 8 main characteristics of codependency (relationships commitment, emotional quality of the relationship, direct benefits of the relationship, tension/ strain in the relationship, worth dependency/ fear of abandonment/ jealousy in the relationship, control and denial in the relationship and other measures). Participants indicate on a 0-6 point continuum the degree in which the statements apply to their relationships. The administration of the ADF-C5 is quite simple. There are 2 different options for completing the scale: one with scale numbers printed and the other with a reusable booklet attached separately. There are also a sample answer sheet, with printed instructions on the forms and a scoring guide.

### **Reliability and Validity**

The reliability of the ADF-C5 scale was tested by the author providing Cronbach's alpha and test-retest scores. The scores were extracted from two experiments using participants in heterogeneous relationships, with time intervals ranging from 1 day to 1 week. Cronbach's alpha values reported were within a good range, although these values may have been influenced by the length of the scale. Furthermore the author reports that the independent validation of the ADF-C5 scale is available only for half of the sections (Wright 1969, 1974, 1985, 1989). Therefore further research is still required to confirm the psychometric properties of this scale.

### **Potter-Efron Codependency Assessment – Potter-Efron and Potter-Efron (1989)**

The disease family model paradigm is core to the scale and used as a baseline to gather information about codependency. The theoretical framework underlying the scale suggests that when codependency is present in stressful family environments, it follows the patterns of an addiction disease (Potter-Efron and Potter-Efron 1989). The scale has 33 items related to measuring specific effects of dysfunctional relationships with substance misusers; these are spread across subheadings and: fear, shame, prolonged despair, anger, denial, rigidity, identity and confusion. The scale provides a list of statements and participants are invited to highlight the statements that are most applicable to them. It is necessary to score 2 positive answers in each major segment for that area to be considered valid for codependency. Overall the person should have at least 5 to 8 of the major segments valid to be considered codependent.

#### **Reliability and Validity:**

The psychometric properties of the Potter-Efron codependency assessment were assessed by Gotham and Sher (1996) and Fuller and Warner (2000). Reliability and Validity were assessed by factor analysis, tests of internal consistence, and by correlating the scale with family histories of alcoholism and with other measures. The overall Cronbach's alpha score reported was in good range:  $\alpha$ .87 (Gotham and Sher 1996) and  $\alpha$  =.78 (Fuller and Warner 2000). The alpha values reported for each individual item are also within acceptable ranges: Fear  $\alpha$  =.49, Denial  $\alpha$  =.48, Shame  $\alpha$  =.60, Despair  $\alpha$  =.63, Anger  $\alpha$  =.46, Denial  $\alpha$  =.48, Rigidity  $\alpha$  =.59, Identity  $\alpha$  = .43, Confusion  $\alpha$  =.59 (Gotham and Sher 1996). Factorial analysis demonstrated construct validity, as the scale appeared to measure a single construct. However in spite of the good reliability characteristics presented by the scale, multiple regression analysis revealed that when individual items of the scale are correlated with specific dimensions of personality and psychopathology, high correlation scores emerged (Gotham and Sher 1996). This raises questions about the construct validity of the scale and calls for further psychometrical analyses in research.

### **Codependency Inventory (CDI) O'Brien and Gaborit 1992**

The codependency Inventory test has 17 false-true questions and it focus on interpersonal relationships and autonomy. The items of the Codependency Inventory are originated and adapted from the list of characteristics of

codependency circulated by the support groups CODA (Whitfield 1989). These were: care taking, external locus of control, surrendering self to connect, communication problems and lack of autonomy such as obtaining self-esteem through the approval of others.

#### **Reliability and Validity:**

The reliability and validity of the scale was tested by O'Brien and Gaborit (1992). The study looked at the relationship of codependency, chemical dependence, and depression in 115 undergraduate students. The results of the study demonstrated that the CDI scale had a Cronbach's alpha coefficient of  $\alpha=.64$ . Factorial analyses performed in the CDI scores produced 5 factors which accounted for 63.1% of the variance.

The psychometric properties of the scale were further evaluated by Irwin (1995) with a population of (N=190) Australian adults. Irwin assessed the concurrent validity of the scale by assessing the correlation between the Codependency Inventory (CDI) and the Spann-Fischer Codependency Scale (SFCDS - Fischer et al 1991). A positive correlation between the 2 codependency scales ( $r= .63$ ) was demonstrated and results showed that both scales shared 40% of the variance. It is possible to conclude that although the two scales may measure the same construct, however they carry unique and distinctive features. Research analyzing the psychometric properties of the scale and further investigating its correlation with other measures of codependency is still required.

#### **IDAHO Codependency Scale (Harkness, Swenson, Madsen-Hampton and Hale 2001)**

The tool is a behavior-anchored rating scale that structures codependent behavior with case vignettes drawn from clinical practice (Harkness 2003). Initially the group developed an example-anchored rating scale using the codependency concept as substance based on misuse counselors views based on their clinical practice. There is limited information available regarding this scale in the literature of codependency; it has not been possible to access the detailed description of the measurement test. Further information about the specific characteristics of the test including length and time required to administer is lacking.

### **Validity and Reliability:**

The internal validity and reliability of the scale was analyzed by Harkness et al (1991, 2001, 2003, and 2007). The reliability of the scale was evaluated using Kendall's coefficient of concordance (Kendall 1955). This was done across the substance misuse counselors on a case-by-rank-order matrix of ranks. The results showed that the coefficient of concordance was  $W = .963$ , over 135 ratings ( $\chi^2 = 130.03$ ,  $p = .000$ ) The validity of the scale was assessed by calculating the Spearman rank order of the correlation between these counselors ratings and case reports of codependency measured by the Spann-Fischer Test. A significant correlation was found between these two measures  $r = .542$ ,  $p = .01$  (Harkness et al 2001 and 1991, p11).

The psychometric properties of the IDAHO Codependency scale have only been assessed in research performed by Harkness (1991, 2001, 2003, 2007); and there is limited information available about further analysis of the validity and reliability. Further information is required in order to establish if the measurement test meets the standards of validity and reliability.

### **The Codependency Assessment Tool (CODAT) – Hughes –Hammer et al (1998)**

The scale was developed based on the concepts of an early definition suggested by Wgscheider-Cruse and Cruse in 1990. This multivariate scale conceptualizes codependency within five factors: other focus/self-neglect, self-worth, hidden self, medical problems and family of origin problems.

#### **Validity and reliability**

The authors report content validity for the scale was reviewed by eight certified addiction counsellors.

Factor analysis tests of a previous scale containing 153 items was carried out with a group of 236 men and women from various mental health settings, leading to a revision of the scale. The final scale contained 25 items. Reliability of the 25 item scale was reported as internal consistency at  $\alpha = .91$ .

Criterion group validity was assessed with a group of 38 professionals (women) and 21 women treated for codependency in a mental health unit. The authors reported results as strongly established with the codependent group scoring higher than the non-codependent.

### **The Codependency Assessment Inventory – CAI – Friel et al (1985).**

The Codependency Assessment Inventory was created by Friel and colleagues in 1985. The test consists of 60 true-false items measuring core characteristics of codependency learned in the family of origin such as inappropriate guilt, over-responsibility, self-criticism (Stafford 2001). The test is simple and easy to administer; covering also areas such as self-care and physical health. The scores are analyzed according to the participants' responses as follows: few codependency concerns, less than 20 true answers; mild to moderate codependency concerns 21 to 30; moderate to severe codependency concerns 31-45; severe codependency concerns 46-60.

#### **Reliability and Validity:**

Friel 1985 stated that although the scale had been extensively used in clinical settings its reliability and validity was not been fully evaluated. Wright and Wright (1991) included the scale as an adjusted measure in some of their preliminary studies. They conclude that the scale did not demonstrate a clear differentiation between the groups of participants (codependents and the comparison); further to this high scores on this scale did not relate only to codependency characteristics. There is no information available on how they reached this conclusion.

Overall there is not enough information about the psychometric properties of the Codependency Inventory, and it is not possible to fully evaluate its reliability and overall validity as a research instrument.

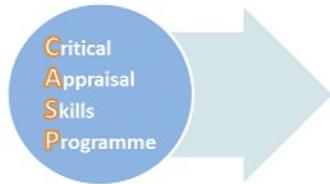
#### **Conclusion**

A review of these tests demonstrated that a further comprehensive investigation of the psychometric properties five of these instruments is required before they can be utilized in research. Only two instruments demonstrated enough evidence indicating an adequate investigation of their psychometric properties, assessed in a range of studies: the Holyoke Codependency Instrument and the Spann-Fischer Codependency scale. However, more research is needed before they can be used as clinical tools for assessments and evaluations of clinical interventions (Fawcett 2009). Furthermore, highly structured and categorized questionnaires such as these ones, devised as tools for collecting data may be inadequate in capturing the

nuance and texture of the experience of the individuals and their unique characteristics and experience.

A problem with the measures of codependency reviewed here is that they based on the definitions of the authors and subject to their own understanding and views of codependency. Most of these definitions are problematic in many ways as they reflect a rather pathological view of codependency. A more thoughtful understanding of codependency is needed, informed by the lived experiences of individuals who consider the term useful to describe situations in their lifeworlds.

## Appendix D. Example of quality review tool



### 10 questions to help you make sense of qualitative research

#### How to use this appraisal tool

Three broad issues need to be considered when appraising the report of a qualitative research:

- Are the results of the review valid?

©Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist 31.05.13

# Guidelines for Critical Review of Qualitative Studies

Based on Guidelines for Critical Review Form-Qualitative Studies by  
© Law, M., Stewart, D., Letts, L., Pollock, N., Bosch, J., & Westmorland, M., 1998

These guidelines accompany the Critical Review Form for Qualitative Studies developed by the McMaster University Occupational Therapy Evidence-Based Practice Research Group (Law et al. 1998). They are written in basic terms that can be understood by researchers as well as clinicians and students interested in conducting critical reviews of the literature.

Guidelines are provided for the questions in the left hand column of the form and the instructions/questions in the Comments column of each component.

## CITATION

Include full title, all authors (last name, initials), full journal title, year, volume # and page #s. This ensures that another person could easily retrieve the same article.

## STUDY PURPOSE

### 1. Was there a clear statement of the purpose and aims of the research?

The purpose is usually stated briefly in the abstract of the article, and again in more detail in the introduction. It may be phrased as a research question. A clear statement helps you determine if the topic is important, relevant, and of interest to you.

### 2. Is a qualitative methodology appropriate for this study?

## LITERATURE REVIEW

### 3. Was relevant background literature reviewed?

A review of the literature should be included in an article describing research to provide some background to the study. It should provide a synthesis of relevant information such as previous work/research, and discussion of the clinical importance of the topic. It identifies gaps in current knowledge and research about the topic of interest, and thus justifies the need for the study being reported.

## STUDY DESIGN

### 4. Is the study design appropriate for the research question and objectives?

- There are many different types of research designs. These guidelines focus on the most common types of qualitative designs in allied health research.
- The essential features of the different types of study designs are outlined to assist in determining which was used in the study you are reviewing.

## Appendix E. Table of papers not included in the review

Studies	Summary	Reason for not choosing
Lyon and Greenberg 1991	Examined if women with alcoholic parents would be more helpful and attractive to man who was portrayed as exploitative.	Small sample for quantitative study (n=49 women)
Clark and Stoffel 1991	Examined the relationship between codependency and care giving.	Small sample for quantitative study (n=30 students). Codependency measure (CAI) used had limited psychometric information.
Chapelle and Sorentino 1993	Study of prevalence of codependency in nurses (n=160)	Paper did not provided enough information on the study.
Zetterlind and Berglund	Cermak criteria applied to 41 relatives of alcoholics.	Small sample for quantitative study (n=41 relatives).
Hewes and Janikowski 1998	Investigated codependency amongst children of alcoholics.	Small sample for quantitative comparative study (n=76) - with some groups containing only 11 participants.
Stafford 2001	Opinion paper reviewing the many definitions and suggesting implications of codependency to psychiatric nursing education, practice, and research.	Non empirical paper
Scaturo, Hayes, Sagula, Walter, 2000	Opinion paper discussing the association of codependency with theories of family therapy. Proposes strategies for treating families where there is alcoholism and associated codependency.	Non empirical paper Journal published of small relevance.
Cooper 1995	The author appears to apply what she identifies as a 'codependency' model to a group for families of OCD people.	Non empirical, unclear paper, with weak theoretical information. The paper also present ethical problems
George, La Marr, Barret, McKinnon 1999	The study intended to investigate traits which could possible characterise adult children of alcoholics (ACOA) and codependents, in a population of students.	Not included – author confused terms ACOA (adult children of alcoholics) with codependent. No evidence of theoretical support to use this terms interchangeably was provided.
Wells, Glickauf-hughers and Jones 1999	Investigated the relationship between codependency and variables such as self-esteem, shame proneness, and parentification.	Codependency was measured with a checklist devised by the authors drawn from a popular psychology book.

## **Appendix F. Opinion papers on treatment modalities for codependency**

The literature review identified three opinion papers written by clinicians offering treatment suggestions for codependency perceived as a psychological problem. An occupational therapy treatment perspective for codependency was offered by Neville-Jan et al (1991). The authors offered a theoretical rationale for a treatment programme based on the Model of Human Occupation (Kielhofner 1980a, 1980b, Kielhofner and Burke 1980) and psycho-educational approaches. Another article attempting to suggest a treatment model for codependency was presented by O’Gorman (1993). The author, a psychiatrist in New York, suggested a conceptual definition of codependency based on adult relationship problems and learned behaviours associated with the person’s family environment. She understood the construct of codependency as ‘a form of learned helplessness, and comprises a learned behaviour system consisting of family traditions and rituals ... concerning how the family teach intimacy and bonding (p. 200)’. A list of treatment guidelines, including attendance at 12 step groups and the use of psychotherapeutic and family therapy strategies is suggested. Finally, Daire, Jacobson and Carlon (2012) published an article suggesting a metaphorical model for treatment of what they identified as codependent behaviours. The authors, from University of South Carolina in America, considered codependency behaviours to be an exaggerated reliance on others to meet emotional needs. They suggested that codependent people may over-invest their time and energy in relationships. Their metaphorical model is based on symbolic financial terms such as ‘stocks and bonds’ to describe these relational and emotional over-investments. As these opinion papers are not empirical studies they were included in the literature review, please see table below for a summary of these papers.

<b>Author</b>	<b>opinion</b>	<b>limitation</b>
<b>Neville-Jan, Bradley, Bunn and Gehri(1991)</b>	<p>Codependency is understood as a personality disorder</p> <p>Authors attempted to categorise patterns which they suggested were exhibited by individuals identified as codependents within the Model of Human Occupation subsystems of volition, habituation and performance.</p> <p>The occupational therapy programme documented was composed of a three phase intervention. The first phase, evaluation, involved setting goals with the client, using the Occupational Case Analysis Interview and Rating Scale (OCAIRS, Kaplan and Kielhofner, 1989), a semi-structured interview tool based on the model of human occupation.</p> <p>The second phase encompassed a treatment programme including individual and/or group sessions in four main areas: self-esteem, habits, skills (communication, parenting, process) and social environmental interactions. The final phase involved planning for discharge and aftercare.</p>	<p>Structure of the information presented</p> <p>Case study presented lacked depth</p> <p>Article presented a Medicalised perspective of codependency.</p> <p>The article's focus on theoretical issues related to psycho-educational and occupational approaches the treatment may have lost of the rich experience lived by the individual.</p>
<b>O'Gorman (1993).</b>	<p>Article draws on a range of theories to support a 'case' for codependency as a learned behaviour.</p>	<p>The concept proposed by the author appears vague and longwinded, drawing on a range of theoretical roots.</p> <p>Suggestions are not supported by any research evidence.</p>
<b>Daire, Jacobson and Carlon (2012)</b>	<p>Metaphorical model using financial terms to described the codependents over investment of time and energy in relationships.</p> <p>They argued that the use of metaphorical language may be helpful when working with clients presenting resistance to therapy Authors suggested that a range of complex financial terms could also be adapted to clients with different cognitive abilities</p> <p>In spite of its limitations, the article</p>	<p>One could question if these 'over-Americanised' capitalist terms could really attract a diverse range of people to treatment, for example people from ethnic minorities, or lower financial and social status.</p> <p>It is debatable if this complex model could be adequately adopted amongst people with limited mathematical and financial knowledge, or from other non-capitalist cultures.</p> <p>There is no research examining or validating</p>

	<p>incorporated interesting components of attachment and family therapy models in their discussion of codependency (Bolby, 1969; van Ecke, Chope, Emmelkamp, 2006; Slater, 2007, Glading, 2007). It provided fruitful insights on how these may become part of the lifeworlds of people who consider themselves to be codependents; however further research is needed investigating the life experience of these individuals.</p>	<p>its components, which compromises its overall credibility.</p>
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Overall different theoretical frameworks were presented by these authors: Neville- Jan et al (1991) - occupational, O’Goman (1993) - cognitive behavioural, Draire et al (2012) - systemic and psychoanalytical. These authors perceived codependency as something ‘real, a ‘real problem’ and requiring the attention of health care professionals or fellow ‘co-dependents’ in the case of support groups. Similarly to most of what has been published in the field of codependency, the papers are based on clinical experience and opinion. This calls for more empirical studies investigating the construct within the framework of a recognised research methodology, offering a more reliable/trustworthy source, from which health care professionals may gain a different and new knowledge, which could be useful in their clinical practices

## **Appendix G. A consideration on qualitative methodologies**

When selecting the best methodology for this study, a number of methodologies were considered. The first methodology considered was Constructivist Grounded Theory (Charmaz 2006). In general Grounded Theory has a sociological focus, and as such, is considered to be useful to address issues related to social influences and experiences. Usually research carried out within this methodology is concerned with generating theory from systematic procedures, and as such follows a set of rigorous steps to analyse large amounts of data collected through a number of interviews. The Constructivist Grounded Theory strand appears to adopt a more flexible approach to the procedural aspects of the research process than traditional Grounded Theory (Smith et al 2009). The Constructivist Grounded theory would have been a useful methodology if the focus of the research was on creating a model or theory of codependency, for example if I was interested in the social process related to codependency, e.g. the association of the construct with middle class American values. However, I was not interested in investigating codependency as a social cultural phenomenon and therefore not wishing to construct a model of social processes involved in group meetings for example, but as an experiential phenomenon. I was concerned in capturing the experience of the individual who finds the term codependency useful to frame their lived experiences. And although it was likely that there would be social aspects of this individual or shared experience, this social or cultural aspect was not the central purpose or focus.

Another methodology considered was Discourse analysis (DA) (Drew 2008, Willig 2008). The methodology focuses on the use of language in relation to social performance and reality construction. It is closely related to social psychology, and it considers how language conveys information, knowledge and exercises influence on people. There are two main variants of DA: Discursive psychology (DP) and Foucauldian Discourse Analysis (FDA) (Wetherell, Taylor and Yates 2001). DP focuses on the performative action of language, and FDA is more interested in its power elements. Whilst overall, DA had the focus on participants' accounts in order to learn about the way they construct their narrative, it has a strong linguistic and textual central focus. Although this research study aimed to make use of language to describe and make sense of the experiences portrayed by individuals who consider themselves to be codependents, it was not solely based on the linguistic

features of their accounts as a performance. The main interest was on talking with participants, to analyse what they say and learn about how they make sense of their experience of codependency (Smith 2011). The linguistic and textual central focus of the methodology was not compatible with the aims of this study, which had the central key focus on the individual and shared lived experience. An example of the use of the FDA in the field of codependency is found in the literature review section (Rice 1994).

Similarly to Discourse Analysis, Ethnography was not considered to be adequate to answer the research question proposed by the study. The methodology aims to portray a cultural group, and uses data collected from documents, observations, interviews which reflect the behaviours of the cultural sharing group (Atkinson & Coffey 2010). An anthropological ethnography would be a useful methodology if the study aimed to explore the cultural aspects of the recovery group for codependency; as for example the study presented by Irvine (2000) discussed in the literature review section. Both Biographical Case Study and Narrative Analysis were considered. Biographical Case Study aims to capture the story of a single individual, looking for the significant moments in the person's life (Stake 2005). This methodology could have been useful to build biographical account of the significant moments in the lives of individuals who consider themselves to be codependents, looking at the milestone points in their lives. Likewise Narrative Analysis (Mc Adams 1996, 1998; Frank, 1993, 1998) would tell the story of these individuals, looking at the sequential aspects of their narratives, highlighting the important periods and facts which they felt contributed to their codependency. Both methodologies were explored and considered to be rather factual and lacking the phenomenological and experiential aspect, which were desired to explore the subjectivity of the experience portrayed by the research participants.

Finally, when considering the inclusion of research participants in the research process, I found myself deliberating about how much involvement my research advisors and participants should have on the study. For example, if I were to take it a step further, I could have also included the research participants and/ or research advisors in the research, as researchers, also considered the benefits of adopting the Participatory Action Research (PAR) methodology. However in choosing this pathway, I would lose the hermeneutic and phenomenological identity of the study, failing to achieve the aims proposed by the research. 'IPA is primarily an interpretative approach' (Heffron and Gil-Rodriguez, 2011, p. 756), therefore the

inclusion of a more participatory stance in the study, would affect equally the processes involved in the hermeneutic cycle and the interpretative focus of the study. Furthermore gathering good quality data for an IPA study involves obtaining a balance between guiding the interviews and allowing the participants to dictate the rhythm of the process (Heffron and Gil-Rodriguez, 2011, p. 756); which would not be congruent with the PAR methodology. Please see table below for some examples of methodologies considered according to their focus (Cresswell 1998, p. 97).

<b>Methodology</b>	<b>Bibliography</b>	<b>Phenomenology</b>	<b>Grounded Theory</b>	<b>Ethnography</b>	<b>Case Study</b>
<b>Focus</b>	Life of one individual	Essence of the experience of a phenomenon as understood by a group of individuals	To develop a theory about a specific phenomenon	To describe and interpret a cultural and social group	To develop a detailed analysis of a single or multiple cases.
<b>Data Collection</b>	Interviews and documents	Long interviews with a small number of participants	Several interviews with 20-30 participants until saturation is achieved.	Fieldwork observations through a extended time, may also include interviews.	Documents, archival records, interviews, observations
<b>Data Analysis</b>	Stories, historical content	Statements, meanings, themes and general description of the experience	Open coding, Axial coding, selective coding, conditional matrix	Description, analysis, interpretation	Description and themes
<b>Narrative</b>	'An in-depth picture of an individual's life.	A description of an experience	A theory or theoretical model	A description of a cultural behaviour of a group	An in-depth study of a case or several cases.

## Appendix H. Research recruitment leaflet

# A codependent's Voice

## Can you help?



### Q&A about the study:

- **Why participate?**  
The scientific community has little information about your experience. This study seeks to give voice to Codependents, meaning that health professionals and academics will gain more knowledge of Codependence.
- **Is participation confidential?**  
Participation in this study is voluntary, and all the information will be kept strictly confidential at all times. Participation is completely anonymous.
- **What does the study involve?**
  - The study involves participation in 3 audio recorded interviews, of approximately 1 hour duration, over the period of 3-6 months, at a mutually agreed venue and time.
- **What do I do if I am interested?**  
Please don't hesitate in contacting me on the email for further details about what the project entails:  
[ingrid.bacon@brunel.ac.uk](mailto:ingrid.bacon@brunel.ac.uk)

### Research Project The individuals' experience of Codependence and the 12-Step recovery group.

This research project aims to raise awareness in academic, public and clinical settings about the codependence and the 12-Steps recovery group, in the way it is experienced by individuals who consider themselves codependents. The project is approved by Brunel University's Ethics Committee. The main aim of this project is to explore how people experience codependence.

The study aims to explore the following:

- ❖ The meaning of codependence.
- ❖ The ways in which codependence has affected your life.
- ❖ The ways in which you identified yourself as a codependent.
- ❖ Your experience of the 12-Step group.
- ❖ Any suggestions you may have for other people .

**Brunel  
University**

Brunel University, School of Health and Social Care.  
PhD researcher: Ingrid Bacon  
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## Appendix I. Research information pack



### INFORMATION SHEET

#### **An in-depth exploration of the individual's experience of Codependency.**

My name is Ingrid Bacon, I am a qualified occupational therapist and a PhD student at Brunel University, School of Health and Social Care. As a result of many years of clinical practice, I have developed an interest in codependency, and have decided to research the topic as part of my PhD studies. You are being invited to take part in this research study as a **research participant**.

I would like to talk to people who consider themselves codependents, and who have an experience of the 12-Step recovery group for codependency. The findings of this study will have relevance to health professionals. I also hope that the findings will interest people who consider themselves codependents.

Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Thank you for reading this.

#### **Purpose of the study:**

My intention with this work is to raise awareness in academic, public and clinical settings about the codependency, in the way it is experienced by

individuals who consider themselves codependents. The research project will be conducted under the supervision of Dr Elizabeth McKay (Reader and Director of Studies) and Dr Frances Reynolds (Reader), at Brunel University. Ethics approval has been obtained from the School of Health Sciences and Social Care, Research Ethics Committee, Brunel University.

The aim of this research is to describe the experiences of people who consider themselves codependents, and who choose 12-Step recovery groups to frame their recovery process, exploring the meaning they give to these experiences.

The research aims to answer the following research question: What are people's experiences of codependency?

### **What does the study involve?**

The study involves an interview process exploring the topics outlined above. You will be asked to meet with me to discuss your experience of codependency. The interviews will be informal and relaxed and more like a conversation around the topics; and will be audio-recorded to save me from writing notes.

You will be asked to meet with me for 1-3 interviews. The meeting will take place at a mutually agreed time and place that is convenient to you, and should last between 1- 2 hours. If you choose to meet at the group venue, I will contact the person responsible for the venue and make the necessary arrangements for the meeting. If you choose to meet at the university, I will make the arrangements to book a meeting room fit for this purpose. There is no funding for travelling expenses available for this study. The interview process is explained below:

**First interview:** This meeting intends to focus on introductions, initial questions, and to explore your experiences of co-dependence and the 12-step group. Following this meeting you will be invited to prepare any objects or images (something you may already have, no need to find a new one) that express in some way your experience of codependency and the 12-Step

group: if you wish these can be brought to the second interview. More information on the visual component of the project is presented below.

**Second interview:** An in-depth conversation about your experience of codependency and the 12-Step group is intended; specific questions will be asked to facilitate this. We will also explore the objects or pictures that express your experiences, if you have chosen to take part in this preparation. Prior to this meeting, I am going to send you a summary of the first transcript of your first interview. The purpose of this meeting is also to offer you an opportunity to elaborate on any aspect included in this summary of the transcript.

**Third Interview:** This meeting is intended to help you to talk about any deeper issues relating to co-dependence and your experience of the 12-Step group. As a result of your involvement in the study, you may have reached new understandings about the things we discussed. You will have the opportunity to talk about recent insights or changes. You may wish to offer further accounts of your experiences and understanding of codependency and the 12-Step approach. The purpose of the meeting is also to thank you for your participation and collaboration to the research project and to offer closure to the interview process.

### **Visual methods:**

In order to facilitate the discussion, you will be invited to bring objects and/or images to the meetings. These images or objects in some way help you to express your experiences of codependency. The idea is to use 3 to 5 images or objects (i.e. books, illustrations, post cards, drawings, photographs and paintings) to promote a deeper discussion and exploration of codependency. If you agree, some of these images may be anonymously used when I analyse the content of the interviews. However they will not be used or published in any form during the dissemination stage of the project. All the information collected through this visual method will remain anonymous; and will not be used with any form which reveals your identity, or the identity of other people. You also have the option not to bring this visual aid material, or to change your mind about including them in the study.

### **Who can take part on the study?**

We are inviting English-speaking UK residents, adults, over the age of 18, male or female, who are self-identified codependents, currently attending 12-Step recovery groups and/ or currently receiving some form of support for codependency, i.e. attending self-support groups, or receiving individual counselling or support.

### **Do I have to take part and what are the risks?**

Your involvement in the study is entirely voluntary. There is no obligation to take part. If you decide to participate, you will be offered a summary of findings at the conclusion of the project. The research has no therapeutic benefit for you, although we hope that people in the future may value a better understanding of the meaning of codependency in the way that it is understood by codependents themselves.

Participation in this study is voluntary, and all the information will be kept strictly confidential at all times. Your name will be removed from all the material collected, thus ensuring complete anonymity. A pseudonym will be used instead.

You will have the right to withdraw at any time. Your decision to withdraw has no bearing on your health care provision or membership of the support group.

There is also no obligation to answer all the interview questions, or to take part in all the interviews. You can choose not to answer certain questions and can withdraw from the study at any time without having to give any explanation. If you decide to withdraw from the study, the information that you have provided may still be used as part of the project. This information will only be used if you consent.

It is possible that after reflecting on some of the interview questions, you may

experience some mild distress. As a therapist I can offer you some support within the interview itself and will listen with empathy. I will also recommend other support sources, for example, there is a resources information sheet attached to this pack, which gives a list of useful contacts, where you can obtain help and support.

If during the interviews you disclose any information which indicates that you are at risk, for example: domestic violence, suicidal intentions; you will be encouraged to seek assistance from the relevant support services. However, as you are a responsible adult, this information will not be disclosed to any other party without your permission. In the specific though unlikely case, where the information disclosed indicates harm to a third party, for example: vulnerable adults or children, I reserve the right to disclose this information to my supervisory team, who will advise me on how to proceed. It is possible that in this case, the relevant third party services may have to be informed.

### **What will happen to your information?**

The information given by you will remain entirely confidential, and your name will not be divulged to anyone else (except for the situation explained above). All the materials will be kept securely, accessible only by me (Ingrid Bacon) and my research supervisors Frances Reynolds and Elizabeth McKay, who will help me analyse the data. The PhD research project will run for 2 years and research data will be retained for 5-10 years after the thesis has been submitted. This will ensure that there is enough time for all publications to be achieved. After this period the research data will be destroyed.

The final report of the project may include the description of the images you brought and quotations from the interviews, but these will be anonymous. No individuals will be identified in any way in any report of the project. The results of the study will be presented in professional settings and publications. The research will be disseminated in academic forums, PhD thesis dissertation, books and peer reviewed journal publications. The results will also be disseminated to you and any relevant organisation.

**Do you have further questions?**

If you have any further questions, do not hesitate in contacting me using the number or e-mail below.

Ingrid Bacon

Brunel University, School of Health and Social Care,

Phone: 0789 9905962 (project mobile number only)

Email: [Ingrid.Bacon@brunel.ac.uk](mailto:Ingrid.Bacon@brunel.ac.uk)

**Do you have any concerns or complaints about this project?**

Concerns or complaints should be directed to Dr Mary-Pat Sullivan, Research Ethics Officer, School of Health Sciences and Social Care, Research Ethics Committee, Brunel University.

**Are you interested in taking part in this project?**

If you are willing to participate in the study, please complete and return the consent form in the stamped addressed envelope OR by e-mail (in which case your typed name rather than signature is fully acceptable). The consent form can also be personally handed to the researcher at the meeting.

Thank you very much for considering this project.

Ingrid Bacon

CONSENT FORM

**An in-depth exploration of the individual's experience of Codependency**

**Please read the following statements and tick Yes or No.  
(If completing electronically and returning by e-mail, please just type X next to the Yes or No boxes and type your name)**

	<b>Yes/No</b>	
Have you read the participant information sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had the opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you will not be referred to by name in any report of the research?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand you are free to withdraw from the study at any time?	<input type="checkbox"/>	<input type="checkbox"/>
• without having to give reason for your withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
• without it affecting your use of any support service?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your interview being audio-recorded?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your words being quoted in the final report (entirely anonymously and with no identifying details)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your words being published as part of the research (entirely anonymously and with no identifying details)?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_

**Finally:**

Please give your contact name, address, e-mail address (if available), and telephone number:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: (if available): \_\_\_\_\_

Telephone: \_\_\_\_\_

When is the best time of the day to contact you? \_\_\_\_\_

**Please return this form either by hand, e-mail attachment or by post to:**

**Ingrid Bacon, School of Health Sciences and Social Care, Brunel University,  
Kingston Lane, Uxbridge, Middlesex, UB8 3PH.**

**E-Mail: [ingrid.bacon@brunel.ac.uk](mailto:ingrid.bacon@brunel.ac.uk)**

**Many thanks for your interest.**

**VISUAL METHODS CONSENT FORM**

**An in-depth exploration of the individual's experience of Codependency.**

This form refers to the images that you may wish to bring to the 2<sup>nd</sup> interview. As discussed with you, these images may be anonymously used by the researcher to help with the analysis of the interviews. These images will not be used or published during the dissemination stage of the project. All the information collected will remain anonymous; and will not be used with any form which reveals your identity, or the identity of other people. The information will be securely stored by the researcher.

**Please read the following statements and tick Yes or No.  
(If completing electronically and returning by e-mail, please just type X next to the Yes or No boxes and type your name)**

	<b>Yes/No</b>	
	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the information above?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had the opportunity to ask questions and discuss the visual aid procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that these images will only be used to assist with the analysis of the of the interviews?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that these images will not be published in the final report?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your visual aid material being <b>described</b> in the the final report (entirely anonymously and with no identifying details)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your visual material being photographed by the researcher in order to facilitate the analysis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you have the option not to bring this visual aid material?	<input type="checkbox"/>	<input type="checkbox"/>
• without having to give reason?	<input type="checkbox"/>	<input type="checkbox"/>
• without it affecting your taking part in the interview?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_

**VISUAL METHODS CONSENT FORM**

**An in-depth exploration of the individual's experience of Codependency and the 12-Step recovery group.**

This form refers to the images that you brought to the research interviews. As discussed with you, I wish to obtain your consent for the image attached to be published in my final thesis, and disseminated in academic publications and presentations. I wish to re-assure you that this image is securely stored, will remain anonymous; and will not be used in any form which reveals your identity, or the identity of other people.

**Please read the following statements and tick Yes or No.  
(If completing electronically and returning by e-mail, please just provide x next to the yes or no boxes and *print* your name)**

	Yes/No	
Have you read the information above?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had the opportunity to ask questions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your visual aid material being <b>published</b> in the the final report (entirely anonymously and with no identifying details)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your visual aid material being <b>disseminated</b> in the form of academic publications such as posters, articles and presentations (entirely anonymously and with no identifying details)?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_

## Support for Participants

Thank you for your participation in this study. Having reflected on the issues highlighted it is possible that you experienced some mild distress during or after the interviews. The researcher will be able to listen to your concerns and to answer any questions regarding this study. If you require any further support you are encouraged to get in touch with your support group at CoDA (codependents anonymous group, [www.CoDA-uk.org.uk](http://www.CoDA-uk.org.uk)), or therapist. If this is not possible, please find below a list of useful contacts, where you can also obtain help and support.

### **Mind**

Phone: 03001233393

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

Website: [www.mind.org.uk](http://www.mind.org.uk)

Mental health charity offering advice and support

### **Samaritans**

Chris, PO Box 9090, Stirling, FK8 2SA

helpline: 08457 90 90 90 email: [jo@samaritans.org](mailto:jo@samaritans.org)

web: [www.samaritans.org](http://www.samaritans.org)

24-hour emergency telephone helpline

### **United Kingdom Council for Psychotherapy (UKCP)**

tel. 020 7014 9955 web: [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

Umbrella organisation for psychotherapy in the UK, and providing a list of practitioners(counsellors)

### **Alcoholics Anonymous**

PO Box 1, 10 Toft Green, York YO1 7NJ

helpline: 0845 769 7555

web: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

For anyone who may have a drinking problem

### **Beat (formerly Eating Disorders Association)**

103 Prince of Wales Road, Norwich NR1 1DW

adult helpline: 0845 634 1414 youthline: 0845 634 7650

web: [www.b-eat.co.uk](http://www.b-eat.co.uk)

Support and understanding around eating disorders

**British Association for Behavioural and Cognitive Psychotherapies (BABCP)**

tel. 0161 705 4304 web: [www.babcp.com](http://www.babcp.com)

Can provide details of accredited cognitive behaviour therapists

**British Association for Counselling and Psychotherapy (BACP)**

tel. 01455 883 300 web: [www.bacp.co.uk](http://www.bacp.co.uk)

An umbrella organisation for counselling and psychotherapy in the UK with details of local practitioners

**Carers UK**

helpline: 0808 808 7777

web: [www.carersuk.org](http://www.carersuk.org)

Information and advice on all aspects of caring

**Cruse Bereavement Care**

PO Box 800, Richmond, Surrey TW9 2RG

helpline: 0844 477 9400

web: [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)

For anyone affected by a death

**Foundation for Psychotherapy and Counselling (FPC)**

referral service: 0845 603 1960 office: 020 7378 2090

web: [www.thefoundation-uk.org](http://www.thefoundation-uk.org)

National referral network of 700 counsellors and psychotherapists. Find a therapist online or telephone for help from their referrals manager.

**Nafsiyat**

Unit 4, Clifton House, Clifton Terrace, London N4 3JP

tel. 020 7263 6947 web: [www.nafsiyat.org.uk](http://www.nafsiyat.org.uk)

For people from diverse backgrounds. Based in North London, providing intercultural psychodynamic psychotherapy.

**PACE**

34 Hartham Road, London N7 9JL

tel. 020 7700 1323 web: [www.pacehealth.org.uk](http://www.pacehealth.org.uk)

Counselling for lesbians and gay men

**Relate**

tel. 0300 100 1234

web: [www.relate.org.uk](http://www.relate.org.uk)

Network of counselling centres for adults with relationship difficulties

**Samaritans**

Chris, PO Box 9090, Stirling, FK8 2SA

helpline: 08457 90 90 90 email: [jo@samaritans.org](mailto:jo@samaritans.org)

web: [www.samaritans.org](http://www.samaritans.org)

24-hour emergency telephone helpline

**United Kingdom Council for Psychotherapy (UKCP)**

tel. 020 7014 9955 web: [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

Umbrella organisation for psychotherapy in the UK, and providing a list of practitioners

**WPF Network**

23 Magdalen Street, London SE1 2EN

tel. 020 7378 2000 web: [www.wpfnetwork.org.uk](http://www.wpfnetwork.org.uk)

Networks of counselling centres in local communities

**INFORMATION SHEET**

**An in-depth exploration of the individual's experience of  
Codependency.**

My name is Ingrid Bacon, I am a qualified occupational therapist and a PhD student at Brunel University, School of Health and Social Care. As a result of many years of clinical practice, I have developed an interest in codependency, and have decided to research the topic as part of my PhD studies. You are being invited to take part in this research study as **a research advisor**.

Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Thank you for reading this.

**Purpose of the study:**

My intention with this work is to raise awareness in academic, public and clinical settings about the codependency phenomenon, in the way it is experienced by individuals who consider themselves, and who have an experience of the 12-Step recovery group for codependency. The research project will be conducted under the supervision of Dr Frances Reynolds (Reader) and Dr Elizabeth McKay (Reader and Director of Studies), at Brunel University. The project has been approved by the School of Health Sciences and Social Care, Research Ethics Committee, Brunel University. The aim of this research is to describe the experiences of people who consider

themselves codependents, and choose 12-Step recovery groups to frame their recovery process, exploring the meaning they give to these experiences.

The research aims to answer the following research question: What are people's experiences of codependency?

### **What does my participation as a research advisor in the study involve?**

Your participation as a research advisor in the study involves meeting with me to discuss the topic of the study. You will also be invited to review my interview questions, helping me to refine/ expand them. Approximately 3 meetings will be required. The meetings will be informal and relaxed and more like a conversation; and will be audio-recorded to save me from writing notes. The meetings will take place at a mutually agreed time and place, and should last between 1- 2 hours. There is no funding for travelling expenses available for this study.

### **Visual methods:**

This research will involve a visual method procedure; where participants will be invited to bring objects and/or images or photographs to the interview. The purpose of this is to facilitate the discussion. All the information collected through this method will remain anonymous; and will not be disseminated with any form which reveals the identity of the participant. If you agree, I also would like to review this procedure with you, and gather your views and suggestions.

### **Do I have to take part and what are the risks?**

Your participation as a research advisor is entirely voluntary. There is no obligation to take part. If you decide to offer advice, you will be offered a summary of findings at the conclusion of the project.

All the information you provided will be kept strictly confidential at all times. Your name will be removed from all documents collected, thus ensuring complete anonymity. A pseudonym will be used instead.

You will have the right to withdraw at any time. Your decision to withdraw has no bearing on your membership of the CODA (Codependent Anonymous) group. You can choose not to answer certain questions without having to give any explanation. If you decide to withdraw from the study, the information that you have provided may still be used for discussion with the supervisory team. This information will only be used if you consent.

We do not anticipate any risks with your participation in this study as a research advisor. However it is possible that after reflecting on the topic of the study and some of interview questions, you may experience some mild distress. There is a resources information sheet attached to this pack, which gives a list of useful contacts, where you can obtain help and support.

### **What will happen to your information?**

All the information collected at the advisory stage of the research will be used for information purposes only. The information you provide will not be part of the research data set. This information will be used to develop the focus and to further guide the topic of the research to make sure it is acceptable and explores relevant issues sensitively and in depth. You are also invited to comment on the wording of this information sheet. At a late stage, when the data is analysed, you will be invited to comment on the emerging themes resulting from this analysis. This information will only be discussed anonymously with the research supervisory team. The information discussed with research advisors will remain entirely confidential, and your name will not be divulged to anyone else.

All the research materials will be kept securely, accessible only by me (Ingrid Bacon) and my research supervisors Frances Reynolds and Elizabeth McKay, who will help me analyse the data.

The overall results of the study will be presented in professional settings and publications. No individual will be identified in any way in any report of the project. The research will be disseminated in academic forums, PhD thesis dissertation, books and peer reviewed journal publications. The results will also be disseminated to the participants and any relevant organisation.

**Do you have further questions?**

If you have any further questions, do not hesitate in contacting me using the number or e-mail below.

Ingrid Bacon

Brunel University, School of Health and Social Care.

Phone: 0789 9905962 (project mobile), Email: [Ingrid.Bacon@brunel.ac.uk](mailto:Ingrid.Bacon@brunel.ac.uk)

**Do you have any concerns or complaints about this project?**

Concerns or complaints should be directed to Dr Mary-Pat Sullivan, Research Ethics Officer, School of Health Sciences and Social Care, Research Ethics Committee, Brunel University.

**Are you interested in taking part in this project?**

If you are willing to participate in the study as a research advisor, please complete and return the consent form in the stamped addressed envelope OR by e-mail (in which case your typed name rather than signature is fully acceptable). The consent form can also be personally handed to the researcher at a CoDA meeting.

Thank you very much for considering this project.  
Ingrid Bacon

CONSENT FORM

**An in-depth exploration of the individual's experience of  
Codependency.**

**Please read the following statements and tick Yes or No.  
(If completing electronically and returning by e-mail, please just  
provide x next to the yes or no boxes and *print* your name)**

	Yes/No	
Have you read the research advisor information sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had the opportunity to ask questions and to discuss your advisory participation in the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you will not be referred to by name in any report of the research?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand you are free to withdraw from the study at any time?	<input type="checkbox"/>	<input type="checkbox"/>
• without having to give reason for your withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
• without it affecting your use of any support service?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your information data being discussed with the supervisory team (entirely anonymously and with no identifying details)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that all the information you provide will be discussed with the supervisory team only (it will not be used as part of the research data set)?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_

**Finally:**

Please give your contact name, address, e-mail address (if available), and telephone number:

Name: \_\_\_\_\_

—

Address: \_\_\_\_\_

—

\_\_\_\_\_

—

E-mail: (if available):

\_\_\_\_\_

Telephone:

\_\_\_\_\_

When is the best time of the day to contact you? \_\_\_\_\_

**Please return this form either by hand, e-mail attachment or by post to:**

**Ingrid Bacon, School of Health Sciences and Social Care, Brunel  
University, Kingston Lane, Uxbridge, Middlesex, UB8 3PH.**

**E-Mail: [ingrid.bacon@brunel.ac.uk](mailto:ingrid.bacon@brunel.ac.uk)**

**Many thanks for your interest.**

## Appendix J. Interview topic guide



### **Interview Schedule**

*(a basic guidance framework to situate the interviews)*

#### **Opening question:**

- 1) If we could start by you telling me about yourself, perhaps your story and journey so far?

#### **The awareness of codependency:**

- 1) How did you become aware of codependency?

*Prompts/Sub questions:*

- a) How did you come across this concept of codependency?
- b) Could you describe the situations that have led you to identify yourself as a codependent?
- c) Could you give me some examples of codependency?

#### **The personal experience of codependency:**

- 1) Could you tell me about your personal experience of codependency?

*Prompts /Sub questions:*

- a) How would you describe your personal experience of codependency?
- b) What does codependency mean to you?
- c) Could you describe the way you have experienced codependency in your day to day life?

#### **Identity aspects**

1. Could you tell me in what ways codependency may have changed the way you think or feel about yourself?

*Prompts/Sub questions*

- a) How do you describe yourself as a codependent?

- b) Can you tell me a little about how you feel about identifying yourself as a codependent?

**The 12-Step support group:**

1. Could you tell me about your experience of the 12-Step recovery group?

*Prompts/Sub questions:*

- a) Could you tell me how has this support helped you?  
b) How do you apply to principles and traditions of the 12-Step in your personal life? Could you give me some examples?

**Closing Questions:**

- 1) Could you tell in what ways codependency has influenced the way you see your future?  
2) Could you tell me what advice you would give to other people in the same situation?  
3) Do you have any questions for me?

**Demographic Information:**

Participants' ID: \_\_\_\_\_

Support group attended:  
\_\_\_\_\_

Gender:  
\_\_\_\_\_

Age:  
\_\_\_\_\_

Ethnicity: \_\_\_\_\_

***Thank you for your participation!***

**Opening question:**

If we could start by you telling me about yourself, perhaps your story and journey so far?

**Main questions:**

How did you become aware of codependency?

What does codependency mean to you?

What does it mean to you to be identified as a codependent?

Could you tell me about your experience of the 12-Step recovery group?

**Closing Questions:**

Could you tell me what you would recommend to other people who may find themselves in the same situation?

Is there anything you would like to ask me?

## Appendix K. Examples of reflexivity

Reflexivity - 01.04.17

... did review - my interpretation of articles, as I read and reviewed with influence by my previous knowledge, and experience of other specialists.

Jinfa Finley 2019-2020

Knowledge's influence, and objectivity is not lost in it is acknowledged.

... did review - my interpretation of articles, as I read and reviewed with influence by my previous knowledge, and experience of other specialists.

Jinfa Finley 2019-2020

Knowledge's influence, and objectivity is not lost in it is acknowledged.

... did review - my interpretation of articles, as I read and reviewed with influence by my previous knowledge, and experience of other specialists.

Jinfa Finley 2019-2020

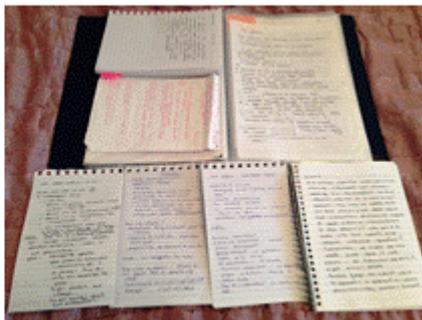
Knowledge's influence, and objectivity is not lost in it is acknowledged.

... did review - my interpretation of articles, as I read and reviewed with influence by my previous knowledge, and experience of other specialists.

Jinfa Finley 2019-2020

Knowledge's influence, and objectivity is not lost in it is acknowledged.

## Reflexivity



## Appendix L. Examples of interview transcript and participant's summary

### Section of Heather interview 2

**I:** That's why I started doing it because I found that I needed to learn and I feel that other people also need to learn, and the best place to learn from is from people who have experienced it.

**H:** Absolutely. But in a way, it's still all mind. Which I ... 'Cause I see... I have done so much sort of reading and I can get so stuck in thoughts in my head which is part of co-dependence anyway but as I have said before then there is two aspects there is what Robin Skinner called the 'healthy track' as opposed to the 'unhealthy track'. Which I think I mentioned before. Which is you felt erm, safe being allowed to be dependent your mother, if your mother loves and you feel safe. That is the healthy track whereas the unhealthy track would be you haven't felt that for whatever reason. And so you are always trying to control out there never having got the firm base. So you are not letting go you are just just controlling and surviving which and that would be the unhealthy track, which is, I suppose co-dependence would come from, and then there is body consciousness and soul consciousness, and body consciousness is just related to the horizontal view of life the service. Form, only form and there's the soul conscious which talks about God all being. It's the same you know all other good issues or its, it's the aspect a way from thoughts. Is that your phone?

**I:** Yes, we will just ignore it, sorry...

**H:** Yeah Eckhart Tolle who I you know I feel I have learnt such a lot from basically he says 'disidentify with your mind'. Which means you stop thinking and by being in the now, you have stopped time. So there is no past and there is no future you are just present, and it's only your thoughts about the past and the future. That are filling your mind up, and all the time you actually only live now.

**I: Hmm, so you...**

H: Obviously, you have to be a time in practical purposes like, “oh I’ve got to get to here, and sorry I was a bit late.” [*Laugh*] Hmm, yes.

**I: ...So you block it, you block the past and the future?**

H: Oh no, no, no, it’s not blocked it’s not in any way blocked. Well you realise that it’s pointless that there is only now. And all that time and energy that you spent, it’s a conditioned mind isn’t it, you are conditioned from the past and thinking about the future so really of no... really in a way of having no peace. Yeah.

**I: So when you are thinking about the future and the past you have no peace because you get worried about...what do you mean by this?**

H: Yeah, because yeah you’re not present you’re not present and erm, and because you, I suppose your brain has been conditioned to patterns of thought about and you are never actually relaxed but so if you are always thinking about the past or anticipating the future. It doesn’t mean to say you can’t plan for things for the future but you don’t erm, you don’t fill your mind up with things from the past and things of the future. You concentrate on that because when you think about it if you stopped thinking about the past then in a way you are free aren’t you? It’s sort of like being tied yeah.

**I: So do you think that there is...this is what I was going to ask you erm, that er, something from the past that you suffered, as children?**

H: Uh-huh.

**I: Has a connection with this tendency to have these issues, those issues around co-dependency?**

H: Yeah, I was thinking of that when I was coming here because in the start of co...the preamble in it says most of us have come from, some of us have come from dysfunctional families but some of us have not. And erm, I think in this day and age it's in the modern age you, you are just bombarded with advertisers with things out there. So and I think you also have a predisposition possibly to being more fearful. I mean you know the Buddhist's say that, basically, you live you lead all these lives and are born again until you have sorted it all out all the issues. Until you you know, have sorted out all the issues. But actually Eckhart Tolle says actually you don't need to be born again and again because each time if you respond then you have learnt, but if you react then you are reacting from the conditioned mind and you haven't so you can actually change yourself right now by by basically by letting go and trusting, and still is trust isn't it and confidence and faith.

**I: Hmm. It seems that spirituality it's very important for you?**

H: To whom?

**I: For you ...you talked a lot about Buddhism, how it has helped your journey spirituality to think about to talk Buddhism or philosophies from ideas ...,**

H: I mean I'm not a Buddhist.

**I: I understand... do you think that this is good for recovering?**

H: I think it is essential that you have, I mean that's what CoDA is all about, there is no power greater than yourself, but it doesn't necessarily mean that you can choose that power it can be of the group, but in a way it is to do with trust you are letting go because there is something bigger than yourself, and that's what I am trying to say to you that there is form, and if people live... I think if people live their lives only in form without having any deeper feeling of connection with something bigger than themselves then they are always

going to be afraid aren't they? I think actually if you read Eckhart Tolle you would, I mean some people aren't ready I don't mean to be patronising but some people perhaps wouldn't understand and they are fearful, there is religion and there is spirituality they are very different things. But even Robin Skinner said 'life and how to survive it' I think it is Erm, he's talking to John Cleese and saying you know how do you change and he said, 'Oh it's the R word' or something. You know you have to – it's when you see the bigger picture when you realise you're not just this, all these self-help books they all, they all point that way. But all this thinking and writing and theorising is actually in a way gets in the way of it.

**I: Why would you think that ?**

H: Yeah, because it's mind, I mean obviously it helps you are going to have to, you only understand truly by letting go you know and that's another book co-dependence whatever. The more I try and understand the less, the more the mind goes round and round. But once you actually let go and that is having some sort of trust I mean you know the twelve steps of codependency?

**I: Hmm. So having the trust in, in something?**

H: Yeah.

**I: In what?**

H: Something bigger than yourself. Sorry? Or it could be nature, or it could be some big interest so I mean it helps you to get out of yourself basically but if you go deeper into it and read Eckhart Tolle or any, or even Buddhist there's a lot on it there's I suppose you can say the Quakers, Buddhists, erm, an don't know what Hindu is are they called Avatarists or something erm.

**I: Avatars yeah I have heard of them yeah.**

H: There sort of modern interpretations of that religion they are moving away from the dogma I think. So it's just an attitude and awareness a presence and I am not saying that I do it and I have it but I am learning and it takes a long time to unlearn.

**I: Is this your experience? Tell me about it...**

H: Wants your lost then, well that's again that's the bible isn't it 'they were lost but now their found. 'I mean you define yourself your true self there is a false sense of self which is what Eckhart Tolle talks about which is mind or ego, he calls it ego, and the Brahma Kumaris there a spiritual thing run by women in India and here they talk about the five vices, attachment, ego, anger, lust what's the other one attachment, ego, anger, lust and greed, they talk about them, but they are all to do with the self. There are two parts of the self aren't there, there's the mind and there's the being. There's, there's the surface or the horizontal layer, which is form and thoughts, and there's the deeper layer, which is being.

**I: So it's letting go of self – how is that?**

H: Yeah, and no self-made problems is what the Buddha's say.

**I: So once, you were lost now you are found...**

H: Yep, but you are looking in all the wrong...,

**I: Really?**

H: ...You are looking outside yourself for it but it can never be found there, and you will always be unhappy if you looking at, if you looking...

**I: How?**

H: Yes external referent yeah.

**I: And then you, so when you say because that's what one of the things I was going to ask you was external reference?**

H: Right.

**I: So that is, that's what you meant by looking outside, could you explain this further?**

H: Yes . Yeah you are seeking yourself outside Eckhart Tolle says a nice thing what is it now 'how wonderful it is to be not, how wonderful it is not to be driven by desire or fear.' So you don't have the desire or fear because you know inside that there is enough sort of connected with it's like plugging into the higher power or nature you know whatever makes things grow in the trees. So we are all conned or con you know money driven we are thinking you know when I get that perfume I am going to feel so good and you are controlling other people instead of actually trusting yourself.

**I: But is it yourself or is it yourself connected with this higher power? Can you explain?**

H: Exactly, exactly. You are not looking to yourself to find yourself because you are yourself. You are yourself, I mean you may not agree Eckhart Tolle thesis erm, yeah 'no self no problem, no self no time, no mind no problem. 'Cause time there is no such thing as time is it expect in er, without humans there wouldn't be a time would there?

**I: So its losing itself or its letting go of itself?**

H: Its letting go of the full self yeah, the self that is seeking something out there, approval, appreciation, tension.

**I: Uh-huh, so by letting go of your full self you find your true self?**

H: Well then the, sort of yeah.

H: Yeah, because you know if you think about it birds there is no time is there and they don't have a mind. It's like a false God isn't it and all these religions now that they are killing each other they have totally gone lost it haven't they?

**I: So if it's not religion...is what?**

H: No, it's not religion at all. It's faith connection, like plugging it...yeah

**I: Faith?**

H: Tapping in yeah. Oh yeah.

**I: With the er, higher power and erm?**

H: Did you find that there is a common thread in all this interviews? Yeah, yeah, and what about the other people what do they...?

**I: They are talking about, they are talking a lot about the group what it means to them and how it is helpful to them, two of them talked a lot about the group and how that it really helps, helps them and ...**

H: Feeling of belonging?

**I: Yeah and...**

H: It's a start isn't it?

**I: Do you, you see you that's what is?**

H: It's a start yeah.It's the first step and I have only just started doing the steps and they are very helpful because I have got some knowledge and awareness

but it's in my head a lot, but when it comes down to close relationships you know you are in there having an argument, or you know that pattern it's still very strong and it's hard to detach.

**I: Hmm. It's breaking it?**

H: But the first, what's the first step admitting to ourselves no other person that our lives are becoming mental and you are powerless over other people. Yeah, it's always trying to get something from other people but I am always doing that you know I am always you know kind of showing off say or talking about my son's how clever you know that sort of thing. So it's adding something to myself all the time and I have got a friend who doesn't do that I have been with her this morning and her whole relationship with her mother is so different there is absolutely no strain or fear. She is just so totally comfortable in her skin, whereas with me I would erm, often judging people judgemental and quite negative. Very much over thinking and say my husband and I had a little he had said something a word I use now which is really helpful which is closure before I would have got it in my brain and I would be thinking in negative, negative thinking and that really just pulls you down. And Jesus would say and 'turn the other cheek,' so turn the other cheek. And also Eckhart Tolle says it sound like I think he is my Guru it's just that some of things again he doesn't seem...you know there is a Guru and Guru isn't there, there is a Guru who thinks a lot of himself and there is Guru who actually doesn't have to do anything because it is just their very present like Ghandi people would just play at his feet and they are absorbing the information. What was I talking about?

**I: You were talking about yourself and closure...**

H: Yeah, yeah and how very quickly I get into difficulties with in relationships and I realise that you know you have to be honest with yourself the first thing is being honest when you don't even realise that you are being dishonest you have been taught this denial of feelings. What was I saying?

**I: So is it like you are not aware of this erm, you are not aware of your, your aware of your difficulties.**

H: You are self-conscious rather than self-aware.

**I: Hmm, I think I know what you mean...**

H: So you are unsure you are you feel, I think basically you are trying to survive because you have learnt as a child well you felt that you had to be a certain way because the atmosphere was not good you have to please. Or you have to...or even you have to in a way of getting attention you are playing a role as well because if you are not managing your emotions you are playing a role either you can be a victim or you can be a good housewife or you could be a good girl or you can be a bully it's all getting to do with that self.

### Mathias Summary

Mathias is a single father, with 3 children from previous relationships. He has been in recovery for alcohol and drugs as well as having problems in all his relationships.

His first encounter with codependency happened through a friend, who suggested he might be codependent. He thinks that he possibly heard of it before at NA, AA; however, codependency was not the focus of these meetings. At the time, he was having real bad relationship problems, i.e. 13<sup>th</sup> breakup of the same relationship; felt that couldn't get out of the relationship like he was trapped. Friend insisted for him to go to CoDA. Although he initially ignored it, he eventually went. He describes sitting at the meeting with his hands on his head, having a 'huge realisation'. He didn't know he was codependent, and didn't want to tick another box! However he knew that he was! He says 'I was torn'! He found the meeting a comforting thing, something that was going to help. He says that he was living life and over sudden he realised that he was a codependent, describing it as a painful realisation.

He feels that he was very torn and that codependency maybe present in all his relationships, as it is related to anything we love. 'It is like a lack that that is found in a person and becomes exposed in any relationship'. In this case, people may take the love too far, as there are healthy and unhealthy forms of love. In his codependency, he would stay in a relationship no matter what 'like a marine'; seeing it as a duty that God gave him. He says that he falls in love easily and that he likes to follow his heart. He is constantly putting himself to their side, like there is a Lack of self-worth.

He believes that codependency runs in families, and that he had codependent parents. Says that his father is codependent around mother. His mother is bordering narcissistic/codependent.

He has a tendency to isolate, and tends to take the word detachment took it to mean, going too far on the other way. Uses expressions like being a 'monk, celibate'. Portrays a sense of starvation, deprivation, ultimate control, and sex and love fast, extreme discipline. He appears to be trying to find a path, come back in the middle, but is flicking to each end of the scale. Talks much about his lack and illness

(codependency).

However the word codependency opens people up, ‘unfolds the lack that exists within self’ – ‘it’s a word that it is not meant to be understood’. He thinks that to understand is to ‘box it off’ and people would stop searching. He says that he knows that he is codependent, but cannot explain it. ‘Codependency is something that is there to help people to discover their true selves, everybody on earth is codependent.’ He talks about needing to have a sense of ownership, separation between selves (Me and you), and when you detach you become one, a whole person. He talks much about feeling the split.

He talks much about a sense of self. He says that being a codependent helps him to discover a sense of self; the purpose of life is to discover a sense of self. Roles such as dad, codependent, engineer, and ex-partner as being parts of self, like playing roles, playing a game. Codependency is like lenses, a pointer, and a path to further awakening, to discover the real self. Codependency is also something detrimental, which makes you see yourself boxed off, stuck in a role. People become the role, and form a sense of self around the codependency. To become the role is to be boxed off, to lose a sense of self, of identity. People create a false perception of self-based on these roles. They see the part of self as a whole self but they are misled.

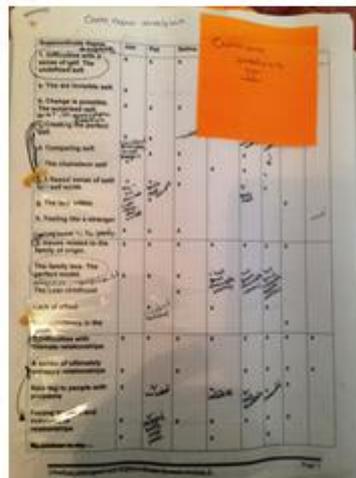
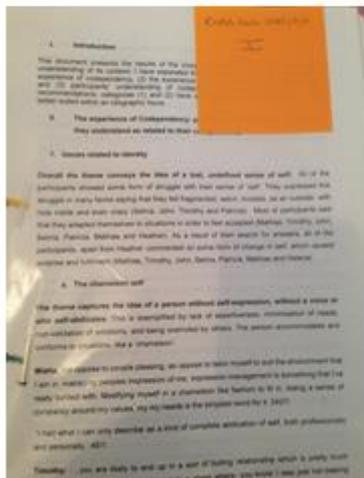
He sees codependency is a condition. He places codependency, eating disorder, depression, all in the same category. Something people think they are – ‘you are not, you have it!’ .It is all a huge lesson: ‘to discover their true self, a big cleaning, and steam wash of the soul’. The self is heavily covered in layers of stuff, covering who we truly are. These lessons are pointers and opportunities to line up with your true self. He uses God, the universe, source as a form of external help in this process of deep cleanliness: ‘Like has placed layers and layers of experiences, some bad that need to be cleaned, and God helps you to clean yourself, to unfold the layers’. When we go through this process of cleaning, we can also help others when sharing our experiences in meetings etc. When we discover things about ourselves we are able to connect with people, and reveal your true self. The recovery groups function as a cleaning machine, where there is room for the soul to speak as part of the sharing that happen in the meetings.

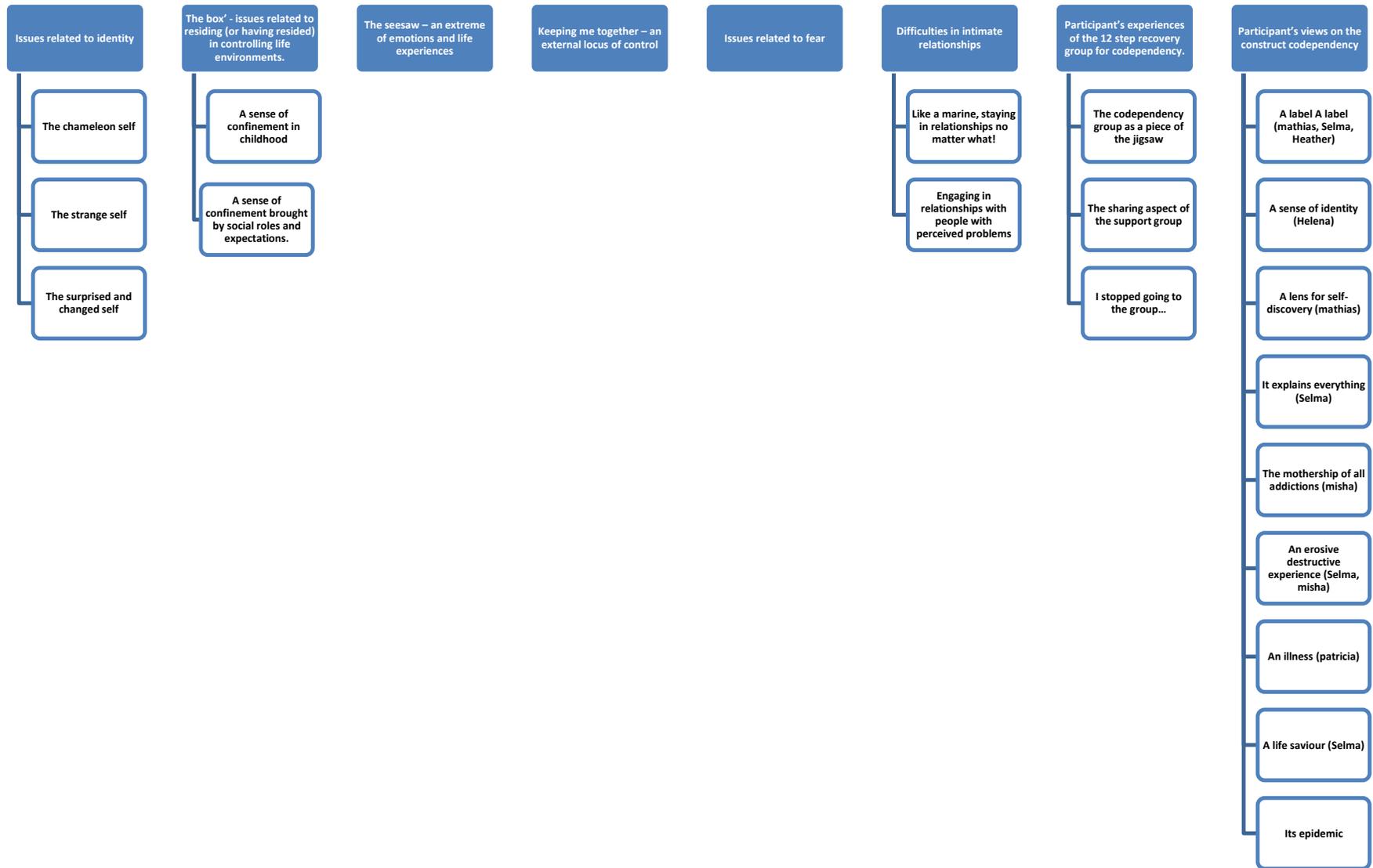
## Appendix M. Examples of Analysis

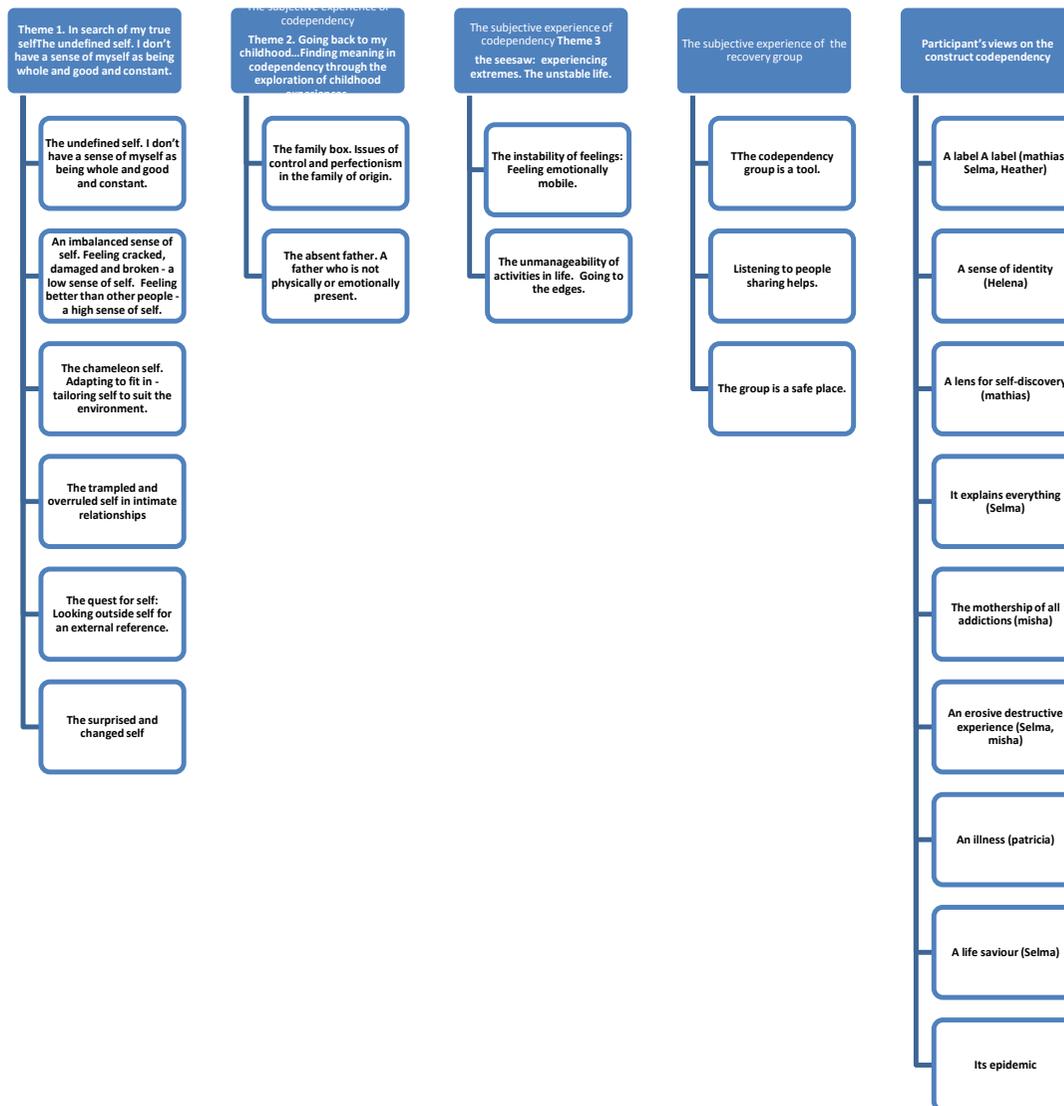
### Individual analysis

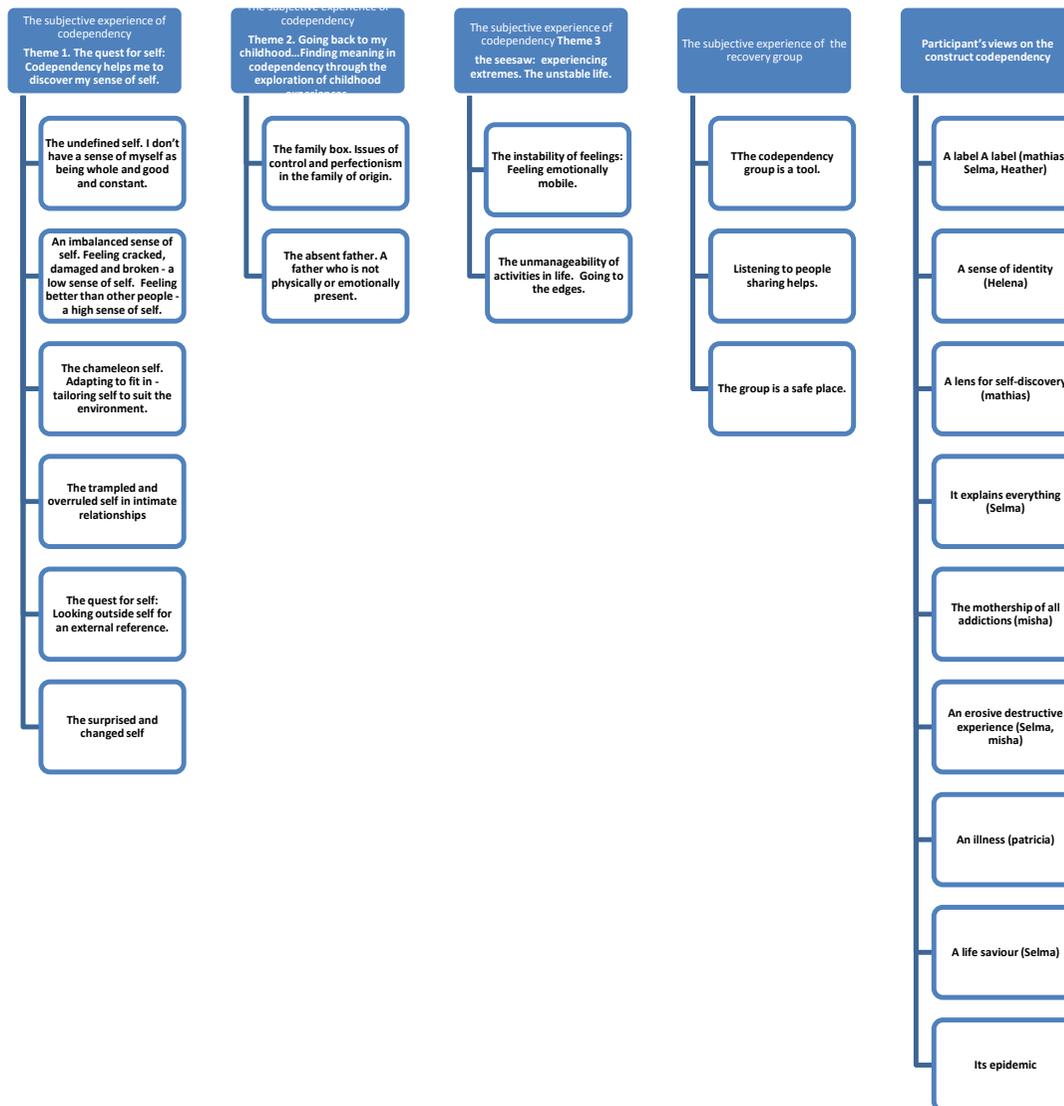


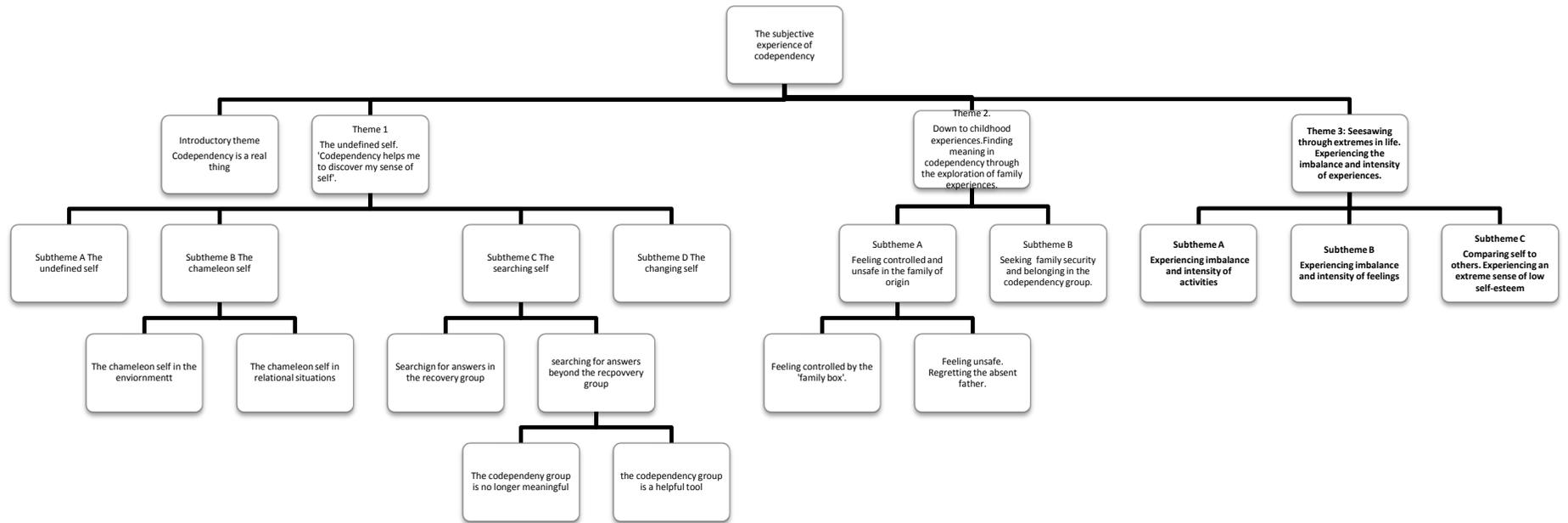
### Analysis process











## Appendix N. Word document created for each theme

### Theme 4. The seesaw: experiencing extremes in life.

This theme is related to participants experiencing extremes of experiences and emotions in life, as opposed to having stability and a more balanced life experience.

'Maybe is a **seesaw maybe is something like a seesaw you know, that I can swing from the self-care to the to the self-depravation**, self-care to self-depravation. And it's not very consistent. The 2 ends of it, the 2 ends of my and if I push, and put too much weight on one end, you know, I feel very out of controooooo, but if it is balanced, be easier umm.'**(Misha)**

Participants appeared to experience extremes in two main areas: activities/behaviours and emotions.

#### a. Extremes of activities and behaviours

**Misha:** 'So it's very **burn or burst** I am either being completely controlling or impossible, or completely complaint and you know useless, but like: I can't do it, it's too hard!' I am very, I do get stuck at one end, I really I I, and that in itself is to me a sign of dysfunction that I don't have a kind of sense of gravity, a sense of constancy, I am very kind of mobile, emotionally mobile.' 182/2

**Mathias:** 'I think that the the lack that is found as a person, which we were referring too as codependency at the moment umm is exposed in any relationship. It involves love so so umm, tsk and, I think unfortunately because I am codependent umm (pause), **I take that, I take that love too far. So I attach to and cling on to things that I love** in inverted commas, which unfortunately tends to leads to exposure as as a person.' 82/1

**Heather:** 'Codependency people usually find it difficult to be quiet and still because they are uncomfortable with be, because they are uncomfortable with their emotions. And so **they are always thinking analysing and I know that I find it hard, I find it uncomfortable just being very quiet...**' 251/1

**Helena:** '...you can't go round jumping on every car you see, you can't go round hitting someone who is angry with you, you can't sing and shout and dance because people will think you are strange, or take your clothes off and run around naked...'

'So it's when you are in an abusive relationship where your husband biting you up...It's when you end up hmm on a coke addiction ...its if you hmm if you become an alcoholic and keep crashing your car, ruining your marriage, and hmm, its if you promiscuous and you keep having to go and have one night stands ...

**Helena:** '...if I don't get to the edge of what it feels like to be alive, then I don't feel alive, then I get grumpy.' 'And I am a little bit like that, in order to relax I have to burn out almost, I don't know how to just relax, cause I somehow have to go to the extremes.'

**Patricia:** So that is very calming you know, a lot of the sort of stress and umm umm, unrealistic expectation of myself and of other people, perfectionism... when I am in a good space has reduced dramatically and is when I start getting panicky is that I think I got to that, I know that I am losing touch with with myself, and with God and **overdoing it, and the workholism comes into it...yeah, and it getting it back into proportion** 150/2

**Timothy:** 'I am not prepared to wait to wait around just on the of chance that people in the CoDA meetings I go to might be interested. I am kind of impatient aren't I, umm? So you know, I've umm I've I've linked up with these two women the the connection the connection ...but it sort of enabled me **to flip up in this intensity in my umm trying to established a mate, err a girlfriend, if you like, and just kind of stop being so intense!** I keep using that word but it is exactly what it is.' 103/3

#### **b. Emotionally up and down (extremes of emotions)**

**Jonathan:** 'I was emotionally quite up and down. When I met her, now, much much more stable, much more. .. I so I find that emotionally I am much more on an even kiln'127

'I I actually think I needed to go down that particular path to come back to the middle, and yeah that is my experience in almost everything to be honest. **Umm I tend to flick to each end of the scale and eventually balance somewhere in the middle.**' 107/1

**Selma:** 'I was able to make a good show and show people that I was happy, you know all the the unmanageability was all part of my crazy, fabulous life and yet inside I was just dead and you know I would drink too much and then smoke too much weed and like the sexual acting out as well. **Big part of the highs and the lows and all of it just combined to it, just this craziness it was all,** the majority

of it was internal, you know the majority was just this, constant feeling of devastation., but it's really weird it's just like this paradox of devastation and emptiness, you know and no authentic emotions, like I don't, I never knew how I felt. I just thought I was a sex addict or, emm, I didn't even think that, I just thought, I just drunk a little bit too much, and just smoke a little bit too much weed, have too many one night stands as an outcome of drinking too much...'40/1

**Patricia:** '...my journey in terms of codependency or recovery, umm came about as a result of developing really quite a severe depression. For the first time in my life, umm I found it, let me think, pause, about 8 years ago, and, umm and I was initially a bit depressed than moderately depressed and then ended up severely depressed. And this went over a number of years. And I ended up, about 5, 6 years ago, **making a suicide attempt ...**' 2/1

**Heather:** 'I had been seen a must have been, sort of a therapist, when I was having treatment for **depression...**'

**Helena:** '...if I don't get to the edge of what it feels like to be alive, then I don't feel alive, then I get grumpy.' 'And I am a little bit like that, in order to relax I have to burn out almost, I don't know how to just relax, cause I somehow have to go to the extremes.'

## **Appendix O. PhD research related presentations and publications**

- The Lady of Shallot. A reflection on the inclusion of a visual method as part of an Interpretative Phenomenological Analysis exploring the subjective experience of codependency (Bacon, I. G.F.I.) Article to be re-submitted following review to the Qualitative Research in Psychology Journal.
- Testes usados como ferramenta de pesquisa no campo da Codependência (Bacon, I. G.F.I.), In As interfaces da família na Dependência química. Ed. (Bortolon, C). A collaborative work in conjunction with a group of psychologists and researchers working in the field of alcohol and substance misuse, in Brazil. Accepted for publication.
- A review of the measures of codependency (Bacon, I. G.F.I.). In draft for Submitting to Alcohol and Drug review.
- The Individual experience of Codependency. An Interpretative Phenomenological Analysis. (Bacon, I. G.F.I.). Poster presentation. British Psychological Society – Qualitative Research Methods Division, in September 2013.
- Organised the School of Health and Social Care, Annual PhD conference on the 11 of July 2013. Poster presented at this conference - The Individual experience of Codependency. An Interpretative Phenomenological Analysis. (Bacon, I. G.F.I.).
- The Individual experience of Codependency. An Interpretative Phenomenological Analysis. (Bacon, I. G.F.I.). Presented at the London IPA forum in September 2013.
- The Individual experience of Codependency (Data Analysis). Presented at the data analysis seminar at the London IPA Data Analysis Clinic on the 27th of July 2013.
- The Individual experience of Codependency. An Interpretative Phenomenological Analysis. (Bacon, I. G.F.I.). Accepted to present at the Brazilian Council of Drugs and Alcohol Studies Annual Conference 2013, in Rio de Janeiro, Brazil.
- Research proposal: An investigation of Individual experience of Codependency (Bacon, I. G.F.I.). Presented at the Codependency Anonymous (CoDA) Steering Committee in November 2012.

## Appendix P. Ethics documentation

**Brunel**  
UNIVERSITY  
L O N D O N

**School of Health Sciences and Social Care  
Research Ethics Committee**

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Social Care  
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Middlesex UB8 3PH  
Telephone: +44 (0)1895 274000  
Web www.brunel.ac.uk

12<sup>th</sup> December 2012

**Proposer:** Ingrid Bacon

**Title:** An In-Depth Exploration of The Individual's Experience Of Codependence and the 12-Step Recovery Group

**Reference:** 12/06/PHD/06

### **LETTER OF APPROVAL**

The School Research Ethics Committee has considered the amendments recently submitted by you in response to the Committee's earlier review of the above application.

The Chair, acting under delegated authority, is satisfied that the amendments accord with the decision of the Committee and has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

- *The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee.*

**Please note that:**

- Research Participant Information Sheets and (where relevant) flyers, posters, and consent forms should include a clear statement that research ethics approval has been obtained from the School of Health Sciences and Social Care Research Ethics Committee.
- The Research Participant Information Sheets should include a clear statement that queries should be directed, in the first instance, to the Supervisor (where relevant), or the researcher. Complaints, on the other hand, should be directed, in the first instance, to the Chair of the School Research Ethics Committee
- Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.
- The School Research Ethics Committee reserves the right to sample and review documentation, including raw data, relevant to the study.



**Dr Mary Pat Sullivan**  
Chair, School Research Ethics Committee  
School of Health Sciences and Social Care