

Changing of Self-Care Behavior by Practicing 12-Step Program among Codependents in Iran

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Abstract: Promoting positive sense of self and taking care of self among people are important factors in order to achieve health promotion in every community. As self-forgetting is special character among codependents, so this study aims to find differences of self-care behavior by comparing families of addicts/alcoholics who practice the "12-step program" and who do not. In other words, this study investigates whether "12-step program" can empower families of addicts/alcoholic to change their self-care style or not. Theory of empowerment is the key theory to conduct this study. The findings of this study indicate that "12-step program" is effectiveness program to enable codependents to having positive self-image. In other words, independent samples t-test reveals that codependents who practice the "12-step program" take care of themselves more than another group who did not practice this program.

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1. Introduction

Addiction/alcoholism is a major social problem in several countries. In Iran, article 9th of the general policies of drug abuse reduction and 97th provision of fourth economical, social and cultural development program have emphasized on the locals participation in drug abuse reduction and prevention programs. The results of various surveys carried out by the *Islamic Culture Ministry* (2007), showed that addiction is the first social harm in Iran (Iranian Attitude toward Drug Abuse, 2004 & 2008). Although the subject of substance abuse or alcoholism amongst adult people was researched world-wide, there is not much that can be said about codependency syndrome especially in Asia.

Co-dependency may be apparent in various situations. However, it is often most easily recognized in families with chemical dependency (Beattie, 1989). Unfortunately some of the codependents are living in dangerous situations. Their children and themselves may be experiencing violence or living in danger for as long as they live with an addict. The family of an addict gradually becomes trained to anticipate crises events which results in addiction. Consequently, the family members become limited to special conditions for preventing, controlling or minimizing the crises. Controlling the drug abuser or providing for the needs of the addict causes the family members to sacrifice their self-worth, personal growth and needs (Motivational Assessment Process for Families Members, 2002).

Because of living with an addict/alcoholic person, codependents tell themselves that their personal needs and desire are unimportant as compared to the addict's. This kind of thinking gradually becomes a main part of their behavior when dealing with others. As a result, external focus, boundary problems and controlling behavior appear in their relationships with others (Parker & Guest, 1999).

As substance/alcohol abuse creates many difficulties for both the addict/alcoholic and the codependent (Brown & Lewis, 1998), then family members become an important part of recovery programs (Garrett, et al., 1998). They can empower themselves by learning new patterns of thinking, feeling behaving and relating to others. Based on empowerment theory if codependents try to employ useful recovery tools in order to pay attention to their self needs, they will be empowered in their life (Rowlands, 1997) The survey of literature revealed that when it comes to recovery, there are several methods and programs for families of addict/alcoholic. Sequential Families Addictions Counseling Model, Cognitive Behavior Therapy and 12-step program are some of them which help families of addicts/alcoholics.

Among several programs which help those families who lived with an addict/alcoholic, this study has been focused on a program which is called "twelve-step" or "12-Step". The concept of this program is back to the steps designed by Alcoholics Anonymous (AA) which was founded in 1935 (Lowinson, et al., 2004).

Two groups which employ the 12-step

program for members (in the world) are Al-Anon & Nar-Anon. These families groups are founded in 1951 by the wives of two Alcoholics Anonymous members. These are community resources that provide support to anyone affected by a relative or friend's drinking or drug abuse (Fisher & Harrison, 1999).

The fellowship of the group should become the most important tool in the reader's recovery process not only because such groups give the person an opportunity to be with people who are talking about the disease and recovering from it, it is also because a 12-step group is the most likely place to surround him/herself with those who will support him/her in his/her efforts, and those who are striving to live by new rules. Such environments will support their efforts to recover (Greenberg, 1994). Rowlands believed that sharing experience with others who have same problem is one important way to empower a person (ÖSTE, 2003).

As a result, the aim of this research is to examine the result of practicing 12-step program in self-care variable by comparing Experimental group and Control group. In this stage, it is attempted to answer this question: whether there are any significant differences in self-care behaviors between two groups of codependents or not.

2. Methodology

This study was conducted in Shiraz city which is located in the southwest of Iran. As causal comparative design was considered in this research so the design of this study is based on the two sets of data (Gay, Mills and Airasian, 2006).

The first population was located in four branches of Al-Anon/Nar-Anon (meetings) in Shiraz city. The second population is families who did not practice 12-step program. Researcher found these families among families who conducted their addicts/alcoholics to the recovery camps (Javanan camp). Based on research methodology references, in causal comparative research 30 people for each group is an accepted number as sample size (Wallen & Fraenkel, 2001). Consequently, 60 families were selected for this study.

It is considered that, five-point Likert scale ranging from (1) "strongly agree" to (5) "strongly disagree" was employed to measure each item of questionnaire. As the majority items are negatively worded so the score is started from 1 to 5. On the other side, there are several positively worded items which were displayed with * symbol in questionnaire. For these items the five-point Likert scale has been ranged on the contrary of negatively items, from (5) "strongly agree" to (1) "strongly disagree". In other words, all responses of positively worded items were reversed in calculating means.

In causal comparative research it is very critical to select two groups that are homogenous. In other words, groups should be matched to each other on one or more criteria. By this way these important criteria can be controlled by researcher and be sure that only independent variable affected to group (Wallen & Fraenkel, 2001).

As mentioned in the previous paragraph, Use of Tranquilizers by families, participate in other programs (except of 12-step program) and psychotherapy continually were considered as three control variables which were controlled by researcher.

3. Results and Discussions

In present study self-need is the key subject of self-care scale which was considered between families of addicts who practice the 12-step program and those families who did not. Gehert (1993) stated codependents often have an excessive sense of own importance and responsibility. They assume that nothing will get done if they do not handle it. As a result, they repeatedly devote themselves for unnecessary service, and finally they feel no good about themselves. So taking care of the body, mind and spirit will be ignored.

Self-care variable among families of addicts/alcoholics as the main variable in this study was measured in fourteen items by comparing two groups of families of addicts which were differed by practicing 12-step program. Table 1 presents the mean score, standard deviations, t-value and p-value of each item in both Experimental and Control groups.

Table 1. Self-Care Items

Statement	Mean	SD	t-value	p-value
I blame myself for my actions				
Ex-group	3.67	1.21	6.84	0.000
Co-group	1.87	0.77		
I strive hard (more than enough)				
Ex-group	3.37	1.24	4.97	0.000
Co-group	1.90	1.02		
I don't care about going to doctor				
Ex-group	3.77	1.13	4.11	0.000
Co-group	2.47	1.30		
*I always dress decent				
Ex-group	4.10	0.84	2.93	0.000
Co-group	3.33	1.15		
*My body health is important to me				
Ex-group	4	1.01	3.53	0.001
Co-group	3.03	1.09		
Nobody respects me				
Ex-group	4.17	0.78	5.86	0.000
Co-group	2.70	1.11		
I am sacrificed by others				
Ex-group	4.40	0.62	15.37	0.000
Co-group	1.63	0.76		

I have no intention to do anything				
Ex-group	4.37	0.71	7.07	0.000
Co-group	2.54	1.22		
I am obsessed by thinking about past and worry about future				
Ex-group	4.40	0.67	19.92	0.000
Co-group	2.53	1.22		
*I feel happy and healthy gradually				
Ex-group	4.20	0.61	9.91	0.000
Co-group	2.37	0.80		
I always focus all of my attention on my addict recovery				
Ex-group	3.97	0.55	8.33	0.000
Co-group	2.1	1.09		
My well-being and happiness depend on addict recovery				
Ex-group	3.90	0.75	12.01	0.000
Co-group	1.60	0.72		
Stress makes me sick				
Ex-group	3.80	0.96	8.93	0.000
Co-group	1.80	0.76		
I can't sleep well				
Ex-group	3.97	0.71	3.87	0.000
Co-group	3.07	1.04		

*. Positively worded item

Independent samples t-test reveals significant differences in mean scores for all fourteen items between families in Co-group and families in Ex-group ($p < 0.05$). These findings show that families who have practiced 12-step program take care of themselves more than another group. On the other side, families who do not practice 12-step program, cannot consider their health or body unlike another group. In experimental group after practicing 12-step program, families learn to look at themselves rather than other people.

The result of Table 1 in present study confirms that families of addict only focus on the addict person. Moreover their well-being and happiness depend on addict recovery. Therefore their central thinking is around addict, so self-care will be dropped. On the other side, families who practice 12-step programs learn to look at within and take care of themselves. In other words, there is significant difference in families' attention toward addict in Ex-group in comparison with families in Co-group.

Bibee (2005) described this issue as the self-victim. He believes self-victim in codependency is special role that is played to keep the game alive. They see themselves helplessness, hopelessness and powerlessness. As a result, they feel whine, blame, and guilt about how hard life is and ask for a rescuer. This study confirms the same results about the mentioned feeling. Families in control group blame themselves

because of their addicts. Also these families have a rejection sense by others. They feel other people do not respect them while they have been sacrificed for others' problem. On the other side, families who practice 12-step program not only do not have any blame as a behavior toward themselves, but also they feel that others respect to them. Moreover there is no forgotten feeling by other people among them. Generally this group feels good about themselves rather than another group.

In another study, Harkness, Manhire, Blanchard, & Darling (2007) explored a model of codependent attitude and behavior as moderators of the relationship between (alcohol and other drug) AOD problems in the families of origin (AODF) and offspring self-report of psychological distress. They concluded that codependency may protect adult offspring from "feelings of personal inadequacy and inferiority, particularly in comparison with others."

Based on mentioned points and the result of this study, basically families of addicts/alcoholics conserve their energies for the others' needs and their most important things such as their feeling, health, clothes, body, and sleep will be ignored by forgetting themselves as an independent person. In this situation the 12-step program is an ideal program for codependents. When families of addict as codependents try to recover, they will learn to pay attention to their needs and look at themselves. Based on obtained result in Table 1, self-care among families after practicing 12-step program is significantly more than families who do not practice this program.

4. Conclusion

Health promotion is about helping people to have more control over their lives, and consequently improve their health. It happens during processes of helping and enabling people to strengthen personal skills, constructing supportive situations and developing communities. Moreover this is an approach that represents community development and promotes a positive sense of self. One important part of health promotion approach which needs to consider in every community is addiction/alcoholism. Addiction/alcoholism is one major social problem in several countries. This harmful illness not only effects on addict/alcoholic person but also it effects on the health of his families, relatives and even friends.

So the question is: What activities are likely to improve the overall health status of codependents' population? The implication of this approach is that when families of addict/alcoholic can identify their own health problems, have accessed to the information needed for their solution, and developed the confidence and assertiveness to act, as a result changing may occur at a community, as well as an individual level.

As community development seeks to empower individuals and groups of people, by the skills they need to defend on their own behalf, improve their healthy lives, and consequently self-help groups like “12-step program” can be one of the most important components to reach these goals.

One of the most common themes in the self-help group research is empowerment (Cheung, Mok & Cheung, 2005). This study suggests that empowerment can refer to the occurrence of changes of the individual in personal qualities such as self-care. Al-Anon/Nar-Anon Members gain their personal and social identity by sharing common beliefs, values and norms which have been developed by 12-step program. They develop some knowledge of their identity as a group, and share their problems and usual needs in the group meetings. By this way, they will be able to solve their difficulties by sharing their experience with other members who have same problems in their life. The present study revealed that when Experimental and Control groups were compared to each other, personal empowerment occurred among codependents by practicing 12-step program and it leads to change their self-care behaviors.

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