



Therapy (ACT) on the Co-dependency of a Group of the Mothers of Addicted Individuals

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A B S T R A C T

Co-dependency not only is the most prevalent addiction but only becomes the “basis” of what all the other addictions and Obsessions results from it. There is not a good management for it so far. Aim: the aim of the present research is to study the effectiveness of therapy based on Acceptance and Commitment Therapy (ACT) on reducing co-dependency of the mothers of addicted individuals. The present research is semi-experimental research with pre-test and post-test together with control group. The research population includes 48 of the co-dependent mothers of the addicted individuals in Tehran which have been selected with the use of availability sampling method. Then with Random assignment half of them (24) have been allocated to experimental group and the other half (24) have been allocated to the control group. Research instrument: co-dependent questionnaire (CODI). For data analysis covariance test has been used. The results indicate that there is a significant difference between the experimental and control group in terms of the overall score of co-dependency ($P < 0.001$). **conclusion:** the findings of this research regarding the effect of group Psychotherapy based on acceptance and commitment (ACT) on reducing co-dependence of the mothers of addicted individuals that with accepting the feelings and accepting their real self and reconstructing and Strengthening efficient values and committing to performing them, co-dependence of the mothers of addicted individuals have shown a significant reduction comparing to the period before the therapy.

Keywords: Co-Dependence, Acceptance And Commitment Therapy, Addict.

INTRODUCTION

Those dependent on drugs are not the only victims of addiction. It seems that those close to them who are have great mental occupancy with usage of drug in the member of their family also in one way or another are traumatized. One of these mental damages is co-dependency (Surrey, 1997). In this situation the person in addition to losing a part of his/her identity, independence and will spend all his / her efforts on providing for their needs, controlling and supporting the addicted person and even through this might make the addicted person stronger in using drugs. A number of researchers have so far to consider the existence of co-dependency states in relatives as a major reason of addiction formation and continuity (Hughes-Hammer, Martsof, & Zeller, 1998; Lindley, Giordano, & Hammer, 1999; Martsof, Sedlak, & Doheny, 2000). Co-dependency is the most prevalence addiction people might find (Whitfield, 1989).

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Co-dependency or the illness of losing oneself is a kind of existence and living in which the attention of people more than being focused on “their real self” is focused on the outside world. This over attention or in other words Extraordinary mental engagement results from learning this belief that something outside the true self of person can bring him/her happiness, perfection and peace and can relive him/her from pain (Bowen, 1966; Gibson & Donigian, 1993). Such style of life will interfere with the individual’s contact with the inside world of his and even disconnects it, which means the connection with beliefs, thoughts, feelings, choices, needs, experiences and even vital physical indices which general form his/ her identity and life and are the major part of his/her consciousness will be disconnected and disturbed (Whitaker, 1991; Whitfield, 1991). Neglecting the real self and lack of communicating with the inside world will cause a feeling of emptiness and the co-dependence person will try to fill this emptiness and void with unhealthy dependencies to others, goals, places and behaviors and eventually will achieve nothing except resorting to destructive habits. It is because the only way to fill this inside nothingness and void is through dealing with the real self and creating a healthy balance between awareness from internal and external world of ours. Therefore, co-dependency not only is the most prevalent type of addiction but is the most favorable context emergence of other addictions and obsession, Heart - cardiovascular disease, Chronic Fatigue as well as AIDS (Askian, Krauss, Baba, Kadir, & Sharghi, 2016; Bacon, McKay, Reynolds, & McIntyre, 2017).

Co-dependency is the disease of losing oneself (Whitfield, 1989). This disease can resemble physical, emotional or even emotional problems which happen to people in everyday life; it can accompany people and intensify these problems and even creates them. People become dependent on each other when they put the responsibilities of their own life and their happiness on the shoulder of their fake self (ego self) or others (Baker, 2010; Brown & Schmid, 1999a; Whitaker, 1991). Co-dependency in its limited definition is a unhealthy relationship in which both sides needs the existence of the other side and both side mutually tries to take advantage of the other’s needs in order to satisfies her/his own needs and often in this course the two sides will give each other the possibility of remaining in a disadvantaged status toward each other (Whitfield, 1989). In co-dependency usually one or both of the sides in a relationship are involved in other forms of addictions, such as addiction to alcohol, drugs, computer, sex, eating, gambling, shopping, working and religious rituals. Co-independent individuals in an unsuccessful way will get involved in controlling and saving addicted individuals who are themselves have co-independency problem. In other words, co-independent is the dependency of “an addict to addict” and in general we might say that co-dependency is co-dependency of “addiction to addiction” (Anderson, 1994; Miller, 1994). Since not more than 35 year has passed from the formation of co-independency concept, so many less Helping professionals and individuals are aware of this concept. This concept is not only helps so many individuals who are suffering from Discomfort and morbidity that cannot be classified in any of the classifications of personality disorders to have a better understanding from this condition but also can be use a factor for preventing other problems. Without any doubt awareness and knowledge of helping specialists in the area of parents and specially mothers regarding co-dependency can help mother to achieve a better performance in life (considering their responsibility for family) (Gibson & Donigian, 1993; Witkiewitz et al., 2014).

Co-dependent mothers of addicted individuals are less distinguished, don't have a defined personal identity and for achieving others' satisfaction change their behaviors, support their children, themselves are searching for support and in general excitements and influences of environment are dominant on them (Bowen, 1993; Brown & Schmid, 1999b). Co-dependency of these mothers might appear to look like Kindness, compassion and love. The co-dependent person will make her best to be a good mother for the addicted person, with all her existence will try to identify the needs and desires of her addicted child, so that she can take a good care of her child and maintain the vital balance of her family (Perkinson, 2016). A co-dependent mother says that all my mental attention and engagement is that to satisfy my child and support him/her. I will only feel good about myself when I will be approved by my child who is dependent to drugs, when he loves me. The fear of being objected by him determines why I say and what I do; they are even ready to accompany the addicted person in his / her usage of drugs to be able to control his/her drugs usage or to be a role model for them. Even they are ready to scarify themselves in order to treat him and this is a sign of their love and interest in their child. So many Addicts Rehabilitation Specialists confirm that this type of helping the addict person for usage of drugs often is performed under the label of "love" (Doweiko, 2011; Ramser, 1994). According to the aforementioned, co-dependency is the most prevalent type of addiction, addiction to attention or engagement to place or other places.

Co-independent individuals believe that something outside them or in other words outside their real selves will bring them joy, happiness and perfection. This outside or other places can be people, places, goals, behaviors or experiences. Whatever they are for them the person might forget itself. Mothers due to emotional connection they feel with their children to a great deal care about their life and their future and in this process might even forget themselves in the process and spend all their energy and time on the needs, desires and problems of their children. In this situation, so many of these mother due to the addition of their children will come down with co-dependence and start to believe that they can only be happy and joyful when their children will be free of their addiction. Their effort for freeing their children from addiction might result in their negligence from their own needs and selves to such extent that even after the improvement of the addicted person also the co-dependent person will remain in state of self-forgetting which unconsciously will create the context for the previously addicted person to go back to his/her addiction again and therefore, the co-dependent individual also requires therapy for getting free of these problems (Hughes-Hammer et al., 1998). Due to Extraordinary engagement of a co-independent individual with the outside world of him/her and the suffering he or she bear as an effect of over focus and attention to others' needs and controlling their behavior, in therapy of co-dependency on separation of the co-dependent individual from the other person in the unhealthy relationship is being emphasized. This separation doesn't refer to a superficial exclusion and separation, but it refers to rejection and non-acceptance of the feeling of responsibility of the co-independent individual toward to other party and other (Cox Jr, Ketner, & Blow, 2013; Harkness & Cotrell, 1997).

The accumulation of the knowledge and contents about co-dependence and introducing this concept to people resulted in the provision of certain intervention for solving it as well as the fact that people became aware of the existence of this problem. Hence, with people believing in this fact, treating and improving co-dependency has become possible. The remedy to this problem and treating it may appear to be easy and the individual requires a healthy

balance between awareness from his/her internal and external life. However, such a healthy balance cannot exist by itself in this world, in which almost every individual's action in most of the times in one way or another is interrelated to each other, and requires a regular therapy approach and method (Calderwood & Rajesparam, 2014; Miller, 1994).

During past years, various therapy programs have been introduced for co-dependency therapy. Most of the studied performed regarding the effectiveness of various approaches of Psychotherapy therapy of co-dependency on behavioral approaches (Whitfield, 1989) and cognitive – behavioral have been referred to as effective approached in therapy of this disease, (Thorberg & Lyvers, 2010). The major problem and issue of co-dependent individuals is avoiding from internal experiences and not accepting feelings and not fully experiencing them and until these individuals will not accept their own emotions and will not experience them fully we cannot expect a successful therapy (Thorberg & Lyvers, 2006, 2010). Here, the third wave of Psychotherapy which are referred to as behavioral therapy's based on acceptance and mental awareness became popular with the assumption that mental damage (trauma) is accompanied with an effort for controlling or avoiding negative emotions or thoughts (Hayes et al., 1999; Wetherell et al., 2011). These therapies emphasize on changing the relationship of the individual with their internal experiences and avoidances. In behavioral therapies based on acceptance, clinical problems are conceptualized in terms of behavioral states and it is believed that Cognitions and emotions should be considered in the conceptual contexts of phenomena (Roemer & Orsillo, 2005).

Acceptance and commitment therapy (ACT) tries to shift the goal from avoidance of unfavorable emotions to full experience of these emotions. These experiences serve to achieve valuable personal goals. Creating such a behavior requires training (through experimental practices and application of symbols) to individuals so that they will experience both the emotions and the words used for describing emotion's characteristics and concepts in a different style and way, (15). Acceptance and commitment therapy (ACT) is based on this assumption that distorting cognitive processes and strengthening unfavorable emotional experiences will engage individuals in problematic behaviors that have referred for therapy.

These behaviors have been developed for reducing or avoiding unfavorable emotions. Such avoiding behavioral models and patterns can prevent the advancement of individuals who have referred for therapy toward valuable goals and put them in awkward and inappropriate situation (Freeman, 2004; Grawe, 2004). ACT approach instead of changing cognitions or decreasing the emotional levels, directly engages individuals, who have referred for therapy, with the experience of problem creating emotions in the context. Complete focus and concentration on therapy, can facilitate the movement of individuals, who have referred for therapy, toward personal goals and a satisfactory life (Blackledge & Hayes, 2001). In the present research, instead of using approaches such as behavioral – cognitive therapy which modifies inefficient cognitions and beliefs in order to modify emotions and behaviors, the patients are taught in the first step to accept their emotions and deal with life in “here and now” with higher psychological flexibility. Due to this reason in these therapies traditional behavioral – cognitive techniques are combined with Mindfulness to achieve a more effective therapy. For co-dependency therapy the co-dependent individual should accept his/her own negative emotions and feelings and then should experiences them, considering the fact that these emotions should

be experiences it seems that one of the effective therapy's is acceptance and commitment therapy. In acceptance and commitment therapy (ACT) instead of changing the cognitions it is tried to increase the psychological communication of an individual with his thoughts and emotions.

The goal of ACT is to improve psychological acceptance and flexibility. These components enable an individual to maintain or change his/her behavior toward achieving selected values in order to achieve short-term reliefs (Gregg, Callaghan, Hayes, & Glenn-Lawson, 2007). Studies indicate that ACT with reducing avoidance and inflexibility decreases the effect of negative thoughts and emotions on behavior and allows individuals to accept their inside states and move toward compatibility, flexibility and goals based values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

METHODOLOGY

The present study is semi-empirical in which control group pretest and posttest design has been used. The present study is an applied research which studies the reduction of co-dependency of the mothers of the addicted individuals prior and after the intervention

Considering the fact that the experimental design of the present research is control group pretest posttest, in case of normal distribution of each of the variables under study, for controlling pretest effect and comparing the posttest score averages of the total variable (co-dependency) and each of its four items in the two experimental and control groups parametric covariance analysis test (ANCOVA) has been used [however, in case of establishing the pre-assumptions related to it and otherwise Independent t-tests will be used for comparison of the difference average of the scores of the pretest and posttest of the variables under study] and also in case that the distribution of variables will not be normal non-parametric Mann Whitney U test will be used.

B) Research population and sample and sampling method: the research population included the mothers of the addicted individuals who have referred to the Addiction Therapy Centers which have been screened through co-dependency questionnaire (CODI) and randomly have been allocated into two experimental and control groups. First, we have referred to Addiction Therapy Centers and prepared a list of the mothers of addicted mothers and next obtained a written consent from them and in the next step the co-dependency questionnaire (CODI) has been distributed among these mothers.

The measuring instrument research

The aim of this questionnaire is to measure co-dependency in families and friends of individuals who uses drugs. CODI is an instrument which is consistent of 29 items the aim of which is to measure the co-dependency of the families and friends of the individuals who are engage in using drugs. Co-dependency is defined as helping an individual who is using drugs or trying to control the usage of alcohol or drug of these individuals. Related items and sub-scales have been developed with the use of background studies and indicate that co-dependency have properties such as: need to control (C, items 1, 5, 9, 13, 17, 21, 25), Interpersonal Dependency (ID, 2, 6, 10, 14, 18, 18, 22, 26, 29), Self-Alienation (SA, 3, 7, 11, 15, 19, 23, 27) and entangled (4, 8, 12, 16, 20, 24, 28). Scoring method: CODI after reverse scoring of items 9, 13, 17, 25 with making the

sum of score for the times for sub-scales and total score, the scale will be scored.

Reliability: CODI with a total alpha coefficient of 0.79 and alpha coefficient of 0.45 for control to 0.75 for interpersonal dependency, reliability has a relatively good internal consistency.

Validity: performing test-retest on 48 of the friends and families of the alcoholic individuals in the Rebirth Center with a two week gap indicated that there is a correlation of 85% between the two administrations which is significant at the level of 0.001. Also, internal consistency of the present study obtained with the use of Cronbach's alpha is equal to 0.91 which indicates that CODI has a relatively good structural validity and has a significant relationship with Replication with Characteristics of stereotypical feminine gender role and only in women families with bad function of the relationship is significant. For both women and men, the subscale of self-alienation CODI has a significant relationship with families with bad functions.

RESULTS

In this section, first mean and standard deviation of co-dependency variable in both experimental and control groups and then the data related to hypothesis test is presented.

Table 1. Mean and standard deviation scores of posttest of co-dependency variable together with its subscales (items) in both groups

Items	Experimental		Control	
	Mean	Standard deviation	Mean	Standard deviation
Need to control	6.6	1.9	15.9	1.2
Interpersonal dependency	7.13	2.1	18.75	2.1
Self-alienation	5.6	2.1	15.7	2
Entangled	5.8	1.5	16.5	1.8
Co-dependency	25.12	3.1	66.8	3.5

Results of table (1) indicate that the mean of posttest scores of co-dependency variables (together with its items) in experimental group are lower than in the control group. Now for studying whether these differences are significant or not in the following we will test this matter. For testing these hypotheses, first for studying the normal distribution of co-dependency variable (together with its items) two Kolmogorov-Smirnov and Shapiro and Wilk have been used, the results of both tests indicate that the distribution of co-dependency variable and its four subscales are normal. Therefore, for data analysis covariance parametric analysis test or t-test is used. Now before conducting covariance analysis test, first we should study the pre-assumptions related to this test. Among the various pre-assumptions the most important one is the existence of an interaction between covariate (pretest) and independent (group) and in predicting dependent variable (posttest) which will be tested. In fact, if this interaction will be significant statistically, the obtained results from covariance analysis can be misleading and in other words we cannot use parametric analysis.

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Table 2. Test of lack of existence of interaction (similarity of regression line's slopes)

Source of changes	Variables	Sum of squares	F	p-value
Pretest * group	Need to control	5.4	2	0.16
	Interpersonal dependency	0.2	0.04	0.84
	Self-alienation	0.2	0.04	0.84
	Entangled	0.4	0.15	0.7
	Co-dependency	87.8	11.7	0.001

In table (2) it can be seen that considering p-values, mutual effect of pretest scores of each of the subscales with independent variable (group) are not statistically significant ($p > 0.05$); however, this interaction is significant for co-dependency ($p < 0.001$). Therefore, it can be concluded that for testing the mean of each of these sub-scales in both groups covariance analysis and for co-dependency variable analysis t-test will be used. Now for comparing the average of each of the scores of posttest of subscales separately in two experimental and control groups the results of the following table will be used:

Table 3. Results of covariance analysis test for comparing the average of each of the subscales of co-dependency variable separately between the two groups

		Squares sum	Freedom degree	F	p-value	Eta square
Intergroup	Need to control	945.5	1	350.3	0.00	0.88
	Interpersonal dependency	1600	1	343.4	0.00	0.88
	Self-alienation	1216.4	1	269.9	0.00	0.86
	Entangled	1374.8	1	468.8	0.00	0.9
Pretest	Need to control	0.003	1	0.001	0.97	0.00
	Interpersonal dependency	1.4	1	0.31	0.58	0.007
	Self-alienation	0.4	1	0.08	0.77	0.002
	Entangled	0.007	1	0.002	0.96	0.00

The result of table (3) indicate that considering F value related to the intergroup variable for each of the subscales is significant at the significant level of 0.05 ($p < 0.001$), which mean that there is a significant difference between scores average of each of the subscales in both experimental and control groups. Also, considering the Eta square, respectively 88%, 88%, 86% and 90% of the changes in scores of need to control, interpersonal dependency, and self-alienation, entangled are resulted from conducting therapy method.

Table 4. Results of t-test difference for comparing difference of pretest and posttest scores of co-dependency in both groups

Variable	Group	Difference average	T	p-value
Co-decency	Control	-0.6	30.4	0.00
	Experimental	39.6		

average difference of pretest and posttest scores of co-dependency in both groups From the above table and diagram it can be observed that the score average difference of co-dependency in experimental group is lower than in control group and this difference in average

between the two groups is statically significant ($p < 0.001$).

CONCLUSION

The present research has been conducted with the aim of determining the effectiveness of group therapy of acceptance and commitment therapy on reducing co-dependency of the mothers of addicted individuals. The research findings indicate that group therapy based on acceptance and commitment is effective on reducing co-dependency of the mothers of addicted individuals. It can be said that the findings of the present research are consistent with the findings of Dear and Roberts (2002), in which a high correlation has been observed between co-dependency with interconnectedness and interpersonal dependency with the person being supported. For treating co-dependent individuals their cognitions should be modified and corrected so that their chaotic emotions and behaviors which cause the continuity of their co-dependent relationship will be modified and treated as well.

Witkiewitz et al. (2014), has presented a method for treating co-dependency in which in the beginning of the therapy it is tried that the patient will stop denying having co-dependency problem and can accept that he / she has this problem. After accepting the problem the patient is expected to take responsibility for his problems and chaotic behaviors and try to understand his limitations and in addition to understand that the chaos in his life results from his effort for controlling what is actually uncontrollable. Therefore, his findings are consistent with the findings of the present research. in fact the inclination of the co-dependent individual is toward balance in using abilities and obtaining awareness of his/her experiences and emotions as well as accepting his / her emotions and responsibilities about his / her actions and behaviors and reevaluation and acting upon them will cause the co-dependent individual to find a positive evaluation from him/her performance and following that his self-esteem would increase and would give more attention to his/her own behaviors.

With gaining more insight about inefficient relations and unrealistic beliefs the individual changes his/her perception and interpretation from them and the context from changing and modifying incompatible and co-dependent behavior of his/her will be provided (Roemer & Orsillo, 2005). In line with lack of being distinguished and self-alienation of co-dependent individuals the findings of Knauth and Skowron (2004), indicate to a reverse and significant relationship between the level of distinguish and cognitive performance and it also shows that co-dependent individuals at the time of reaction and response to their surrounding environment practically don't use their logic and cognition and their behavior depend on the behavior the person in front of them. Also, the findings of Thorberg and Lyvers (2006) study, indicate that the higher level of being distinguished in adulthood in a significant way can predict a better and more successful control in different situations. As per the present study there is a reverse and significant relationship between self-alienation and my-place. Co-dependent individuals due to extraordinary engagement with the outside world of them will lose their connection with their internal world and as a result don't have an independent identity (Pearson, Follette, & Hayes, 2012).

On the contrary, distinguished individuals have more strong personal identities and don't change their behavior and beliefs for obtaining other's satisfaction (Bowen, 1993). Lack of follow-up measurement in the study design due to common time limitations, problems related to selection from Addiction Therapy Centers are among the limitation of the present study. It is recommended to use the design of the present study for reducing co-dependency of the wives and children of addicted individuals.

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