



An Examination of the Lived Experience of Attending Twelve-Step Groups for Co-dependency

Ingrid Bacon¹ · Elizabeth McKay² · Frances Reynolds³ · Anne McIntyre³

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Abstract

This research project aimed at obtaining an in-depth analysis of the experiences of self-identified co-dependents, who chose twelve-steps groups as a way for dealing with difficulties identified as co-dependency. Interpretative phenomenological analysis (IPA) was used as the methodology for the research. Eight participants volunteered from local support groups for co-dependency in the UK. Data were collected through 3 in-depth interviews with each participant over a period of 3–6 months. A visual method was used to gain a more in-depth phenomenological perspective. It included photographs, drawings and images chosen by the participants to describe their experiences. The analysis revealed 2 contradicting and complementary themes: (1) representations of the twelve-step group as a helpful tool and (2) representations of the twelve-step group as no longer meaningful. It demonstrated that the participants found their groups useful as an initial pathway for recovery; however, it did not feature as a central aspect in their recovery, as different levels of engagement were described. The results of this study provide a base for developing a more empathic and contextualised understanding of the experience of individuals who attend twelve-step groups for co-dependency, which in turn will enable health professionals to offer support which is relevant to these individuals' experiences.

Keywords Co-dependency · Twelve-step groups · Recovery · Phenomenology · Lived experience

✉ Ingrid Bacon
i.bacon@sgul.kingston.ac.uk

Elizabeth McKay
E.McKay@napier.ac.uk

Frances Reynolds
fa.reynolds@hotmail.co.uk

Anne McIntyre
Anne.McIntyre@brunel.ac.uk

Extended author information available on the last page of the article

Co-dependency is a contested psychological concept associated with addictive behaviours. It is a multifactorial problem characterised by a constellation of factors identified as differentiation of self, self-sacrifice, external locus of control, interpersonal conflict and control and emotional constraint (Lampis et al. 2017; Dear and Roberts 2005). Evidence suggests that these factors are typically found in the lives of adults who grew up in dysfunctional families, for example where substance abuse prevailed (Abadi, Maarefvand, Aghaei et al. 2017; Bortolon et al. 2017; Sarkar et al. 2015; Marks et al. 2012).

A systematic review of literature in co-dependency offered a summary of various treatment perspectives based on individual and group therapy modalities (Ahmad-Abadi, Vand and Aghaee 2015). The twelve-step group appears to be the preferred pathway for helping individuals who identify with this problem (Askian et al. 2016, 2018; Sohrabnejad et al. 2018; Abadi et al. 2015).

However, our review of literature in co-dependency demonstrated that to this date, to our knowledge, the voices and experiences of individuals who attend twelve-step groups have not been included in the discussion, therefore indicating the need for an in-depth analysis of the perspectives of self-identified co-dependents, who chose the twelve-step group as a way for dealing with difficulties identified as co-dependency. Their experiences of the twelve-step recovery groups will illuminate professionals who work in this field, suggesting ways to support people who consider themselves to be co-dependents and who chose the twelve-step group pathway for recovery.

Background

The twelve-step approach emerged in the 1930's as a way of supporting people with alcohol problems (Smith and Wilson 2013). The approach is based on the view that substance misuse is a spiritual, physical and psychological disease (Ferri et al. 2006). The twelve-step philosophy underlies the self-help group as an intervention, helping people to build a sense of agency through mutual support and fellowship (Ferri et al. 2006). However, it 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 (Kurtz 2002; White and Kurtz 2008).

A review of the historical literature in co-dependency indicated that the twelve-step recovery movement played an important role in framing the initial understanding of this concept (Irvine 2000; Rice 1992). The twelve-step approach not only shaped the early development of the concept of co-dependency as an illness but also suggested that people who were close to alcoholics or any substance user were themselves suffering from an illness. These people were viewed as 'enablers', 'co-alcoholics' or co-dependents (Cocores 1990). These early views suggested that family members became caught in an unhealthy parallel process, whereby they focused their lives on maintaining the well-being of a person (partner, relative) with alcohol or drug dependence (Denning 2010). In the 1960s to early 1970s, a number of twelve-step 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 1980s the Co-Dependents Anonymous (CoDA).

Scientific literature in co-dependency revealed sociological studies exploring the twelve-step co-dependency anonymous group as a social cultural movement (Rice 1992; Irvine 2000). Rice's (1992) Foucauldian discursive analysis study aimed at exploring the work of early co-dependency authors in popular psychology (Beattie 2011, 1992; Schaef 1986). He focused on the association of co-dependency with discourses of addiction and liberation psychotherapy. Therefore, suggesting that the twelve-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 proposed that the co-dependency discourse created by this group forms a narrative story that people select to frame their lives and acquire a sense of identity and liberation. Concurring with this perspective, Irvine's (2000) ethnographic study explored Co-Dependents Anonymous groups as a cultural phenomenon in the USA. The findings suggested that the narrative within twelve-step co-dependency group may have served as a strategy for people to cope with separation, form a new identity and resist societal expectations placed on them by American cultural norms. It is possible that these constructions of co-dependency were architected within the perceptions and vocabulary reflecting the American culture of the 1990s and may have empowered individuals to break away and escape from traditional systems of authorities. It might have helped individuals attending such groups to break free from controlling environments, for example restrictive norms and expectations within their families, to look back critically at these systems and create new personal pathways. This suggested that further investigations were needed giving opportunity to self-identified co-dependents, to describe their lived experience of attending twelve-step groups and the meaning they attribute to this experience.

Methodology

Interpretative phenomenological analysis (IPA) was used as the methodology for the research study (Smith, Flowers and Larkin 2009). IPA is concerned with understanding the lived experience, the meanings attributed by the person, as far as they can be interpreted by the researcher. It has a strong idiographic perspective and adopts a hermeneutic approach to phenomenology (Larkin et al. 2011). IPA is always dependent on what the participant chooses to disclose about the experience (Smith et al. 2009). The IPA researcher engages in double hermeneutics whereby the researchers brought a phenomenological lens interpreting the participants' accounts, facilitating fresh understandings of their engagement with the twelve-step recovery group for co-dependency.

Reflexivity was a key aspect in insuring the quality of this IPA research (Langdrige 2007; Finlay 2008). Through a process of multiple reflexivity (Tomkins and Eatough 2010, 2013), the researchers were able to examine and became aware of important dimensions of personal identification, power, control and inequality which happened through the research process (Finlay and Evans 2009).

Data were collected through 3 in-depth interviews and a visual method over a period of 3–6 months, by the first author. The repeated interview process offered each participant the opportunity to engage in-depth conversations over an extended period of time, as well as allowing the elicitation of further narrative through visual methods. Questions were open ended and exploratory in nature and covered a range of topics about co-dependency including the group experience (see Table 1 for examples of questions about the group experience). The use of a visual method helped to gain a more in-depth phenomenological analysis, facilitating

Table 1 Summary of interview questions related to the experience of attending a twelve-step group

Can you tell me how has the experience of the twelve-step group helped you?
Can you tell me how has this support helped you?
How do you apply the principles and traditions of the twelve step in your life? Could you give us some examples?

participants and the researcher to move beyond usual narratives about co-dependency that might have been adopted within the twelve-step groups (Bacon, McKay, Reynolds and McIntyre 2017). It included photographs, drawings and images chosen by the participants to describe their experiences. It created a bridge between the lifeworld of the participants, the researcher and the participants, as it facilitated the expression and interpretation of some difficult-to-articulate experiences (see Bacon et al. 2017). Participants used rich metaphorical and imagery expressions to describe or 'give voice' to their complex and often abstracted experiences (Shinebourne and Smith 2010). The authors used a phenomenological lens to analyse the data, following the steps of IPA analysis recommended by Smith et al. (2010) listed below:

- 1) Initial encounter with the text identifying relevant conceptual, descriptive, metaphorical and visual information.
- 2) Case by case analysis, with the identification of themes for each participant.
- 3) Clustering of themes and refinement of themes for each participant.
- 4) Cross-case analysis with identification of superordinate themes across participants.
- 5) Writing of a narrative report.

In accordance with the IPA framework for analysis, an attempt has been made to represent each of the participant's voice on a balanced basis, whilst remaining sensitive to individual differences (Smith 2011a, 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).

Ethics

The research obtained full approval from the University's Ethics committee. Consent was explicitly discussed and obtained from participants. Confidentiality and anonymity were observed throughout the research process. Anonymity was ensured as participants were given pseudonyms and all identifiable information was removed from the research data.

Participant Recruitment

In IPA, the researcher explores the phenomenon in specific contexts with small sample sizes, to ensure the richness of the information collected and appropriate depth of analysis (Eatough and Smith 2006). Purposive recruitment was necessary in order to achieve this.

Participants were recruited from local twelve-step recovery groups for co-dependency. Potential participants, who had their names and contact information displayed on the group website, were contacted via email explaining the purpose of the study. Those who expressed a provisional interest in taking part received a follow-up call explaining further details of the

study. Participants who expressed interest in taking part in the study received information packs via email. Following this detailed information, they all gave written and verbal informed consent.

The inclusion criteria for the study were participants' self-reported co-dependency, being over the age 18 years old, living in the UK, and fluent speakers of the English language. Participants were also expected to be receiving ongoing support for co-dependency, as this was important in order to ensure their welfare.

Overview of the Participants

Eight participants (five women and three men, age between 30 and 40) volunteered from local support groups for co-dependency (i.e. London and surrounding areas). They provided 20 interviews describing their understandings and experiences of co-dependency and this included experience of the twelve-step group which form the focus of this article. The participants are introduced below:

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

... my journey in terms of co-dependency 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 co-dependency...I went to seminars and groups.'

Heather was a 60-year-old housewife, married with adult children. She started going to the twelve-step group for co-dependency 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 co-dependency literature, consulting a number of books and self-help avenues.

Well, actually a doctor recommended this kind of thing – 'you might be co-dependent' and I had read books on it, oh God there are so many books...All these self-help things they all point that way.

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

I first heard the word co-dependent, other than hear it banded around, when I went to see a psychiatrist, at the beginning of 2010. I then started to go to the group, and I bought literature, I bought the Melody 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 co-dependency was. I think that I was a co-dependent, kind of lying dormant waiting to be activated...

Jonathan 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. He described struggling with a number of issues throughout his life, which led him to engage in various forms of therapy and groups.

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 twelve-step groups and therapy until his sister suggested the twelve-step group for co-dependency.

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 Anonymous groups, a couple of different meetings, and my sister suggested the group.

Mathias described coming across the construct of co-dependency 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 co-dependency happened through a friend, who suggested he might be co-dependent and insisted for him to go to the co-dependency 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 co-dependent... 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....

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 co-dependent. Like most of the participants in this study, Selma appeared to be attempting to rebuild her life. She first heard about co-dependency when she was attending a healing course.

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 co-dependency through reading a popular psychology book. She explained that at the time she was having therapy, and the therapist suggested her attending co-dependency groups. Although at the time of the interview she was no longer attending twelve-step groups, she later described her initial encounter with the construct of co-dependency 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.

Findings

The eight participants offered in-depth, vivid and rich information about their subjective experiences of co-dependency and the twelve-step group embedded in their lifeworld. Here we present the findings related to the experience of attending the twelve-step group for co-dependency (see also (Bacon, McKay, Reynolds and McIntyre 2018) for findings related to the experience of co-dependency). The analysis revealed 2 contradicting and complementary themes related to experience of attending the twelve-step group: (1) representations of the twelve-step group as a helpful tool and (2) representations of the twelve-step group as no longer meaningful.

Representations of the Twelve-Step Group as a Helpful Tool

All of the participants spoke about the group as a tool for helping them to deal with their perceived issues of co-dependency. The group was experienced as one self-help tool in the midst of a number of other alternative sources of social support which helped them in their journeys. The participants were engaged on an ongoing quest for answers for their identified co-dependency problems. They searched for a framework external to themselves 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. This is explained by Jonathan.

... You seek help. I think that is why there are things like psychologists, therapists, twelve-step programme, umm support groups, churches..., a number of tools to help you, so you have the group 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...

Participants' engagement in the co-dependency twelve-step group indicated a 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 twelve-step group was perceived as one aspect which was a contributor to their process of searching for themselves and for an understanding of their co-dependency. The group 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 understanding co-dependency and their problems. For example, Jonathan explained that the twelve-step group was like a piece of a jigsaw which, combined with other forms of support, 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 co-dependency group meetings.

However, the group was not perceived as the sole contributor to this process of self-understanding; other factors were also identified as they sought help and support for their

difficulties. For example, Timothy saw that the group was a helpful part, but also simple things such as friendships and other relationships 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....

Helena also spoke about the group facilitating only a small aspect or first step of people's recovery process:

I think the co-dependency group covers a small aspect, I think if you come from somewhere very damaged and you need support from a group, I think the group is amazing, it is a great first step, but with everything, the first step doesn't change your life....

When asked about which aspect of the group they found most helpful, the participants identified group sharing as being most helpful in assisting them to identify issues of co-dependency. They spoke about feeling safe to share in the group. Group sharing helps them in the process of gaining self-awareness through identification with others, which in turn provided a helpful reference to their own life experiences. Timothy 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.

I think the group 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, 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 finding himself portrayed in them. He described the realisation of identifying himself in their stories:

...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 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. They may have

longed for a sense of family belonging and safety which may have been transferred to the co-dependency group. For example, some participants 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. This was demonstrated by the extract below from Patricia which exemplifies her longing for the co-dependency 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)

The group was identified as safe and structured environment which helped the participants to disclose aspects of their experience of co-dependency. The mutual sharing support, no hierarchical and no threatening structure offered by the group may have contributed to this.

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. (Timothy)

The process of obtaining self-awareness through sharing was explained in the context of the group providing a safe environment where people could be honest without hiding anything about themselves. This is explained by Matias.

...what the co-dependency group does, or what you try to do within the group is diagnose these bits of baggage, these incapacities, these expectations, these habits, umm and do something about them...like just peeling back the layers.

Patricia found the guidelines for sharing useful to give her a sense of safety: 'Very safe place, very safe, very safe, and if it is at all unsafe, someone will [show] what is called the red card.' Selma agreed that the group may have been a safe environment, which helped her to address what she understood as her co-dependent behaviours. She also 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, 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 co-dependent behaviours ... I think the main thing is just having a structure....

In summary, the participants identified the group as a helpful tool, a framework and a safe place to identify and share their life experiences, as they connected their stories with the stories of other members of the group. They reported finding sense of connection and belonging through this process. However, although these participants found some aspects of the group beneficial to their process of understanding themselves and their co-dependency, for half of the sample, their engagement with the group had not been sustained as demonstrated by the theme below.

Representations of the Twelve-Step Group as No Longer Meaningful

The group pathway provided the participants with a framework, a temporary sense of connection and wholeness; however, for some participants, this was not sustained and they remained in their pursuit for other forms of reference. Four participants spoke about their eventual discontent with the group, finding the group no longer meaningful. These participants spoke about the need to stop attending the group after a period of initial engagement and participation. For example, Selma spoke about a need to have a 'cutoff point' with the group as it became unsuitable for her.

I think there comes a point where it needs to be that cut off point....It was becoming an unhealthy relationship unfortunately

The reasons presented by the participants as to why they left the group varied. For example, Selma spoke about feeling that the group was holding her back in her journey.

Yeah ... I stopped going to the group. Several reasons... I mean, I love the twelve-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 moving into future. I don't really need to keep focusing in the past so much ... I don't need to keep re affirming that I am a co-dependent again ...

Mathias spoke about experiencing the twelve-step group positively at the beginning, yet at a later stage, he reflected on the negative impact that the group had on his life: 'I was becoming too much of an island!' 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, which he described as more helpful.

...so, I stop going to the group about probably 6 months ago, not by choice and not by saying that I wouldn't go to the group, but I kind of get enough group recovery therapy and it's quite umm focused and intense and started to go to umm love addiction group ... There was a lot of solution in love addiction ... because I felt with the group, I was becoming too much of an island and I think that was my addictive nature

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

So, my understanding of co-dependency, first of all, I feel like I was putting it on hold. It's a bit down on the co-dependency group ... the love addiction group really helps in the way the co-dependency group didn't...In November of last year, I went into love addiction group and I went into love addiction group full force, really committed 7

meetings a week, started working the steps straight away....begun sponsorship route which is just incredible!

Helena added that she felt that people developed a co-dependent 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 co-dependent to be in that group (Helena)

Overall, 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, the experience of the twelve-step recovery group varied considerably amongst the participants of the study. 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 twelve-step-based recovery groups, health professionals or other forms of self-help.

Discussion

The idiographic and in-depth interpretative phenomenological analysis of participants' group experience suggested that their engagement with the group was one element of what they identified as a recovery process from co-dependency. The participants considered the twelve-step recovery group as one effective tool in their process of gaining a more meaningful understanding of their lived experience. The findings demonstrated participants' engagement in the twelve-step group as associated with an apparent search to obtain a framework for their lives. The group provided a degree of support from other people who may have identified similar issues in their lives. It helped participants to become more tolerant and understanding of their problems, as well as providing some shared affirmation and validation. The group appealed as it offered an initial response for their needs for validation, safety and belonging.

Early theorists in psychology have identified these as intrinsic human needs (Adler 1927; Winnicott 1960a, b; Maslow and Lewis 1987), with group theorists arguing that these needs can be partially met in groups (Yalom 1974, Jacobs et al. 1998; Corey et al. 2013). It is possible that by joining the group, these participants found an environment of unconditional acceptance, safe enough to express themselves and to belong. This can be interpreted as a holding environment described by Winnicott's psychoanalytical family therapy theory (1960a,b, 1969), a supportive embracing environment which facilitates psychological development. The group provided a useful platform for belonging, self-exploration and construction. However, for some, it was experienced as a temporary tool in the longer process of self-development. For these participants, attendance at the group was not something that they deemed had a unique role to play but was instead understood as one aspect out of many others which helped them in what they perceived to be a process of recovery from co-dependency.

Furthermore, the findings captured here revealed also that the participants' experience of the group varied in terms of level of engagement and meaning. A further in-depth exploration

of the accounts of the four participants who had dropped out of the group offered some more insights. The participants expressed that, after attending the group for a while, they found it no longer helpful and decided to leave, seeking other forms of support as more suitable to their emerging requirements. They spoke about feeling constrained by the group and its twelve-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 not making the progress they were looking for.

Within the small body of research concerned with the twelve-step recovery group for co-dependency (Irvine 2000; Rice 1992), there is a lack of research exploring issues related to group disengagement. Sociological research in the field of co-dependency argued that co-dependents have their identity formed by the twelve-step discourse. Irvine (2000) posed that the group offered participants an institutionalised and medical formula of self, which requires continuous monitoring and participation in the group, thus fostering further dependency. The author suggested that the group served as an anchor in the lives of group attendants as they managed their relational issues. However, this perspective does not concur with the narratives of the participants captured by this interpretative phenomenological analysis research study. Although the findings revealed that the participants appeared to be looking for frameworks that would help them to make sense of themselves and their lived experience of co-dependency, they do not suggest that these participants were institutionally anchored in the group. The findings revealed that these participants appeared to have drawn on the twelve-step group structure and language to guide them in the process of searching for a better understanding of themselves and the experiences identified by them as co-dependency, whilst not necessarily becoming dependent on the group. They spoke about the group as a tool, amongst many others, that they chose to use in their developmental process.

In other fields, studies examining disengagement from twelve-step recovery groups addressing problems such as alcohol and drugs identified a high dropout rate associated with these groups (Kelly and Moos 2003; Project MATCH Research Group 1998; Tonigan et al. 2000; Ouimette et al. 1997). In these contexts, Kelly and Moos (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 co-dependents emphasised that they continued to be motivated to search for change and development and other forms of support.

Critical Evaluation and Future Directions

This research was limited by the perspective of eight participants living in the UK, who volunteered to participate in the study. Although the sample was acceptable for IPA research (Smith et al. 2009), it is nonetheless relatively small and therefore, findings are not straightforwardly generalisable to other contexts. The participants were recruited from local twelve-step groups for co-dependency and volunteered to participate. Although Shinebourne and Smith (2011) indicated that the twelve-step group forms a good sample representation, as it adequately meets the IPA criteria of a purposive, context-specific, expert knowledge group; limitations around rehearsed and edited narratives had to be considered, as this group appeared to be well informed about lay and psychological theories about co-dependency. IPA research in

other contested conditions such as chronic fatigue syndrome and addictions has faced similar issues (Shinebourne and Smith 2008; Dickson, Knussen, Flowers 2007, 2008). However, concurring with other research carried out in twelve-step groups (Shinebourne and Smith 2011), participants' accounts varied considerably and were not in any sense scripted.

The findings presented here suggest the need for further research with larger and a more stratified population of self-identified co-dependents. Further research could explore which alternative and different avenues, separately from 12-step groups, are adopted by self-identified co-dependents as they attempt to find frameworks to deal with their experiences of co-dependency.

Conclusion and Clinical Implications

This research provided important information on the experience of attending twelve-step groups for co-dependency. It demonstrated that the participants found their groups useful as an initial pathway for recovery. The group provided the participants with a sense of safety, belonging and a platform for self-development. The structured aspect offered by the group functioned as an attraction to some of the participants, who may have felt the need to find a safe frame of reference for self-development. In addition, by engaging in the group, participants obtained degree of support from other people who may have identified similar issues in their lives. Although the findings suggested that participants perceived the group as a holding environment, it did not feature as a central aspect in their lives. Different levels of engagement and confidence in the group were noted for some and for most, the group became no longer meaningful, leading them to search for other forms of support.

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 individuals who attend 12-step groups for co-dependency, which in turn will enable health professionals to offer support which is relevant to these individuals' experiences. Clinicians working with these clients could suggest additional forms of support, which could help self-identified co-dependents as they consider further avenues after disengaging from the group. They can assist these clients to create and develop their own personal frameworks, which could include individual and group therapy designed to empower them to meet their own needs. Schema therapy has been found to be effective for helping people experiencing a range of psychological problem and could be indicated for self-identified co-dependents who are seeking alternative forms of support (Young et al. 2003). A positive psychology framework can be adopted with interventions which foster optimal functioning, well-being, satisfaction and hope (Seligman and Csikszentmihalyi 2000). These can be used at both the individual and group levels to build positive emotion, engagement and meaning (Lee Duckworth et al. 2005).

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Informed Consent All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000 (5). Informed consent was obtained from all patients for being included in the study.

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Affiliations

Ingrid Bacon¹ · Elizabeth McKay² · Frances Reynolds³ · Anne McIntyre³

- ¹ Faculty of Health, Social Care and Education, Kingston and St George's University of London UK, London, UK
- ² School of Health Social Care and Education, Edinburgh Napier University, Edinburgh, UK
- ³ Division of Occupational Therapy, Department of Clinical Sciences, Brunel University London, Uxbridge, UK