

Codependents of Recovering Addicts: Exploring Their Level of Depression and Self-Esteem

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***Abstract** - Addiction is a family disease. It causes members of a family to develop coping methods that help them interact with one another. This descriptive study explored the relationship between level of depression and self-esteem of 30 codependents of recovering addicts. Respondents are mostly in their midlife, married, and college graduate females who were spouses or wives of recovering addicts. Majority of them experience low levels of depression while only minimal are clinically depressed. As for self esteem, half of the respondents had moderately low levels while the other half had either mildly low or severely low levels. Results show there is no significant relationship between the level of depression and self esteem of codependents of recovering addicts and that depression doesn't really equate into a low level of self esteem. This research recommends that a more in-depth research be done to explore more contributing factors on the level of self-esteem of Codependents including a comparative study on those who have dependents still in active addiction. Aside from this, institutions involved such as schools, counselors and rehabilitation centers educate families and children of codependents at a young age about addiction as a disease and use the findings of this study to come up with more supportive programs for the family.*

Keywords - Co-dependent, Recovering Addicts, Depression, Self – Esteem

I. INTRODUCTION

Substance abuse and dependence started long ago, as early as the 1930's. Many has used mind or mood altering substance or drugs such as marijuana, cocaine, methamphetamine, to name a few and also the most used and abused, alcohol. In 1956, the American Medical Association (AMA) declared that alcoholism is a disease and that it is treatable. Scientific evidence that the abuse of alcohol and other drugs actually changes the brain's chemistry and structure to create what is called "a disease state." Addiction was described as a "brain disease." Abusing alcohol and other drugs compels one to act against their own will and values, risk important relationships, and shirk significant responsibilities. These are signs that one has a disease and needs help. These are reasons why family or even the addict himself seeks help for treatment.

Drug abuse and addiction continue to be among the largest and most challenging health and social problems facing our society. They affect both well-being of the individual and the health of the public. Drug addiction appears to be on the rise in the Philippines. There are believed to be as many as 6.7 million drug abusers according to figures from 2004- this is a dramatic increase from 1972 when there was only believed to have been around 20,000 drug users in the Philippines (DARA, 2013). The good news in this negative public

health scenario is that breakthrough discoveries in science continue to refine my understanding of drug abuse and addiction, and this exciting research is leading to more effective science-based strategies for their prevention and treatment.

Addiction (whether to drugs or alcohol) affects everyone in the family, that is why it's commonly referred to as a "family disease"(Frederiksen, 2012). It causes members of a family to develop coping methods that help them interact with one another because no one really knows, understands and/or is willing to admit, let alone confront, the underlying problem – that substance misuse has changed the way their loved ones think, how they feel, what they say and what they do.

Addiction in the family is not that easy to accept, so much more deal with it. The addict and the family must cope with the prejudices and the stigma of the disease. Thus, seldom does the family seek immediately for help unless they have hit hard bottom. However, the pain the addict feels is often used to downplay or even trivialize the pain his or her family feels. How often have such family members denied their own problems, telling themselves, "I have to put on a brave face," or "I shouldn't be feeling this way – so-and-so is going through a rough time. I don't have the right to complain".

Families with addicts living with them may also suffer from psychological problems. Living under the constant stress of balancing the needs of the addict and the family is very draining. Family members might even deny the nature of the addiction, denying themselves the truth. They might even lie to themselves, convincing themselves that everything is fine, to hold on to a semblance of order – and even that might not be all that it seems. The entire system is rewritten to suit their “need” for an “ideal” family, sweeping problems under the rug to make everything seem nice and dandy.

Codependency is a dysfunctional relationship between two people in which one person is addicted to trying to “fix” the other person. A common behavior in codependents is enabling, in which the codependent overlooks problem behavior in the other person or makes excuses for him/her in order to continue feeling needed.

The word *codependence* was originally coined to describe the behavior of people living with an alcohol or substance abuser, however, the meaning has expanded to include any person who has learned maladaptive patterns of relating to others. This may be due to growing up in a family situation where emotions were repressed and other people's needs were put before one's own (Schimelpfening, 2011).

As stated above, the low level of self esteem is often a common characteristic in Codependency. Self esteem can be defined as how favorably someone evaluates himself or herself (Baumeister, 2008) there have been several different proposals as to what the true function of self esteem is and it is generally believed that people have an inherent need to feel good about themselves which is why self esteem becomes so important. From the perspective of humanistic psychologists (Leary and Baumeister, 2000) self esteem is the relationship between one's real self and one's ideal self, feeding off of favorable behaviours.

Leary (1999) proposes that self esteem is a gauge that monitors interactions between people and sends signals to the person to keep them in check with how socially acceptable behaviours. This theory is based on the notion that all humans have an inherent desire to have interpersonal relationships and to maintain these in a productive manner. According to Leary (1999) there are 2 distinctions commonly made in self esteem. State self esteem and trait self esteem. State self esteem refers to the fluctuation of a person's feelings about themselves in view of how they think others value their relationship. Self esteem is raised or lowered based on positive or negative feedback. Trait self esteem conversely refers to the sense of a person who is

generally valued and accepted by others. This is sometimes referred to as the resting state for the sociometer because this is how the person feels with relational info is absent (Leary 1999). Self esteem is important because of what it indicates about the degree to which the individual is accepted and valued by others. Self esteem measures the traits you have according to how socially acceptable they are and how these qualities integrate you into society.

As a psychologist and psychotherapist in the said facility, attending to the families of the recovering addicts, the researcher encountered codependents unable to express how they really feel as soon as their dependent undergoes treatment. There had been some cases that during treatment, codependents especially spouses or wives of the recovering addict experience emotional distance coupled with fear and anger towards their dependent. Mental health as well as emotional stability of a codependent poses vital concerns equal to the well-being of their addicts. Therefore, assessing their state is believed to be just as important. This research could serve others such as schools, rehabilitation centers, guidance counselors, religious institutions, government officials in coming up with a more supportive programs for family.

II. OBJECTIVES OF THE STUDY

This research aimed to determine the relationship between the level of depression and self-esteem of codependents of recovering addicts. Specifically, the study sought to identify the Codependents of recovering addicts' demographic variables, explore the level of depression of the respondents, their level of Self-esteem and test the significant relationship between the given variables; to propose an intensive codependent/family program parallel to the existing treatment plan of the recovering addicts.

III. METHOD

Research design

In this study, the researcher opted to use the descriptive correlational method to describe the level of depression and self-esteem of the codependents and quantitative approach in interpreting of describing the conditions under study. Data collection was done via sample survey, questionnaire and test.

Participants

In this study, purposive sampling technique was used in selecting the respondents. This non-probability sampling technique may be used by researchers when

practical considerations preclude the use of probability sampling. (Miller and Salkind, 2002). Purposive sampling technique is a method in which elements were chosen on the purpose of the study. It does not produce a sample that is representative of a larger population, but it can be exactly what is needed in some cases – study of organization, community, or some other clearly defined and relatively limited group (Weiss and Sosulski, 2003). A total of 30 codependents of recovering addicts currently seeking help at Family Wellness Center Foundation Inc., were requested to participate in the study.

Instrument

The research instruments used in gathering necessary data in this study were standardized tests and basic profile questionnaire designed by the researcher. For depression, The Beck Depression Inventory Second Edition (BDI-II) is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression as listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV; 1994). This new revised edition replaces the BDI and the BDI-1A, and includes items intending to index symptoms of severe depression, which would require hospitalization. Items have been changed to indicate increases or decreases in sleep and appetite, items labeled body image, work difficulty, weight loss, and somatic preoccupation were replaced with items labeled agitation, concentration difficulty and loss of energy, and many statements were reworded resulting in a substantial revision of the original BDI and BDI-1A. When presented with the BDI-II, a patient is asked to consider each statement as it relates to the way they have felt for the past two weeks, to more accurately correspond to the DSM-IV criteria.

Each of the 21 items corresponding to a symptom of depression is summed to give a single score for the BDI-II. There is a four-point scale for each item ranging from 0 to 3. On two items (16 and 18) there are seven options to indicate either an increase or decrease of appetite and sleep. Cut score guidelines for the BDI-II are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 1-16 is considered Low depression (1 – 10 normal ups and downs; 11 – 16 Mild mood disturbance), 16 – 30 is Moderate (17 – 20 Borderline clinical depression; 21 – 30 Moderate depression), and 31 above is Significant (31 – 40 Severe depression; 40 above Extreme depression).

To measure the level of self-esteem of the respondents, the researcher used the Sorensen Self-Esteem Test (2006) (SSET) developed by a Clinical Psychologist and the founder of The Self-Esteem Institute, Dr. Marilyn J. Sorensen. The SSET is also a self-administered test composed of 50 items. Respondents are asked to check statements which they feel are applicable to their current state. Level of self-esteem is identified based on the total of checked items and interpreted as 0 – 4 Fairly good self-esteem, 05 – 10 Mild low self-esteem, 11 – 18 Moderately low self-esteem and 19 – 50 Severely low self-esteem accordingly.

Procedure

A set of testing materials with a cover letter and profile form were distributed to 30 identified codependents. To make sure that the instructions are clear to the respondents, the researcher personally attended to each of them.

Data Analysis

Frequency count, percentage and Pearson-Product Moment Correlation Coefficient were the statistical tools used to analyze and interpret the data gathered.

IV. RESULTS AND DISCUSSION

Demographic Profile of the Respondents

The respondents are within the bracket age 31 – 60 and majority of them are females with 24 or 80% of the total representing mostly wives, mothers, sister, daughter, grandmother and girlfriend of a recovering addict, respectively. They are the ones who witnessed their addicts' unmanageability and also the ones who first sought for help for their addicts. Consistent with the common role for women as natural nurturers and that they are expected to be the care taker. The remaining 6 or 20% male respondents were fathers (4), a brother and a son. In terms of marital status 17 or 57% are married, 8 or 26% are single and 5 or 17% are separated. The data also revealed that all the codependents have acquired educational level relative to their age. Half of the respondents are codependents of recovering addicts with more than a month to 12 months clean time, while 23% are less than a month sober, 20% have been recovering for more than a year and 2 or 7% did not indicate their length of sobriety.

Table 1 reveals the level of depression of codependents of recovering addicts as measured by Beck depression Inventory (BDI).

Table 1. Level of Depression of Codependents of Recovering Addicts as measured by Beck Depression Inventory II (BDI-II)

Level of Depression	f	%	Classification
Normal ups and downs	17	56.6	Low
Mild mood disturbance	6	20	Low
Borderline clinical depression	3	10	Moderate
Moderate Depression	2	6.7	Moderate
Severe depression	2	6.7	Significant
Extreme depression	0	0	Significant
Total	30	100	

It demonstrates that 56% of codependents are experiencing normal ups and downs, 17% are in moderate and 6% of them are clinically depressed. Specifically, 6 or 20% have mild mood disturbance such as occasional irritability and feelings of sadness, 3 or 10% under borderline clinical depression, 2 or 6.7%

under moderate depression and another 2 or 6.7% have severe depression. Clinically depressed person requires immediate help. They are the ones who are having thoughts of hurting themselves, over sleeps and loss of appetite.

In Beck's Cognitive Model of Depression, it stated that critical events would activate negative automatic thoughts about one's self. With reference to the result, those who fell under the category of moderate to severe depression are codependents whose love one has just been in recovery for about a week to a year. Depressed feelings manifested by sadness, agitated feelings, irritability, loss of appetite and difficulty or changes in sleeping patterns. These are reasonable effects on an individual who experienced traumatic and unexplainable negative events on their life or a love one's life.

Table 2. Top and Low 5 Items Self-Esteem of Codependents of Recovering Addicts

SSET Item	F	%	Rank
14. I fear making a mistake which others might see	21	70.00	1.5
44. I often avoid situations where I think I will be uncomfortable	21	70.00	1.5
3. I fear being made to look like a fool	19	63.33	3
17. I often get defensive and strike back when I perceive I am being criticized	18	60.00	4.5
42. I grew up in a dysfunctional home	18	60.00	4.5
Low 5			
21. I have found it difficult to perform adequately or without embarrassment in a physical relationship	2	6.67	47
28. I tend to think that I have higher standards than others	2	6.67	47
35. I often think that others don't respect me	2	6.67	47
39. I do not set goals for the future	2	6.67	47
43. I think life is harder for me than for most other people	2	6.67	47
7. I am anxious and fearful much of the time	1	3.33	50

As exhibited on the table, the codependents mostly fear making a mistake which others might see and often avoid situations where they think they will be uncomfortable, equally ranked highest in the tabulation followed by fear being made to look like a fool; this is a sign of self-consciousness and consequently delimits one person's actions and decisions. Third in rank showed that they have come from a dysfunctional family and they often get defensive and strike back when they perceive they are being criticized. In dysfunctional families, children may have been neglected, mistreated or abuse (emotional, psychological, sexual and physical), restricted or isolated to normal social interactions, contributing to the development of a low self-esteem of a person.

A close number of responses indicate that codependents often get defensive and strike back when

they perceive they are being criticized, hence, they sometimes lie when they feel that the truth would result in criticism or rejection. The periods of feeling devastated and depressed are equally attributed to the respondents' low self-esteem.

On the other hand, despite feeling defensive and inferior about themselves, majority of the codependents are not fearful or discouraged about their future.

Table 3. Level of Self-Esteem of Codependents

Level of Self-Esteem	f	%
Fairly good self-esteem	3	10
Mildly low self-esteem	8	26.7
Moderately low self-esteem	12	40
Severely low self-esteem	7	23.3
Total	30	100

The level of self-esteem of codependents shown at the table above, 3 or 10% of codependents have fairly good self-esteem, 12 or 40% which is the majority, have moderate low self-esteem followed by 8 or 26.7 percent have mild low self-esteem and 7 or 23.3 percent fell under severely low self-esteem. Codependency is said to be a disease of the self-esteem. Codependents tend to focus more on their dependents that they lose focus on their own self-worth. Their self-esteem relies on their need to take care of others and how others, especially their recovering addict treats them. They feel they are in control when they control others. This is also the reason why they easily get hurt, irritated or angry by the behavior and words of others. Trust is also an issue for codependents.

Since codependent's behaviors are maladaptive, they tend to depend on another person for their self

worth. Brought up in dysfunctional family, codependents have a distorted view of relationship. They either try to avoid the family they have been exposed to or just adapt the dysfunctionality and view it as normal. Having an unreliable person, an addict in their case, to rely on contributes more to unstable self-worth, hence, producing low self-esteem. This was inferred in the result and in accordance to the sociometer model that an individual's self-esteem is dependent on his or her level of relational value. Their worth is dependent on the degree to which they are valued by others and in the respondent's case, how they are valued by their addicts.

In table 4 shows that there is no significant relationship between the level of depression of codependents of recovering addicts and their age and gender.

Table 4. Correlation Matrix between Level of Depression and Profile of Codependents of Recovering Addicts

Variable Correlated with the Level of Depression	Coefficient	Sig.	Decision
Age	0.267	0.142	Not Significant
Gender	0.426	0.156	Not Significant
Marital Status	0.520*	0.025	Significant
Educational Attainment	0.639**	0.008	Significant
Relationship to the Addict	0.435	0.037	Significant
Length of Sobriety of the Addict	0.485*	0.027	Significant

**Significant at the $p < .01$; *Significant at the $p < .05$

In contrast, it reveals that marital status, educational attainment, codependent's relationship with the recovering addict and length of sobriety plays a significant correlation to their level of depression. Having an addict in the family, whether he or she is a wife, husband, father, sibling or a partner contributes to self questioning and feeling low. Parents question their ordeal and perceive it as a punishment accompanied with guilt, asking "Where did they go wrong in their child rearing?". Among partners, spouses or wives, it is common that they lose interest in sexual activities, distant and easily irritated, unsure if they really know their recovering partner.

More important than being married is the quality of the relationship, people who say their marriages are satisfying – who find themselves still in love with partners – rarely report being unhappy, discontented with life or depressed. (Myers, 2005) This is in contrast with codependents who have addicts as their partners. Kupferman (2013) relates caretaking to codependency and mentioned that as they try to fix and worry about

their addicts, it creates anxiety and depression. This is common with the respondents who are in a relationship or married with the addict.

Length of sobriety contributes as well in their feeling of depression. As their addict maintain longer sobriety, the lower they feel depressed. As Allen cited Weinstein's proposed theory, exposure to negative events is related to a person's history of similar experiences.

It was illustrated in Table 5 that there is no significant relationship between the codependents' level of self-esteem and their gender, marital status, their relation to the addict and the length of sobriety. It shows that acquiring a degree is not a guarantee of self-esteem, same with the age. This can be compared with a research of Ben-Zur (2002), where it was found that the trend for self-esteem of an individual tends to increase with age.

Low self-esteem is the most common challenging concern when reaching mid-life, a concern often triggering many others (Mombourquette, 2013).

Table 5. Correlation Matrix between Level of Self-Esteem and Profile of Codependents of Recovering Addicts

Variable Correlated with the Level of Self-Esteem	Coefficient	Sig.	Decision
Age	-0.443*	0.012	S
Gender	0.320	0.489	NS
Marital Status	0.465	0.083	NS
Educational Attainment	-0.545**	0.003	S
Relationship to the Addict	0.498	0.273	NS
Length of Sobriety of the Addict	0.418	0.375	NS

*Significant at the $p < .01$; **Significant at the $p < .05$; S – Significant; NS – Not Significant

Mombourquette describes low self-esteem as the inability for an individual to recognize and appreciate himself as a unique gifted individual - that holds abilities for performing good deeds. As a result, this person sees the world very negatively.

In a study made by Robins (2005), stability is relatively low during early childhood, increases throughout adolescence and early adulthood, and then declines during midlife and old age. Attaining a college degree does not guarantee self-worth. They are either unemployed housewives or under-employed. This validates the result shown on the table presented.

Table 6. Proposed Program for Codependents

General Objective: To help codependents avoid depression and develop a healthy self-esteem.

Goals	Activities	Persons / Office In Charge	Target Date
To identify and document Codependents directly affected by addiction	Biopsychosocial Interview Codependency, Self-esteem and Depression Assessment	Clinical Psychologist Psychometrician Case Manager Psychiatrist	Upon inquiry and enrollment
To understand the nature of codependency and codependent behaviors	Psycho-education focusing on improving self Workbook assignments for Codependents	Clinical Psychologist Case Manager Counselor	Continuous throughout the treatment period
To improve sense of self and recover from codependency	Psycho-education focusing on improving self Workbook assignments for Codependents	Clinical Psychologist Case Manager Counselor Facilitator	Continuous monitoring all throughout the treatment period enrolled
To understand the nature of addiction and addictive behaviors	Therapeutic sessions on a one-on-one basis and multi-family therapy sessions	Clinical Psychologist Case Manager Counselor Facilitator	On the first 2 weeks upon enrollment
To help families and recovering addicts come up with their own action plan for recovery	Conduct seminar workshops for Families focusing on parallel recovery, family dynamics, communication styles and other essentials in maintaining a serene life	Clinical Psychologist Treatment Director Psychiatrists Therapists	Quarterly

V. CONCLUSIONS

Majority of the codependents are in their mid life stage, female, married and are college graduates. Most of them are spouses or wives of recovering addicts and with sobriety of less than a year. Majority of codependents who participated in this study has experienced normal ups and downs and mild mood disturbance under the category of low depression. Only a couple of respondents have been assessed as clinically

depressed and they are identified as new in recovery. Almost half of the codependents are with moderately low self-esteem and the other half have either mildly low or severely low self-esteem.

Educational attainment and marital status as well as the Codependent's relationship with the covering addict and length of sobriety plays important factor in their level of depression. That whose recovering addict has longer clean time appears to just experience normal to

mild mood disturbance than those who had just recently entered treatment.

Gender, marital status, relationship to the addict and length of sobriety are inversely related to the codependent's level of self-esteem. Only a few who are below their 30s and above 50s feel good about themselves. There is no significant relationship between the level of depression and self-esteem of codependents of recovering addicts. Codependents who may be feeling low about themselves do not necessarily feel depressed, except those who are just new in recovery.

VI. RECOMMENDATIONS

Family programs in schools starting on the primary level must include topics on how parents, caretakers and educators play an important part in molding a child's sense of self. Addiction just like any other medical disease like diabetes can be addressed well by educating the people about how it is treatable may lessen the inhibitions of family to seek help. This can be done by family therapists, school counselors, psychologists, and by the Department of health, which is the branch of government who are responsible for mental health as well as mental health.

Rehabilitation facilities handling addictions may come up with an extensive family program focused on identifying "Codependents" and include them on a parallel treatment program with their dependent. They may also consider separate psychological assessment and come up with an intervention geared towards prevention and treatment of depression.

For those intending to marry must go through extensive screening, pre-cana seminars and workshops centering on understanding and strengthening oneself. That the proposed program be implemented and evaluated thereafter.

A follow-up and more in-depth research be done to explore more contributing factors on the level of self-esteem of Codependents including a comparative study on those who have dependents still actively using.

REFERENCES

Baumeister, R.F & Bushman, B. (2008). *Social Psychology and Human Nature* (1st Edition). Belmont, Ca:Wadsworth

- Ben-Zur, H. (2002). Coping, affect and aging: roles of mastery and self-esteem. *Personality and Individual Differences*, 36, 471 – 484.
- Birion, J.C & De Jose, E. G. (1998/). *Glossary of Statistical Terms for statistician, researchers and beginners*. Manila. Rex Bookstore.
- Frederiksen, L. (2012), Dating: Are They Hiding an Addiction?, url: <http://www.breakingthecycles.com/blog/category/alcoholism-drug-addiction-addiction-treatment-recovery-continuing-care/page/26/>
- Leary, M. R. (2004). The sociometer, self-esteem, and the regulation of interpersonal behavior. In baumeister, R. F. and Vohs, K. D. (Eds.), *Handbook of self-regulation* (pp. 373 – 391). New York: Guilford.
- Leary, M. R. (2000). *The nature and function of self-esteem: Sociometer Theory*. Burlington: Elsevier.
- Leary, M. R. (1999). Making sense of self-esteem. *Current directions in Psychological Science*, 8, 32 – 35.
- Myers, D. G. (2005). *Social Psychology* (Eighth Edition). The McGraw-Hill Companies, Inc., NY.
- Robins, R. W. & Trzesniewski, K. H. *Current Directions in Psychological Science*, June 2005; vol. 14, 3: pp. 158-162.
- Schimelpfening, N. (2011), Definition of Codependence, url:<http://depression.about.com/od/glossary/g/codependence.htm>
- Sowislo, J. F., Orth, U. (2012). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*. Advance online publication. doi: 10.1037/a0028931 http://www.theseesteeminstitute.com/Files/Sorensen_Self-Esteem_Test.pdf (retrieved February 8, 2013)
- <http://www.personalityresearch.org/papers/allen.html> (retrieved February 8, 2013)
- <http://www.treatment4addiction.com/conditions-disorders/other/codependency/> (retrieved March 10, 2013)
- <http://www.theseesteeminstitute.com/about-self-esteem.html> (retrieved March 12, 2013)
- <http://www.medschool.pitt.edu/somsa/Depression.html> (retrieved March 14, 2013)
- <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001941/>(retrieved March 14, 2013)