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EDITORIAL

The Danger of Inflated Hypocondria through Self-diagnosis in the Post-COVID-19 Period

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1. Misinformation, disinformation, and malinformation (MDM) about depression

This editorial article aims to address the hidden dangers of self-diagnosed depression, especially among young people, which has been exacerbated by massive media coverage of depression risks during the COVID-19 pandemic. While misinformation and disinformation both refer to the distribution of inaccurate information, misinformation is not intended to cause harm while disinformation is. Meanwhile, malinformation is true information that is intended to cause harm. For example, it is common for companies to spread both disinformation and malinformation about depression to promote the sales of their products, such as books and therapies.

The combined effects of misinformation, disinformation, and malinformation (MDM) about depression have increased the number of young people self-diagnosing themselves with depression. Foulkes and Andrews [1] noted that the prevalence of mental health problems has increased over the past decade, a phenomenon which they coined as the "inflation of prevalence", due to higher public awareness. This paper emphasized the danger of inflationary effect caused by inaccurate information and and explores potential solutions.

2. Emotional distress caused by COVID-19

The COVID-19 pandemic has been very stressful for many people around the world. It has caused profound psychological, social, economic, and political impacts. Common emotions associated with the pandemic have included fear, anxiety, hopelessness, anger, grief, and guilt. In the early stages of the fight

against COVID-19, the public health response was largely focused on social distance, as a vaccine was not yet available. A previous study, conducted in London, UK, identified increased feelings of depression among older people due to social distancing [2]. Lindert, Jakubauskiene, and Bilsen [3], based on a systematic review of European studies, reported wide ranges for the prevalence rates of depression (14.6% to 48.3%), anxiety (6.33% to 50.9%) and post-traumatic stress disorder (PTSD) (7% to 53.8%) during the COVID-19 pandemic. One possible explanation for the wide ranges of these prevalence rates is the differences in financial stability and psychological resilience within the surveyed populations. For example, the elder population tends to be more resilient due to having experienced more adversities.

The pandemic has had an especially large negative impact on the mental health of young adults. The China Report on National Mental Health Development [4] indicated that depression prevalence was highest in the cohort of 18 to 24 year olds. One possible explanation is that the pandemic interrupted their education, career development, and economic freedom, even though young adults experienced milder COVID-19 symptoms than older adults.

3. Unmonitored online psychological assessments and their dangers

The COVID-19 social distancing requirements dramatically increased the adoption of digital services worldwide. For many e-commerce companies, this was a golden opportunity to scale up their business. To attract more customers, some companies provided complimentary psychological assessments, which aggravated the spread of MDM about mental health.

Unfortunately, most young adults cannot differentiate between having symptoms of mild depression and having major depression. They falsely view depression as categorical rather than a continuum of severity.

A major problem with the reliability of self-reported depression questionnaires is respondent bias. Furthermore, there is a significant overlap in the

symptoms of depression, anxiety, and other negative emotional states, which are difficult for non-specialists to distinguish between. Indeed, multiple studies have demonstrated discrepancies in the diagnoses returned by self-reporting tools completed by the participants and psychological professionals who interviewed the participants.[5] Self-reporting tools of depression include the Beck Depression Inventory, Children Depression Inventory and CES-D. Hence, the results of self-reporting tools should not be taken seriously.

When people falsely diagnose themselves with mental health conditions, it encourages self-labeling, stigma, hypochondria, and Munchausen's syndrome. Hence, self-reporting online questionnaires do more harm than good.

4. Regulations and counteractions

Self-reporting mental questionnaires are vulnerable to confirmation bias from the respondents. For example, young adults who consider themselves failures in their academic pursuits or personal relationships may want to believe they have a mental health condition even when they do not. This conditon is called hypochondria. Self-diagnosis with a mental illness would allow them to avoid responsibility and gain leniency from others. However, this strategy can often harm the individual by jeopardizing their credibility, increasing their feelings of guilt, and decreasing their self-image.

Since it is difficult to regulate MDM about mental health, psychological professionals can spread accurate information to antagonize the MDM. Universities and psychiatric hospitals, in particular, should take the lead in launching reputable online mental health education and services. Particularly, semi-supervised self-reported psychological assessments could be used to compete with less accurate unsupervised self-reported assessments [6]. Building trust and capacity in authoritative digital mental health infrastructure is the best strategy to fight against MDM about depression.

Muñoz, Mrazek, & Haggerty [7], in their report on prevention of mental disorders for the Institute

of Medicine (now the National Academy of Medicine), identified three categories of interventions for the prevention of psychiatric conditions, namely universal, selective and indicated. There is a large potential for machine learning algorithms to improve the effectiveness of selective and indicated interventions, since they can process the massive amounts of demographic and behavioral data to predict at-risk individuals more accurately and faster than humans. By adopting machine learning and other digital technologies, psychological professionals will be able to reach a larger audience at a lower cost. In addition to providing semi-supervised self-reported psychological assessments (as mentioned above), psychological professionals could also promote evidence-based positive coping mechanisms. For example, a systematic curriculum for do-it-yourself "psychological wellness exercises" could be designed and distributed. These semi-supervised exercises could include mindfulness practices, meditating, listening to music, practicing calligraphy, talking to a friend, doing handicrafts, and positive self-talk.

5. Recommendations

1) Over reporting of depression prevalence in social media should not be encouraged;

2) Trauma-informed warnings about proper interpretation of depression scales should be included in all self-reported assessment channels;

3) Professional Mental Health Platforms should be developed and promoted;

4) Semi-supervised assessments should replace self-reported assessments;

5) Positive mental health education should be provided as universal preventive interventions;

6) Digital devices should be employed to facilitate selective and indicated prevention interventions.

Conflict of Interest

There is no conflict of interest.

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REVIEW

The Influence of Family Factors on the Mental Health of College Students was Analyzed Combined with Literature and Cases

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ABSTRACT

Through the combing of relevant literature and the analysis of relevant psychological students' cases, the composition of family factors affecting college students' mental health is analyzed, the specific manifestations of college students' psychological problems are summarized, and the influence of family factors on college students' mental health status is analyzed in detail. The article finally puts forward suggestions and recommendations for strengthening college students' family education and tries to explore how to promote college students' mental health through improving family education.

Keywords: Mental health; Family factors; Case analysis; College students

1. Introduction

With economic globalization and the progress and development of human society, people's value pursuit and living environment are constantly changing. Influenced by the unknown factors such as intensified social competition, increasing employment pressure and complex interpersonal relationship, although contemporary college students have not entered society, they are also facing pressure from all aspects, and the incidence of psychological problems has an increasing trend year by year [1]. In a national survey of colleges in the US, 17.8% of students

were diagnosed or treated for depression and 39.1% reported "feeling very depressed" in the past year [2]. Yang Pu [3] et al. conducted a questionnaire survey of 200 college students, and the results suggested that college students with high ratings of ambivalence in their family environment may have a tendency towards obsessive-compulsive and interpersonal sensitivity, and those with low ratings of closeness may have a tendency towards depressive and phobic symptoms. Findings by scholars such as Caitlyn O. Hood [4] suggest that family factors are associated with depression and lower self-compassion, while self-compassion was negatively associated with depression. A study by Huang Guomei [5] and others suggested that parental education, economic status, parent-child relationship, and parental marital satisfaction were the main factors affecting the psychological well-being of higher education students. Yang Yilong et al. [6] believed that the psychological crisis events of college students triggered by family factors are characterized by suddenness and persistence, universality and specificity, and psychological problems towards instability, which require a variety of preventive measures to cope with them. In the era of material desires and network information, we should pay more attention to the psychological problems of adolescents, sort out and find out the problems in time, and do a good job of mental health guidance for adolescents [7]. It is very important to analyze the factors affecting the mental health of college students, find the reasons and explore ways to improve the status quo. This study, combined with the literature and practical cases, found that family factors have an important impact on the mental health of college students, and tried to find the relationship, to explore how to promote the mental health of college students by improving the family environment.

2. Family factors

Family factors refer to the family environment in which people grow up and live. The family environment is the first environment for a person after birth, mainly including family economic situation, parents'

education level, parents' occupation, relationship between family members, family social background, parenting style, family life events, etc. [8].

The family's economic situation is generally divided into poor, general, good and superior. The main source of family income refers to how the family wage income is obtained and mainly refers to what kind of occupation the parents engage in, mainly including farming, business, salary (part-time job), etc. The good and poor family economic situation has a great impact on the children's education expenditure, consumer psychology and values [9].

The educational level of the parents refers to the educational background and graduation degree; the parents refer to the major, the nature and type of work, the place of work, etc.

The relationship between family members refers to the inherent specific relationship between family members, including the relationship between parents, parents and children; whether the relationship between family members is harmonious, directly affects the growth of children, and often plays a great role in the mental health of college students.

The social background of the family mainly refers to the social status of the parents, the contacts in society, and the relationship with the surrounding neighbors.

Family life events refer to the more important events occurring in family life, such as parents' divorce, remarriage, family relocation, etc.

Educational style refers to a combination of parents' parenting concepts, parenting behavior and their emotional performance to their children [10]. This combination is relatively stable and does not change with the situation, which reflects the essence of in-person communication. In psychology, parenting methods are summarized into two dimensions: The acceptance-rejection dimension and the control-tolerance dimension. According to the different combinations of these two dimensions, four kinds of parenting methods can be formed: one is autocratic parenting, two is authoritative parenting, three is laissez-faire parenting, and four is non-feasance parenting.

3. Specific performance of college students' psychological problems

3.1 Unclear learning goals

Lack of learning motivation, fear of difficulties, lack of countermeasures. Some students with poor self-control ability tend to indulge in online chatting or playing games, online watching TV drama, academic performance is not good, and then produce weariness, test anxiety and other situations.

3.2 The suffering of interpersonal adaptation

Some college students are afraid of dealing with others, self-closed, and unwilling to communicate with others face to face. Over time, it will affect the cognitive, emotional and psychological positioning of college students.

3.3 The influence of emotional factors

Emotional and emotional instability, emotional ups and downs, emotional change, love failure often lead to psychological variation in college students. Staying in a room for a long time without communicating with the outside world, the above situation may also occur.

3.4 Excessive pressure to learn

Most occur in economic difficulties, learning difficulties, poor self-cognition, and poor living habits of college students. Often staying up late, irregular work and rest, and easy to endocrine disorders cause depression. There are also college students facing employment problems, they usually need to relax, but it also leads to distractions and diversions.

3.5 Confusing employment issues

In the process of choosing a career, the psychological preparation is insufficient and eager for quick success and instant benefits. Some students have a serious herd mentality. Employment failure or frustration may lead to excessive psychological pressure,

so they can become depressed [11].

4. Influence of family factors on the mental health status of college students

When college students have problems in school, in many cases, the seeds of mental health problems are sown during childhood, and the solution to problems also needs the cooperation and participation of families. Family factors are an important factor affecting the mental health of young students. Many studies have shown that some of the psychological problems for college students come from the parenting style, family structure, family atmosphere and family economic situation of their family of origin.

4.1 Effects of different parental education styles

Parents' way of education plays an important role in their children's mental and behavioral development and health. Li Ying [12] conducted a questionnaire survey and statistical analysis on 114 students from Jilin Agricultural University, which showed that their parents' education style was significantly related to their mental health and academic achievement. Parents' warmth, care and consideration make their children form enthusiasm, self-confidence, self-esteem and independence, persistence, there are more positive emotional personality characteristics, so as to promote the development of mental health. Refuse, denial of the way of education so that children form humiliation, inferiority, self-accusation, helpless, cautious, indecisive, afraid of being rejected by others, do not understand what is love, More importantly, they have not experienced the psychological process of being loved. Parents' excessive interference in parenting methods makes their children form a lack of self-confidence, excessive self-restraint and dependence and other negative personality characteristics. Parents' severe parenting makes children have a sense of inferiority, helplessness and insecurity. In particular, punishment and strict parenting methods can easily cause children to lose self-esteem, and create anxiety and compulsive symptoms.

4.2 Effects of different family structure

Huang Haibin [13] used the mental health questionnaire measurement method to conduct a random sample survey of higher vocational college students in Nanning, which showed that there is an inevitable relationship between different family structures and college students' mental health. Students who were raised as left-behind children were more sensitive to contact with people than in other families, and students in single-parent families had higher levels of depression and worse overall levels of mental health. Single-parent family college students' psychological disorder is serious, depression, withdrawn, inferiority complex, and rebellious psychological serious, due to the family structure is not sound, children tend to lose the possibility of communication with their parents, relatively can only get some care, compared with the normal family children, its mind will be a shadow, it is easy to produce sensitive, inferiority complex.

4.3 The Influence of different family atmosphere

A harmonious family atmosphere can make children physical and mental pleasure, and psychological pressure reduction. It is conducive to the benign development of physical and mental health. In disharmonious families, quarrel, doting, indifference and domestic violence will cause different degrees of harm to people's physical and mental health, with doting and violence being particularly prominent.

4.4 Effects of different family economic conditions

According to the studies [14,15], students with financial difficulties, their mental health level was significantly lower than students without financial difficulties. The lower the family's economic income, the lower the mental health level of the students. Most of the students with poor family conditions from rural areas have to bear more economic and psychological pressure, and most of the poor students due to economic constraints, limited vision and lack of communication skills, and unable to change the situation, are easy to produce sensitivity, inferiority, depression, anxiety, interpersonal tension and other characteristics. Although college students living in rich families do not have economic psychological pressure, they will also lack frustration education because they have not faced the financial constraints, and may have more mental health problems than poor students.

5. Case analysis

5.1 Information introduction

Xiaojiang, female, 18 years old, a college freshman preschool education professional student, In the first two months of her enrollment, she had a lot of conflicts with her dormitory and classmates, home economic conditions are superior, to the economic requirements for Xiaojiang, parents' education level is not high and too busy in doing business to take care of Xiaojiang, she is brought by her grandmother, her personality is more egotistical. During the final review period of her freshman year, Xiao Jiang's academic problems became more and more prominent. She changed from being late and leaving early to being often absent. In the final exam, she was punished by demerit recording. In view of this situation, the counselor found that Xiao Jiang was depressed, with blind eyes, tired spirit, was not willing to take the initiative to communicate, and had no interest in learning. In the face of cheating punishment, she was indifferent. She seems to have lost the goal of study and life. During the final review period, Xiao Jiang often played video games very late, which affected the rest of her roommates. After her roommate communicated with her, she continued to be a loose cannon. Xiao Li report that Xiao Jiang recently is also crazy about shopping on Taobao, buying a lot of cosmetics and snacks, and feels that something has happened to Xiao Jiang's home led to her recent big changes and abnormal behavior. The counselor contacted Xiaojiang's mother and learned that she and Xiaojiang's dad divorced last month, and Xiaojiang was ruled by the court to be raised by

her father. Because cannot bear her parents' divorce, Xiao Jiang did not call her mother after an argument with with her, believing that she had abandoned her. Xiaojiang's dad usually how not ask about her learning life, only responsible for her living expenses, he felt the best compensation way to give his daughter is to give her more living expenses. Counselors and Xiaojiang communicate many times, after Xiao Jiang has trusted her teacher, she reveals her thoughts. She envied other children whose parents often took them out to play, while she herself had only her grandmother to take care of her life. Xiaojiang also wanted to get along with everyone after entering college, but her inability to adapt to college life caused interpersonal tensions that affected her mood and, in turn, her academic performance declined.

5.2 Cause analysis

The interview with Xiaojiang was face-to-face and lasted about 60 minutes. The interview covered the following issues: Personal information, views on parents' marriage, relationship with parents, time and way of spending time with parents, understanding of family, relationship with teachers, relationship with classmates, attitude towards study, after-school recreational activities, usual pastimes, attitude towards examinations. The results of the interview suggest that Xiao Jiang is dissatisfied with her current family environment and that the breakdown of her parent's marriage is likely to be an important cause of her behavioural habits and psychological changes.

In this case, Xiaojiang's parenting style is typical inaction parenting. Xiaojiang's parents are not highly educated and are too busy with business to take care of her. Her parents' neglected education method makes Xiaojiang insecure. As a result, she will not ask for help from her elders at first but will try to solve the problem by herself. However, the child's consideration is certainly not comprehensive. XiaoJiang is eager for the care of the family, will not maintain a good interpersonal relationship, has no awareness of abiding by rules and discipline, and can not use reasonable means to solve bad emotions.

Looking from the family structure, Xiaojiang's

parents are too busy doing business to take care of the children. She is brought up by her grandmother, because she could not see her parents on a regular basis and it was difficult for them to communicate with each other, and they could not respond to the child's psychological demands and help the child solve her problems.Children brought up by their grandmother tend to be spoiled, causing Xiaojiang to think only from her own perspective in interpersonal interactions, and her behavior is rather selfish, which makes her easily to have conflicts with other students in collective life. The lack of experience leads to intensification of conflicts, indifferent parent-child relationship, tension between husband and wife, and long-term lack of company easy to give children insecurity, leading to Xiaojiang sensitive and suspicious, do not know who to ask for help in special conditions, not good at expressing and venting bad emotions, parents and teachers unable to intervene in time.

The economic situation of Xiaojiang's original family is relatively superior, and parents could meet the financial requirements, resulting in Xiaojiang's relatively selfish personality and unable to accept the refusal in communication. Xiao Jiang's parents only satisfy their children materially, but they are busy making money and ignore their children's psychological need to accompany and communicate, resulting in their psychological passivity and insecurity.

In addition, Xiaojiang's psychological problem also has an important inducement, which is a recent major family life event—parent's divorce. After the divorce, Xiaojiang's psychology is hit seriously, thinking her mother abandoned her, and her dad regardless of her study and life, just providing more cost of living expenses. Children psychologically feel that they did not have a complete home, causing fear of melancholy and abnormal behavior, affecting their study and life.

To sum up, in the case, Xiao Jiang lacked her parents for a long time, and the family structure was unsound. The disharmonious family atmosphere led to her having a strong sense of insecurity. Her parents' simple material education method made Xiaojiang

unable to deal with interpersonal relationship problems well, and she did not develop a strong sense of rules, leading to cheating in exams.

6. Opinions and suggestions on strengthening the family education of college students

6.1 Parents should consciously undertake their educational obligations

Family education's contribution to personal quality in individual growth is more special, which is more subtle and immersed in the mutual communication between families. This deep inner quality has a profound impact on human growth. Once family education is erroneous, it often leads to psychological problems of college students. Therefore, parents must fully realize the status and role of family education, and consciously assume the obligation of mental health education for their children.

6.2 Create a harmonious family atmosphere

Home is always a harbor for us. Parents need to strive to create a harmonious and warm family atmosphere, with a democratic and equal attitude to communicate with their children, patiently listen to their children, let the children can truly show their inner world, nourish children's hearts with love, make the family really become college students' shelter harbor, become a strong backing and spiritual pillar for the healthy growth of college students.

6.3 Scientific family education

Parents should improve their understanding of university education and update their educational concepts, rather than stay in the exam-oriented education stage. Actively support their children outside of the classroom, participate in various school activities, and in practice exercise themselves. Parents should encourage students to make good friends extensively, enhance their charm and improve themselves through learning, and follow the interpersonal principles of sincerity, equality, respect, understanding and mutual benefit. Parents should first set an example to create a harmonious family and do a good model for their children. Parents should carry out employment education when students choose their majors, and remind their children to choose their professional direction according to their own hobbies and opportunities.

6.4 Parents and schools should construct a good interaction mechanism

Parents should take the initiative to often browse the children's school website or the school sent the relevant notice, timely understand the children's university dynamics, communicate with the children's counselors, and understand the children's daily life in school. Parents can also visit their children in school, and learn about their child's growth track through student-teacher interaction. Schools should also keep in touch and communicate with families, strengthen guidance to students' parents, and provide conditions for family education to play a role.

7. Conclusions

Family education plays a very important role in the formation of college students' personality. Good family education is conducive to the psychological maturity of university students. Parents should strive to provide a good family environment for university students, take the initiative to communicate with their children regularly, understand the confusion and problems of their children in the process of growth, establish a good family culture and build a harmonious family. The role of the family is irreplaceable in guiding university students to have healthy psychology.

Author Contributions

Xu Hongtao's contribution is the literature collection, collation, drafting and revision of the paper. Shen Xuan's contribution is to organize the cases and analyse the cases. Wang Ting was responsible

for the qualitative analysis of the paper.

Conflict of Interest

There is no conflict of interest.

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ARTICLE

Online Psychotherapy: A Pandemic Dilemma

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ABSTRACT

The COVID pandemic has allowed people to reflect and explore their emotions, their strengths and deficiencies, how they affect them and how to address them. The globally observed, pandemic-induced social distancing, has also precipitated disturbances in the domain of mental health. Almost the entire population worldwide, went through a series of lockdowns, resulting in people getting isolated, some feeling trapped in the stressful environment of a forced shared living places-homes. This precipitated in exposing conflicts of various types and degrees, encountering a common emotion—*grief*. With no access to professionals in traditional format, the online networking boom has given a ray of hope to the people in need. This research-based article explores how online therapy is being seen as a reliable and important tool for people needing help with mental health issues, by conducting a survey on the youth of Delhi-NCR. This research article explores the ways in which people reached mental health professionals and how internet-based therapies increased manifolds during pandemic. A total of 54% participants of the survey agreed to engage in online therapy practice in situation of need.

Keywords: Internet; Pandemic; Mental health; Online psychotherapy

1. Introduction

Health according to World Health Organization (1948) [1] is defined as "a complete state of physical, mental, and social well-being and not merely the absence of disease or infirmity." Health broadly consists of two components: Physical and mental. Both together make us work properly and both need to be kept in balance and good shape or else our daily work can get affected. This article focuses on supporting and maintaining our mental health and how the digital revolution has influenced it. One method

to diagnose and treat mental health issues and disorders is known as psychotherapy.

Psychotherapy, usually referred to as talk therapy, describes methods that assist individuals in altering attitudes, feelings, and actions that lead to issues or suffering. Treatment of psychological problems and mental anguish using linguistic and psychological procedures is referred to by this general phrase. It is a practice in the field of psychology, which is practiced widely all over the world to help people to deal with issues related to their mental health conditions. The practice of "therapy" as referred by the major population, aims to solve mental health issues and various mental disorders. This practice is still uncommon in many parts of the world especially India, but the awareness about the same is increasing slowly and steadily. In this practice, a client or a person dealing with some mental health issue, face-to-face converses with a mental health professional to solve their problems. When people hear the phrase "psychotherapy", many of them have a preconceived notion of a patient talking while laying on a couch while the therapist sits nearby writing notes on a yellow notepad. In actuality, there are numerous methods and procedures employed in psychotherapy. The precise approach taken in each case can differ depending on a number of variables, including the client's preferences, the therapist's training and experience, and the precise nature of the client's current problem.

The increasing use of the internet has brought the whole world closer by propelling communication in all facets of life. It has also made knowledge and information easily accessible to the needy. The impact of this is also seen in the field of psychology and it is being seen to provide help in reaching out to people in need. This research article explores, how psychotherapy is available on various online platforms and how it has helped the population during the tough times of the pandemic and the potential it holds. Online therapy is still a new way through which psychotherapy is being conducted, wherein the same procedure of a face-to-face psychotherapy session is being followed not by sitting in a room but through a digital screen. In online therapy a client interacts with a professional using the internet as a medium,

to solve their daily life problems or other problems they encounter and to help them overcome their psychological problems. As this is more technologically based, hence clients and mental health professionals both who are using this platform need to be more technologically friendly. But it also helps connect various people with professionals from far-off distances which not have been possible physically.

In the year 2020, the whole world was hit by a pandemic caused by the Coronavirus (COVID-19). During this period actual professional-client interactions were not possible as most countries went into complete lockdown to stop the spread of this virus. The population was losing their loved ones every day, people were stuck at home for months, and some were separated from their families in isolation. Hence the majority saw a negative impact on their mental health. And saw online therapy as a possible way to seek help from a mental health professional and to cure their problems that emerged during and due to the pandemic. As people started searching for mental health tips and looking for mental health professionals. People are aware of the various online platforms and the number of these platforms is increasing constantly. These online platforms have come forward to help these people in this painful time And many already existing platforms providing online therapy boosted with an increase in use.

2. Method

The objective of the present study was to explore the effect of pandemic-triggered use of online psychotherapy amongst the sample population (16-48 years) and the usage of online therapy platforms during the pandemic.

To meet the objective, the following hypothesis was developed:

There would be a significant increase in the usage of online psychological therapy.

2.1 Sample

The data were collected from a total of 100 participants out of which 48 were females and 32 were

males. All participants were between the age group of 16 years to 48 years.

2.2 Procedure

A 10-item self-administered survey was used to collect data from 100 participants. The survey was converted into a Google form so that participants could fill it out at their own convenience time. The questionnaire designed as Google form by the author was developed after doing focus group discussion and validated by senior psychiatrists andwas sent to the targeted audience through online messaging platforms like WhatsApp, Email and LinkedIn. The results generated were recorded by the Google form were downloaded as an Excel sheet and were analysed.

2.3 Results

A total of 100 participants filled out the survey form (**Table 1**).

Educational status, device used to access the internet and age of participants: Educational qualifications of the participants show that 83% are less than graduate,

13% graduate, 3% post graduate, 1% Ph.D. (**Figure 1**).

94% used mobile phone whereas only 4% used laptop for internet access. The age group eligible for the survey was 16-48 years old.

Participants of the survey included 48 females and 32 males.

The percentage of participants who confirmed the effect on their mental health due to the pandemic is 57%. The percentage of participants who thought about seeking professional mental help to overcome the situation due to the pandemic is 30%. (**Figure 2**)

33% percent of participants lost their loved ones during the pandemic and 38% percent of participants used Google for seeking help for their mental health issues. Of all the participants, 35% found the level of help provided by Google useful (2%-very helpful & 33% helpful). (**Figure 3**)

Among all the participants, 10% used an online psychotherapy platform or reached out to a mental health professional for their problems. The reasons for using online psychotherapy included a) it was easily accessible (69%), b) maintaining anonymity was easy (15%), c) Offline was not available (12%) and d) Cost (4%). (**Figure 4**)
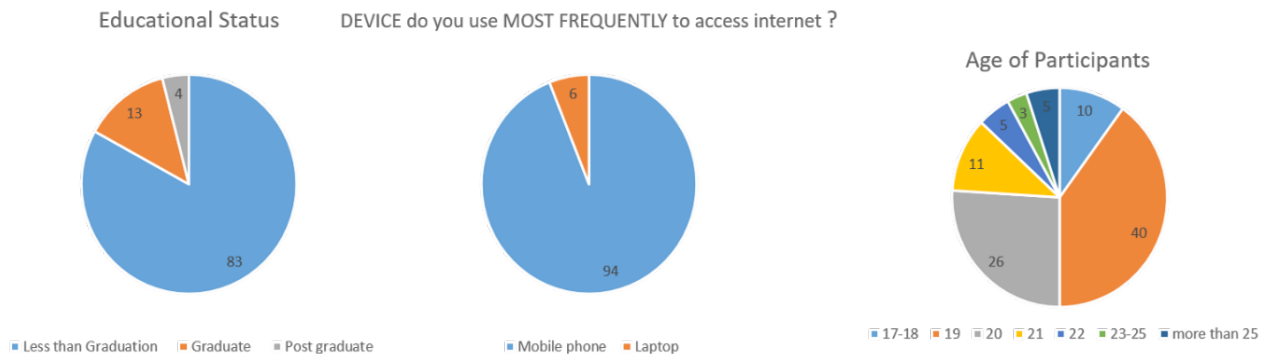
Figure 1. Educational status, device used to access internet and age of participants.

Table 1. Age distribution of participants.

S no	Age range	Number
1	17-18	10
2	19	40
3	20	26
4	21	11
5	22	5
6	23-25	3
7	More than 25	5
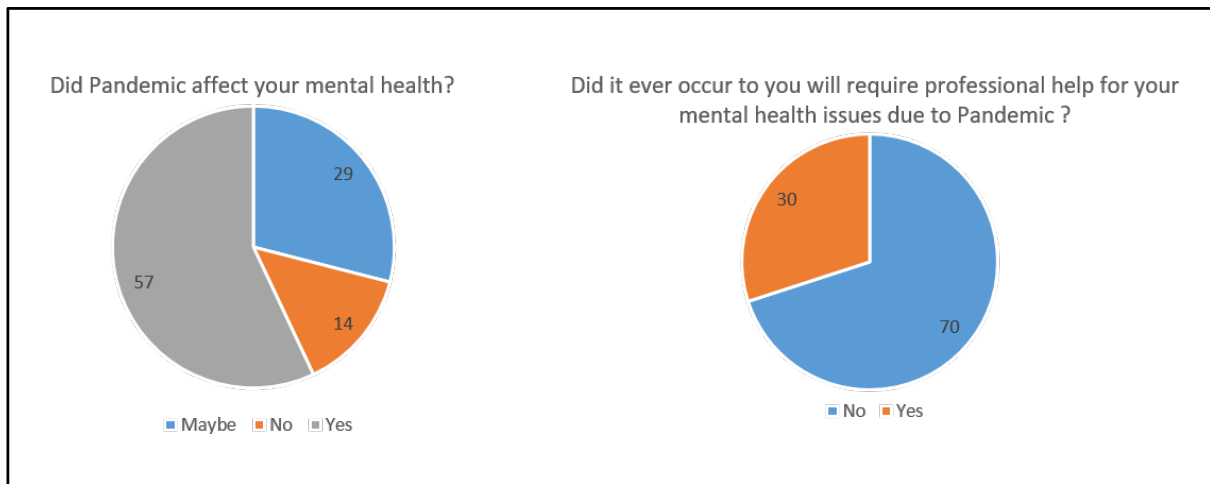
Figure 2. Pandemic induced effect on mental health.
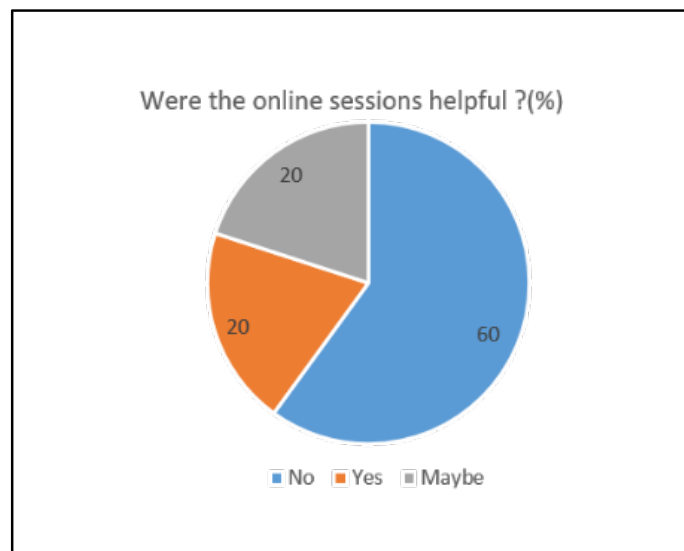
Figure 3. Participants' observations of the efficacy of online psychotherapy sessions.
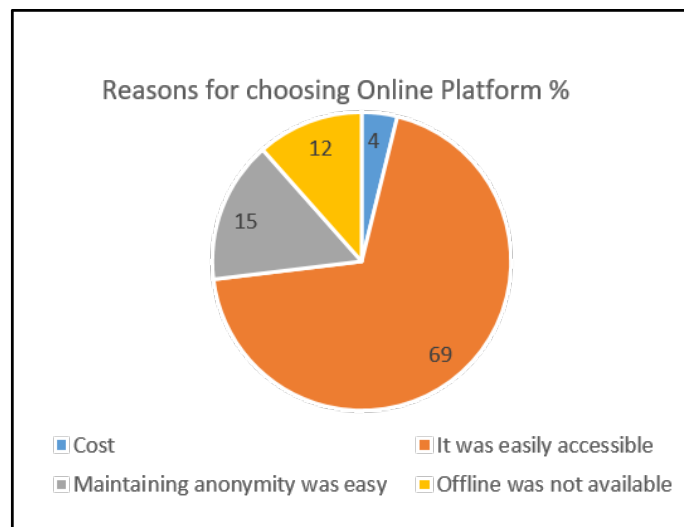
Figure 4. Reasons of participants to choose online platform of psychotherapy.

Other reasons quoted by participants included the following:

- It's feasible and affordable.
- COVID pandemic.
- It is easy to get.
- It's easy to find professionals online.
- Easy accessibility and cost.

Among the participants who used Online sessions, 48% committed to its future use also whereas 38% said that they may be using it. (**Figure 5**)

2.4 Discussion

A total of 100 participants filled out the online survey form. Where all participants were from the age range of 16-48 years old. The participant group included 48 females and 32 males, the sample included undergraduates (83%), graduates (13%) and post graduates (4%). This survey was designed to investigate how the pandemic affected the mental health of many people and how useful they found the online psychotherapy platform for their issues. It was noticed that the participants did understand their mental health situation but still they did not feel the need to reach out to a professional for help. This is due to the lack of awareness about mental health most common perception of the population is that they can handle this on their own they do not give preference to themselves and take care of themselves when they are feeling low or disturbed. Instead, they ignore the feeling by distracting themselves, such as watching TV shows or doing other things. Hence percentage of participants engaging in online therapy is less than the percentage of participants who did feel that their mental health was getting affected. Out of these, participants only 10% engaged in online therapy sessions with a professional. And they were happy with their experiences and results so much that they even want to continue it after the pandemic is over.

Of the participants who were aware of online therapy practices but 54% did not engage in any did say that they were likely to take part in it if the need arises in the future. Hence, we can say that online therapy is a developing field and will be growing in the near future. As technology advances and taboos around maintaining your mental health reduce, the population will be going on a path of active participation in online therapy [2].

It includes the most frequently used device by the participants to access the internet which turned out to be mobile phone with 94% of participants using it whereas only 6% of participants use their laptop to access the internet.
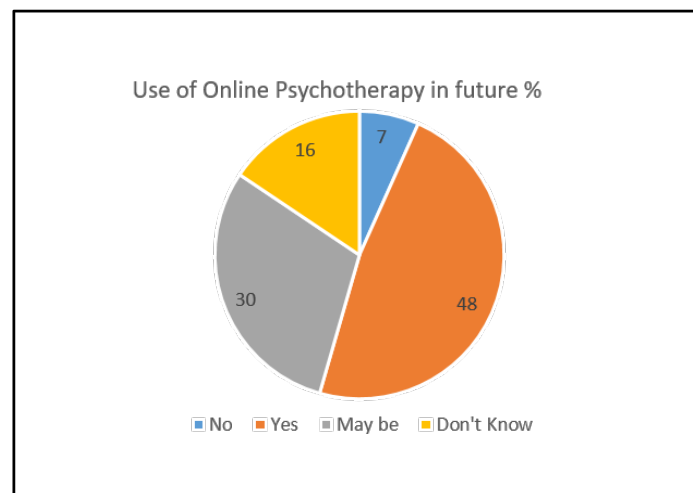

Figure 5. Percentage of participants that are willing to use online psychotherapy in future.

3. Conclusions

3.1 Major branches of online therapy and advantages

As described by Good Therapy, in one of their blog posts online therapy has evolved over the years and has been made more user-friendly, so much so, that with the advancement of technology, users have options to engage in online therapy from various modes [3]. These different modes help in connecting a wide spectrum of users. These modes provide a personalized experience for the user, as they can choose from any option that makes them feel comfortable. A few online therapy modes are:

Online therapy through Apps

Where various apps are designed with the help of a mental health professional who assists you and provides ways to weaken your mild daily life problems.

Online therapy through video

Where patients connect with a mental health professional at live time, virtually from anywhere in the world and engage in verbal communication.

Online therapy through chat

Where patients connect with a mental health professional in real time, virtually from anywhere in the world and engage in recordable communication. It maintains more anonymity.

These modes of online therapy have been functioning successfully. People who do not want to disclose their identities and want to keep their treatment anonymous prefer to go for chat-based therapy, whereas a person who wants a more interactive experience prefers to go for a video call or internet voice call. And the results of these sessions have been similar to those in face-to-face therapy as proved by research [4].

Research shows that in physical mode or face-to-face therapy, people have to go through the hassles of finding a good therapist, booking a suitable appointment, getting ready for the same, going through a rigorous amount of time in traffic and travelling [5]. For a person who wants to discuss and resolve their mental issues such as anxiety, depression, burnout etc., this whole process is tiring, challenging and sometimes threatening. Hence online therapy comes as a saviour technique, in saving time and a person does not have to go through all the hassles and tensions.

Online therapy provides rapid access to the user and hence whenever someone needs help urgently then they are just a click away. The user just needs to go on a website and with one click they can book an appointment or talk to a therapist immediately through video/telecommunication/chat. These platforms are preferred avenues at lower costs without the stress of leaving one's house, especially in the pandemic-affected society.

As this is a new technique to practice psychotherapy, online therapy also has some drawbacks which need to be addressed to provide a smooth and secure functioning of the platforms offering this technique online. One of the major drawbacks is the privacy of the client/patient, a lot of the time the privacy policy of the platforms cannot be trusted, hence verifying the platform is really important for both the client and professional. But this can be solved by choosing or making a website that does not expose confidential information between the client and the professional.

3.2 Online psychotherapy: Progression—digitalization of psychological therapy

Face-to-face therapy has always been a conventional way to practice therapy. Still before the arrival of digitalization, physical interaction was not the only method considered to conduct therapy. In earlier days therapy was conducted through telephones and letters, but it was not the most convenient method. As in therapy, conversations took place through letters and hence the response from a client or a professional took a lot of time to reach one place and hence the results were greatly affected. Hence this was not a preferred method to practice therapy.

Slowly as the world developed and digitalization entered the world it started to evolve the working of every field of study. While it helped in making some of the work easier it has also made some of it possi-

ble. And then the internet arrived, and people started conversing through a new method—emails and it became a new method to practice therapy as well. With the help of the internet people living far from their mental health professionals were able to connect more easily, and people were not restricted to finding a good psychotherapist because of their locations anymore. In a recent research it was found that more than 14% of American adults with internet access go online to find mental health information [1].

As the world was going through a pandemic due to the spread of a deadly virus with no cure. People were stuck in their homes with several restrictions making it hard to move out. People were alone and isolated, while some were with their loved ones and some had to go through the process of losing their loved ones. Everywhere there was a chaotic situation and a wave of grief as people lost their loved ones every single day. To deal with all the emotions such as the negativity and a situation of uncertainty that everyone was going through, people addressed this overwhelmed feeling by reaching out to mental health professionals to seek help. As leaving one's house was not even an option, people took the help of various online therapy platforms. Due to this rise in the usage of online psychotherapy, a wave of awareness came through the world about mental health. Various influencers on social media platforms shared their stories of engaging in therapy and hence motivated their audience also. This also helped in breaking the stigma around mental health and its importance.

Analysing how much knowledge the population that actively uses the internet has about mental health, based on the data analysis from sample population, it was clearly seen that though presently only 10% reached out for online psychotherapy help, after realising its benefits, 100% of them want to continue the online psychotherapy sessions even after the pandemic is over. This helps us understand the impact of online therapy and that the client is highly satisfied with this practice. In a study titled *"Online therapy: Review of relevant definitions, debates, and current empirical support"* conducted by Speyer et.

al, it shows that various therapeutic relationships are experienced in the online context, and some clients prefer online counseling to face-to-face counseling [6]. Hence, we can expect a growth in the online platform's user percentage. But the number of people participating in online therapy is very low (10%) which could be due to less awareness about the importance of mental health. Also, both the stakeholders i.e. the patients and the therapist should be ready to make the most of this situation, which they were not due to lack of time to prepare. This is still a nascent stage of this mode of therapy which has all the potential to accelerate in acceptance. It will require awareness of this topic so that no one should ever hesitate from reaching out to help and access it easily. And so this number can be increased, by spreading the word through various platforms for example social media, advertisements etc. We can already see a positive result through this survey and the supporting research and hence we can start working towards breaking the taboos around mental health. The professionals should equip themselves with technological skills so that they can easily handle online therapy sessions and conduct them smoothly. But one thing that is clear is that today's youth understands the importance of mental health and also is aware of the modes to adopt to reach out for help.

Conflict of Interest

The author declares no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix

1. Your AGE in years

15-48 years

2. Your Sex

Male, Female

3. Your Profession

Student, Private sector job, Government sector job, Self employed

4. Your EDUCATIONAL QUALIFICATIONS (please select highest Qualification)

Less than Graduation, Graduate, Post graduate, Ph.D.

5. Which DEVICE do you use MOST FREQUENTLY to access internet?

Mobile phone, Desktop, Laptop, Tablet

6. Did the Pandemic affect your mental health?
Yes, No

7. Did you lose any of your loved ones during pandemic?

Yes, No

8. Did it ever occur to you that you will require professional mental help to overcome the situation due to Pandemic?

Yes, No

9. Did you Google the mental health issues you were facing?

Yes, No, Not Applicable

10. Please GRADE the LEVEL of HELP provided by Google?

Helpful, Not Helpful, Not Applicable

11. Did you reach out to any professional Online psychotherapy platform or a mental health professional for your problems?

Yes, No

12. What was your reason to choose Online psychotherapy platform?

Offline was not available, Maintaining anonymity was easy, It was easily accessible, Cost, Not Applicable

13. If you want to add more reason/s for choosing Online psychotherapy platform, please type below

Open ended

14. Were the online sessions helpful in resolving your mental health issues?

Yes, No, Maybe, Not Applicable

15. Will you continue with Online therapy sessions even after the pandemic is over?

Yes, No, Maybe, Not Applicable

16. In case you have not used Online psychotherapy, would you consider it as a method of help for you during Pandemic, if needed?

Yes, No, Maybe, Don't Know, Not Applicable (as I used it)

ARTICLE

Exploring "Enabling Behaviours" of Wives of Persons with Substance Use Disorder in Chapter 8 of the *Big Book of Alcoholic Anonymous*

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ABSTRACT

Substance use disorder has a damaging effect on the family members of alcoholics and drug users. On the other hand, the reactions and behaviours of family members may negatively influence a person with substance use disorder. The behaviours of significant others of a person with substance use disorder that contribute to the maintenance of substance use disorder are called enabling. This study aimed to explore enabling behaviours of wives of persons with substance use disorder in Chapter 8 of *Alcoholic Anonymous*' *Big Book* by utilising qualitative content analysis. Alcoholics Anonymous (AA) is one of the most commonly used programs for recovery from alcoholism. The current study sought to help mental health professionals get a better understanding of the views and premises of the AA program in reference to enabling behaviours of wives by conducting a qualitative content analysis of the *AA Big Book*. The study also discusses the healthy behaviours suggested by the authors of the *Big Book* and the comprehensiveness of the text for the readers.

Keywords: Enabling behaviour; Wives of alcoholics; Alcoholism; *Alcoholic Anonymous (AA)*; *Big Book*; 12 step self-help program; Qualitative content analysis

1. Introduction

Substance use disorder not only damages the person with substance use disorder, but also the families of users [1,2]. On the other hand, the behaviours and reactions of family members may affect the individual with substance use disorder [3]. Enabling behaviour usually refers to the dysfunctional reactions of family members of a person with substance use

disorder, that further eternalize drinking or drugging by the user. In spite of the wealth of literature on the importance of enabling behaviors by significant others of a person with substance use disorder, far fewer studies have been conducted on the nature of enabling behaviors [3,4]. Therefore, this study aimed to explore the concept of enabling behavior in Chapter 8 of *Alcoholic Anonymous' Big Book*. Previous studies demonstrated that the 12-step programs have been helpful for different kinds of problems such as alcoholism, substance use disorder and co-dependency [5-7]. As the 12-step program of AA is one of the most successful and pervasive approaches for recovery from alcoholism [7,8-10], the approach of this program regarding the enabling behaviors of wives of alcoholics can shed light on the concept of enabling behavior and also help mental health professionals acquire a better understanding about AA's viewpoint on the concept and treatment.

1.1 Enabling behaviour

Significant others of a person with substance use disorder may employ diverse and often changing ways of coping with that person [11]. These ways of coping may influence the behaviours of the individual with substance use disorder [12,4,3]. Myers and Salt [13] postulated that in families with substance use disorder, those behaviors of the family members that contribute to the maintenance and expansion of the substance use disorder of the addicted individual are called enabling. Enabling may consist of cleaning up after an alcoholic, bailing an addict out of jail, paying his or her debts, getting out of dinner invitations, calling the addict's boss and telling him or her that the addict is sick, and so on. Playing the role of peacemaker during family conflicts is considered a milder expression of enabling behavior. Of course, the family members often cannot see how this kind of "helping" is harmful [13]. According to Rotunda and Doman [4], enabling is

"a learned set of behavioral responses enacted by significant others that have the potential to reinforce drinking or drugging responses, thus increasing the probability

of such a response in the future. This consequence may result from direct behaviors of the significant other (e.g., buying drugs for the person with substance use disorder), as well as through negative reinforcement mechanisms (e.g., directly or indirectly helping or permitting the person with substance use disorder to avoid naturally occurring negative consequences associated with drinking and other drug use)" (page 268).

For measuring the enabling behaviours of partners and spouses of alcohol-dependent individuals some assessment tools have been developed such as "Spouse Enabling Inventory (SEI)" [14], "Significant Other Checklist" [15]; and the "Behavioural Enabling Scale (BES)" [3].

Thomas, Yoshioka, and Ager [14] managed a program named "disenabling program" which was successful in diminishing the enabling behaviours of the spouses of alcohol-dependent participants of their study. The results of another study [16], demonstrated that the frequency of enabling behaviours of wives of alcoholics decreased with the duration of the wives' membership in Al-Anon (the 12-step self-help program for families and friends of alcoholics). The longer the wives had been members of the Al-Anon group, the less frequent the behaviours displayed. Acceptance of the principles of Al-Anon appeared to be related to a decrease in such counterproductive behaviors. This study also showed that Al-Anon was effective in helping wives of alcoholics toward constructive behaviors [16].

1.2 Alcoholic Anonymous

Alcoholics Anonymous (AA) is one of the most effective, famous, and largely available treatment approaches for recovery from alcoholism in the world [17-19]. AA is a self-help group that assists individuals to get over their alcoholism and to maintain sobriety through its emphasis on spirituality, social support, and its liberal 12-step. Alcoholic Anonymous was originated by Bill Wilson and Dr. Bob Smith in 1935, and quickly grew in the 1940s. AA self-help groups are now all over the world and are

Table 1. The description of enabling behaviours and some of the examples in the related literature.

Name of researchers	Description of enabling behaviours	Some of examples of enabling behaviours
Myers and Salt (2000) [13]	Those behaviours of the family members that contribute to maintenance and expansion of substance use disorder of the addicted individual is called enabling	cleaning up the mess made by an alcoholic; bailing an addict out of jail; paying his or her debts; getting out of dinner invitations; calling the addict's boss and telling him or her that the addict is sick
Rotunda and Doman (2001) [4]	a learned set of behavioural responses enacted by significant others that have the potential to reinforce drinking or drugging responses, thus increasing the probability of such a response in the future. This consequence may result from direct behaviors of the significant other, as well as through negative reinforcement mechanisms .	Direct behaviors of the significant other like: buying drugs for the person with substance use disorder
		negative reinforcement mechanisms like: directly or indirectly helping or permitting the person with substance use disorder to avoid naturally occurring negative consequences associated with drinking and other drug use

known as one of the best treatment approaches to alcoholism. Bill Wilson encouraged the medical community to study AA. As a result, a number of studies reported the efficacy of AA participation in the recovery from alcoholism [8-10,19], and numerous rehabilitation centres for alcohol abuse continue to use the principles of AA as part of a total treatment program [20].

Bill Wilson, with cooperation from some of the original members of AA in 1939, published a book entitled Alcoholics Anonymous. This text is known to AA members as the *Big Book*. Subsequent to the publication of the *Big Book*, AA's membership grew rapidly and by 1955 the membership was estimated at 150,000 men and women (AA World Services, 1976). *Alcoholics Anonymous' Big Book* includes the philosophy and program of AA and comprises 9 chapters. Chapter 8 of the book, under the name "to wives" was written by the wives of Alcoholic Anonymous members and allocated to the wives of alcoholics and address the problems, challenges, and difficulties that these women encounter during the period of their husbands' alcoholism and in their husband's process of recovery (if they have to go through it). Moreover, this chapter points out mistakes that the wives made in relationships with their husbands and also offers alternative ways of behaving with their husbands.

2. The current study

Previous studies have demonstrated that at least

some partners of people with substance use disorder have responded to behave in a manner consistent with popular concepts of enabling. Nevertheless, the extent, effect, and particular nature of enabling behaviors among significant others remain understudied [8-10,18]. Therefore, the present study aimed to explore enabling behaviors of wives of alcoholics as put forward in Chapter 8 of *Alcoholic Anonymous' Big Book*. This study answered the following research questions: How does the text mention enabling behaviour? What kind of enabling behaviours are cited in the text? What are healthy behaviours as suggested by the authors as alternatives for enabling behaviour? How comprehensive is the book regarding enabling behaviours?

While Alcoholics Anonymous self-help program has been recognized as a successful and efficient approach to alcoholism's recovery [8-10,21], investigating the viewpoint of AA about enabling behaviour may further illuminate this concept. Furthermore, it may help mental health specialists in the field of substance use disorder acquire a more comprehensive understanding of this program.

3. Methodology

3.1 Research design

To answer the research questions of the study, qualitative content analysis was used. Qualitative content analysis is an inductive approach utilized for written or visual materials with the goal of identify-

ing particular characteristics of the material. One of the advantages of content analysis is its unobtrusiveness. The existence of the observer does not impact what is being observed [22,23].

There are different approaches that fall under the classification of qualitative content analysis. Three approaches identified by Hesieh and Shannon [23] are conventional, directed, and summative. For analysing Chapter 8 of *AA's Big Book*, a summative content analysis was used. In summative content analysis, the focus is on exploring the fundamental meanings of the words that make up the content under study. Beginning with determining certain words or content in text, the purpose of this approach is to understand the contextual use of words or content. A summative approach involves latent content analysis which is the process of interpretation of content [23].

3.2 Textbook selection

The *Alcoholic Anonymous' Big Book* was chosen because this book is considered as the most representative textbook of AA. The *Big Book* displays the values, beliefs, and fundamental content of the program [24]. Chapter 8 was selected because this chapter was written by the wives of Alcoholic Anonymous members to address the wives of men who drink too much. These chapter mansions to the problems and challenges of wives of alcoholics and their feelings, reactions and mistakes. It also suggests a healthy way of behaving the alcoholic husbands.

3.3 Procedures

The first author read Chapter 8 word by word and took notes. Based on the notes, she began to look for patterns of similarity and difference. While keeping in her mind the research questions, she started to identify codes from meaning units in the text in question. Meaning units of analysis could be a word, sentence or statement which was related to the concept of enabling behaviour, its examples and the suggested healthy behaviours of wives of alcoholics. After recognizing codes, she categorized them with regard to the research questions of the study. Afterwards, the number of codes was counted to determine the frequency of each code. The framework for analysis was developed based on the definitions and examples of enabling behaviours in the relevant literature. **Table 2** mentions a sample of meaning units and related codes.

4. Findings and discussion

This study used qualitative content analysis to explore enabling behaviour in Chapter 8 of *Alcoholic Anonymous' Big Book*. In this part of the article, findings of the research questions will be addressed, and subsequently discussed.

4.1 How does the text refer to enabling behaviour?

Chapter 8 of *Alcoholic Anonymous' Big Book* addressed wives of alcoholics and their problems,

Table 2. A sample of meaning units and codes of the data analysis process.

	Meaning unit from the text	Codes
Enabling behaviours mentioned in the *Big Book*	We have told innumerable lies to protect our pride and our husband's reputation	Telling lies to people about the husband
	We could make few social engagements.	Limiting social engagement
	Our homes have been battle-grounds many an evening	Getting Angry and fighting with the alcoholic husband
Healthy Behaviours suggested by the authors of the Big Book	Try not to condemn your alcoholic husband no matter what he says or does	Stop condemning the husband
	Your desire to protect him should not cause you to lie to people when they have a right to know where he is and what he is doing	Stop telling lies
	The first principle of success is that you should never be angry	Not to get angry

behaviours and attitudes. In this chapter, there are some statements that indirectly mention enabling behaviours; nevertheless, there is no direct mention of the term "enabling behaviour". One of the statements written by the wives of alcoholics that mentions enabling behaviours indirectly is on page 104 which point out the mistakes they have made, "As wives of Alcoholic Anonymous, we would like you to feel that we understand as perhaps few ca. We want to analyse mistakes we have made". In another part of the chapter, after describing the situation of the wives in the alcoholic family, it is stated that "under these conditions we naturally make mistakes". These statements offer clues for how wives make reference to enabling behaviours. These kinds of statements that deal with the mistakes of wives in relation to their alcoholic husbands have been repeated 3 times in the text.

Alcoholics Anonymous was founded in 1935, and *AA's Big Book* was originally published in 1939 [24]. It was only later in the 1950s that the word enabling was used by early Al-Anon literature to describe the disease of significant others of alcoholics caused by the pathogenic effects of alcoholism on the family members [25]. As a result, it is acceptable that by the time of publishing the *Big Book*, the term "enabling behaviour" had not been used in the addiction literature. However, respecting the explanations of the text, and based on the definitions of enabling behaviour, it can be implied that the mistakes of the wives refer to their enabling behaviours.

4.2 What kinds of enabling behaviours have been mentioned in the text?

Different kinds of enabling behaviours have been remarked on in Chapter 8 of *Big Book*. Totally, this chapter highlighted 26 different types of enabling behaviours. Some of the enabling behaviours which are mentioned in the text include: Telling lies to the husband's employer and his friends that he was sick, being hysterical, ignoring and denying the addiction problem, getting angry with the husband, criticizing, having retaliatory love affairs with other men, and limiting social engagement.

Some of the enabling behaviours have been brought up directly in the text, for example, "frequently, you have felt obligated to tell your husband's employer and his friends that he was sick, when as a matter of fact he was tight" (p. 115). On the other hand, some of the enabling behaviours have been mentioned indirectly through the advice and insights given by the authors. In the sentence: "Let him see that you want to be helpful rather than critical" (p. 111), the word "critical" in the text implies the enabling behaviour of the wives. Another example of an indirect hint of enabling behaviour is about lying, "Your desire to protect him should not cause you to lie to people when they have a right to know where he is and what he is doing" (p.115).

Of all sorts of enabling behaviours mentioned in this chapter, some of them just brought up ones, but some others have been remarked on several times. For example, criticizing, limiting social engagement because of the husband's alcoholism and telling lies to the employers and friends of the husband have been repeated respectively 5, 4 and 3 times. The repetition of the mentioned enabling behaviours could be because of the importance of these behaviours and the frequency of them in addictive family systems.

Most of the enabling behaviours mentioned in Chapter 8 are aligned with the examples of enabling behaviours in the related studies. For example, some of the items of Behavioral Enabling Scale [3] involve: "Partner made excuses to others for client's impaired behaviour when s/he was drinking or high", "partner changed or cancelled family plans or social activities because client was drinking, using drugs, or hangover", and "Partner helped conceal client's drinking or drug use from employers or co-workers" (p.272).

4.3 What are healthy behaviours suggested by authors as alternatives for enabling behaviours?

Besides explaining the mistakes of wives of alcoholics in Chapter 8, the authors give some pieces of advice to the wives of alcoholics about how to deal with the situation they are living in. Some of the suggestions are about how to behave healthily

in the period of their husbands' active alcoholism or in their process of recovery from alcoholism. Some examples of the ways of reacting to an active alcoholic are: "Do not set your heart on reforming your husband. You may be unable to do so, no matter how hard you try" (p. 111); "Let him see that you want to be helpful rather than critical" (p. 111); and, "Talk about his condition or this book only when he raises the issue" (p. 112).

The following paragraph is about understanding the situation of a recovering alcoholic and the way of behaving with him,

> *The fact is that he should work with other people to maintain his own sobriety. Sometimes he will be so interested that he becomes really neglectful... It will do a little good if you point that out and urge more attention to yourself. We find it a real mistake to dampen his enthusiasm for alcoholic work. You should join in his efforts as possibly as you can (p. 119).*

While mentioning the healthy ways of behaving with alcoholic husbands, the authors attempted to explain the disease of addiction and its effects on the alcoholic person. They also clarified the needs and conditions of a recovering alcoholic. In this way, the authors help the wives to realize the nature of their husbands' disease. It seems that the raised awareness of the wives aligned with behavioural alternatives would make them more successful in decreasing their enabling behaviours.

Some of the suggestions of Chapter 8 are concentrated on the personal life of wives. The advice usually encourages them not to preoccupy themselves with their husbands' alcoholism: "Be determined that your husband's drinking is not going to spoil your relations with your children or your friends" (p. 111), or "It is possible to have a full and useful life, through your husband continues to drink" (p. 111). Sometimes the authors brought up evidence to prove their claim, "We know women who are unafraid, even happy under these conditions" (p. 111). **Table 3** points out some of the examples of the enabling behaviours (or mistakes which the wives had made) and the healthy behaviours derived from the data analysis of this study.

This finding is consistent with the existing literature on the recovery from co-dependence. Previous studies demonstrated that wives of individuals with substance use disorder are co-dependent [26,28] and enabling behaviour is one of the characteristics of co-dependents [28,29]. So, for decreasing the enabling behaviours and behaving in a healthy way, wives need to work on their recovery from co-dependence. According to Whitfield [30], for recovery from co-dependence, co-dependents firstly need to understand that they are powerless over others, but they are powerful over themselves. They began to reclaim

Table 3. Examples of the enabling behaviours and the healthy behaviours derived from data analysis of this study.

Examples of enabling behaviours mentioned in the *Big Book of Alcoholic Anonymous*	Healthy behaviours suggested by the authors of the *Big Book of Alcoholic Anonymous*
Getting Angry and fighting with the alcoholic husband	Not to get angry Avoiding conflicts or keeping them under control Solving the problems in a friendly way Being patient
Criticising the husband	Stop criticising him
Telling lies to others (like his employer or friends) about the husband	Stop telling lies Being honest with the people who need to know the reality of the husband's situation
Ignoring and denying the alcoholism problem	Acceptance of the reality Trying to increase awareness about the disease of alcoholism and undersetting the husband's situation
Controlling the husband both in his active alcoholism or in the process of recovery	Not to control the husband

their personal power by working on a process of boosting their awareness, and by taking responsibility for their well-being and functioning.

To Beattie [29], the basis of recovery from co-dependence which the majority of co-dependents usually forget is that everyone is responsible for themselves. In the process of recovery, the co-dependents learn to take care of themselves by detaching from the object of their obsession and stopping controlling others.

4.4 How far is the book comprehensive enough regarding enabling behaviours?

It sounds that Chapter 8 of *AA's Big Book* was written comprehensively in terms of enabling behaviour. The authors tried to include most of the common mistakes of wives of alcoholics, and provide the wives with helpful and practical advice. They also attempted to increase the awareness of wives about the disease of alcoholism which could enable them to understand the situation of their husbands. When the pioneers of AA identified alcoholism as a disease for the first time in the 1940s, the knowledge and experience of people and even mental health professionals about the disease of alcoholics and their family members was anecdotal and insufficient. It was around 20 years later that the American Medical Association (AMA) established a definition of alcoholism as a disease [31]. Also, it was in the late 1970s that the word co-dependent was developed to describe people who had become dysfunctional as a result of living with a partner with substance use disorder [32]. So, considering the atmosphere of the 1940s, this chapter is a creative, pioneering and comprehensive writing about wives of alcoholics, their challenges, enabling behaviours and alternative ways of dealing with an alcoholic husband.

It is worth mentioning that the writers applied an empathetic approach to writing this chapter. They used the plural pronoun "we" and tried to share the deep feelings and real and genuine experiences of wives frankly. The last paragraph of the chapter in question can be considered as one of the most empathic expressions of the chapter:

We realize that we have been giving you much direct advice. We may have seemed to lecture. If that is so we are sorry, for we ourselves, don't always care for people who lecture us. But what we have related is based upon experience, some of it painful. We had to learn these things the hard way. That is why we are anxious that you understand, and that you avoid these unnecessary difficulties (p. 121).

It seems that using the plural pronoun of "we" aligned with the empathetic style of writing made this chapter more effective. Concerning the anger, pain and frustration of wives of people with substance use disorder, it seems reasonable to firstly try to empathize with their difficult situation. This way of writing may decrease the denial of wives which is one of the common characteristics among them [28,19,33].

5. Conclusions

The aim of this study was to explore the enabling behaviours in Chapter 8 of *Alcoholic Anonymous' Big Book* that was written for wives of alcoholics. The findings of this study shed light on the concept of enabling behaviours and especially on the ways of decreasing these behaviours through the outlook of pioneers of 12 step self-help programs.

The authors of *Big Book* used a compassionate and sympathetic style to advise the wives about their enabling behaviours. They tried firstly to show their empathy to the tough and confusing situation of the wives. Then, by providing information about the disease of alcoholism and the consequences of this disease on the alcoholic person, the authors attempted to help the wives to gain a better understanding about their husbands' disease and not to personalize their husbands' reactions. The writers also suggested some alternative ways of behaving with an alcoholic or recovering husband. Moreover, the wives are advised to concentrate on their own lives rather than hopelessly try to rescue their husbands. The finding clarified that efforts to diminish the enabling behaviours of the wives need to accompany with raising

their awareness and reducing their co-dependent characteristics.

The way that authors of *Big Book* address the wives' feelings and problems and especially their enabling behaviours can be used by counselors, psychologists or other mental health professionals as a valuable source for planning the recovery and treatment plans for decreasing enabling behaviours of wives of persons with substance use disorder.

Although *AA's Big Book* is usually used by recovering alcoholics in 12-step program of AA, Chapter 8 of this book is an insightful reference for family members of alcoholics, especially their wives. The flow and simple style of writing besides providing practical suggestions made this text a suitable source for different readers with various knowledge and levels of education.

Author Contributions

As the first author, I, Parastoo Askian, had the central part in the all parts of conducting research like choosing the methodology, collecting data and data analysis and driving conclusions. The second author, Hesameddin Masoumian Sharghi contributed in choosing and clarifying the topic of the article and also in the process of data analysis.

Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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