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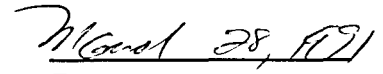
DEFINING CODEPENDENCY: A FACTOR ANALYTIC APPROACH

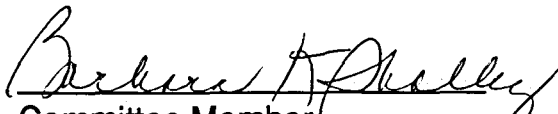
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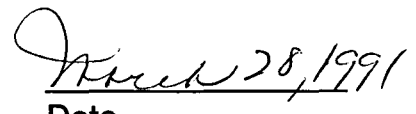
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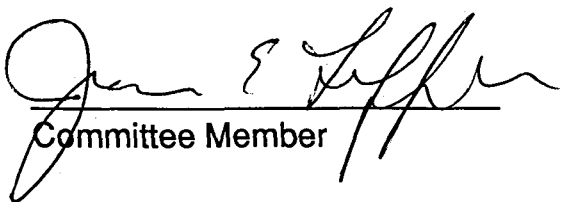
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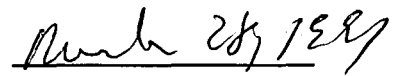

Committee Chair


Date


Committee Member


Date


Committee Member


Date

DEFINING CODEPENDENCY: A FACTOR ANALYTIC APPROACH

BY

KIMBERLY A. ELLIOTT

B.A., MARY BALDWIN COLLEGE, 1988

A Thesis

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Defining Codependency: A Factor Analytic Approach

University of Richmond

Kimberly A. Elliott

Running head: DEFINING CODEPENDENCY

Abstract

This study examined the construct validity of the Friel Inventory, via relationship with the ACL. A factor analysis of the ACL scores collected from 89 introductory psychology students was conducted. These factors were then correlated with the items of the Friel Inventory, which was from the same subjects. The purpose was to determine if codependence, as measured by the Friel Inventory, was a unique construct or a combination of well researched personality traits, as measured by the ACL. The findings supported the former as the correlations among the Friel Inventory items and the ACL factors yielded no relationships above that of chance; therefore, these two inventories are independent. Suggestions for future research and explanation thereof are offered so that the professional community may better assess and meet the needs of the codependent individual.

Defining Codependency: A Factor Analytic Approach

Codependence is a term widely used within the field of counseling, primarily with chemically dependent individuals, yet a phenomenon frequently misunderstood due to vague definition. Cermak (1986) claims that codependence is both a legitimate psychological concept and an important human disorder. Descriptions of codependence have been anecdotal and metaphoric, at best, which has not sustained psychological scientific scrutiny. Cermak (1986) states the need for a definition with a level of sophistication that is equivalent to disorders described in the DSM-III-R.

The term codependency first appeared in the late 1970's in chemical dependency treatment programs. The definition of codependency was initially narrow, only encompassing the persons involved with addicts. However, as professionals tried to understand this phenomenon better, and as theoretical interest increased, the definition expanded. The original published definition appeared in 1979 stated that "codependents were people whose lives had become unmanageable as a result of living in a committed relationship with

an alcoholic" (Beattie, 1987, p. 29). As professionals began to identify typical behaviors, they recognized that many people were codependents, e.g. helping professionals, people living with the chronically ill, physically, mentally and emotionally disturbed individuals.

Friel & Friel (1986) stated that clarity of definition of a disorder is of utmost importance in order to determine the appropriate diagnosis and treatment. Friel (1985) believed that codependency was a problem not restricted to chemically dependent families. Instead he believed that codependency can develop in any dysfunctional family system with exaggerated dependencies that interfere with an individual's process of the identification of feelings. The present study is based on the latest revision of the Friel & Friel (1987) definition: "Codependency is a dysfunctional pattern of living which emerges from our family of origin as well as our culture, producing arrested identity development, and resulting in an over-reaction to things outside of us and an under-reaction to things inside us. Left untreated, it can deteriorate into an addiction" (p. 10).

To understand the conceptual model and the disorder further, one can analyze the segments of the definition provided. "The dysfunctional pattern of living" refers to the symptomology that identifies the codependent person. Friel & Friel (1987) include the following as identifiable behavior exhibited: depression, tolerance of inappropriate behavior, self-defeating coping strategies, strong need for control of self and others, stress-related physical symptoms, thinking and feeling responsible for other people, abuse or neglect of self, fear of abandonment (Friel & Friel, 1987). No studies have addressed the possibility of this symptomology being an expression of several traits rather than the unique construct, codependency. The strong need for control could be an expression of dominance needs, whereas, the feeling of responsibility for others could be exhibited due to nurturance needs. Upon determining whether codependency is a unique construct or merely a new combination of several personality traits, clarity and agreement of definition may become feasible.

In stating that "codependency emerges from our family," Friel & Friel (1987) believe codependents arrive at a relationship with an

addict as a result of being codependent. These researchers do not endorse the premise that codependency is a result of living with the addict, as many professionals believe. In seeking to be with an addict or alcoholic, the codependent individual desires someone similar to those from their previous experiences.

Friel & Friel (1987) incorporate Erik Erikson's concept of masking to explain how adults exhibit codependent characteristics that are notable patterns of pre-adolescent identity formation stages. Thus, these individuals present the mask of adulthood when fearful of exposing the child within. Codependency is a paradoxical dependency, meaning that the individual appears strong, competent and emotionally healthy, when the actuality is internal confusion, loneliness, and most of all, dependence. As a result of these feelings of confusion, the codependent individual over-reacts to things external to the self and under-reacts to those internal (Friel & Friel, 1987). The over-reaction is considered to be the potentially addictive portion of codependency (i.e. overly responsible, workaholics, eating disorders, etc.). The addictions are means to avoid or deny the reality

of the feelings the codependent experiences and then becomes the precursor to the under-reaction to things that are internal. Denial of joy, sadness, dreams, etc. demonstrate the progressive seriousness of this disorder, as it is a dangerous denial of the self that can eventually lead to addiction, rages and suicide (Friel & Friel, 1987).

The DSM-III-R defines mental disorder as "a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress or disability or with a significantly increased risk of suffering, death, pain, disability or an important loss of freedom" (APA, 1987, p. xxii). According to this definition, codependency, as Friel & Friel (1987) define it, is in fact a legitimate mental disorder. Further, whatever the original cause of the distress, the DSM-III-R states that the "distress must currently be a manifestation of a behavioral, psychological, or biological dysfunction in the person" (APA, 1987, p. xxii). It appears that Friel & Friel's (1987) definition of codependency is consistent with the DSM III-R definition of mental disorder.

Because codependency is a case of progressive self denial, yet a

construct not well understood, Friel (1985) developed an exploratory device to measure typical behaviors. Objective test scores provide valuable information in two areas. For research purposes, these data enable objective estimates of severity, allow for more specific research and powerful statistical analysis. Objective scores allow professional counselors measurement of therapeutic improvement, help establish goals and treatment plans, and help define and/or refine a construct. The Friel Codependency Assessment Inventory (Friel, 1985), was designed as a research tool and clinical instrument for measuring codependency as Friel (1985) conceptualized it. The scale addresses 12 areas of a codependent person's concerns; among these are self-care, self-criticism, boundary issues, over-responsibility, identity, etc. The inventory consists of 60 true-false statements, half of which are worded so that a true response would indicate codependency with the remaining items stated such that a false response would endorse the phenomenon. Due to the exploratory nature, Friel (1985) recommended that the inventory be used with some reservation and be coupled with clinical

interviews. A large scale factor analysis to examine internal consistency and validity was planned (Friel, 1985) but has not yet been completed. The only statistical data reported on the inventory are the initial reliability figures. The KR-20 produced a reliability range between .83 and .85 with a fairly homogenous sample of clinical cases and somewhat restricted range (J. C. Friel, personal communication, April 15, 1987). Friel & Friel (1985) found the inventory to be useful in focusing on areas in the client's life that may be troublesome and in identifying points at which goal setting could begin.

The Adjective Check List (ACL) is an established personality assessment tool used to obtain self-descriptions (Gough & Heilbrun, 1978). The ACL encompasses 300 adjectives that describe a wide range of human behavior and yields 37 scales from which a profile can be derived (Grough & Heilbrun, 1978). It is possible that several of these scales address behavior similiar to those in the Friel Inventory. The dominance scale of the ACL, for example, measures "one's ability to seek and maintain a role as a leader in groups, or to be influential

and controlling in individual relationships" (Gough & Heilbrun, 1978, p. 9). One of the codependent characteristics frequently referred to is the need to control others. The affiliation scale of the ACL assesses one's desire and ability to seek and maintain numerous personal friendships. This, too, is characteristic of the codependent as one feels the need to be liked by everyone. Finally, the ACL nurturance scale addresses one's "engagement in behaviors that provide material or emotional benefits to others" (Grough & Heilbrun, 1978, p. 10).

Codependent individuals are often considered to be caretakers or to perform any task necessary to please another. Because of these obvious relationships and the comprehensive nature of the ACL, it was chosen as a criterion to establish construct validity for the Friel Inventory.

Wright & Wright (1989) conducted the only available statistical analysis encompassing the Friel Inventory. Separate male and female codependent groups and corresponding control groups were used in their study. The experimenters defined codependence as "the involvement in a serious heterosexual relationship with an alcoholic

or drug abusing partner" (Wright & Wright, 1989, p.1) which is more narrow than the definition endorsed by Friel (1985). The purpose of the study was to arrive at characteristics of codependent women and men. Relative to the control samples, codependent men and women received high scores on the Friel Inventory and reported high levels of stress in their relationships primarily due to alcohol/drug use.

The factor analysis of the Friel Inventory items conducted for the female subjects, $n = 78$, revealed three factors (Wright & Wright, 1989). The first accounted for 46% of the variance and was characterized by being in solid, rewarding, and personally involving relationships. The Friel Inventory had a negative loading on this factor. The second factor accounted for 36% of the variance and was identified by membership in the codependent group with exemplary essential features as an unfavorable overall assessment of her partner or a strong concern with controlling the relationship and her partner. The third factor, accounting for 18% of the variance, was loaded by characteristics that suggest independence such as a low level of personalized interest in and concern for her partner and the

definite absence of an exaggerated sense of permanence. The Friel Inventory scores did not load highly on this factor. In conclusion, women who score high on the Friel Inventory tend not to have "good" relationships but do not necessarily get involved in codependent relationships.

The factor analysis conducted for the males, $n = 49$, revealed four factors (Wright & Wright, 1989). The first is similar to that for the females accounting for 41% of the variance; however, the Friel Inventory scores did not load on this factor. The second, termed the "codependent" factor, accounted for 27% of the variance. One of the essential characteristics for a male to score high on this factor was a high score on the Friel Inventory. This factor is similar to that of the females; however, the Friel Inventory has a positive loading for the males. The third factor, accounting for 18% of the variance, is the inverse to that of the females and the Friel Inventory loads highly for the males. The fourth factor, entitled rescue and change, accounted for 13% of the variance but was unrelated to the Friel Inventory.

Wright & Wright's (1989) conclusions should be accepted with

some reservation as the sample size was quite small, particularly for the males. For the men, the hypothesized codependent characteristics did not cluster to form one codependent factor. They found only two characteristics, control and responsibility, to be essentially associated with being in a codependent relationship. For the women, the hypothesized codependent characteristics clustered together to form essential parts of a single codependent factor. Friel (1989) reported that the Wright & Wright (1989) study represents a beginning for the field, however, he criticized their research definition of codependence because it did not include general family dysfunction.

Codependence is a concept not well understood collectively by professionals due to lack of agreement on definition, diagnostic criteria, and limited scientific research. Although objective test measures, treatment programs and self-help literature are currently available, it seems that little is being done to alleviate the limited understanding of this construct. Is codependence a unique construct or a combination of several well researched personality traits? The

present study was exploratory in nature and examined the relationship between the items of the Friel Inventory and the subscales of the ACL.

METHOD

Subjects

The subjects were 89 introductory psychology students from the University of Richmond who received class credit for participation in the study. The subjects were 40 males of which 25 were freshmen, 12 sophomores, 3 juniors, and 49 females of which 35 were freshmen, 12 sophomores, and 2 juniors. The anonymity of the subjects was strictly observed and their treatment was in accordance with the standards of the American Psychological Association (1984).

Materials

The Friel Codependence Assessment Inventory (Friel & Friel, 1985) was designed as a research tool and clinical instrument for measuring codependency (See Appendix). It is a 60-item true-false scale in which there are no correct responses. Codependency is suggested by a true response to the even numbered statements and a false response to the odd numbered statements. In scoring the scale, the responses

on the odd numbered items must be reversed followed by the summation of all true responses to arrive at a final score. The scoring norms suggested by the author are from 31-45, moderately to severely codependent, 21-30 mild to moderate codependence, while those scores below 20 suggest few codependent concerns.

The Adjective Check List (ACL) (Gough & Heilbrun, 1978)

encompasses 300 adjectives in alphabetical order that allow for self description. The subjects determine which adjectives to endorse based on how well it describes the behavior of the self. It is possible to develop a profile based on the 37 scale scores.

Procedures

The subjects were tested in four groups. In each of the experimental sessions, the consent form was distributed and any questions were addressed. Presentation of the Friel Inventory and the ACL was counterbalanced to control for order effects.

Results

Principle components analysis with varimax rotation of the 300 items included in the Adjective Check List resulted in 6 factors with

eigenvalues greater than 1 (see Table 1). These accounted for about 80% of the variance.

Insert Table 1 about here

The factor loading matrix, including communalities, for the ACL items are shown in Table 2. The items have been ordered and grouped by size of loading to facilitate interpretation. Factor loadings less than .3 were not interpreted and have been eliminated from the table.

Insert Table 2 about here

There were a possible 324 correlations between the individual items on the Friel Inventory and the six ACL factors; only 12 were significant at the .05 level.

Insert Table 3 about here

Discussion

The results of this study do not clarify the definition of the codependency construct. It was intended to utilize the ACL to provide information to the construct validity of the Friel; however, the correlations between the inventories yielded no relationships at a significance level above that of chance. With this, it becomes clear that the ACL and the Friel do not reflect the same traits; therefore, the tests are independent. Since the Friel Inventory has an acceptable reliability of .8, perhaps it is measuring a unique construct.

A secondary factor analysis of the Friel Inventory yielded 21 factors with eigenvalues greater than 1, accounting for 73% of the variance. The maximum variance accounted for by one factor was 11%. The scores on the Friel Inventory ranged from 6 to 46 with a mean of 27.68 and a standard deviation of 7.94. This is further evidence for the complex nature of this inventory as also suggested by Cermak (1986) who stated that the complexity of codependency arises from the fact that it simultaneously refers to intrapsychic and interpersonal dynamics, two realms generally divided in psychology.

Because of this complexity, defining codependency is more difficult than rediscovering or restating personality disorders.

A point in question was the unique nature of the codependency construct. It seemed reasonable that this construct could be a combination of existing traits, e.g. dominance, affiliation, and nurturance as measured by a well researched personality inventory.

The rationale for this develops from a comparison of the ACL definitions of these traits and the characteristics of codependency.

Per the ACL definition, dominance is exemplified by the following codependent behaviors: obsession with controlling others, need to help others live their lives, inability to deal with loss of control and fear thereof, and the fear of allowing others to be who they are.

Characteristics of codependency that are indicative of affiliation per the ACL definition are as follows: lie to protect and cover up for those they love, please others rather than themselves, abandon own routine to do something for someone else, center their lives around others, and lastly, say yes when meaning no. Finally, codependent individuals are thought to be quite nurturant. Again, consistent with

the definition provided by the ACL manual, nurturant characteristics of codependent individuals are many. For example, they focus all their energy on others and their problems, feel safest when giving, anticipate others' needs and lastly please others at their own expense (Beattie, 1987).

Given the above information, it seems logical to predict a positive relationship among the ACL subscales and the Friel Inventory items. However, this was not the case in this study. A point of consideration that may provide insight into this illogical conclusion refers back to the paradoxical dependency of this construct. A codependent person presents a strong, competent and emotionally healthy individual to the public yet the internal self is confused, lonely and dependent (Friel, 1987). The ACL is a rating of the self via adjectives. Perhaps, the inconsistency between the logical relationship and the resulting conclusion of this study lies in which self was rated by the subjects. The rating of the self portrayed to the public would suggest a positive relationship with the ACL subscales previously mentioned; however, that of the internal self would offer minimal relationship.

The most significant finding of the present study is in support of previous research on the ACL. The factor structure found in the present study is quite similar to that cited by Gough & Heilbrun (1983). The scales that identify the factors remained the same; however, the order in which the factors fall was somewhat different. This finding provides evidence for the stability of this well researched personality inventory.

In conclusion, this study has not only demonstrated the complexity of the Friel Inventory but has provided supporting evidence to the stability of the ACL factor structure. As codependency research remains in the pioneering phase, it is suggested that future researchers use a larger sample to maximize the validity of the findings. Also, it may be informative to analyze the similarities and differences that may exist between individuals who are more or less codependent as determined by clinical interviews conducted by experts. Finally, comparing those individuals referred to as codependent that originate from chemically dependent with non-chemically dependent environments or relationships may further

clarification to the definition of codependency.

Future research can serve dual purposes, one of better identification criteria through definition and one of practical application. The present study examined data on an undiagnosed sample; however, it appears necessary for future researchers to sample diagnosed individuals as did Wright & Wright (1989). Also the present study utilized the ACL because it samples behaviors of codependency. The prediction was that there would be extremes demonstrated on the scales; however, it appears that future researchers may reap beneficial information using inventory developed for mentally or behaviorally disordered individuals. According to the DSM-III-R definition of mental disorder, codependency is a legitimate disorder per Friel & Friel's (1987) definition. Without further definitional research such as those previously stated, there will be insufficient evidence to propose inclusion in the DSM revisions. Secondly, research has practical value for therapeutic applications of findings. Without a clear definition and identifiable symptomology, professionals are unable to meet the

needs of clients adequately. Friel & Friel (1989) state that the symptoms are on the surface while codependency is the intervening variable beneath which the deeper issues of guilt, shame and fear of abandonment lie. Whitfield (1988) stated that 30-50 million people develop symptoms of codependency that are severe enough to seek help. Unfortunately, many helping professionals are unaware and untrained to recognize, manage or refer those clients appropriately. Although codependency has found a place in the chemical dependency field, it has met with little acceptance in general mental health. However, with further research, it is suspected that codependency will become a psychological concept and diagnostic category in the entire mental health field. Therefore, in order that professionals appropriately identify and meet the needs of codependent individuals, the necessity of future research remains undisputed.

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Table 1

Results of Principle Components Analysis with Varimax Rotation

Factor	Eigenvalue	Pct of Var
1	12.36	33.4
2	8.29	22.4
3	4.12	11.1
4	2.28	6.2
5	1.60	4.3
6	1.16	3.1

Table 2

Rotated Factor Matrix

Variable	Communality	Factor					
		1	2	3	4	5	6
NURSTD	.85	.88					
AFFSTD	.85	.84	.36				
PADJSTD	.74	.79					
UNFAVSTD	.87	-.78	-.35				
FAVSTD	.94	.75	.57				
NPSTD	.85	.72	.54				
A3STD	.64	.72					
CPSTD	.88	-.66		.57			
INTSTD	.79	.65	.46				
HETSTD	.73	.65		.38			.36

(table continues)

Variable	Communality	Factor					
		1	2	3	4	5	6
FEMSTD	.69	.58			.51		
AGGSTD	.90	-.54		.76			
CRSSTD	.52	-.50		-.33			
ISSSTD	.77	.48	.64				
DEFSTD	.88	.45		-.71		-.36	
AUTSTD	.84	-.45		.68		.40	
COMSTD	.74	.45		.34		-.55	
ACSTD	.85	-.43	-.71		.31		
SCFDSTD	.86	.38	.37	.74			
FCSTD	.88	.36		.80			
CHASTD	.72	.32	-.49	.48		.32	
ORDSTD	.86		.89				

(table continues)

Variable	Communality	Factor					
		1	2	3	4	5	6
ASTD	.87		.86				
ENDSTD	.84		.85				
A4STD	.81		.77		.40		
MLSSTD	.75		.72				
ACHSTD	.85		.71	.44			
MASCSTD	.80	.59	.54			.30	
DOMSTD	.90		.48	.80			
SUCCSTD	.73		-.46	-.33	.50		
ABASTD	.83		-.44	-.67	.32		
SCNSTD	.83		.41	-.75			
EXHSTD	.76		.85				
CPSSTD	.67			.47		.61	

(table continues)

		Factor					
Variable	Communality	1	2	3	4	5	6
TOTLSTD	.83				.77		
A2STD	.78					.76	
A1STD	.74						.77

Factor 1 is Sociability

Factor 2 is Potency

Factor 3 is Assertiveness

Factor 4 is Dissatisfaction

Factor 5 is Individuality

Factor 6 is Spontaneity

Table 3

Correlations Between Friel Items and ACL Factors

Friel Item	Factor			
	1	2	3	4
Q5	-.30			
Q32	-.33			
Q33	-.40			
Q36	-.31			
Q51	-.39			
Q52	-.31			
Q21	-.35	-.33		
Q56		.37		
Q38			-.38	
Q47			-.30	
Q37				.37

Appendix

Friel Codependency Assessment Inventory

- T F 1. I make enough time to do things just for myself each week.
- T F 2. I spend lots of time criticizing myself after an interaction with someone.
- T F 3. I would not be embarrassed if people knew certain things about me.
- T F 4. Sometimes I feel like I just waste a lot of time and don't get anywhere.
- T F 5. I take good enough care of myself.
- T F 6. It is usually best not to tell someone they bother you; it only causes fights and gets everyone upset.
- T F 7. I am happy about the way my family communicated when I was growing up.
- T F 8. Sometimes I don't know how I really feel.
- T F 9. I am very satisfied with my intimate love life.
- T F 10. I've been feeling tired lately.

- T F 11. When I was growing up, my family liked to talk openly about problems.
- T F 12. I often look happy when I am sad or angry.
- T F 13. I am satisfied with the number and kind of relationships I have in my life.
- T F 14. Even if I had the time and money to do it, I would feel uncomfortable taking a vacation by myself.
- T F 15. I have enough help with everything that I must do each day.
- T F 16. I wish that I could accomplish a lot more than I do now.
- T F 17. My family taught me to express feelings and affection openly when I was growing up.
- T F 18. It is hard for me to talk to someone in authority (boss, teachers, etc.).
- T F 19. When I am in a relationship that becomes too confusing and complicated, I have no trouble getting out of it.
- T F 20. I sometimes feel pretty confused about who I am and where I want to go with my life.
- T F 21. I am satisfied with the way that I take care of my own needs.

- T F 22. I am not satisfied with my career.
- T F 23. I usually handle my problems calmly and directly.
- T F 24. I hold back my feelings much of the time because I don't want to hurt other people or have them think less of me.
- T F 25. I don't feel like I'm "in a rut" very often.
- T F 26. I am not satisfied with my friendships.
- T F 27. When someone hurts my feelings or does something that I don't like, I have little difficulty telling them about it.
- T F 28. When a close friend or relative asks for my help more than I'd like, I usually say "yes" anyway.
- T F 29. I love to face new problems and am good at finding solutions for them.
- T F 30. I do not feel good about my childhood.
- T F 31. I am not concerned about my health a lot.
- T F 32. I often feel like no one really knows me.
- T F 33. I feel calm and peaceful most of the time.
- T F 34. I find it difficult to ask for what I want.
- T F 35. I don't let people take advantage of me more than I'd like.

- T F 36. I am dissatisfied with at least one of my close relationships.
- T F 37. I make major decisions quite easily.
- T F 38. I don't trust myself in new situations as much as I'd like.
- T F 39. I am very good at knowing when to speak up, and when to go along with others' wishes.
- T F 40. I wish I had more time away from my work.
- T F 41. I am as spontaneous as I'd like to be.
- T F 42. Being alone is a problem for me.
- T F 43. When someone I love is bothering, I have no problem telling them so.
- T F 44. I often have so many things going on at once that I'm really not doing justice to any one of them.
- T F 45. I am very comfortable letting others into my life and revealing "the real me" to them.
- T F 46. I apologize to others too much for what I do or say.
- T F 47. I have no problem telling people when I am angry with them.
- T F 48. There's so much to do and not enough time. Sometimes I'd like to leave it all behind.

T F 49. I have few regrets about what I have done with my life.

T F 50. I tend to think of others more than I do of myself.

T F 51. More often than not, my life has gone the way that I wanted it to.

T F 52. People admire me because I'm so understanding of others, even when they do something that annoys me.

T F 53. I am comfortable with my own sexuality.

T F 54. I sometimes feel embarrassed by behaviors of those close to me.

T F 55. The important people in my life know "the real me," and I am okay with them knowing.

T F 56. I do my share of work, and often do quite a bit more.

T F 57. I do not feel that everything would fall apart without my efforts and attention.

T F 58. I do too much for other people and then later wonder why I did so.

T F 59. I am happy about the way my family coped with problems when I was growing up.

T F 60. I wish that I had more people to do things with.

The author, Kimberly A. Elliott, received a B.A. degree from Mary Baldwin College in 1988 with a major in Psychology and the equivalent of a major in Biology. Currently working as a Clinical Associate and a crisis counselor, Kim plans to receive a BSN to combine psychiatric nursing and counseling.