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## ANTECEDENTS OF CO-DEPENDENCY

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Psychology

by Marciana Crothers June 1994

### ANTECEDENTS OF CO-DEPENDENCY

A Thesis

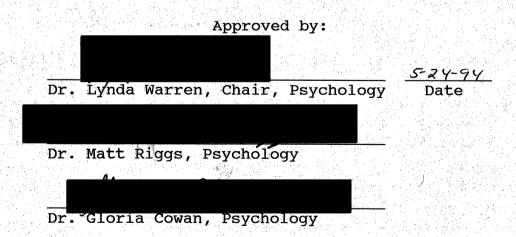
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#### ABSTRACT

The comparison of a construct called "morbid dependency", described 40 years ago by Karen Horney, to what is today known as co-dependency is the basis for this research. Horney's theory, which posits a relationship between coercive, controlling, non-nurturing parenting and the development of "morbid dependency" is tested. Insight into dysfunctional families is sought by examining the pattern of correlations of the parental dysfunctions of chemical dependency, co-dependency, and compulsivity with the parental factors of non-nurturing, coercion, and control. Empirical support is provided for Horney's theory via significant correlations between co-dependency in adults and their reporting of the use of non-nurturing, coercive, and controlling behaviors by their parents. A multiple regression accounts for 16% of the variance in co-dependency scores and identifies three predictors of co-dependency: parental co-dependency, age, and coercive maternal behaviors. Using a structural equation analysis, a significant relationship is identified between parental compulsivity, coercive parenting behaviors, and codependency in adult offspring. The implications, limitations, and possible directions for future research are discussed.

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#### INTRODUCTION

As the body of theoretical work on co-dependency grows, the need for systematic investigation of the construct To date, meager empirical data have been increases. generated, and the majority of information found in the popular psychology and chemical dependency literature is based on assertions rather than scientific findings. and Wright (1990), in a review of current descriptive literature on co-dependency, compiled the following composite of characteristics defining co-dependency: low self-esteem, frozen feelings and a lack of spontaneity, a need to be needed, a need to be in control, a willingness to behave self-sacrificially, an exaggerated need for approval, an inability to maintain clear boundaries between self and significant others, a fear of abandonment, and excessive reliance on denial. While there is some clinical agreement on many of the behavioral characteristics and attitudes encompassed by co-dependency, there are no standardized measures. This lack of standardization limits the ability to compare studies and conceptualizations of co-dependency by examining the current research.

While its original identification may have been based on the observations of the spouses and children of alcoholics (Krestan & Bepko, 1990), co-dependency has since been demonstrated in one study to exist independent of a relationship with a chemically dependent partner and to be a

disorder separate from chemical dependency (O'Brien & Gaborit, 1992). Although co-dependent individuals may be more likely to engage in relationships with chemically dependent individuals (Cermak, 1986), a relationship with a chemically dependent individual is not sufficient evidence of co-dependency. Similarly, adult children of alcoholics are often identified as co-dependents (Mellody, 1989), and a majority of the popular psychology literature is directed towards this population. However, a simple proximal relationship to an alcoholic may not always be a factor in co-dependency (Gierymski & Williams, 1986). Therefore, further investigation that includes an examination of the relationship between co-dependency in an individual and chemical dependency in the family of origin is necessary.

The association of co-dependency with chemical dependency is further confounded by the concept of the "dysfunctional family." Alcoholic families are commonly characterized as dysfunctional. However, the term has not been clearly defined and there has been very little empirical investigation of alcoholic families. Furthermore, the tendency to refer to any problematic family of origin as dysfunctional has so generalized the concept that specific characteristics of these families have not been clearly identified. The purpose of this study was to determine whether co-dependency has links to specific family of origin experiences. In addition to a consideration of chemical

dependency in the family of origin of co-dependent individuals, the parents' co-dependency will be considered in order to determine if parental co-dependency is related to co-dependency in their adult children.

Although the term co-dependency has only recently been introduced, the interpersonal attitudes and behaviors it encompasses were described over forty years ago by psychoanalyst, Karen Horney. Consider this description of what she termed morbid dependency:

The first characteristic to strike us is such a woman's total absorption in the relationship. partner becomes the sole center of her existence. Everything revolves around him. Her mood depends upon whether his attitude toward her is more positive or negative. She does not dare make any plans lest she might miss a call or evening with him. Her thoughts are centered on understanding or helping him. Her endeavors are directed toward measuring up to what she feels he expects. but one fear-that of antagonizing and losing him. Conversely her other interests subside. Her work, unless connected with him, becomes comparatively meaningless. This may even be true of professional work otherwise dear to her heart, or productive work in which she has accomplished things. Naturally the latter suffers most. Other human relationships are neglected. Friendships serve more and more merely to fill the time when he is not available (Horney, 1950, p.247).

Horney's description closely resembles what is today called co-dependency. Recently, Lyon and Greenberg (1991), Morgan (1991), and Mellody (1989) have recognized Horney's concept of morbid dependency as an early description of co-dependency.

#### Morbid Dependency

While the scope of this study does not permit a lengthy discussion of Horney's theory, some of her main assumptions will be presented. Horney (1942) proposed that morbid dependency is comprised of "the drive for total surrender," the "longing to find unity through merging with a partner," and the "loss of self." Horney theorized that morbid dependency could develop in a child as a defense against a coercive and non-nurturing parent and later in life could prevent the individual from engaging in satisfying relationships.

Some of the behavioral characteristics of coercive nonnurturing parenting are unpredictability, intimidation, and
shifting between comradeship and strict authoritarianism.

Typically, there is an underlying attitude that the child's
right to existence is contingent upon living up to the
expectations of the parents. Furthermore, the child may be
glorified and viewed as an object that enhances the prestige
of the parents and not as an individual with rights and
responsibilities. The covert manner in which these
attitudes are transmitted to the child make them
particularly destructive.

Horney theorized that, as a means of survival, a blind devotion to the parents is cultivated by the "morbidly dependent" child and the true self is never developed. In the process of trying to survive without a nurturing parent,

what actually occurs is an alienation from the child's feelings and a loss of the ability to determine likes and dislikes. The unique and individual characteristics of the child are never cultivated and the development of the self is obstructed.

Parental coercion may drive a child to adopt blindly the likes, dislikes, and philosophy of the parent as a way to endure insecurity, loneliness, and fear. Surrender to the coercive parent simply becomes easier than resisting. This defense eventually becomes the means to deal with life in general, and the individual becomes willing to adapt to the preferences of those with whom he or she is in relationship.

The result of the operation of these drives is an unconscious motivation to seek out relationships with coercive, controlling, and non-nurturing individuals similar to his or her parent. In addition, the drive to find a partner will become a major motivation in life and most activities will revolve around this search. Furthermore, whenever a potential partner becomes available the resultant behavior is expected to be a total absorption in the partner, including adaptation to the partner's needs and wants.

The motives that underlie morbid dependency, as conceptualized by Horney, would seem to encourage an attraction to a chemically dependent, alcoholic, or

otherwise compulsive individual. A mature, fully psychologically developed individual is not likely to be attracted to an individual who wants to surrender to them and become totally absorbed in them while neglecting their own self development. However, a compulsive individual with a consuming drive towards his or her compulsion may seek this type of caretaker as a partner. O'Brien and Gaborit (1992) suggest that, concerning alcoholics, the co-dependent individual fulfills a need in the alcoholic to be cared for, and the alcoholic fulfills a need in the co-dependent for control. Therefore, the compulsive individual's search for a co-dependent partner and, similarly, the co-dependent's search for a compulsive partner may operate at the unconscious level and serve as a survival mechanism for both.

Based on these assumptions this study indirectly explored parental tendencies to ascertain if there is a significant relationship between perceived parental codependency and parental chemical dependency and/or parental compulsivity. Furthermore, the study examined parental behaviors in order to explore the possibility that a relationship may exist between the subjects' perceptions of coercive, controlling, non-nurturing parenting and parental co-dependency, chemical dependency, and/or parental compulsivity.

#### Current Research

Two recent studies that used factor analysis provide insight into the family of origin of co-dependents. Fischer, Spann, and Crawford (1991) operationally defined co-dependency as a pattern of relating to others characterized by a focus outside the self, lack of open expression of feelings, and attempts to derive a sense of purpose through relationships. Their measure of codependency yielded findings that support perceived dysfunction in the family of origin of people with codependent characteristics. When perception of family variables was examined, co-dependency was negatively correlated with communication, satisfaction, and support. Conversely, co-dependency was positively correlated with control and leisure activities. This suggests a pattern characterized by poor communication, little satisfaction and support yet, paradoxically, greater control and time spent in leisure activities. Similarly, Kottke, Warren, William, & Moffett (1993), in a factor analysis of a co-dependency measure based on scales developed by Beck (1991) and Potter-Effron and Potter-Effron (1989), were able to identify factors descriptive of lack of family acceptance and dysfunctional parents as characteristics of people scoring high on co-dependency. Both of these studies suggest that the manifestation of co-dependency is related to negative family of origin experiences.

To explore the possibility that co-dependency is not limited to association with chemically dependent individuals, O'Brien and Gaborit (1992) sought to demonstrate that co-dependency is a disorder separate from chemical dependency. Defining co-dependency as an excessive preoccupation with the lives, feelings, and problems of others, they found, in a study of 115 undergraduates, that scores on their measures of co-dependency and significant other's drug use were not related. This finding demonstrated support for a conceptualization of codependency as a disorder that can exist independently of association with chemical dependency in the significant other. Evidence of co-dependency outside of a chemical dependency context was also provided by Prest and Storm (1988) who examined compulsive eaters and compulsive drinkers and their spouses. Compulsive eaters and their spouses and compulsive drinkers and their spouses were found to demonstrate similar dysfunctional patterns of communication and conflict resolution. The construct of codependency was defined as 15 enabling behaviors such as hiding the spouse's compulsive behaviors from family and friends, making excuses for the spouse's compulsive behaviors or consequences of the behaviors, and being careful not to upset the spouse so they wouldn't engage in the compulsive behavior. Co-dependency was further defined as difficulty in the following areas: communication,

conflict resolution, and dealing with feelings. The spouses of both compulsive types were identified as co-dependent and compulsive eating, drinking, work, or religious practices were identified in the family of origin of all the subjects in the study. These findings support a conceptualization of co-dependency as a constellation of dysfunctional behaviors that possibly originate in families in which one or both parents engage in some form of compulsion. Therefore, the compulsive tendencies of parents in several areas will be explored in order to ascertain if adult children of compulsive parents are more likely to score higher on a measure of co-dependency than adult children of parents who do not engage in compulsive behaviors.

From the scant empirical data that exist, several findings have emerged suggesting that the relationships of co-dependents are of inordinate importance and may provide the most salient sense of self the co-dependent possesses. The factors identified by O'Brien and Gaborit (1992) include care taking, other referencing, lack of autonomy, and surrendering the self in order to connect with others in relationships. Similarly, Kottke, Warren et al. (1993) were able to identify the following factors: responsibility for other's feelings, low autonomy, and control of others. These findings suggest that co-dependent parents may have a tendency to define themselves via their relationship with their children. Similarly, parents who score high on co-

dependency may have a tendency to regard their children as objects that they can control and may be more likely to engage in coercive parenting behaviors. Furthermore, these findings also suggest that the loss of self may contribute to the dysfunction in the relationships of co-dependents and be a significant aspect of the construct of co-dependency.

Jack and Dill (1992) have developed a measure called the Silencing the Self Scale (STSS) which captures many of the traits of co-dependency described in the popular literature such as judging the self by external standards, securing attachments by putting the needs of others before the self, inhibiting one's self-expression and action to avoid conflict and possible loss of relationship, and presenting an outer compliant self, while the inner self grows angry and hostile. One of the underlying assumptions used in the development of the measure was that the experience of an abusive childhood prompts the silencing of true needs and wants of a child as a means of self This theoretical framework is similar to the protection. earlier assumptions and theory presented by Karen Horney The similarities to Horney's assumptions, and the (1942).co-dependent characteristics encompassed by the STSS suggest it is a measure of high relevance to understanding the construct of co-dependency.

Lyon and Greenberg (1991) developed a hypothesis, based on Karen Horney's concept of morbid dependency, that

children of alcoholic parents would be more likely to be attracted to an individual with an interpersonal style of relating similar to a substance abusing parent. Using an alcohol dependent parent as the criterion for co-dependency, the study tested the hypothesis that co-dependents would be more likely to help an experimenter portrayed as exploitive than one portrayed as nurturant. The study provided support for the hypothesis by finding that adult children of an alcoholic were significantly more helpful to the exploitive experimenter than the nurturant experimenter. Conversely, the control group was significantly more helpful to the nurturant experimenter than to the exploitive experimenter. In addition, the co-dependent group liked the exploitive experimenter significantly more than the control group did. This striking finding not only supports Horney's theory but provides empirical evidence that may help to explain the tendency of co-dependents to engage in unsatisfying relationships.

#### Summary and Hypotheses

In order to continue systematic investigation of codependency, both the antecedents and characteristics of codependency need to be considered. Additionally, in order to generalize co-dependency beyond the context of chemically dependent families, the strength of the relationship between co-dependency and chemical dependency needs to be tested. Furthermore, specific parental behaviors that contribute to the characterization of a family as dysfunctional and possibly to the development of co-dependency need to be identified.

The similarity of Karen Horney's conceptualization of morbid dependency to contemporary models of co-dependency suggests an empirical test of her hypothesized antecedents. The core of Horney's theory lies in the relationship between coercive, controlling, non-nurturing parenting and the loss of self. The defenses which are developed in an emotionally abused child may later in life result in a tendency to seek out relationships with coercive, controlling, non-nurturing individuals and to surrender and attempt to merge with a In order to generalize beyond the alcoholic partner. family, compulsivity, manifested in a variety of ways, could represent a specific dysfunction in a parent. The popular literature (e.g., Beattie, 1987) suggests that dysfunction in the family of origin may be a factor in the development of co-dependency. Similarly, a factor analysis by Kottke, Warren et al. (1993) identified dysfunction in the family of origin of co-dependents. Since co-dependency has been demonstrated to exist outside of a relationship with a chemically dependent person (O'Brien & Gaborit, 1992; Prest & Storm, 1988) and compulsivity was identified in the family of origin of all the co-dependent subjects examined by Prest and Storm (1988), this suggests that proximity to a

compulsive individual of any type could be related to codependency. Considering this evidence, it is hypothesized
that any compulsive behavior by a parent may render them
incapable of providing a nurturing environment for children
and could be related to the development of co-dependency in
their adult offspring.

The factors identified by O'Brien and Gaborit (1992) and Kottke, Warren et al. (1993) support the premise that the inordinate importance of the relationships of codependents is related to the loss of self. Similarly, Horney's inclusion of the loss of self in her conceptualization of morbid dependency further supports hypothesizing that co-dependency will be accompanied by the loss of self.

Based on Horney's theory, Lyon and Greenberg (1992) were able to demonstrate that a group of adult children of alcoholics were more likely to help an exploitive experimenter than a control group. If co-dependent individuals are more likely to seek out exploitive relationships, then it can be hypothesized that a family that contains a compulsive parent or chemically dependent parent will be more likely to also contain a co-dependent parent.

To summarize, the purpose of this study is three-fold. The first purpose is to test the following correlational hypotheses. A significant correlation is expected between

co-dependency in adults and chemical dependency in their In addition, it is hypothesized that a family containing a compulsive parent should be more likely to also contain a co-dependent parent. Furthermore, chemical dependency, compulsivity, or co-dependency in a parent is expected to be significantly correlated with coercive, controlling, and non-nurturing parenting behaviors. Finally, co-dependency scores should be significantly correlated to loss of self scores. The second purpose is to determine the amount of variance in co-dependency scores accounted for by several parental variables. A multiple regression analysis will be used to test the hypothesis that family of origin variables may be related to co-dependency in adults. Specifically, it is hypothesized that coercive parenting, parental co-dependency, parental chemical dependency, and parental compulsivity should account for a significant amount of variance in co-dependency scores. The third purpose is, through the use of a structural equation analysis, to test the theoretical model, suggested by the writings of Karen Horney, that posits a linear relationship between parental dysfunction, coercive parenting behaviors, the loss of self, and co-dependency.

#### METHOD

#### Subjects

The subjects were 442 students recruited from undergraduate classes at California State University, San Bernardino. The subjects were 126 males, 312 females, and 4 individuals who did not respond to the gender question. They ranged in age from 17 to 56 with a mean of 25 and a mode of 18. The total sample consisted of 48 Asians, 37 Blacks, 85 Latinos, 239 Whites, and 29 with other ethnic backgrounds. There were 282 single individuals, 117 married individuals, 25 divorced individuals, and 12 who responded to the category labeled "other".

#### **Procedure**

Volunteers were solicited from undergraduate classes directly and also using a sign posted in the psychology department. The research was conducted using a packet given to the subject with a cover sheet containing instructions and consent form (see Appendix 1) and a questionnaire (see Appendix 2). The subject filled out the questionnaire and then returned it to the researcher. Upon completion of the questionnaire a debriefing statement (see Appendix 3) was given to the subject which explained the specific nature of the research and when the results would be available.

#### Measures

Spann-Fischer Codependency Scale (SF CDS). This 16item instrument (Fischer, Spann, and Crawford, 1991) was
developed based on a definition of co-dependency developed
by the authors (Spann and Fischer, 1990). The definition is
comprised of the following three characteristics: the
maintenance of an extreme external focus, the lack of an
open expression of feelings, and the use of control, denial,
and rigidity in order to create a sense of purpose in
relationships. A six point scale is utilized and scores
range from a low of 16 to a high of 96 with higher scores
indicating higher co-dependency. The authors report
internal consistency, as measured by Cronbach's alpha,
ranging from .73 to .80 and test-retest correlations of .87.

The instrument was administered three times. The first time, in the original form, in order to assess the participant's self score on co-dependency. The subsequent two times, with the items written in the past tense, to assess the subject's perception of co-dependency in each parent.

Silencing the Self Scale (STSS). This 31-item scale (Jack & Dill, 1992) was developed in an attempt to assess the beliefs that seemed to direct the self-evaluation and behavior of 12 clinically depressed women. The items are rated on a five-point Likert-type scale and scores can range from 31 to 155. Four sub-scales are scored: externalized

self-perception, care as self-sacrifice, silencing the self, and divided self. The authors report internal consistency of total scores, as measured by Cronbach's alpha, ranging from .86 to .94 and test-retest reliability scores ranging from .88 to .93.

The Michigan Alcoholism Screening Test: Brief Form

(MAST). This 10-item questionnaire was extracted from the original MAST (Selzer, 1971) and found to be effective in discriminating between alcoholics and nonalcoholics

(Pokorny, Miller, & Kaplan, 1972). For the purpose of this study the questions on the MAST were reframed in order to identify alcoholic and nonalcoholic parents. In addition, on six of the questions the words "or drug use" were added in order to have a measure that could identify any chemical dependency in the parents.

During the administration of the MAST, subjects reported confusion regarding the first two questions. The first question reads "Did you feel your mother/father was a normal drinker?" and the second question reads "Did friends or relatives think your mother/father was a normal drinker?" Subjects often asked what was meant by the word "normal." During data entry, the investigator noticed that these items often contained written notations by subjects questioning if not drinking at all was normal or with the written comment that the parent did not drink at all. As a result of this apparent subject confusion, reliabilities were computed on

the full ten-item MAST in addition to an eight-item version with the first two items deleted. For the full MAST concerning the mother, the Cronbach's alpha generated was .72 while the Cronbach's alpha for the partial version was .78. Similarly, for the full MAST concerning the father the Cronbach's alpha was .79 while for the partial version the Cronbach's alpha was .82. Due to this improvement in reliability, the partial, eight item MAST was retained and used in all subsequent analyses.

Parental Compulsivity. This five question measure was designed for this study and is intended to identify compulsivity in the father and mother of the subject. The questions were asked separately about each parent, and the subject was requested to rate compulsive behavior in the following five areas: over-eating, spending, gambling, the use of pornography, and cleaning. The measure utilizes a five-point rating scale which ranges from "never noticed the behavior" to "extreme problem." The instrument provided a compulsivity rating for each parent ranging from 5 to 25.

Perceived Parenting Questionnaire (PPQ). This 21-item scale (MacDonald, 1971) was developed to assess young adults' perceptions of their parents' child-rearing behaviors. The eight subscales, consisting of two items each, are: nurturance, instrumental companionship, principled discipline, predictability of standards, protectiveness, physical punishment, achievement pressure,

and deprivation of privileges. There is also a five-item scale labeled affective punishment. The author reported Spearman-Brown estimates of internal consistency ranging from .48 to .82 for the two item subscales. For the five item subscale, Cronbach's alphas were .59 and .68. The scale utilizes a five-point rating ranging from "never" to "almost always".

The PPQ is particularly pertinent for use in this study and was chosen because eight of the nine domains measured capture both the coercive parenting style described by Karen Horney (1942) and some of the characteristics related to the construct of co-dependency described in the current literature. In addition to the domains of "predictability", "achievement pressure", and "affective punishment", which are specifically described by Horney (1942), the domains of "protectiveness" and "nurturance" and the factors of "demanding" and "maternal control" can by justified as relevant. Protectiveness, as described by the author, can be encompassed by the dimension of "controlling" and implies parental obstruction of autonomy. The dimension of "control" has been associated with co-dependency in much of the literature and Horney (1942) clearly describes the unwillingness of coercive parents to allow autonomy in their children. Conversely, the author notes the ability of the domain of "nurturance" to be encompassed by the dimension labeled "supportive" and uses the term "warmth"

interchangeably with "nurture." Support has been negatively correlated with co-dependency (Fischer, Spann, & Crawford, 1991), and warmth is a term that was used by Horney (1942) to describe the opposite of coercive. In addition, through factor analysis of the measure (see Grotevant & Carlson, 1989) the factors of "demanding" and "maternal control" have been identified. The factor of "demanding" is congruent with the theory of Horney (1942) and "maternal control" was also identified as a factor in a measure of co-dependency by Fischer, Spann, and Crawford (1991). In sum, the PPQ captures both the theoretical framework of Karen Horney and some of the current empirical findings concerning the construct of co-dependency.

#### RESULTS

A four stage data analysis was employed to test the proposed hypotheses. The first stage consisted of a factor analysis of the Perceived Parenting Questionnaire (MacDonald, 1971). The second stage consisted of a correlational analysis in order to determine if any trends were apparent in age, gender or other standard demographics as they relate to co-dependency and to test the correlational hypotheses. The third stage consisted of a stepwise multiple regression analysis to determine the order of importance and the amount of variance accounted for in co-dependency scores by the independent variables. The final stage consisted of a structural equation analysis of three models which hypothesized a causal path leading from parental dysfunctions to coercive parenting behaviors to the loss of self in the subject to co-dependency in the subject.

Frequencies, distributions, means, and standard deviations (see Table 1) were examined as part of a preliminary data screening process. Examination of the data revealed a small percentage of missing data distributed across all variables. The missing data reduced the total number of cases available for analysis by 24% and a decision was made to calculate the correlations pairwise in order to minimize the impact of missing data. In addition, a more conservative option of mean substitution was chosen for

Table 1

<u>Means, Standard Deviations, and Sample Sizes of Variables</u>

Variable	Mean	Standard Deviation	and the first of the control of the	
Loss of Self	77.23	19.08	31-155	418
Co-dependency-Subject	49.6	13.59	16-96	418
Co-dependency-Mother	53.62	14.41	16-96	417
Co-dependency-Father	45.95	11.83	16-96	407
Compulsivity-Mother	9.17	2.91	5-25	436
Compulsivity-Father	8.97	2.73	5-25	428
Chemical DepMother	.74	3.02	0-25	427
Chemical DepFather	1.81	4.61	0-25	418
Nurture-Mother	29.10	7.11	8-40	433
Nurture-Father	25.63	8.03	8-40	423
Coercive-Mother	18.79	6.17	7-35	430
Coercive-Father	16.79	6,15	7-35	423
Controlling-Mother	13.47	3.87	4-20	433
Controlling-Father	12.46	4.03	4-20	427

the multiple regression. When the distributions of the variables were examined, several were found to be significantly skewed. This was expected due to the nature of the variables, several of which assess pathology. The dependent variable of co-dependency in the subject, however, was normally distributed.

In the first stage of the data analysis the Perceived Parenting Questionnaire (MacDonald, 1971) was subjected to a factor analysis. The original scale contained nine subscales: nurturing, instrumental companionship, principled discipline, predictability, protectivity, physical punishment, achievement pressure, affective punishment, and deprivation of privileges. The deprivation of privileges sub-scale described a common form of punishment that was not considered relevant or of interest to the present study and was therefore deleted from the analysis. The suitability of the remaining eight sub-scales for a factor analysis was determined with an examination of the correlation matrix which revealed 24 correlations in excess of .30. Furthermore, a Kaiser-Meyer-Olkin measure of sampling adequacy test generated a value of .77 suggesting that a factor analysis would be appropriate. The procedure was performed separately for the maternal and paternal versions of the PPQ. A principal axes factor extraction was first performed, and the scree plots of Eigenvalues were examined to determine the number of factors necessary for a

parsimonious solution. The point of inflection on the Scree plot for both parental measures suggested a three factor solution. Two principal axes factor extractions, one for the measure pertaining to mothers and one for the measure pertaining to fathers, were then performed. In order to simplify the factors, an orthogonal (varimax) rotation was employed. Examination of the rotated pattern matrix (see Table 2) revealed all loadings greater than .39. sub-scales that loaded together on factor one described the four parental behavior domains of principled discipline, instrumental companionship, nurturing, and predictability. The principled discipline domain was characterized by the item "when my father/mother punished me, he/she explained why", instrumental companionship was typified by "my father/mother taught me things that I wanted to learn", the nurturing domain included the item "my father/mother made me feel that he/she was there when I needed him/her", and the domain of predictability included, as a typical item, "I knew what my father/mother expected of me, and how my father/mother wanted me to behave." This factor was labeled "nurturing" and accounted for 53% of the variance in the paternal version and 48% of the variance in the maternal version. Furthermore, Cronbach's alphas of .87 for both the paternal and maternal versions were generated demonstrating adequate internal-consistency reliability.

Table 2

Factor Loadings for Principal Factors Extraction and Varimax

Rotation of PPO for Mothers and Fathers

SUB-SCALE	FACTOR 1		FACTOR 2		FACTOR 3	
	Mother,	Father	Mother	,Father	Mother	,Father
PRINCIPLED DISCIPLINE	.79	.75	25	.19	.01	24
INSTRUMENTAL COMPANIONSHIP	.76	.84	20	.10	.10	04
NURTURING	.71	.83	46	.09	.17	16
PREDICTABILITY	4 .46	.39	01	.35	.08	.06
AFFECTIVE PUNISHMENT	29	27	.72	•60	.35	.52
PHYSICAL PUNISHMENT	13	10	.53	•65	.15	.18
PROTECTIVITY	• 03	.11	.13	.18	.63	• 58
ACHIEVEMENT PRESSURE	.21	.22	.16	.15	.52	.62
SQUARED MULTIPLE CORRELATION	.77	.84	.62	.55	.55	.61

The two sub-scales that loaded together on factor two were composed of the domain of physical punishment such as spanking and slapping and the domain of affective punishment with typical items such as "my father/mother punished me by trying to make me feel guilty and ashamed", "when I did something my father/mother didn't like, he/she would act cold and unfriendly" and "my father/mother nagged at me." This factor was labeled "coercive" and accounted for 38% of the variance in the paternal version and 40% of the variance in the maternal version with Cronbach's alphas of .80 and .82 respectively. The two remaining sub-scales that loaded together on factor three consisted of questions that described the domain of protectivity such as "my father/mother wouldn't let me go places because something might happen to me" and the domain of achievement pressure such as "my father/mother kept after me to do better than other children." This factor was labeled "control" and accounted for 36% of the variance in the paternal version and 33% of the variance in the maternal version with Cronbach's alphas of .70 and .69 respectively.

In the second stage of the data analysis a correlation matrix of all the variables including the factors was generated. The matrix was then examined for significant correlations between co-dependency in the subject and the demographic variables (See Table 3). There was a

Table 3

<u>Correlations: Co-dependency and Independent Variables</u>

Variable	Co-dependency - Subject
Gender	.07
Age of subject	12 <b>*</b>
Loss of self	
Co-dependency - Mother	•29**
Co-dependency - Father	.28**
Nurturing Mother	13*
Nurturing Father	14*
Coercive Mother	.25**
Coercive Father	.19**
Controlling Mother	.14*
Controlling Father	19**
Chemical dependency - Mother	05
Chemical dependency - Father	.06
Compulsivity - Mother	.16**
Compulsivity - Father	.09

Minimum pairwise n = 389\* = p < .01 \*\* = p < .0011-tailed Significance significant negative correlation between co-dependency and age with higher co-dependency associated with younger age, while there were no significant correlations between co-dependency and gender. Examination of the matrix revealed significant positive correlations between co-dependency and the following variables: loss of self, perceived co-dependency in the mother, perceived co-dependency in the father, perceived compulsivity in the mother, coercive behaviors of the mother, coercive behaviors of the father, controlling behaviors of the mother, and controlling behaviors of the father. Furthermore, co-dependency was significantly negatively correlated with nurturing behaviors of the mother and father.

The compulsive parental behaviors were then separately examined and it was found that the largest percentages of responses indicating the presence of a compulsive behavior in the mother were in the areas of compulsive spending (44%), compulsive overeating (32%), and compulsive cleaning (24%). For the fathers the largest percentages were in the following areas: compulsive spending (32%), and compulsive overeating (31%). The categories of compulsive gambling and compulsive use of pornography each represented only a small percentage of respondents.

The correlations between perceived parental dysfunctions were then examined. Several significant correlations were observed as can be seen in Table 4.

Table 4

Correlations: Parental Dysfunctions

	Co-dep Mother 1	Co-dep Father 2	the contract of the contract o	CD Father 4	Comp Mother 5
Co-dependency Father (2)	.30**				
Chemical Dep. Mother (3)	.06	.04			
Chemical Dep. Father (4)	.16*	.14*	.22**		
Compulsivity Mother (5)	.16**	.15*	.24**	•03	
Compulsivity Father (6)	.14*	.13*	.03	.20**	.51**

Minimum pairwise n = 3951-tailed Significance: \* = p < .01 \*\* = p < .001

co-dependency in the mother was significantly correlated with co-dependency, chemical dependency, and compulsivity in the father. However, co-dependency in the father was only correlated with compulsivity and co-dependency in the mother. Finally, maternal and paternal chemical dependency and compulsivity were correlated.

The final set of correlations of interest were between the three parental dysfunctions and the three factors

Table 5

<u>Correlations: Maternal Parenting Style Factors and Dysfunctions</u>

			1.1 (1.4) (1.4)	
	실내계 가장 관측 한 학자 그는	Co-dep	Chem/dep	Compulsive
		Mother	Mother	Mother
	그는 항상 하나는 말하는 나를 냈다.	dahadi sa Lihetal Medidi	<u> 1944 - 1951 - 1964 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 196</u>	
Nurturing		31**	13*	17**
Coercive I		.36**	.15**	.28**
Controlli	ng Mother	.05	05	•05

Minimum pairwise n = 405 1-tailed Significance  $* = \underline{p} < .01 ** = \underline{p} < .001$ 

Table 6

<u>Correlations: Paternal Parenting Style Factors and Dysfunctions</u>

	Co-dep. Father	Chem/dep Father	Compulsive Father
Nurturing Father	22**	18**	17**
Coercive Father	.12*	•00	.20**
Controlling Father	.12*	08	.09

Minimum pairwise n = 395 1-tailed Significance \* = p < .01 \*\* = p < .001 identifying different parenting behaviors (see Tables 5 and 6). Co-dependency, chemical dependency, and compulsivity in the mother were all negatively correlated with nurturing while all were positively correlated with coerciveness. For the fathers, co-dependency, chemical dependency, and compulsivity were all negatively correlated with nurturing while only co-dependency and compulsivity were correlated with coerciveness and only co-dependency was correlated with control.

The third stage of the data analysis consisted of a stepwise multiple regression with co-dependency as the criterion variable and the following predictor variables: age, gender, perceived co-dependency of mother, perceived co-dependency of father, perceived chemical dependency of mother, perceived chemical dependency of father, perceived compulsiveness of mother, perceived compulsiveness of father, coercive parenting behaviors of mother, and coercive parenting behaviors of father. Using SPSS/PC+, a stepwise regression was employed in order to identify the predictors in order of importance. In addition, a mean substitution option was utilized in order to minimize the impact of missing data. Furthermore, due to the skewed distributions of several variables the pattern of residuals for all the variables together was examined. The distribution of residuals was normal suggesting that the less than optimal distributions of several predictor variables did not

severely undermine the analysis. A total of 16% of the variance in co-dependency was accounted for by four of the variables (see Table 7). The first variable to enter the equation was the perceived co-dependency of the mother which accounted for 8% of the variance. The second variable to enter the equation was the perceived co-dependency of the father which accounted for an additional 4% of the variance. On the third step the age of the subject entered the equation and accounted for an additional 2% of the variance. On the final step of the regression the coercive parenting behavior of the mother entered the equation and accounted for the remaining 2% of the variance. On the fourth step with four of the predictor variables in the equation,  $R^2 = .16$  and R = .40.

Table 7

Stepwise Multiple Regression: Co-dependency and Parental

Variables

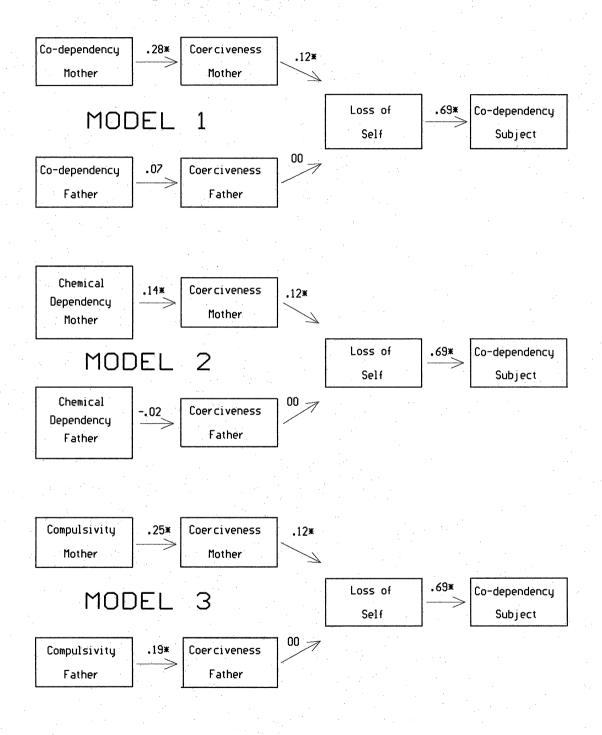
Step #	Variable	R²	R <sup>2</sup>	R	В	Beta
			Change			
1	Co-dep/Mother	.08	.08*	.28	.19	.20
2	Co-dep/Father	.12	.04*	.34	.21	.18
3	Age of subject	.14	.02*	.38	28	17
4	Coercive-Mother	.16	.02*	.40	.35	.15
	경기 없다면 하는 사람들이 되었다.			Interd	cept = :	30.21

<sup>\* =</sup> Significant  $\underline{p}$  < .0001

In the final stage of data analysis, using EQS, three structural equation analyses were performed. The three models that were tested posited a causal relationship from parental dysfunction in three different forms: codependency, chemical dependency, or compulsiveness to parental coerciveness to loss of self in the subject to codependency in the subject (see Figure 1). Using a maximum likelihood solution, a four equation model was tested for each of the three parental dysfunctions. The fit of each model was first assessed using a Bentler-Bonett normed fit index. An index of .90 or above was sought. Model one,

n = 442

Figure 1
Structural Equation Analysis Models

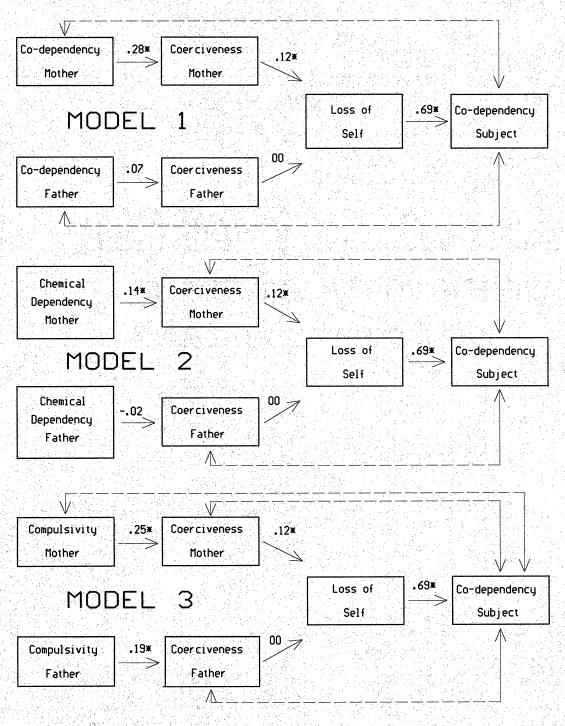


\* = Significant

parental co-dependency, generated a fit index of .81, model two, parental chemical dependency generated a fit index of .82, and model three, parental compulsivity, generated a fit index of .93. The models were further assessed using a Lagrange Multiplier Test which computes a chi square on the parameters. Significant chi-squares suggest a less than optimal fit. Specifically, a significant chi square test of a parameter suggests that either a path not indicated in the theoretical model may be supported by the data or that a proposed path was not supported by the data. For the codependent parental model there were six significant chi squares, for the chemically dependent parental model there were three significant chi squares, and for the compulsive parental model there was one significant chi square.

An examination of the residuals was also used to investigate the fit of the models. The largest standardized residuals suggest places where, according to the data, a causal path may be supported (see Figure 2). For the codependent parental model, there were eight large residuals with the two largest ones from co-dependency in the father to co-dependency in the subject, and from co-dependency in the mother to co-dependency in the subject. For the chemical dependency parental model, there were four large residuals with two of the largest ones from coerciveness in the father to co-dependency in the subject and from

Figure 2
Structural Equation Analysis Models with Residuals\*



\* = Large residuals are indicated with a broken line.

coerciveness in the mother to co-dependency in the subject. For the compulsive parental model there were three large standard residuals from coerciveness in the mother to co-dependency in the subject, from coerciveness in the father to co-dependency in the subject, and from compulsivity in the mother to co-dependency in the subject.

The regression coefficients that were generated by the structural equation analysis were tested for significance and are reported in standardized form (see figure 1). For the parental co-dependency model three of the five coefficients were significant, for the chemical dependency model three of the five coefficients were significant, and for the compulsive parental model four of the five coefficients were significant.

#### DISCUSSION

The three specific parental dysfunctions of chemical dependency, compulsivity, and co-dependency, and their relationship to co-dependency in their adult children, were examined in this study. Contrary to the chemical dependency and popular psychology literature, the results do not provide strong support for a relationship between co-dependency in adults and chemical dependency in their parents during the participant's childhood. Parental chemical dependency was not found to be correlated with co-dependency nor was it a significant predictor in the multiple regression. It should be considered, however, that the small number of chemically dependent parents (fathers' n = 88, mothers' n = 37) in a sample of 442 college students represents a restricted range which has the effect of attenuating any relationships.

While compulsivity in the father was not significantly correlated with adult co-dependency, compulsivity in the mother was. The majority of compulsive behavior reported for this sample was compulsive overeating, compulsive cleaning, and compulsive spending. The significant correlation suggests that having a mother who engages in compulsive overeating, cleaning, or spending may be a factor in the development of co-dependent behaviors and attitudes in offspring of either gender. The implication of this finding could function to generalize and broaden the

understanding of the origins of co-dependency. The construct of co-dependency has heretofore been almost exclusively linked with chemical dependency. Results from this study may help explain the occurrence of co-dependency in individuals with no evidence of chemical dependency in their family of origin.

The results of the multiple regression analysis show that the most significant predictor of adult co-dependency is parental co-dependency. The other two predictors of age and coercive mother join together to give support for Karen Horney's theory. According to Horney, a child who is subjected to coercive treatment from a parent may adapt to the likes and dislikes of the parent in order to survive and cope with a difficult environment. In the case of a codependent parent, the data support the likelihood of codependent behaviors and attitudes being present in the adult While this effect may be the result of a simple modeling of the parent's co-dependent behaviors and attitudes, a more complex relationship that includes the impact of the coercive parental behaviors is possible. According to Horney's conceptualization, coercive parenting would function to strengthen the likelihood of the child adopting the parental behaviors. This interpretation is consistent with the negative correlation with age and the variance accounted for by age in the regression equation. Younger subjects scored significantly higher on the codependency measure which may suggest that, as an individual grows older and separates from parents, he or she may identify less with the attitudes and behaviors of parents.

The pattern of significant correlations between codependency and the three parental factors was the same for
mothers and fathers and support a profile of parents of codependent individuals as more likely to be non-nurturing,
coercive, and controlling. This identical pattern of
significant correlations for both mothers and fathers
suggests that there may be a constellation of behaviors
associated with the parents of individuals who score high on
co-dependency.

The negative correlation between co-dependency in an adult and the nurturing parental factor suggests several things. Individuals with high co-dependency scores may not have had things explained to them and may not have felt their parents were there for emotional support. In addition, their parents may not have been available to teach them, not only things they wanted to learn but things they needed to learn. Consequently, a parent offering little emotional support may not be able to validate the feelings of a child or may not be able to explain and help a child understand his or her feelings. Without a stable source of explanation and validation of his or her feelings, a child is left to attempt to make sense of his or her affective world alone. Without guidance, the emotional life of a

child could become frightening or confusing, and consequently something to be avoided. This could explain the tendency of an individual with a high co-dependency score to demonstrate difficulty with the open expression of feelings. Furthermore, the parents of co-dependent individuals may not have been predictable. As a result of being raised by parents who were often unpredictable an adult may resort to excessive environmental control in an attempt to provide the predictability that was missing in childhood. This could help to explain the tendency of some co-dependent individuals to be controlling.

The withholding of love and affection and the use of physical punishment as methods of discipline characterized by the coercive parental factor may impact a child in four ways. First, an inappropriate way of relating to others is modeled and may help to explain the tendency of the relationships of co-dependent individuals to be characterized by dysfunctional patterns of relating.

Second, coercive parents may have a tendency to attempt to control the affect of a child by telling him or her what they are or are not feeling which may help to explain the difficulty expressing affect demonstrated by many co-dependent individuals. Third, the child may learn to associate coercion with love and this could influence future relationships and help explain the tendency for some co-dependent individuals to become involved in unsatisfying

relationships. Finally, after being exposed to coercion, co-dependent individuals may learn to believe that they must conform to the wishes of another to be loved.

Being raised by a controlling parent could help to explain the tendency of co-dependent individuals to focus outside of themselves. The controlling parent who devotes excessive concern, protectiveness, and pressure to achieve on a child models an external focus. Rather than relying on instinctive internal feelings of love and protection to guide behavior in relationships, co-dependent individuals may rely on some external standard for relationships to guide their behavior. In other words, co-dependent individuals could learn to regard people and relationships as external objects which can be manipulated and must be maintained according to some pre-determined standard. could also help explain how co-dependent individuals tend to define themselves in terms of their relationships. maintenance of the external appearance of relationships could become the major focus of attention for co-dependent individuals and an important source for defining their self concept.

The parental factors of nurturing, coerciveness, and control when correlated with the three parental dysfunctions of chemical dependency, compulsiveness, and co-dependency provide a basis for describing each type of parent. For the mother, all three dysfunctions suggest a similar profile.

The data suggest that co-dependent, chemically dependent, and compulsive mothers are all likely to engage in non-nurturing and coercive parenting behaviors. Horney did not relate non-nurturing coercive parenting to any specific dysfunction. However, these data support a relationship between coercive non-nurturing parenting behaviors and three specific maternal dysfunctions. The highest correlations were found for the co-dependent mother suggesting that maternal co-dependency may have a notable negative influence on parental behavior which, in turn, could have harmful consequences on a child. Co-dependent parental behaviors have not been empirically explored to date and the results of this study suggest that a mother who is co-dependent may demonstrate fewer nurturing behaviors in addition to a tendency to utilize coercive behaviors.

Similarly, the compulsive mother was also less likely to be nurturing, suggesting that a mother who engages in compulsive behaviors such as overeating, spending, or cleaning may lessen her tendency to be nurturing and increase the probability of coercive parenting. The negative impact on children of these compulsive parental behaviors has not been empirically explored. This study suggests that any type of maternal compulsive behavior may interfere, in some manner, with the creation of a nurturing environment for the child. Compulsivity, which generally functions as a mechanism to manage affect (Baker, 1988), may

also be related to an inclination of a mother to engage in coercion as a means to control a child. If a woman has a need to attempt to control her own emotions, she may also be more likely to attempt to control the affect and behavior of her child. This compelling need could manifest itself in the use of coercive parenting behaviors. In addition, compulsive overeating and compulsive spending can also be regarded as excessive self-nurturing behaviors. mother who engages in these behaviors lacks the necessary skills for appropriate self-nurturing. If self-nurturing takes the extreme form of compulsive behaviors in a mother, this may impair her capacity to nurture a child. words, the energy expended in excessive self-nurturing, through compulsive activities, may leave little energy to nurture any one else.

Finally, the significant correlations between nonnurturing coercive parenting behaviors and chemically
dependent mothers comes as no surprise since chemical
dependency is expected to impair parental functioning.

Nevertheless, the results do provide specific parental
behaviors that may be commonly used by chemically dependent
mothers. Awareness of these correlations could be useful in
the treatment of mothers who are recovering from chemical
dependency, such that treatment could include illustrations
of nurturing behaviors and explanations of the
inappropriateness of coercion as a parenting technique. In

sum, while the chemical dependency of a mother is a widely accepted dysfunction that is expected to have harmful effects on children, the similar pattern of correlations found for co-dependent and compulsive mothers suggests that these dysfunctions may also be just as detrimental to a child.

Results differed for the fathers. While co-dependency in the father, similar to the mother, was found to be related to non-nurturing and coercive behaviors, it was also found to be related to controlling behaviors. Included in the control factor was a tendency to put pressure on a child to achieve. This could perhaps represent a divergence in maternal and paternal co-dependency. Perhaps co-dependent fathers, more than mothers, pressure their children to achieve in an attempt to gratify their own needs for achievement. Achievement and success are highly valued by the dominant male culture and a co-dependent father, without a strong sense of himself, may believe that his own self concept will be enhanced by the achievements of his children.

The pattern of correlations related to the compulsive father were the same as the pattern for the compulsive mother. In this sample compulsive fathers were more likely to engage in non-nurturing coercive parenting behaviors. For the fathers the predominant compulsive behaviors were compulsive overeating and compulsive spending which

suggests, similar to mothers, these dysfunctional behaviors do have a relationship with negative parenting behaviors. Interestingly, chemical dependency in the father was only significantly related to non-nurturing behaviors. One explanation could be a tendency for a chemically addicted father to withdraw from his children leaving the mother as the exclusive care giver. Similarly, chemically dependent fathers may often be unavailable to interact with their children while they are under the influence of drugs or alcohol.

The multiple regression results suggested a maternal and paternal divergence regarding coercive parenting The coercive behaviors of the mother were a behaviors. significant predictor of co-dependency in adults while the father's use of coercion was not. The failure of the coercive behaviors of the father to enter the equation may be due to the cultural tendency for mothers to be the primary caregivers where coerciveness would be more noticeable to the child. Another explanation for the failure of the coercive behaviors of the father to enter the equation could be due to the significant correlation (r = .41) between coercion in mothers and fathers. the variance in co-dependency scores accounted for by maternal coercion overlapped with the variance accounted for by paternal coercion with only a negligible difference in favor of the mother resulting in only maternal coercion

entering the equation. Nevertheless, coerciveness is a manifestation of a desire to control and the modeling of this behavior by a parent could help to explain this dimension of co-dependency.

Some insight into co-dependent marriages was gained from this research by examining the correlations between the parental dysfunctions. The hypothesis that a family containing a co-dependent parent should be more likely to also contain a compulsive or chemically dependent parent was supported. According to the data, the gender of the codependent parent was differentially related to the dysfunction in the other parent such that co-dependency in the mother was significantly correlated with compulsivity and chemical dependency in the father, while co-dependency in the father was only significantly correlated with compulsivity and not chemical dependency in the mother. explanation for this finding could be that there were more than twice as many chemically dependent fathers (n = 88) as mothers (n = 37) reported in the sample. Further research could explore the possibility that women may be more likely to be compulsive rather than chemically dependent or the possibility that men are more likely to leave chemically dependent women than women are to leave chemically dependent The highest parental dysfunction correlation was found between co-dependent mothers and fathers. correlations all support the view that a co-dependent

individual may be likely to seek out some type of dysfunctional person for a relationship. Furthermore, these correlations support the notion that a problematic family is likely to contain two dysfunctional parents.

A further understanding of the construct of codependency was gained via the high correlation between the loss of self measure and co-dependency which suggests that the two constructs overlap considerably and may be encompassing the same behaviors and attitudes. Loss of self appears to be a major component in co-dependency. correlation also supports Karen Horney's theoretical assumption that the core of morbid dependency consists of an obstruction of self development which is exacerbated by exposure to a coercive non-nurturing parent. In other words, a child with a coercive non-nurturing parent may adapt to the likes and dislikes of a parent, as a means of survival, and never fully develop a unique self with distinctive preferences. The high correlation with the loss of self measure also provides a direction for the treatment of co-dependency. The impaired development of the self needs to be addressed when treating an individual with codependent tendencies and an emphasis should be placed on identifying and developing the unique characteristics, preferences, and needs of the co-dependent individual.

The results of the structural equation analysis provide a fruitful source for interpretation. The fit of model 3,

which posits a causal relationship from parental compulsivity, to parental coerciveness, to the loss of self in the offspring, to co-dependency in the offspring, although not sufficient to infer causation, does support three important relationships. For both the mother and father there is a significant relationship between compulsivity and coercion, and in the case of the mother there is also a significant relationship between coercion and the loss of self in the offspring. While coercion may not be commonly regarded as abusive in the general population, the withholding of love and affection, invoking quilt and shame, and the use of physical punishment such as spanking and slapping in order to coerce the child to be obedient were demonstrated to be significantly related to co-dependency and the loss of self. Similarly, in models 1 and 2, the large residuals, which provide insight by suggesting parameters that would improve the fit, were from coercion in both the mother and father directly to codependency in the subject suggesting that, as in Model 3, coercive parental behaviors may have a direct rather than indirect relationship to co-dependency in the subject. These findings underscore the importance of identifying parental coercion as harmful to children and a technique that should be avoided.

The coefficient that compromised the fit of model 3 was from the coercive behaviors of the father to the loss of

self in the offspring. This one insignificant coefficient when examined together with the three large residuals generated by the analysis suggest that a flaw lies in the path from the coercive behaviors of the mother and father to the loss of self. The results suggest that although the loss of self is an important feature of co-dependency, it does not appear to be an antecedent. What is more likely is that the loss of self develops simultaneously with codependent behaviors and attitudes. The residuals also suggest that the coercive behaviors of the mother and father have a direct rather than indirect relationship to codependency. Furthermore, the residuals suggest that maternal compulsivity may also have a direct relationship to co-dependency. These results suggest that a direction for further research could include separate examination of the influence of mothers and fathers on the development of codependency in the adult children of dysfunctional parents. Similarly, a subsequent model could test the direct relationship from parental compulsivity to both coercive parenting behaviors and co-dependency in their offspring.

The fit of the remaining two models further supports the existence of flaws in the theoretical framework the models were based on. For Model 1, the two large residuals were from parental co-dependency to co-dependency in the subject. This suggests that parental co-dependency may have more of a direct relationship to co-dependency in the

subject, rather than the indirect relationship proposed by the model. This model, similar to the multiple regression, supports the idea that parental co-dependency is an antecedent of co-dependency in adults. In addition, as in model 3, the data suggest that the loss of self is not an antecedent but rather a significant component of co-dependency. Regarded as a component of the dysfunction that results from co-dependency, rather than an antecedent, the relationship between parental co-dependency and the loss of self needs to be re-examined.

In sum, the structural equation analysis failed to support the existence of a direct relationship between the coercive behaviors of the father and the loss of self in the subject while all three models supported a direct relationship between the coercive behaviors of the mother and the loss of self. Furthermore, all three dysfunctions in the mother were significantly related to coercion, while only compulsivity in the father was related to coercion suggesting different possible origins of coercion for mothers and fathers. However, the data support significant relationships between parental co-dependency, coercive parenting behaviors, parental compulsivity and co-dependency in adult children suggesting that these three parental behaviors may be regarded as antecedents of co-dependency.

Co-dependency and the loss of self can be considered significant adult dysfunctions which may be manifested as an

inability to experience affect, an extreme preoccupation with events and people outside of oneself, trying to obtain a sense of purpose in relationships, a dysfunctional pattern of relating to others (Spann & Fischer, 1990), and depression (Jack, 1991). Co-dependency, with the accompanying loss of self, can impair the quality of life of an individual and interfere with the ability to experience a full life with a broad spectrum of emotions and rewarding relationships. Overall, the results of this study support several preliminary conclusions regarding the construct of co-dependency. Co-dependency in adults does not appear to be linked to the experience of having either a chemically dependent mother or father. However, co-dependency is associated with having had a mother who engaged in one or more compulsive behaviors. Furthermore, there was a high correlation between co-dependency and loss of self. into dysfunctional families was gained through the correlations of specific parental dysfunctions to specific parental behaviors. The theory of Karen Horney was supported empirically by demonstrating that non-nurturing and coercive parenting behaviors, in addition to a tendency to view a child as an object, were all significantly correlated to co-dependency in adults. Three significant predictors of co-dependency were identified: parental codependency, age, and coercive maternal behaviors. a significant relationship was identified between parental

compulsivity and coercive parenting behaviors, and codependency in the offspring of parents who engage in these behaviors.

## Limitations and Directions for Future Research

While this research shed some insights and made several contributions to the understanding of co-dependency there were limitations of the study. One of the limitations was the lack of independent measures from the parents of the The way the study was designed, all the information about the parents was obtained from the subjects and based on their perceptions of their childhood. method may have influenced the results, such that in addition to the natural tendency for memories of childhood to become distorted, the defense of projection could have been employed by subjects. For example, a co-dependent individual may project their own co-dependent attitudes and behaviors on to their parent. A follow up study would ideally use measures collected directly from parents and their adult children. A further limitation arose due to the restricted range of chemically dependent parents which may have attenuated the results. Further research should be devoted to the examination of the relationship between chemical dependency in parents and the development of codependency in their adult children.

A methodological problem that may also present a

limitation involves the parental compulsivity measure. Since several compulsive behaviors were surveyed, a high score on this measure could either be the result of excessive behavior in one area or moderate behavior in several areas. Nevertheless, compulsive cleaning, spending, and overeating in mothers and fathers all significantly correlated with coercive parenting so that regardless of how the behaviors are distributed they all seem to be related to parental behaviors that may be detrimental. However, future research may be enhanced by examining these behaviors separately.

The results of this study provide several directions for future research. The parental factors of non-nurturing, coercion, and control, were all significantly related to codependency in adults. The identification of this constellation of parental behaviors and their relationship to the dysfunctional pattern of behaviors engaged in by codependent individuals provides support for specific dysfunctions in adults related to a specific pattern of abuse. The often covert display of this pattern of abuse may make it particularly harmful and further study could investigate other adjustment difficulties encountered in adults who were subjected to this type of abuse in childhood.

According to the perceptions of their adult children, co-dependent parents were likely to be non-nurturing and

coercive. Since parental co-dependency was identified as a significant predictor of co-dependency in their adult children, additional study of the co-dependent parent may be productive.

The different patterns of significance in the parental variables for mothers and fathers suggests that future research may benefit from separate examinations of maternal and paternal factors as they relate to co-dependency and the loss of self. Furthermore, the large correlation between co-dependency and the loss of self demonstrates that the two constructs are significantly related and future research could be devoted to understanding the differences between the constructs and the distinct relationship of each construct to maternal and paternal factors.

Although the multiple regression was able to account for 16% of the variance in co-dependency scores, a statistically significant amount, there still remains a great deal of variance unaccounted for. Future research could examine other personality or situational factors that could be involved in the development of co-dependency such as attachment style, temperament, personality traits, birth order, communication skills, and interpersonal relationships outside of the family. A method that could accomplish this, in addition to addressing the limitations of this study, would be through the study of whole families so that several variables could be directly examined simultaneously.

#### APPENDIX A

#### Informed Consent

This study is being conducted by Marciana Crothers under the supervision of Dr. Lynda Warren, Department of Psychology, California State University, San Bernardino (880-5580). The purpose of the research is to better understand the influence of family of origin experience on adult attitudes and behaviors. Participation is voluntary and consists of answering a questionnaire which will take about thirty minutes. There are no right or wrong answers to the questions and it is important to answer as honestly as possible. Your answers will be confidential and anonymous. To insure this, please do not write your name on any part of this questionnaire except for this page (consent form), which will be detached when you return it. The questionnaire consists of nine pages. Please check to see that you complete all the pages.

You may experience a variety of feelings while answering the questions. If you wish to stop at any time, please feel free to do so. If you become uncomfortable due to the feelings you experience while answering the questions, Dr. Warren or another psychologist will be available to talk with you about it.

In January a brief written summary of the results of this study will be available in the Psychology Department office. Any interested participant can pick them up at that time. Thank you for your time and contribution to this research.

Name	_ (signature	) Date
Name	_ (print)	9 (1) 2 (1)

# APPENDIX B

# Questionnaire

1.	Age: (2011)	
2.	Gender: MaleFemale	
3.	Race/Ethnic group: Asian Native (Indian) American Black White Latino Other	
4.	Marital status: Single Married Divorced Other	
5. :	Please indicate your level of education.  H.S. Graduate	
	Some College College Graduate B.A./B.S. +	. "

		Stro disa		Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
6.	I think it is best to put myself first because $\boldsymbol{r}$ one else will look out for me.	10	1	2	3	4	5
7.	I don't speak my feelings in an intimate relationship when I know they will cause disagro	eement	1	2	3	4	5
8.	Caring means putting the others person's needs i front of $\boldsymbol{m}\boldsymbol{y}$ own.	n	1	2	3	. 4	5
9.	Considering my needs to be as important as those of the people I love is selfish. $ \\$		1	2	3	4	5
10.	I find it is harder to be myself when I am in a close relationship than when I am on my own.		1	2	3	4	5
11.	I tend to judge myself by how I think other peopsee me.	le	1	2	3	4	5
12.	I feel dissatisfied with myself because I should able to do all the things people are supposed to able to do these days.		1 .	2	<b>.</b>	4	5
13.	When my partner's needs and feelings conflict wi own, I always state mine clearly.	th my	1 .	2	3	4	5
14.	In a close relationship, my responsibility is to make the other person happy.	) , <u>;</u>	1	2	3	4	5
15.	Caring means choosing to do what the other personants, even when I want to do something different values $\boldsymbol{\theta}$		1	2	3	4	5
16.	In order to feel good about myself, I need to feindependent and self-sufficient.	el	1	2	3	4	5
17.	One of the worst things I can do is to be selfis	sh.	1	2	3	4	5
18.	I feel I have to act in a certain way to please partner.	my	1	2	3	4	5
19.	Instead of risking confrontations in close relationships, I would rather not rock the boat		1	2	3	4	5
20.	I speak my feelings with my partner, even though it leads to problems or disagreements.	1	1 .	2	3	4	5
21.	Often I look happy enough on the outside, but inwardly I feel angry and rebellious.		1	2	3	4	5
22.	In order for my partner to love me, I cannot reveal certain things about myself to him/her.		1,	2	3	4	5
23.	When my partner's needs or opinions conflict with mine, rather than asserting my own point of view I usually end up agreeing with him/her.		1	2	3	4	5 .
24.	When I am in a close relationship I lose my sens of who I am.	se	1	. 2	3	4	5
25.	When it looks as though certain of my needs can be met in a relationship, I usually realize that they weren't very important anyway.		1	2	3	4	5
26.	My partner loves and appreciates me for who $\boldsymbol{I}$ an	1.	1	2	3	4	.5
27.	Doing things just for myself is selfish.		1	2	3	4	5
28.	When I make decisions, other people's thoughts a opinions influence me more than my own thoughts and opinions.	ınd	1 .	2	3	<b>4</b> ,	5
	with aprilliplia.				*		11.

	Strongly Somew disagree disagr		Somewhat agree	Strongly agree
29.	I rarely express my anger at those close to me. 1	2 3	4	5
30.	I feel that my partner does not know my real self. 1	2 3	4 .	5
31.	I think it's better to keep my feelings to myself 1 when they do conflict with my partner's.	2 3	4	. 5
32.	I often feel responsible for other people's feelings. 1	2 3	4	5
33.	I find it hard to know what I think and feel because 1 I spend a lot of time thinking about how other people are feeling.	2 3	4	5
34.	In a close relationship I don't usually care what we 1 do, as long as the other person is happy.	2 3	4	5

Part 3 Read the following statements and circle the number that best describes  $\mathbf{YOU}$ .

	武装 医肾髓管管膜炎	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
35.	I try to bury my feelings when I think they will cause trouble in my close relationship(s).	1	2	3	4	5	6
36.	I never seem to measure up to the standards $\boldsymbol{I}$ set for myself.	· . · ' <b>1</b> ·	2	3	4	5 .	6
37.	It is hard for me to make decisions.	1	2	3	4	5	6
38.	It is hard for me to say "no".	1 .	2	37	4	5	6
39.	It is hard for me to accept compliments graciously.	1	2	3	4	5	. 6
40.	Sometimes I almost feel bored or empty if I don't have problems to focus on. $\label{eq:local_sol}$	1	2	3	4	5	- 6
41.	I usually do not do things for other people that they are capable of doing for themselves.	. <b>1</b> , .	2	3	4	5	6
42.	When I do something nice for myself I usually feel guilty.	1	2	3	4	, , 5	6
43.	I do not worry very much.	1	2	3	4	5	. 6
44.	I tell myself that things will get better when the people in my life change what they are doing.	. 1	2	3	4	5	6
45.	I seem to have relationships where I am always there for them but they are rarely there for me.	1	2	3 -	4	5	6
46.	Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities.	1	2	3	4	5	6
47.	I seem to get into relationships that are painful for $\ensuremath{me}$	. 1	2	3	4	5	6
48.	I don't usually let others see the "real" me.	-1	· . 2	3	4	.5	6
49.	When someone upsets me I will hold it in for a long time, but once in a while I explode.	1	.5	3	4	5	6
50.	I will usually go to any lengths to avoid open conflict.	. 1	2	3	4	-5	. 6
51.	I often have a sense of dread or impending doom.	1	2	3	4	5	. 6
52.	I often put the needs of others ahead of my own.	. 1	2	3	. 4	5	6

In the following sections please rate your PARENTS ( $\underline{\text{the people you consider your primary caretakers, even if not your biological parents}$ ).

Part 4
Please select the answer that best describes the way in which your MOTHER behaved <u>during the major portion of your childhood</u>.

		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
53.	It was hard for my mother to make decisions.	1	2	3	4	5	6
54.	It was hard for my mother to say "no".	. 1	2	3	4	5	6
55.	It was hard for my mother to accept compliments gracious	ју. 1	2	3	4	5	6
56.	Sometimes my mother almost seemed bored if she didn't haproblems to focus on. $\label{eq:constraint}$	ve 1	2	3	4	5	6
57.	My mother usually $\ensuremath{\textit{did}}\xspace$ not do things for other people that they were capable of doing for themselves.	t 1	2	3	4	5	6
58.	When my mother $\operatorname{did}$ something nice for herself she seemed to feel guilty.	1	2	3	. 4	5	6
59.	My mother did not worry very much.	. 1	2	3	4	5 .	6
60.	My mother seemed to think that things would get better when the people in her life changed what they were doing	1	2	3	4	5	6
61.	My mother seemed to have relationships where she was always there for others but they were rarely there for h	er.	. <b>2</b>	3	4	. 5	6
62.	Sometimes my mother seemed to get focused on one person the extent of neglecting other relationships. $ \\$	to 1	2	3	4	5	6
63.	My mother seemed to get into relationships that were painful for her. $ \label{eq:control_eq} % \begin{subarray}{ll} \end{subarray} % suba$	1	2	3	4	5	6
64.	My mother didn't usually let others see the "real" her.	1	2	3	4	5	6
65.	When someone upset my mother she seemed to hold it in fo a long time, but once in a while she exploded.	r 1	2	3	4	5	6
66.	My mother would usually go to any lengths to avoid open conflict. $% \label{eq:conflict}%$	1	2	3 .	. 4	. 5	6
67.	My mother seemed to often have a sense of dread or impending doom.	1	2	3	4	5	6
68.	My mother often put the needs of others ahead of her own	. 1	2	3	4	5	6

Part 5
Please select the answer that best describes the way in which your FATHER behaved during the major portion of your childhood.

		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
69.	It was hard for my father to make decisions.	1	2	3	. 4	- 5	6 .
70.	It was hard for my father to say "no".	1	2	3	4	5	6
71.	It was hard for my father to accept compliments gracious $% \left( 1\right) =\left\{ 1\right\} \left( 1\right$	ly. 1	2	3	. 4	5	6
72.	Sometimes my father almost seemed bored if he $\mbox{didn't}$ have problems to focus on.	e l	2	3	. 4	5	6
73.	My father usually $\emph{did}$ $\emph{not}$ do things for other people that they were capable of doing for themselves.	t I	2	3	4	5	6
74.	When my father did something nice for himself he seemed to feel guilty. $\label{eq:constraint} % \begin{subarray}{ll} \end{subarray} % sub$	. 1	2	3	4	5	6
75.	My father did not worry very much.	1	2	3	. 4	5	6
76.	My father seemed to think that things would get better when the people in his life changed what they were doing	. 1	2	3	4	. 2	6
77.	My father seemed to have relationships where he was alway there for others but they were rarely there for him.	ys 1	2	3	4	5	6
78.	Sometimes my father seemed to get focused on one person the extent of neglecting other relationships. $ \\$	to 1	2	3	4	5	6
79.	My father seemed to get into relationships that were painful for him.	1	. 2	3	4	5.	6
. 80.	My father didn't usually let others see the "real" him.	.1	2	. 3	4	5	6
81.	When someone upset my father he seemed to hold it in for a long time, but once in a while he exploded.	1	.2	.3	4	5	6
82.	My father would usually go to any lengths to avoid open conflict. $% \label{eq:conflict}%$	1	2	3	4	5.	. 6
83.	My father seemed to often have a sense of dread or impending doom.	1.	2	3	4	5	6
84.	My father often put the needs of others ahead of his own	. 1	2	3	4	5	6 .

126. When my mother punished me, she explained why.

Part 6
Please select the answer that best describes the way in which your FATHER behaved during the major portion of your childhood.

Part 6 Please select the answ	er that best describes the way in which your FATHER behave	d during the	major port	ion of yo	our childho	od.
		Never	Once in	Some-	Usually	 Almost
85. My father made me	feel that he was there when I needed him.	1	A while 2	times 3	4	Always 5
86. My father kept af	ter me to do better than other children.	. 1	2	3	4	5
87. My father worried	about my being able to take care of myself.	1	2	3	4	5
88. My father taught	me things that I wanted to learn.	1	2	3	4	5
89. My father spanked	i me.	. 1	2	3	4	5
90. When my father wa	nted me to do something, he explained why.	1	2	3	4	5
91. My father nagged	at me.	1	2	3	. 4 .	5
	ing my father didn't like, I knew exactly	1	2	3	4	5
93. My father punishe	ed me by not allowing me to be with my friends.	1	2	3	4	5
94. My father slapped	i me.	1	2	3	4	5.
	g my father didn't like, he would act cold and unfriendly.	. 1	2	3	4	5
	land yelled at me.	. 1	2	3	4	5
	ther expected of me, and how my father wanted me to behave	1	. 2	3	4	5
	ling my father didn't like, he acted hurt and disappointed.	* 1 Total	2	3	4	5
	t let me go places because something might happen to me.	1	2	3	4	5
	me with my school work when I didn't understand something.		2	3	4	. 5
	ed me by trying to make me feel guilty and ashamed.	1	2	. 3	4	
	ed that I get particularly good marks in school.		2			5
		1		3	4	5
	ed and helped me when I had troubles.	1	2	3	4	5
	d me by not letting me use my favorite things for a while.	1	. 2	3	4	5
105. When my father pu	nished me, he explained why.	1	2	3	4	5
Part 7						
Please select the answ	er that best describes the way in which your MOTHER behave	d <u>during the </u> Never	major port Once in			<u>od</u> . Almost
y sales			A while	times		Always
106. My mother made me	feel that she was there when I needed her.	- 1	. 2	3	4	5
107. My mother kept af	ter me to do better than other children.	1	2	3	4	5
108. My mother worried	about my being able to take care of myself.	1	2	3 -	4	5
109. My mother taught r	me things that I wanted to learn.	. 1	2	3	4	5
110. My mother spanked	me.	1	2	3	4	. 5
111. When my mother was	nted me to do something, she explained why.	. 1	2 .	3,	4	5
112. My mother nagged	at me.	1	2	3	4	5
113. When I did someth	ing my mother didn't like, I knew exactly	•	. ,			
what to expect of		1	2	3 .	4	5 .
	d me by not allowing me to be with my friends.	1	2	3.	4	5
115. My mother slapped	1	-1	. 2	3	. 4	5
	g my mother didn't like, she would act cold and unfriendly		2	3	4	5
117. My mother scolded		1	2	3	4	.5
118. I knew what my mot	ther expected of me, and how my mother wanted me to behave	. 1	2	3	4	5
119. When I did someth	ing my mother didn't like, she acted hurt and disappointed	. 1	2	3	4	5
120. My mother wouldn't	t let me go places because something might happen to me.	1	2	3	-4	5
121. My mother helped m	me with my school work when I didn't understand something.	. 1	2	3	4	5
122. My mother punished	d me by trying to make me feel guilty and ashamed.	1	. 2	3-	4	5
123. My mother insiste	d that I get particularly good marks in school.	.1	. 2	3	4	5
124. My mother comfort	ed and helped me when I had troubles.	ľ	2	3	4	5
	d me by not letting me use my favorite things for a while.	1	2	3	4	5
- Familian	2 ' m2 reserved outlings tot a militar	. •	-	•	•	,

#### Part 8

Please answer the following questions about your MOTHER by circling yes or no. Answer according to how your mother behaved during the major portion of your childhood.

- 127. YES NO Did you feel your mother was a normal drinker?
- 128. YES NO Did friends or relatives think your mother was a normal drinker?
- 129. YES NO Did your mother ever attend a meeting of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA)?
- 130. YES NO Did your mother ever lose friends because of her drinking or drug use?
- 131. YES NO Did your mother ever get into trouble at work because of drinking or drug use?
- 132. YES NO Did your mother ever neglect her obligations, family, or work for two or more days in a row because she was drinking or using drugs?
- 133. YES NO Did your mother ever have delirium tremens (DTs), severe shaking, hear voices, or see things that weren't there after heavy drinking?
- 134. YES NO Did your mother ever go to anyone for help about her drinking or drug use?
- 135. YES NO Was your mother ever in a hospital because of her drinking or drug use?
- 136. YES NO Was your mother ever arrested for drunk driving or driving after drinking?

Please answer the following questions about your FATHER by circling yes or no. Answer according to how your father behaved during the major portion of your childhood.

- 137. YES NO Did you feel your father was a normal drinker?
- 138. YES NO Did friends or relatives think your father was a normal drinker?
- 139. YES NO Did your father ever attend a meeting of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA)?
- 140. YES NO Did your father ever lose friends because of his drinking or drug use?
- 141. YES NO Did your father ever get into trouble at work because of drinking or drug use?
- 142. YES NO Did your father ever neglect his obligations, family, or work for two or more days in a row because he was drinking or using drugs?
- 143. YES NO Did your father ever have delirium tremens (DTs), severe shaking, hear voices, or see things that weren't there after heavy drinking?
- 144. YES NO Did your father ever go to anyone for help about his drinking or drug use?
- 145. YES NO Was your father ever in a hospital because of his drinking or drug use?
- 146. YES NO Was your father ever arrested for drunk driving or driving after drinking?

Compulsive behaviors sometimes cause conflicts in families. For example, a compulsive gambler may gamble with money that was intended for providing for the needs of the family. Compulsive over-eaters may continue to over-eat despite pleading from family members or the fact that their health may be in danger. Some individuals use of pornographic materials could be considered compulsive if it causes embarrassment for themselves or their family members. In the following questionnaire, please rate your PARENTS (the people you consider your primary caretakers, even if not your biological parents).

Please rate your MOTHER'S compulsiveness regarding the following behaviors by circling the appropriate number. Answer according to how your mother behaved during the major portion of your childhood.

		r noticed behavior	Presen		Present and slight prob	ery much problem	Extreme Problem
147. OVEREATING		1	2	34	3	4	5
148. GAMBLING		1	. 2	•	3	4	5
149, SPENDING/ CREDIT CARD	) USE	1	·*, 2		3	4	5
150. USE OF PORNOGRAPH	Y	1	2	•	3	4	5
151. SMOKING		- 1	. 2	.* .	3 .	4,	5
152. CLEANING		1	2		3	4	5.

Please rate your FATHER'S compulsiveness regarding the following behaviors by circling the appropriate number. Answer according to how your father behaved during the major portion of your childhood.

		Never noticed Present but the behavior no problem			Present and slight prob	Very much lem a problem	Extreme Problem
154. OVEREA	TING	1		2	3	4	5
155. GAMBLI	NG .	-1		2	3	4 -	5
156. SPENDI CREDIT	NG/ CARD USE	1		2	3	4	5
157. USE OF PORNOG	RAPHY	1		2 ·	3	4	5
158. SMOKIN	IG	1		2	3	4	5
159. CLEANI	NG	1		2	3	4	5

## APPENDIX C

Debriefing Statement

Family of Origin Study
Conducted by:
Marciana Crothers

Thank you for your participation in the Family of Origin Study. The purpose of the study is to assess codependency in adults and determine if co-dependency is linked to any specific family of origin experience. Codependency is a word that has been used to describe people who take care of others at the expense of meeting their own needs. Since the term co-dependency has become popular outside the field of experimental psychology the word was not used anywhere in the survey in order to avoid any influence the use of this word may possibly have. In order to maintain the experimental conditions necessary for the study it is requested that you not discuss the nature of this research with anyone who has not already participated.

The predictions of the study are that specific parental attitudes and behaviors could be related to co-dependency in their adult children. The theoretical model for this study posits that parents who have compulsive tendencies may be more likely to use coercive forms of parenting, which may contribute to a diminished sense of self and low self esteem in the child, which eventually may contribute to co-dependency in adults.

In January a brief written summary of the results of this study will be available in the Psychology Department office. Any interested participant can pick them up at that time. Once again, thank you for your time and contribution to this research.

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