Codependency: Its Relationship To Alcohol And Family-Of-Origin Dynamics

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CODEPENDENCY: ITS RELATIONSHIP TO ALCOHOL AND FAMILY-OF-ORIGIN DYNAMICS

BY

BARBARA YEARNING

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Submitted in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy
Seton Hall University
DEDICATION

For my parents who taught me attachment
For my husband and children who taught me separation
For Dan who helped me put it all together
For Fleetwood Mac who provided the sound track

LANDSLIDE
Words and Music by Stevie Nicks
1975 Gento Music, Inc.

I took my love, I took it down.
Climbed a mountain and I turned around.
I saw my reflection in the snow-covered hills
'Til the landslide brought me down.

Oh, mirror in the sky
What is love?
Can the child within my heart rise above?
Can I sail through the changing ocean tides?
Can I handle the seasons of my life?
I don't know.

Well, I've been afraid of changing
'Cause I've built my life around you.
But time makes you get bolder
Even children get older
And I'm getting older too.

Oh, take my love, take it down
Climb a mountain and turn around.
If you see my reflection in the snow covered hills
Well the landslide will bring it down.
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CHAPTER 1

INTRODUCTION

Alcoholism is one of the most ubiquitous problems confronting U.S. families today. Recent statistics reveal that there are up to twelve million abusers of alcohol in the U.S. or approximately 5.7% of the population age 12 and older (Substance Abuse & Mental Health Services, 2001). Other figures have suggested that alcoholism affects approximately sixteen percent of men and six percent of women between the ages of fifteen and fifty-four (U.S. Department of Health and Human Services, 1995). It is widely held that four to five other persons with whom they associate suffer directly (Prest & Protinsky, 1993). Because alcoholism is considered to be a factor in a myriad of family problems, ranging from child abuse, incest, and violence, to more subtle family problems such as the disruption of family rituals, communication and problem-solving, it would seem that treatment of the disease would benefit not only the alcoholic but family members as well. While the more severe family problems highlight alcohol’s most obvious impact, many more families experience the more subtle problems associated with alcoholism (Steinglass, Bennett, Wolin, & Reiss, 1987).

Although the recognition of the impact of alcoholism on the family has grown, research into the relationship of family members to the alcoholic, their roles in the addictive process, and their importance in treatment has not. Those affected by alcoholism have been popularly referred to as codependent (Cermak, 1991). While
many have attested to symptomatology in non-alcoholic spouses, their treatment has
been largely left to Alanon, the Twelve-Step counterpart to Alcoholics Anonymous.
Over time the term codependency has been attached not only to those individuals
affected by alcoholism but to other problems such as eating disorders and gambling
(Prest & Storm, 1988). The term was extended to define a particular set of behaviors,
in addition to an individuals' characteristics. It is not clear whether codependency
represents an inherent personality trait or a dysfunctional pattern of relating. Nor is it
clear whether it is a process specific to alcoholism or a process that exists outside of
alcoholism.

While definitions of codependency abound, there is some confusion as to its
parameters. There are some common threads, however, and most definitions seem to
be related to the processes of individuation and differentiation. Traits that seem to
categorize family members of alcoholics, such as fear of abandonment, rigidity,
fearfulness, guilt, shame, and low self-esteem (Uhlé, 1994) suggest incomplete
individuation. From the standpoint of interpersonal dynamics the behaviors of
codependents reflect those of undifferentiated selves (O'Brien & Gaborit, 1992). An
undifferentiated self is a person who is over-responsibile, engages in care-taking, has
difficulty setting and maintaining boundaries, and sacrifices one's own needs to meet
another's.

Cermak (1991) pointed out that codependency is a complex psychological
concept because it simultaneously includes intrapsychic and interpersonal dynamics.
In fact, Wright and Wright (1991) maintain that while some, if not most,
individuals identified as codependent have internalized a set of personality
characteristics as a result of being brought up in a dysfunctional home, the possibility exists that some cases of codependent relating may represent the efforts of an essentially normal individual to adjust to a difficult life situation. Others suggest that codependency actually reflects already existing diagnoses such as personality disorders (Cermak, 1991), or the earlier conceptualizations of “morbid dependency” (Lyon & Greenberg, 1991). Despite the many perspectives, no one theory seems to dominate current thinking or to inform treatment with regard to codependency (Loughhead, 1991).

Recent feminist writers have taken issue with the notion of codependency. Codependency was originally focused on the wives of alcoholics (Uhle, 1994), who, it has been argued, were characterized negatively for behaviors that might also be considered an understandable reaction to stressful situations involving alcoholism. The statistical fact that women are more likely to be the spouses of the alcoholics makes it easier to characterize their behaviors as dysfunctional. Terms such as “enabler” speak to the socially mandated responsibilities of women as caretakers (VanWormer, 1989). Many would argue that codependency is simply another name for the societal role of women (Haaken, 1990).

The purpose of this study is to further delineate the nature of codependency as a psychological construct. Borrowing from Fischer, Spann and Crawford (1991), codependency will be defined as a “psychosocial condition that is manifested through a dysfunctional pattern of relating to others”, and one that is “characterized by: extreme focus outside of the self, lack of open expression of feelings, and attempts to derive a sense of purpose through relationships” (p. 27). To accomplish this, groups
of individual known to have been in a close relationship with an alcoholic will be measured for significant levels of codependency, and compared to groups of individuals who report no close relationships with an alcoholic. If significant differences are obtained, a second analysis will then be done to determine the degree to which levels of codependency may be a function of the health of one’s family-of-origin, as well as the degree to which it may be a function of one’s place in the process of differentiation from a family-of-origin. This will be demonstrated by measurement of group differences in levels of codependency, as impacted by the degree of overall family-of-origin health and levels of differentiation in a family-of-origin.

Codependency and Individuation

Much of what is written about codependency describes qualities that pertain to a lack of individuation. Banister and Peavy (1994) referred to codependency as an "erosion of self" (p.206). Some of those qualities include the sacrifice of one’s own needs to meet the needs of others, loss of one’s identity in another, denial, control, shame, guilt, and low self-esteem (Uhle, 1994; Wright & Wright, 1991).

Most psychologists agree that separation and individuation represent pivotal points in psychological development, and are necessary steps in the development of a healthy sense of identity (Hoffman, 1984). Separation and individuation were first described by Mahler, Pine and Bergman (1975), and were thought to take place initially in infancy. They are dual processes by which children first became aware of physical separateness from a primary caregiver, generally a mother. Successful separation in infancy sets the stage for the second individuation of adolescence.
The central developmental task of adolescence is the achievement of psychological separation, resulting in increased autonomy and the subsequent formation of identity.

Traditional theorists (e.g., Erikson, 1980) have maintained that individuation is the primary task of adolescence, the achievement of which is considered to be the hallmark of psychological maturity. To individuate or to become autonomous and solidify one's identity, it is necessary to let go of "family dependencies" and "infantile object ties" (Blos, 1979, p. 149). Separation and individuation have been conceptualized as processes that take place during childhood and adolescence, but more recently researchers have been questioning whether these processes continue through the life cycle, thus providing a bridge of sorts between childhood, adolescence and adulthood (Colarusso, 1990).

It seems evident that individuation plays an important role in the development of autonomy and identity. Joselson (1988) suggested that "individuation, autonomy, and identity formation are discrete though indivisible phenomena," and that "we cannot look at one without implying effects on the others" (p. 124). Further, disturbances in the process may result in difficulties in differentiating self from others (Christensen & Wilson, 1985). Codependency may represent an example of such a disturbance. Whitfield (1989) stated that the genesis of codependency lies in the repression of our inner lives (feelings, observations, reactions). Because codependency entails maintaining focus on others, an individual loses touch with his or her own needs, thus stifling the true self. As alienation from the true self continues, an identity based on outside cues is forged. Dependencies in the form of
relying on people and objects outside the self, or of relying on the approval of others in an attempt to find safety, self-worth, and identity (Hogg & Frank, 1992) reflect characteristics of codependency that imply a disturbance in the internal process of individuation.

Because individuation has been viewed as the end product of successful separation and attachment processes of infancy, adolescence and throughout the life cycle, it provides a link between early and later stages of psychosocial development. As a corollary to this hypothesis, individuation entails not only an internal process but ongoing interconnections between individuals and their relational contexts as well. Individuation is at its heart an interpersonal process, requiring as it does another individual from whom to separate. According to Christensen and Wilson (1985), separation-individuation plays an important role in both the development of intrapsychic and interpsychic autonomy. Disturbances in this process lead to future difficulties in differentiating self from others. In addition, the singular focus on separation has been challenged, with many authors citing the need to consider the opposite pole, attachment.

A case can be made for dialectic here (Blatt & Blass, 1990). Individuation may not simply be the end product of successful separation, but, rather, the result of a successful balance of separation and attachment. According to Buber, "distance and relating" represent two "ontological movement essential to human existence" (Freidman, 1989, p. 450). Consequently, an individual exists only in a dialectical framework of self-other. The identity of the self is inseparable from the other as a
distinguished ground, and, therefore, personal existence is, in principle, inseparable from relationship (Bozormenyi-Nagy, 1966).

Individuation is important as a necessary step in the ongoing process of differentiation and may be similar to the intrapersonal component of codependency. Because the goal of this study is to understand the impact of early family relationships on codependency, it will primarily focus on the interpersonal aspect of codependency. Individuation, while not directly measured, may be inferred through measures of family-of-origin health and degree of differentiation in a family of origin. Sabatelli and Mazur (1985) have stated that the degree to which individuation has occurred is reflected in one's level of emotional fusion with a family-of-origin. By measuring the perceived overall health of one's family-of-origin, defined as a balance between the capacity for autonomy and intimacy, a certain level of individuation can be implied. In an effort to understand the etiology of codependency, it can be inferred that these families unable to foster individuation would reflect less healthy families of origin, and be more likely to foster codependency.

Indeed, Minuchin's (1974) structural theory refers to the family as the laboratory in which the two elements of identity—a sense of belonging and sense of being separate—are mixed and dispersed. Minuchin would see a healthy family as one that is neither enmeshed nor disengaged, but balanced between the two poles. The Family-of-Origin Scale measures the perceived health of an individual's family-of-origin in terms of the degree to which it facilitated autonomy and intimacy (Havestadt, Anderson, Piercy, Cochran & Fine, 1985). By achieving a score in the
mid-range on this scale, one can be assumed to have had a family that facilitated both qualities, and, therefore, was neither enmeshed nor disengaged

Codependency and Differentiation

Mendenhall (1989) and others have expressed skepticism with respect to the validity of the concept of codependency. A list of characteristics in Beattie (1987) describing a codependent individual is so exhaustive as to render the term meaningless. The description has become so general that virtually anyone could be labeled codependent (Myer, Peterson, & Stoffel-Zo snakes, 1991). Others (Gierynski & Williams, 1986) have stated that the unclear criteria, vague boundaries, and characteristics indistinguishable from those in families dealing with other chronic diseases or stresses rendered the term useless from the standpoint of the medical model, which implies that the problem resides in an individual. If, as was originally believed, codependency was a response to living with alcoholism, then, perhaps viewing the concept from the standpoint of interpersonal dynamics would more accurately explain the phenomenon. Prest and Protinsky (1993) suggested that it be conceptualized as encompassing family-of-origin history and relationships (differentiation) and current system dysfunction (adaptive patterns of relationship with an alcoholic).

More recent theorists have conceptualized individual development as an extension of family development. The growing popularity of systemic family therapy has highlighted the importance of viewing an individual within a family context, and of seeing dysfunctional behavior as a symptom of a dysfunctional family system (Kenny & Donaldson, 1991). Several related, yet distinct, theories have been used to
describe the ways in which families regulate interpersonal distances and thereby
guide individual development (Barnes & Sabatelli, 1989). With respect to
codependency the theory of Bowen is particularly cogent because of an inclusion of
inter-generational transmission (Friedman, 1991). The belief that codependency
originates in one’s family-of-origin as an internalized response to a dysfunctional and
stressful environment (Lenghead, 1991) mirrors the Bowenian notion that a family’s
emotional responses are passed down from generation to generation.

Specifically, Bowen’s concept of differentiation is similar to individuation.
The degree of “differentiation of self” is the degree to which the person has a “solid
self” (Bowen, 1991, p. 97). The behavior of dependents is similar to descriptions of
poorly differentiated individuals who attempt to sense the emotions of those around
them and spend much of their time trying to please others. According to Bowen, the
degree of differentiation of self is determined by the level of differentiation of one’s
parents, and the degree to which one has resolved emotional attachment to them in
adulthood. He included in his theory an intrapersonal component, believing that
differentiation was the “lifelong process of striving to keep one’s being in balance
through the reciprocal external and internal processes of self-definition and self-
regulation”(Friedman, 1991). While Bowen acknowledged the intrapersonal, he
found it distinct from differentiation. He considered differentiation a process rather
than an end or goal. According to Friedman (1991) differentiation should not be
equated with individuation in that “it has less to do with a person’s behavior
than with his or her emotional being” (p.141). Prest and Protinsky (1993) similarly
suggested that individuation and differentiation were two parallel processes that
operated within the individual, and within relationships.

The tolerance that exists in a family for autonomy and intimacy has been
conceptually related to the system's level of differentiation, thus making
differentiation a mediator of the process of individuation, and subsequent identity
formation in adolescence (Sabatelli & Mazor, 1985). Since even internal processes
such as individuation occur within the context of family relationships, it follows that
the levels of differentiation in one's family-of-origin, to some degree, influence the
ability of a person to achieve individuation. The opposite of differentiation is fusion,
or what Bowen terms "the togetherness force" (Fagan-Pryor & Haisor, 1992, p. 25).
The greater the togetherness force, the more an individual's thoughts, feelings and
behaviors are determined by others. Codependency is the struggle to maintain
separateness in the face of a need for relatedness (Fagan-Pryor & Haisor, 1992).

Minuchin, Rosman and Baker's (1978) experiment with diabetic children
established the interdependence between intrapsychic and interpersonal dynamics.
The family was seen as a shaper of self. Through its structure, the family facilitated a
sense of belonging and a sense of being separate. His concept of holon captures the
paradox that each individual is a whole and a part of a whole at the same time. It
implies that to gain belonging one must give up some degree of individuality
(Minuchin & Fishman, 1981). How well a family achieves this may be a reflection of
the health of the family and may predict the future level of functioning of the children
in the family.
While most would agree that codependent behaviors are dysfunctional, little research connects codependency to any particular set of correlates. Since the codependency concept has mostly emerged through the popular press and grass-roots programs such as AA, its parameters have grown without corroborating evidence. It has not been demonstrated to date that those who live or have lived with alcoholics are, in fact, more codependent that those who have not. It is hoped that this study will demonstrate the validity of codependency’s connection to alcoholism by showing differences in levels of codependency between those who live or have lived with alcoholics and those who have not. Clarity about codependency’s relationship to alcoholism will be assessed through differences between those two groups on a measure of codependency.

Additionally, the study will more rigorously further the delineation of the characteristics of codependency and help to clarify its relationship to family dynamics. Measurement on three factors of codependency will be reflective of codependent patterns of relating. The level of codependency will be measured against the general health, and the degree of differentiation in a family of origin in an attempt to learn whether early family relationship patterns affect the level of codependency. The part of codependency that reflects personality or intrapersonal elements will be accounted for by a covariate, which will hold constant the intrapersonal component in each group.

Codependency and Gender

The predominantly female membership of Alanon, the Twelve-Step program for family members of alcoholics, leads one to speculate about the applicability of
codependency to men. Statistically, it makes sense that a typical alcoholic spouse would be portrayed as a woman since there are a significantly higher number of male alcoholics than females (U.S. Department of Health and Human Services, 1995). Additionally, it is estimated that while many women will stay with an alcoholic spouse, most men will not (VanWormer, 1989). There are many critics of codependency who believe that the descriptions of dysfunctional behaviors exhibited by codependents are qualities that represent traditional female roles, and, as such, pathologize feminine identity (Haaken, 1990).

Haaken (1990) believed that codependents’ identities rooted in caretaking and overfunctioning were created out of an experience of powerlessness, the need in a patriarchal culture for women to develop abilities for adaptive compromise, appeasement, and covert manipulation. O’Gorman (1993) would agree since she equated codependency with “learned helplessness” and stated that women are vulnerable to codependency even before the influence of an alcoholic (p. 202). Feminist critics of codependency have argued that codependency literature essentially tells women that femininity is pathology and that women must look to themselves for blame (Collins, 1993).

Prior to the popularity of the concept of codependency, feminists were concerned with women’s development, and addressed the issue of women’s loss of self in relationships (Chester, 1989; Jack, 1951). Feminists pointed out that women’s nurturing roles often result in self-denying behaviors that can inhibit their personal growth. Haaken (1990) and Miller (1976) identified gender inequality as the context for distortions of women’s positive qualities, and suggested that women’s over-
identification with the needs of others originated in women's lack of power and resources.

A third analysis in this study will address whether gender differences exist on levels of codependency. Goldner (1988) maintained that gender, along with generation, is one of the organizing principles of a family. She made the case that gender is not a mediating variable that impacts family life, but an inherent variable that determines family life. As such it must always be accounted for in research. To date studies have shown differences in codependent patterns of relating (Wright & Wright, 1990) that are similar to gender differences in relationships in general. In addition to exploring gender differences in codependency, it is also hoped that this analysis will determine whether gender differences exist in levels of differentiation from a family of origin. Given the criticism of the feminist writers as well as the early focus in alcoholism on "wives of alcoholics" (Edwards, Harvey & Whitehead, 1973), one wonders whether codependency evolved because of gender differences in the nature of relating, or whether men who are codependent behave in the same ways. Thus, if codependency is related to differentiation from family-of-origin, is there a gender differential in the ways in which men and women achieve differentiation from their families-of-origin?

Theoretical Rationale

Codependency has been defined in the literature as both an intrapersonal and an interpersonal process. The theoretical constructs of object-relations psychology and family-systems theory lend themselves to an understanding of codependency as dialectic. Separation-individuation has been described as a necessary component of
individual psychological growth. It involves a growing independence from parents that occurs interpersonally with a primary caretaker, and then internally as one perceives the parental response.

There is growing support for the blending of object-relations and family-systems in conceptualizing autonomy and attachment. Slipp (1984) has suggested that developmental arrests are not attributable solely to intrapsychic disturbances or family dynamics, but are the result of a combination of an individual's perceived reality and the family's interactions. Therefore, individuation may be viewed as a step on the road to the more continuous process of differentiation. This study's hypotheses emerge from the belief that successful traversing of the separation/individuation task and the resulting identity, with capacities for healthy separation and attachment, set the stage for an individual's eventual ability to become more differentiated from one's family-of-origin. That differentiation is facilitated by the ability of a family to encourage both autonomy and intimacy.

Therefore, rather than seeing individuation and differentiation as separate and discreet processes, this researcher will view them as similar and continuous processes which are distinct with respect to their contextual fields. Individuation, a process of separation from a primary caregiver, provides the foundation for, and gives way to, eventual separation from a family group. In effect, individuation facilitates differentiation, and differentiation creates the climate for further individuation. Together they create a kind of "feedback loop" (Penn, 1982, p. 270) connected to a family's interpersonal dynamics. At their cores, both individuation and
differentiation represent emotional maturity, in that successful achievement of each allows for greater and greater capacities for selective attachment and separation.

Bowen (1991) theorized that a system’s tolerance for autonomy and intimacy is conceptually related to its level of differentiation. He theorized that a nuclear family has a wide range of adaptive patterns, which, during periods of calm, function to keep symptoms from arising. As anxiety and tension increase, the adaptive patterns lose flexibility, and symptoms erupt (Bowen, 1991). A highly differentiated system is one in which the ability to maintain a balance between separateness and connectedness, and the ability to adapt in response to stress are maintained in the face of anxiety (Sahaseli & Mazor, 1985). From this viewpoint, the patterned responses of non-alcoholic family members in response to increased tension and anxiety become an integral part of the problem. As they seek to stabilize the emotional system, they “develop idiosyncratic methods for binding interpersonal and intrapersonal anxiety” (Prest & Proinsky, 1993, p.354). This represents a loss of flexibility and adaptability and thus, a thwarting of differentiation.

Also key in Bowen’s theory is the notion of intergenerational transmission. This concept implies that individuals who have not achieved high degrees of differentiation and who remain highly emotionally tied to their families of origin carry those levels of differentiation into their nuclear families. From the perspective of Bowen’s intergenerational family-systems theory, codependency emerges from dysfunctional relational patterns that are rooted in one’s family-of-origin, handed down through generations, and present in current family functioning (Prest & Proinsky, 1993). The impact of alcohol abuse on family functioning validates
family-systems theory in which all members are active participants in the
maintenance of the problem (Erickson & Perkins, 1989). It is for this reason that the
focus for exploration in this study will be around the interpersonal or relational
aspects of codependency that may have had their roots in family-of-origin
functioning.

Minuchin’s structural theory is also applicable in that the structure that is
created by a family is the matrix by which the process of differentiation is carried out.
Boundaries between individuals and between subsystems are drawn along a
continuum ranging from rigid to diffuse. Where boundaries are overly rigid, members are distant from one another, both communicatively and emotionally.
Where boundaries are overly diffuse, members become overly involved with one
another, individuality is lost, and identities become blended (Erickson & Perkins,
1989). The goal for families is to achieve a balance between disengagement and
enmeshment, so that they can cope with transitions and adapt to change. An
enmeshed family responds to any variation with too much speed and intensity while a
disengaged family tends not to respond when a response is necessary (Minuchin,
1974). In an alcoholic family system, boundaries between subsystems become
broken down, and reactivity or denial result. A family becomes locked in a
dysfunctional relational pattern (Erickson & Perkins, 1989).

Feminist theory comes into play in addiction precisely in the areas of
separation and individuation. Mahler believed separation/individuation to be crucial
in the development of ego and object relations, but made no allowance for differences
that might exist in the process based on gender. Gilligan (1982) took issue with
placing women's development within the context of male development, most specifically in the area of autonomy. In theories that focus on individuation, maturity is equated with personal autonomy, with concern for relationships cast as a weakness of women instead of a human strength. Chodorow (1978) suggested a different process of individuation in girls and boys, and located that difference in the early mother/child relationship. In this study the gender variable may predict differences between men and women both in the degree of codependency and in the levels of differentiation.

The current investigation represents an attempt to discover whether codependency exists to a greater degree among individuals who live or have lived with alcoholism or is part of a larger construct, which includes both internal characteristics and interpersonal relational patterns. Using Bowen's theory of intergenerational transmission, this study is intended to further delineate codependency as both a function of early differentiation processes as well as family-of-origin health. By incorporating gender as a variable, it is hoped that some of the criticisms of codependency by feminist writers can be addressed.

Research Questions

1. Are there differences in the degree of codependency between those who live or have lived with alcoholism and those who have not?

2. Do those who are codependent report less health in their families-of-origin than those who are not?
3. Are those who are codependent less differentiated from their families-of-origin than those who are not?

4. Do differences exist between men and women in levels of codependency and differentiation from family-of-origin?

Significance of the Study

While most would agree that alcoholism is a societal problem on many levels, and while most would agree that it has major impacts on family members of alcoholics, little scientific attention has been paid to those family members popularly referred to as codependents. The meaning of the term itself has remained vague, locked in the “anonymity” of programs such as Al-Anon, and in popularized publications (Beattle, 1987). Family-systems theory implies that family is an important factor in the alcohol equation. A recent study by a large insurance company demonstrated that family support in the form of number of family sessions was one of only two variables that predicted abstinence after six months of intensive outpatient treatment (MCC’s Care Connection, 1996). Wright and Scott (1978) validate this statistical evidence by citing several studies, which noted that membership in AA for the alcoholic, and Al-Anon for the codependent were two good predictors for abstinence. Given the expense of alcohol treatment and the high incidence of relapse (U.S. Department of Health and Human Services, 1995), it would seem that understanding more about the family dynamics of alcoholics, as characterized by the term codependency, would be a pivotal component of treatment.

While there is recognition of the importance of the family in the alcoholic process, many family members are resistant to attending Al-Anon. For many who live
with the disease of alcoholism it is not clear which behaviors are helpful and which are not in coping with the alcoholic. Those who attend 12-step programs may find a hostile attitude towards psychotherapy, one that views treatment as incapable of understanding the dynamics of living with alcoholism. If it could be demonstrated that viewing codependency as an automatic response to alcoholism represents only part of the picture, those affected might be more open to therapy and less stigmatized. By removing codependency from the exclusive purview of 12-step programs and alcoholism, and by placing it within a larger psychological construct such as differentiation or family-of-origin health, greater understanding could be achieved as to how it originates and is perpetuated in families and other arenas of life. Validation of the concept as a construct beyond popular culture would be helpful in promoting it as a necessary and important part of working with alcoholism.

Understanding more about codependency is imperative if alcohol treatment programs are to be successful. There has been growing recognition that treatment programs involving the non-alcoholic spouse in addition to the alcoholic were more likely to be effective (Wright & Wright, 1991). This study will attempt to assess whether there are differences in levels of codependency based on an association with an alcoholic. It will focus on the interpersonal nature of codependency to determine whether codependency may have its origins in early family patterns. The intergenerational influences on codependency will be addressed by assessing whether levels of codependency are affected by the perceived degree of health in a family of origin, and by perceived levels of differentiation in a family of origin. A separate analysis will determine whether gender differences exist in levels of codependency.
and in levels of differentiation. Increasing the understanding of alcoholism from the perspective of family functioning is the goal of this research and speaks to the intergenerational nature of the both the pathology and family dysfunction.
CHAPTER II
LITERATURE REVIEW

Historical Context

Alcoholism as a problem has been identified throughout history. It occurs across cultures, classes, geographic areas, and ages. In the United States, attitudes toward alcohol have changed over time. Those attitudes have ranged from alcohol being a generally benign substance that an individual might, on occasion, use to excess, to an issue that polarized the nation in the 1920’s (Peele, 1985). As a result of immigration and an expanding western frontier, most drinking moved from the family-oriented tavern to the saloon, which was peopled by men and prostitutes. The ability of the family to provide the social regulation of drinking was lost, and alcohol took on a new image. “(D)rinking became a male prerogative that symbolized independence and high-spiritedness” (Peele, 1985, p.30). Not surprisingly, alcohol began to be viewed as “demons rum” (p.30), and efforts to prevent inebriation through abstinence grew.

By the 1920’s the nation was polarized around the notion of temperance. Dry and wet sides of the issue divided individuals according to region, religion, education and ethnicity. The repeal of prohibition permanently ended the temperance movement, and in its place the disease theory of alcoholism arose. With the help of researchers like Jellinek and Keller, and with the efforts of recovering alcoholics, the disease theory of alcoholism and Alcoholics Anonymous (AA) self-help fellowship
achieved prominence in the 1930’s and 1940’s. The AA view was similar to the temperance view in that it advocated total abstinence in a religious revival type atmosphere (Peele, 1985).

Prior to the advent of AA, there was little help available to those afflicted by alcoholism, or to the families who suffered along with them. The illness was seen as moral weakness (Jackson, 1954). With the growth of AA, the concept of alcoholism as a disease grew as well. Individuals, in support of each other, began to notice common behaviors and similar patterns as the process of alcoholism was delineated (Steinglass et al., 1987). When it was finally endorsed by the American Medical Association in 1956, the disease model was given legitimacy, with its recognition representing a blend of the grassroots self-help movement and the medical profession (Peele, 1985).

The creation of Alanon at about the same time as AA was a reflection of the impact that alcoholism had on those living with addicted individuals. The development of the Alanon family groups (founded in 1951) was based on the recognition that the behaviors and personalities of family members of alcoholics became distorted, and that to some degree they too were sick (Cermak, 1991). Family members were inadvertently supporting the very behaviors they were ostensibly trying to prevent (Haaken, 1990). These patterns of behavior were called “enabling,” (p. 399) and were usually attributed to the wife in relation to her alcoholic husband.

As focus on the family intensified, so too did the prorative view of the family, and especially the spouse. The enabling construct had an underlying gender
dynamic since a presupposed wives in roles of caretaking. Jackson (1954) cited research supporting the view that the wife "unconsciously, because of her own needs, seems to encourage her husband's alcoholism" (p.563). Whalen (1953) reduced the complex dynamics of alcoholic families into archetypes of "wives of alcoholics" (p. 632). Wives were viewed as active participants in the problems of the marriage and were characterized as "Suffering Susan," (p.635), "Controlling Catherina," (p.636), "Wavering Winifred," (p.638), and "Punitive Polly" (p.640). Whalen seemed to attribute the relationship difficulties in an alcoholic marriage, at least in part, to the wife, by saying that she was not an "innocent bystander in the marital misery", but was "an active participant in the creation of the problems" which arose (p. 634).

Edwards et al. (1977) began to allow for the possibility that the "wives of alcoholics" were not unique. The authors advanced several theoretical perspectives to explain the behaviors of the spouses of alcoholics—personality-disturbance theory, stress theory, and psychosocial theory. While still referring to spouses of alcoholics as wives, these articles provided a review of the research, and suggested that the wives of alcoholics did not differ from other women in terms of their personalities or behaviors. In fact, they seemed to behave much like other women experiencing marital problems. Much of what was written up to this point was anecdotal, or taken from clinical experience, and, therefore, not methodologically rigorous. Nevertheless, the concepts and beliefs around spouses of alcoholics grew, and were accepted as knowledge at a grass-roots level.

The recognition of a spousal role in the patterns of relationship in alcoholic families evolved into a term for that role or pattern—codependency. What began as a
useful term to describe the impact of alcoholism on others became characterized as an illness (Beattie, 1987), and then a movement unto itself (O'Gorman, 1993). In its broadest sense, the growing concern with codependency was based on the recognition that alcohol addiction is not an individual matter (Wright & Wright, 1991) in that alcoholics live in close relationships with individuals, who both influence and are influenced by their addictions. In other words, a non-alcoholic spouse develops a patterned set of reactive behaviors to the alcoholic, which increase in frequency and intensity (Erekson & Perkins, 1989). With the focus shift from the alcoholic to his or her spouse, it was assumed that, once the alcoholic stopped drinking, the spouse would return to normal. What became clear, however, was that those persons exposed to a family system dominated by alcohol experienced emotional difficulties beyond the boundaries of that system (Wright & Wright, 1991).

Today, codependency is being redefined in terms of a disease, not in conjunction with a spouse's alcohol dependency, but as a disease in its own right (VanWormer, 1989). More generally, codependency has become part of a larger concept, the addictive process, which can be applied to anything from food to work (Hatterer, 1982). In fact, Schaef described codependency as a disease with many forms and expressions that grow out of an addictive process (Whitfield, 1989).

What is Codependency?

Several problems exist with respect to codependency. Although the term has been widely accepted and used in the literature, it has no clear definition. A review of popular books reveals diverse characteristics, theoretical formulations, and treatment approaches, but all of these have evolved in the absence of any systematic research
Anecdote, personal experience, and general observation have constituted the knowledge base of codependency (O'Brien & Gabris, 1992). References to it in addiction and alcoholism journals have been virtually non-existent (Wright & Wright, 1991). Despite these obvious difficulties, the belief that codependency represents a distinct and treatable problem persists.

Historically, the closest references to codependency are found in descriptions of dependent personality patterns. Kraepelin (1913) mentioned the 'irresoluteness of will' of dependent patients. Fromm (1947) referred to individuals who exhibited a 'receptive orientation'. He viewed the term as descriptive of individuals having difficulties because of their over-reliance on others for support, and their belief that they can do nothing without help. Horney (1939) described neurosis resulting from a dependence on others for fulfillment, and referred to this type of dependence as the 'self-effacing solution' (Morgan, 1991, p.721). Thus, one explanation for the etiology of codependency relied on the notion that it constituted an internal disorder or an intrapsychic process.

An Internal/Intrapsychic Process

Mendenhall (1989) highlighted the two prominent views regarding codependency. The first perspective involves viewing codependent people as having certain personality deficiencies that predetermine their selections of alcoholic mates while the second is based on the contention that codependent persons are essentially normal people who show the effects of living with intermittent stress. Mendenhall, himself, maintained that people who live with a person with a disease develop problems. He argued that what is shared in the case of alcoholism is not a disease,
but a dependency. Codependency is defined as "a primary condition that results from the debilitating physiological stress produced by living in a committed relationship with an alcoholic or drug dependent person" (1989, p. 6). Although Mendenhall located the etiology of codependency in the family dynamics of alcoholism, he nevertheless saw the problem as residing within the individual.

In keeping with a personality-deficit theory of codependence, Whitfield (1989) referred to it as "a disease of lost selfhood" (p. 19), and described it as an "addiction to looking elsewhere" (p. 22). He captured the quality, often ascribed to codependent people, of believing that something outside of the self can provide happiness and fulfillment. Whitfield's description of the genesis of codependency focused on internal processes beginning with the repression of inner cues, neglecting needs, and stifling one's true self. As the true self is negated, a host of responses emerge. An individual begins to construct a false (codependent) self. In order to maintain that false self, the person begins to deny reality, to block growth, to feel progressive shame and loss of self-esteem, and to engage in compulsive behaviors to lessen emotional pain (Whitfield, 1989). Clearly, Whitfield would see codependency as residing within the individual, and therefore not uniquely a response to alcoholism.

O'Conner (1993) has suggested that codependency is a type of "learned helplessness" (p. 200). She stressed that it comprises a learned behavior system of family traditions, rituals about family patterns of intimacy, and bonding that are handed down through the generations. As such, learned helplessness includes little perceived control of the environment, a lack of task involvement or passivity in the face of disturbing stimuli, unstable daily routines leading to insecurity, and an
avoidance of social support. According to O’Gorman, (1993) families teach very specific rules, and alcoholic families convey maladaptive rules about power. Gradually children learn to discount inner perceptions, and, in order to survive, become dependent on external cues to guide behaviors. As a result, they learn to be helpless in response to their worlds, feeling acted upon rather than having the power to initiate.

Characteristics of codependency set forth by Cermak (1991) mirror those of a symbiotic character disorder articulated by Johnson (1991). Both referred to a deficient sense of self, with identity sought in relationship to others, as well as a blurring of the self-other differentiation, fear of abandonment, boundary confusion, denial, and guilt. Cermak’s (1991) diagnostic criteria for codependency encompassed “continued investment of self-esteem in the ability to influence/control feelings and behavior, both in oneself and in others, in the face of serious adverse consequences; assumption of responsibility for meeting others’ needs, to the exclusion of acknowledging one’s own needs; anxiety and boundary distortions around intimacy and separation; enmeshment in relationships” (p. 270) with chemically dependent persons, and exhibiting a combination of denial, constricted emotions, depression, hypervigilance, compulsions, and stress-related medical illnesses. Clearly, this definition pertains to the internal psychological processes that comprise the personality structure of codependents. Many of the characteristics he identified overlap with those of borderline, narcissistic, and dependent personality disorders (Cermak, 1991; Morgan, 1991).
An Interpersonal Process

While some theorists believed the etiology of codependency resided in individual character traits, others attempted to define and to understand codependency in terms of its apparent relational aspects. They saw behaviors that played out in close relationships, and suggested that codependency might be better understood as patterned responses that originated in a family-of-origin, and became manifest and entrenched under the stress of living with active alcoholism.

Steinglass (1981) advanced to the interplay between the individual and the family in alcoholism. By observing couples during times of intoxication as well as in times of sobriety, it was recognized that couples behave in ways during intoxication that may have adaptive consequences for the family, and, as such, serve to actually reinforce drinking behaviors. Kingsbrun and Davis (1977) would agree. They posited that addiction cannot be explained adequately in physiological terms, or in terms of the pleasurable effects of the drugs. They conceptualized addictive processes as intimately related to the level of functioning of the family system. Erekson and Perkins (1989) have maintained that the family-systems concepts of patterned behavior and structure provide a useful context within which to study alcoholism.

Subby (1984) combined family systems theory with ego psychology to come up with a definition of codependency as "an emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules—rules which prevent the open expression of feelings as well as the direct discussion of personal and interpersonal problems" (p. 26). In addition to Subby, and Pretz and Storm (1988) suggested that codependency
be conceptualized as both an internal or psychodynamic process and an interpersonal one, and argued that it may be manifested both intraperonally and interactionally. Friel and Friel (1988) facilitated a shift in thinking about codependency by suggesting that it develops because of family-of-origin dysfunction and the perpetuation of those patterns in current relationships. They conceptualized codependency as a condition that mediates between surface symptoms (alcoholism) and the underlying feelings of guilt, shame and fear of abandonment that develop in dysfunctional families.

Wright and Wright (1991) also challenged the theories of codependency that consider it an addictive process in and of itself or simply a constellation of personality traits. Both addictive love (codependency) and the personality traits of individuals involved in addictive relationships are similar in that the focus is on the codependent person and not on the characteristics of the codependent relationship. Wright and Wright (1991) hypothesized that codependent ways of relating may be either chronic or reactive. In their schema, endogenous codependency would be synonymous with descriptions of codependency as a personality disorder, and would reflect internal attitudes and self-perceptions, which serve as predispositions for involvement in an addictive relationship. Exogenous codependency would coincide with codependent forms of relating resulting from attempts to adapt to relationship difficulties (Wright & Wright, 1999).

In defining codependency as both internal and external, the duality of the process is captured. There is a pattern of relating in dysfunctional relationships that could be described as codependent, with some of those patterns of relating coming from a distinctive codependency personality syndrome (Wright & Wright, 1999). It
is not enough, however, to simply identify the characteristics of individuals who might be codependent. To understand codependency, it is necessary to describe the characteristics of the family dynamics within which codependency evolves.

The Relationship of Individuation to Codependency

From the standpoint of ego psychology and object-relations theory, codependency could be considered a disruption of early processes of separation and attachment (Gotham & Ster, 1996). Peede defined addiction as an “extreme attachment” (Cook, 1991, p. 411). The process of separation, leading to individuation, is believed to be the process by which a sense of self develops (Weinberg, 1991). Codependency has variously been described as a false self (Whitfield, 1989), or pseudo self, with codependents believed to experience a “profound void within the self which creates anxiety about one’s very existence” (Loughead, 1991, p. 462).

Early Development

Early theorists detailed separation/individuation and located the process in infancy and early childhood. It can be hypothesized that this process sets the stage for codependency. Mahler et al. (1975) viewed development as a sequential progression from auton to symbiosis to separation-individuation, with ever increasing abilities to differentiate oneself from a primary caretaker. The term symbiosis was used to define a state of undifferentiation in which the “I” is not yet differentiated from the “not-I” and in which inside and outside are seen as one. The processes of separation and individuation represent two somewhat simultaneous intertwining developmental tracks. Separation is the intrapsychic track that involves
distancing, boundary formation, and disengagement with the mother while
individuation is the evolution of intrapsychic autonomy, perception, memory, and
cognition. All these processes eventually result in an internalized self-representation
that is distinct from internal object representations (Mahler et al., 1975).
Rapprochement may represent the first indication of ambivalence between the desire
for autonomy and the desire for attachment.

A disruption in the process of separation as a result of insecure attachment
during this phase of development is believed to impact the eventual ability to trust
one's capacity for autonomous functioning (Cook, 1991). To effectively separate, an
individual must have an internalized sense of secure attachment (Blatt & Blass,
1990). In terms of object-relations, self-constancy which entails the ability to sustain
one's own internal equilibrium from resources within the self, and object constancy,
which entails the ability to relate to others as real people and not only as need
satisfiers, both prove equally necessary for healthy development (Weinberg, 1991).
An emerging paradigm reflects the interdependence of attachment and separation in
development, with each being required for enlarged capacities of the other throughout
the life cycle.

Stern's (1985) conceptualization of development was less linear and more of a
spiral. Unlike Mahler, he rejected the concept of development occurring in marked
stages, and believed, instead, that the sense of self and capacity for relatedness
emerged at each new stage. Development was seen as “self and relational
elaboration” over time (Weinberg, 1991, p. 11). Stern emphasized continuous growth,
and, therefore, ongoing vulnerability of each stage's sense of self. Issues that were
previously thought to stem from a certain developmental stage were considered to
span a lifetime. In this way, the re-emergence of an original injury can affect the
present.

Stem (1985) opened the door to considering development as more dialectic.
Rather than assuming that separation was the ultimate goal of development, it could
now be viewed as facilitating increasing capacities for relatedness. Healthy
development, then, was believed to have occurred when an infant was able to acquire
an increasingly elaborated sense of self as well as an expanded capacity for
relatedness. Other theorists have picked up on this duality. Bowlby (1980) observed
that intimate attachments form the center around which a person’s life revolved, and
Fairbairn (1952) wrote that life began and ended in relationships.

Attachment versus Separation

Despite the early focus on the separation side of the equation, other theorists
began to see the importance of attachment. Fransz and White (1985) took issue with
Erikson’s exclusive emphasis on separation and maintained that his theory did not
adequately account for attachment. Although he viewed identity and intimacy as
equal in value, he failed to conceptualize processes of attachment that would provide
the basis for capacities of intimacy. Ainsworth (1989) spoke to the ongoing nature of
attachment to one’s parents in adulthood, and stated that the achievement of optimal
levels of autonomy did not mean that attachment to parent figures had disappeared.
Similarly, Troll and Smith (1976) suggested that parent-child attachments are not
necessarily terminated at the age of two, or in adolescence or adulthood, but may
persist even after the death of one’s parents. Lerner (1990) posited that individuals
who had experienced an early loss may have failed to make that important
connection, and may have experienced a compelling need to search in the external
world to find, and reclaim, the lost object.

Several studies reflect the need for both separation and attachment to facilitate
individuation (Palladino-Schultheiss & Blustein, 1994; Kenny, 1987; Kenny &
adolescent psychological separation from parents, and described four different types
of separation. Functional independence was defined as the ability to manage and
direct one's life without the help of a parent. Recognizing differences in beliefs,
values, and attitudes between self and one's parents was termed attitudinal
independence. Emotional independence meant freedom from an excessive need for
approval, closeness, or togetherness. Lastly, conflictual independence was defined as
freedom from excessive guilt, anxiety, mistrust, responsibility, and anger in relation
to one's parents.

What Hoffman (1984) found was that greater conflictual independence from
both parents was related to better general personal adjustment in females, and that
both male and female adolescents who perceived themselves as similar in attitude to
their parents were better adjusted. His research alluded to the importance of healthy
attachment in subsequent adjustment, and implied gender differences in the
importance of conflictual independence. Dependence in this area would reflect
greater guilt, anxiety, and responsibility in relation to one's parents. The
forementioned are also characteristics of codependent individuals. Lopez, Campbell
and Watkins (1989) noted an association between women's scores on conflictual
independence scores and measures of depression. This seemingly validated Hoffman’s results.

Similarly, Ryan and Lynch (1989) hypothesized that emotional autonomy, defined as detachment from parents, or a reluctance to rely on parents, was not sufficient to facilitate individuation. Their results demonstrated positive relationships between emotional autonomy and perceived parental rejection, less felt security, and less experienced family cohesion (Ryan & Lynch, 1989). Attachment, they hypothesized, defined as a dynamic relationship that changes in response to the developmental tasks at hand, was also believed to be instrumental in gaining autonomy. Gratifying relationships with parents during adolescence would entail emotional closeness and support, which would encourage an adolescent’s efforts at individuation and autonomy. Their data support the view that individuation is not entirely facilitated by detachment, but also relies on appropriate attachment, in that adolescents who are attached to parents will experience them as emotionally accepting, and, thereby, supportive of independence and autonomy.

Kobak and Sccey (1988) validated the importance of attachment for future psychological health. They suggested that secure attachment as a child was associated with an ability to regulate affect in distressing situations, and with how self and others are perceived. Available and supportive parenting seemed to provide individuals with an ability to tolerate negative affect while maintaining engagement with others (Kobak & Sccey, 1988). This suggests the importance of parental response in establishing attachment, implying a process other than one that is solely internal.
Theorists focused on separation have tended to view individuals as self-contained units striving toward individuation, autonomy, and identity. In contrast, theorists who have emphasized attachment have facilitated understanding individual development through interaction. Here, the self is seen as object-seeking, and development is viewed as a maturation process that occurs not in the individual but in the quality of his or her relationships (Blatt & Blass, 1990). Donley (1953) suggested that attachment begins in the mother-child relationship, and that that relationship does not exist in isolation. Rather, she proposed that a child attaches not only to a primary caretaker, but also, through a caretaker, to the entire emotional field of the family. It is the family context to which one becomes “emotionally wired” (p.17). What is clear is that a case can be made for both separation and attachment in the process of individuation and the achievement of identity.

*Individuation in Adolescence and Beyond*

The original theories of separation-individuation were based on the position that the process occurred in infancy (Mahler et al., 1975), with successful completion paving the way for the next phase of separation-individuation in adolescence. According to Blos (1979), the second individuation represents a time of increased vulnerability of personality organization, and is a necessary step, along with successful completion of the first phase for healthy psychological development. As in infancy, the second individuation involves a behavioral change in the shedding of family dependencies, and an emotional change in disengaging from infantile objects (Hoffman, 1984). According to Sullivan and Sullivan (1980), the task of adolescence requires an individual to increase independence from parents while simultaneously
maintaining connection and communication with them. Separation experiences during adolescence are necessary to prepare a child for eventually leaving home. These authors advocated for a reconsideration of adolescent development in terms of an "interactional life-span approach that includes a reciprocal process of adolescent/parent development" (Sullivan & Sullivan, 1980, p. 99).

Colarusso (1990) also stressed the parental response as a necessary component in individuation processes. Therefore, despite the focus on the internal nature of the process, the interpersonal component is recognized. Sierlin, Levi, and Savard (1971), made a case for the influence of parental perceptions of separation, not only on a child's capacity to successfully separate, but also on his or her susceptibility to other parental perceptions and expectations.

While most often perspectives on development include separation-individuation in infancy and adolescence, current theorists are suggesting that the process continues throughout the life cycle. Colarusso (1990) reiterated the need for increasing levels of individuation since every new aspect of independent functioning contains some threat of object loss.

According to Colarusso (1990), the next phase in the ongoing separation-individuation process is termed the "third individuation" (p. 179). This stage is hypothesized to take place during late adolescence and early adulthood, and is based on an increased capacity for intrapsychic separation from infantile objects with increased investment in the developmental tasks of young adulthood. Object independence involves the recognition of objects without reference to the self, so that both self and object are understood to be independent. Self and object representation:
continue to be modified at critical adult junctures such as marriage, parenthood, and retirement. Just as in adolescence where reaction to loss and recovery must be internalized, so too do later losses and transitions need to be internalized and incorporated into a healthy sense of self.

Much of the research on separation and individuation focuses, understandably, on college students. Leaving home and going to college represent a current manifestation in U.S. culture of the normative experience of separating from one's family (Moore, 1987). As such, this population provides a potentially rich context for exploring issues of separation and attachment. According to Moore (1987), studies focusing on physical separation from parents present only a part of the picture. He attempted to identify the components of parent-adolescent separation by first assessing the structure of the components of separation, and, secondly, by determining the relative importance of the components to late adolescents (Moore, 1987).

In one study, Moore (1987) found eight factors associated with late adolescents' perceptions of separation from parents. His results confirmed previous research which indicated that the meaning and nature of parent/adolescent separation is comprised of several distinct attachment and autonomy-related issues. Of those factors, late adolescents rated self-governance, making one's own decisions, and doing tasks for oneself, as the most important component of separation. In a second study, he suggested that how late adolescents defined and achieved separation were associated with psychological well-being, and with their perceived relationships with their mothers and fathers (Moore, 1987). Adolescents who perceived separation as
emotional detachment seemed to have more difficulty in attaining separation. These results seem to corroborate the hypothesis that parental response is important in the process of individuation. Additionally, Moore discovered that males and females seemed to have different experiences with respect to parent-adolescent separation.

Anderson and Fleming (1986c) discovered that, while it is important for adolescents to maintain a positive, supportive relationship with parents, their own identities and adjustments require physical separateness and personal control over their own lives. Specifically, their study revealed a positive relationship between the extent to which college students saw themselves as emotionally fused with parents and reports of lower self-esteem, mastery and college adjustment. It was suggested that home-leaving strategies such as economic independence and having a separate residence were positive predictors of successful separation from parents.

**Intergenerational Nature of Individuation**

The process of separation-individuation seems to operate on an intergenerational level as well, with parenthood producing situations and themes through which infantile relationships can be reworked. The child is now the parent who must cope with the emotions of symbiosis and rapprochement from the other side. As a child goes through the first and second individuation, his or her parents are propelled into their third individuation, as they gradually give up control of a child who is identified with them. In this third individuation, parents may separate from the infantile objects represented by their own parents (Colarusso, 1990).

LaSorsa and Fox (1990) focused on the intergenerational quality of separation between mothers and adolescent daughters. For mothers at mid-life, with
adolescent daughters, a primary task is to give up earlier ways of mothering and to learn new ones. A child’s separation may be experienced as a loss, but a loss experienced, according to these authors, with less emotional pain if a mother has gained autonomy from her own mother and established her own identity. Because separation of children can mean the beginning of a new life for mothers, both mother and adolescent may be experiencing parallel processes of separation. Lopez et al. (1989) uncovered further evidence for the impact of intergenerational factors on separation in a study which revealed that marital conflict in a family of origin affected the scores of subjects on measures of separation and college adjustment.

Perceptions and expectations bearing on separation carry great leverage because they convey to an adolescent interperceptions about how parents perceive a child’s confidence and capacity to liberate oneself from them. Interperceptions are defined as the interfacing of perceptions and ideas about self and others, which shape the self-perceptions of those who are in relationship (Massey, 1996). According to Laing (1969), “what is internalized is not objects but patterns of relationship” (p. 8). Stierlin et al. (1971) described separation-inducing perceptions as those that convey parental confidence in an adolescent’s capacity for autonomy, and separation-inhibiting perceptions as those that convey distrust and disbelief in a capacity for autonomy. These reflections are suggestive of interactional dynamics at play in separation-individuation, making it more than an internal, intrapsychic process.

As current theorists and researchers have explored the individuation process, it has become clear that it is far more complex than originally believed. Ego-psychologists opened the door to parental responses and their effects on infants. The
initial focus of the process—infancy—was eventually expanded such that individuation was seen as a process spanning the life cycle. Later theorists also included attachment as well as separation, considering them opposite but equal poles of the process. Most importantly, the location of the process within an individual was questioned as awareness grew regarding the importance of relationship, and, specifically, family relationships, to the process.

The Relationship of Differentiation to Codependency

The growth of family systems theory provided a different perspective from which to view both individuation and the impact of addiction on family members. Bowen (1961) saw the family as the “unit of illness” (p. 40), and considered differentiation similar to individuation, in that it was necessary for the establishment of identity. The two processes of individuation and differentiation are inseparable and both require some distinct other to achieve self-definition. Individuation refers to inner processes while differentiation refers to patterns of relating. Separation and individuation play important roles in the development of interpsychic boundaries and intrapsychic autonomy according to Christenson and Wilson (1985), such that a disturbance in these processes may result in a difficulty differentiating self from others.

Approaching alcoholism and codependency from a family-systems perspective leads to a consideration of codependency as an example of Bowen’s undifferentiated self (Fagan-Pryer & Haber, 1992). The ability to maintain a sense of self in the face of attachment to a person or relational pattern is, in many ways, the crux of codependency. Anxiety and boundary distortions around intimacy and
separation as well as enmeshment in relationships, which are congruent with a
family-systems perspective are characteristics of codependency (Morgan, 1991).
Bowen (1961) described the degree of differentiation of self from parents as crucial to
adaptive patterns later in life. Applying that view to codependency would explain
relational dysfunction as a process of overfunctioning because of the
underfunctioning of an alcoholic spouse (Uhle, 1994). Those who are less
differentiated from families-of-origin remain vulnerable to the loss of self through
fusion with an underfunctioning partner, gaining strength through caretaking. Fusion
is the result of overfunctioning in another’s space according to Bowen (Friedman,

In addition to the growth of family-systems theory, the expansion of the
theoretical frameworks of ego psychology and individuation to include change over a
life cycle allowed for consideration of family interactions possessing the power to
affect individuals. The assumption that adolescent ego identity is fostered by the
shedding of family dependencies has been maintained by traditional theorists (Blos,
1979; Mahler et al., 1975). It has been argued, however, that, when individuals
attempt to create a separate sense of self by physically disengaging from significant
family attachments, they are ‘pseudo-individuated’, and have ‘adopted a false sense
of self’ (Lopez & Gover, 1993, p. 561). More contemporary perspectives contain
emphasis that the close parent-child attachments during adolescence promote
developmental progress by providing a secure base from which to explore the
extrafamilial world.
Codependency has been referred to as the development of a false self (Whitfield, 1989). From this standpoint, it seems likely that codependency may be related to the process of differentiation from one's family. That process rests on a balance of being separate from, and yet connected to, one's family-of-origin, such that a real self is formed with capacities for both separateness and attachment.

Dialectic—Blending Individuation and Differentiation

Theories of family development (Carter & McGoldrick, 1976) may have provided a conceptual bridge for the roles of separation and attachment by suggesting that separation-individuation and transition into the adult world are predicated on a transformation, not repudiation, of parent-adolescent attachment. Clearly some type of convergence between a psychodynamic explanation of the processes of separation and attachment and an interpersonal one is necessary to adequately understand how individuals come to be autonomous. How do they become able to stand independently of family dynamics while at the same time maintaining some sense of belonging or connection to them?

Karpel (1976) blended the two orientations by defining individuation as a process whereby "a person becomes increasingly differentiated from a past or present relational context" (p. 66). He identified fusion as a state of embeddedness in or undifferentiation from a relational context, and, as such, the opposite of individuation. In his schema, growth occurs along two dimensions. An individual is simultaneously at a point between distance and closeness on one axis, and between maturity and immaturity on the other. The goal of the dialectic at maturity is an integration of the fusion and differentiation patterns, such that individuation represents the
differentiated “I,” and dialogue, the differentiated “We.” Taken together they are complementary parts of the process of each partners’ simultaneous self-definition in relationship. The goal is each partner’s increased individuation, thus making each person capable of accepting othersness through dialogue.

Karpel’s (1976) use of dialogue was based, in part, on Boszormenyi-Nagy’s contextual therapy involving a dual emphasis on meeting others and simultaneously holding one’s ground (Friedman, 1989). Boszormenyi-Nagy, in turn, based his theory on Martin Buber’s philosophy of dialogue as the means by which one manages a balance between distance and relatedness, and thereby achieves responsible caring (Buber, 1955). From this theoretical stance, it is difficult to imagine individuation occurring outside the context of a caring relationship (Boszormenyi-Nagy, 1965/1985).

The concept of dialogue—“meeting others and holding one’s ground” when one does so—can be seen as a bridge between individual and systems theory (Friedman, 1989, p. 404). Contrary to drive theory, an open system where any one of many subjects searches for one of many objects, dialogue is a closed system, based on the feedback between two subjects. What makes dialogue unique is in the advancing of differentiation is the alternating of subject and object, or the give and take between self and other such that the trusted relational partner provides a context for the delineation of the self as both subject and object. Real dialogue depends on “reciprocity of genuine caring,” (p. 73) with the core of that kind of relationship becoming the context of mature individuation (Boszormenyi-Nagy & Krasner, 1986).
The two major outcomes of dialogue—self-delineation and self-validation—are not possible without the other. The identity of the self, therefore, is inseparable from its counterpoint—the other, as a differentiating ground (Boszormenyi-Nagy, 1966).

In this dialectical view, relationships are not a set of particular behaviors or interactions among individuals as distinct entities. They are, rather, “action organizations based on reciprocal need templates, patterned according to the interlocking identities of members” (p. 411). Contextually, then, individuation can be seen as a relational process linked to differentiation (Friedman, 1989).

Hogg and Frank (1992) addressed somewhat the same issue by defining extreme differentiation as “contradependence” (p. 371), and by describing codependence as extreme enmeshment or fusion. These concepts seem to be related to Karpel’s (1976) immature way of achieving distance and relationship. Codependence and contradependence are said to be dysfunctional rules and strategies learned in intimate relationships to meet emotional needs. They represent opposite poles of a continuum with a balance between the two, or interdependence, as the goal of healthy relating. Hogg and Frank (1992) suggested that focusing on codependent behaviors as adaptations to psychosocial, familial or other stressor involves acknowledging the stressor instead of focusing on the pathology of the individual.

Anderson and Sabatelli (1990) attempted to disentangle the concepts of individuation and differentiation by defining them, respectively, as an individual developmental process, and as a family-level variable related to patterns of distance regulation. Sabatelli and Mazor (1985) suggested that differentiation is a mediator of individuation by virtue of the ways in which it encourages the processes that govern
interpersonal distances, as well as the family-system’s adaptability. That system’s level of differentiation is believed to have an impact on how individual personal development proceeds, and on how the system adapts itself to an individual’s development (Sabatelli & Mazor, 1985). What early theorists, including Erikson (1980) and Jossehson (1980) failed to emphasize was the reciprocity of parent-child interactions in the process of individuation and subsequent identity formation.

The need to individuate from a family-of-origin was viewed by Sabatelli and Mazor (1985) and others as a prerequisite to identity, with the family-system’s level of differentiation the central characteristic influencing the individuation process. The need to individuate to establish identity and the need for a system to accommodate these changes are interrelated. The responsibility for initiating and mastering the individuation process lies as much in a system’s level of differentiation as it does in an individual’s personality and internalizations (Sabatelli & Mazor, 1985).

Grotevant and Cooper (1986) also addressed individuation as relational, and grounded their perspective in the belief that the parent-adolescent relationship is continuously transformed and renegotiated in adulthood. They related the development of identity to the ongoing nature of the parent-child relationship, and suggested that it is the transformation of the reciprocal patterns between parents and children that allows for the achievement of identity, and not the breaking of the bond between them. The establishment of that identity requires that an adolescent “possess a viewpoint, be aware of the views of others, and be able to integrate yet differentiate his or her own views from those of others” (p.87). The relationships within a family promote an adolescent’s ability to explore worlds outside the family. Evidence for
this is found in measures indicating a positive relationship between ways in which parents and adolescents deal with their relationship differences and adolescent competence.

These same authors researched the relationship between adolescent identity exploration and communication patterns in families (Grotevant & Cooper, 1985). Their premise was that adolescent maturity would be achieved through a progressive and mutual redefinition of the parent-child relationship. Their results implied that the nature of differences in family-communication interactions, represented by such variables as permeability and mutuality, provide a context for adolescents to further define options for their identities. They also made note of gender differences in these relational patterns. Anderson and Fleming (1986b) would agree with the notion of an enduring bond between parents and adolescents. They found that “adolescents’ identity development was related to active, ongoing transactional processes within families” (p. 92). They additionally hypothesized that, whereas individuation was the property of an individual, differentiation was the property of a system. Such a view makes it possible to define adolescents’ individuation in terms of subjective perceptions of their roles in the transactional patterns that define the family’s level of differentiation. (Anderson & Fleming, 1986b).

Therefore, for purposes of this study, individuation is subsumed within the process of differentiation. The two processes are intertwined such that individuation occurs intrapersonally as a result of interactions with a family, whose level of differentiation determines to some degree the success of that individuation. The dialectic is that both are necessary for the other, and both require some other for
completion. For this reason, codependency will be studied as a relational process, with levels of individuation not directly measured but assumed in levels of differentiation.

**Differentiation and the Emotional Field of the Family**

Emphasizing the role of a family in the process of individuation, Farley (1979) developed a schema for identifying the level of tolerance within a family for the individuation of a child. This tolerance is maintained by the fear of loss and the need for intimacy. She hypothesized that, as an individual approaches the boundaries of family tolerance, anxiety will be generated in the family and in the individual. The family anxiety signals an individuating member that he or she is reaching the limits of tolerance. At that point the individual can retreat, stay in place, or push forward. In pushing forward, an individual may extend the tolerance limit of the family or be excluded from it.

Kenny (1987) maintained that, although some research (Ryan & Lynch, 1989; Kobak & Sceery, 1988) leads to the conclusion that family closeness facilitates successful separation for an adolescent, the inference that close family ties are always beneficial cannot be drawn. McClanahan and Holmbeck (1992) discovered that self-involvement and healthy separation were both associated with positive psychological adjustment and positive functioning. Minuchin (1974) and Stierlin (1981) have postulated that extremely close or extremely distant parental relationships tend to be dysfunctional. Enmeshed or binding relationships, in which there is a heightened sense of belonging, lack of differentiation between generations, and lack of autonomy
characterize excessively close family relationships. (Kenny, 1987). These qualities also mirror those characterizing codependent relationships.

Drawing on a study by Ashby, (as cited in Hoffman 1975) likened ermessment in families to the adaptation potential of biological systems. Ashby had constructed a machine that could correct for large variations in the parameters of its system. The flaw of the machine was its extreme sensitivity to all change, such that it reacted to every deviation in a degree so great that it defeated its own purpose. In wondering how a system accommodates adaptations, Ashby then hypothesized that the problem with his machine was that it was too fully joined. This meant that the whole could not come to equilibrium until all of its parts did.

Ashby’s mechanical model suggested that, if a system is too tightly joined, every change promotes new adaptations and erases old ones, so that successful change cannot persist. To overcome this, he postulated, that a system would need to develop partial or temporary independence of subsystems within the whole. Hoffman (1975) applied these conceptualizations to families, and suggested that a family is most efficient when its parts and subparts are not too closely interlocked or too highly resonant.

In their study Andersen and Fleming (1986b) sought to discern a relationship between fusion and triangulation, two interactional styles that inhibit individuation and ego identity. Fusion and triangulation are reflective of an undifferentiated system. Their findings supported the hypothesis that low levels of perceived involvement in fusion or triangulation processes in a family were related to higher levels of ego identity in late adolescence (Andersen & Fleming, 1986b).
Minuchin’s (1974) theory of family structure is particularly relevant to issues of separation and attachment. It is within the boundaries and hierarchies of families that individuals differentiate. The family provides the structure for the processes of individuation and differentiation by regulating distance and closeness between members. Minuchin used the clarity of boundaries to evaluate a family’s functioning along a continuum of disengagement and enmeshment. Wood (1985) found that proximity and hierarchy are reliable, valid, and independent dimensions of family interconnectedness. She hypothesized that families are forced in times of transition to change family patterns of proximity through boundary reorganization in order to adapt (Wood & Talmon, 1983). Separation could be considered one of those transitions.

Teyber (1993) hypothesized that adolescents from families in which there was a strong marital coalition, or, in Minuchin’s terms, a family in which there was a strong generational boundary, would be better able to tolerate an offspring’s emancipation from the family. Teyber further reasoned that optimally healthy families are those who have been able to loosen the ties from their families of origin to form strong marital coalitions, thus precluding cross-generational alliances and resulting dysfunction. Using academic success at college as a marker for successful emancipation, he found support for his hypothesis in that those individuals who reported strong marital coalitions in their families of origin were more likely to experience academic success. On the contrary, those whose families maintained cross-generational alliances were more likely to have difficulty because an alliance
across generations would not allow them to disengage from parental relationships, and to negotiate developmental tasks of separation (Teyber, 1993).

It could be inferred from the research that an adolescent’s capacity to separate is contingent, in part, on the level of differentiation of the family, which is, in turn, dependent upon parents’ levels of individuation from their families of origin. Bowen’s conceptualization of multigenerational transmission clarifies the ways in which the past becomes present, with respect to each generation’s level of differentiation contributing to that of the next (Friedman, 1991). The emotional field created by any family represents emotional interdependencies that have evolved into a structure which influences the functioning of its members more than the members influence it. Those structures tend to be recreated in the next generation through mate selection and subsequent parenting interactions.

The family system is probably the most powerful emotional system one can belong to. Patterns tend to be reciprocal and repetitive. To deviate from the pattern evokes a response from other members that is designed to restore homeostasis. To this extent, family members fail to develop themselves because of the perception that to be different, or to become themselves, will disturb other family members (Carter & McGoldrick-Orfanidis, 1976). In this way patterns are handed down to the next generation as the only viable options since change in the original family could not be accomplished. Differentiation is about changing the part that one plays in a family, despite the family’s reaction, while simultaneously maintaining emotional contact with the system.
Intergenerational Transmission

According to Bowen, the relationship problems that adults have with their spouses and children are reconstructions and elaborations of earlier conflicts in a family-of-origin (Framo, 1976). Prest and Protinsky (1993) suggested that intergenerational family systems are the contexts most congruent with current views of codependency. They maintained that a family-systems framework is based on the premise that relational patterns are learned and passed down through the generations, and that current individual and family behaviors are a result of those patterns. This is consistent with conceptualizations of codependency as an emotional, behavioral condition that comes about as a result of prolonged exposure to an oppressive set of family rules (Subby, 1984).

A multigenerational systemic model of individual and family development embodies the assumption that patterns in a family-of-origin have a significant influence on individual development. Less adequate family systems are characterized by a lack of tolerance for intimacy, or individuality, or both. Many ineffective families foster fused patterns of interaction resulting in demands for loyalty and inhibited individual growth. Fusion is the opposite of individuation and refers to relationships characterized by a tendency to take undue responsibility for others or to avoid responsibility for the self (Harvey & Bray, 1991). Those with a high level of fusion do not have a clear sense of self and operate from a more emotionally reactive basis, frequently developing symptoms in the face of stress (Prest & Protinsky, 1993). This suggests that the tolerance for intimacy and autonomy found within families of origin has direct implications for individual capacities for intimacy and happiness in
adult relationships as well as for the tasks of parenthood (Bartle-Haring & Sabatelli, 1998).

Bowen (1978) maintained that individuals unconsciously seek someone at a similar level of differentiation or fusion. Because the basic level of differentiation remains constant, similar patterns will be utilized in the newly formed nuclear families as were present in the families-of-origin. Individuals in dyadic relationships within the unstable emotional system develop idiosyncratic methods for binding anxiety. The behaviors resulting from a drinking episode affect not only alcoholics but families as well. Over time, these behaviors become rules that are unconsciously taught and obeyed (O’Gorman, 1993). In this way the level of family-of-origin function or dysfunction, including the level of codependence, is transmitted to each succeeding generation. The spouse’s behavioral complementarity and similarity in level of differentiation contribute to the perpetuation of these patterns (Prest & Protinsky, 1993).

In an attempt to validate intergenerational precepts, Bray, Williamson and Malone (1984) devised the Personal Authority in the Family System Questionnaire. The hope was that some statistical rigor could be brought to bear on the complex, multifaceted process of differentiation. Using this scale, it was found that the degree of individuation/intimacy in intergenerational and peer relationship was directly related to subjects’ health-related behaviors, accounting for 30% of the variance. Intergenerational intimidation/fusion was directly related to levels of health distress (Farvey & Bray, 1991).
Bartle and Anderson (1991) used the Personal Authority in the Family System instrument in an attempt to validate the intergenerational nature of individuation. What they found was that an adolescent’s individuation from both parents seemed to be more related to a mother’s individuation from her mother than her father and was not at all related to a father’s individuation from either parent. These results suggested the importance of mothers’ relationships with their adolescents in the development of an individuated self and hint at the importance of gender in family dynamics. Additional studies (Harvey, Curry & Bray, 1991; Grotevant & Cooper, 1986) lent support to the overall assumption that family-of-origin and nuclear-family relationships have direct and indirect impacts on levels of psychological and health stress. Their results specifically support the idea that levels of intimacy and emotional reactivity in spousal relationships are, in part, a function of how intimate and individuated each spouse is in relationship to his or her parents.

The implications for codependency may be that it emerges in a family-of-origin in which there is fusion or lack of differentiation, which in turn precludes the processes of individuation. If differentiation is an intergenerational pattern, then individuals will select partners from the universe of those at a similar level of differentiation, thereby setting up fused patterns in a nuclear family. An individual in this position has little ability to stand independently of interactional patterns and is in danger of transferring the dependency and fusion from parents to a spouse. Only when this boundary of child-to-parent dependency is terminated can one achieve “personal authority in living” (Williamson, 1981, p.443). Williamson refers to this as “termination of the intergenerational hierarchical boundary” (p.441). That description
mirrors definitions of codependency that describe individuals as being enmeshed and as having distortions around intimacy and separation (Cernack, 1991).

The Relationship of Gender to Codependency

According to Uhle (1994), women are most often the targets of the codependency label. Because the characteristics of codependency so closely resemble women's socialized norms for behavior, including sensitivity to the needs of others, defining self in relationship, and dependency, feminine identity is pathologized. Feminist writers have taken issue with codependency as a "euphemism for the practice of dominance and subordination" (Morgan, 1991, p.724) and have described it as an emotional condition of the oppressed (Haaken, 1990).

Codependency commonly refers to an identity rooted in caretaking and responsibility for others. The codependent's caretaking identity is formed out of an experience of powerlessness with the implication that institutional oppression cultivates pathological forms of dependency (Haaken, 1990). Women are socialized to be caretakers, and, in some instances, to be totally responsible for the emotional and physical needs of spouses and children. In alcoholic families, women's socialized roles of caretaking become rigid, requiring them to be in control, and to over-function in an effort to maintain their relationships with an alcoholic (Bepko, 1989). The very nature of an addictive process is to gain power and control over some aspect of oneself through the use of some external agent. For codependent wives, that external agent is the alcoholic husband. Socially acceptable caretaking becomes control as they attempt to manage the alcoholic's drinking, and in this way create issues of power and dependency in the relationship (Bepko, 1989).
Early Theorists

Earlier theorists have clearly viewed spouses of alcoholics as "wives," and have postulated that personality disturbances in women with an alcoholic husband contribute to the alcoholic's drinking behaviors (Jackson, 1954). This perspective seemed to be partially supported by anecdotal evidence of decompensation by a wife when her husband achieves sobriety. A particularly scathing view is expressed by Whalen (1953) who stated that wives of alcoholics have "poorly integrated" personalities that are in part responsible for a husband's drinking (p. 633). Others (Lewis, 1937; Price, 1945; Boggs, 1944) hypothesized that wives of alcoholics were "basically dependent persons who became hostile and aggressive toward their husbands upon finding them dependent" (Edwards et al., 1973, p. 113), and that some wives sabotaged their husbands' attempts to get help in order to maintain their own power and justify their own continued hostilities. Interestingly, the codependency concept continued to grow despite repeated failures of research to offer empirical support for it. Studies yielded evidence that, although there was evidence of stress experienced by alcoholic wives, there was no support for seeing them as a unique class, or as personality-disordered (O'Farrell & Brechler, 1987; Kogan, Fordyce & Jackson, 1963; Collins, 1993). Additionally, research relating to the adjustment of adolescent daughters to alcoholic fathers indicated that they experienced no greater stress than daughters living with other psychiatrically disturbed fathers (Benson & Heller, 1987).

At its worst, the codependency label promotes a tendency to blame the victim. It encourages a posture that emphasizes how the individual woman is ill in contrast to
a perspective that emphasizes how a woman copes or survives in a sick situation. Given the limited alternatives allowed by traditional gender roles and subordinate status, it is likely that women will make every effort to maintain even very dysfunctional relationships (Collins, 1993).

**Current Psychodynamic Theory**

A new model for the psychology of women is based on the assumption that a woman’s sense of self is developed in relationship rather than autonomously. This alternate view of female development sees the tendencies for women to value connectedness and to try to maintain difficult relationships as strength rather than as evidence of pathology (Webster, 1990). The self-in-relation theory implies that women naturally seek mutually empathic connections in relationships, and that disconnection, particularly disconnection that occurs in primary relationships, may result in developmental difficulties (Collins, 1993).

Chodorow (1978) viewed the tendency of women to engage in the enabling behaviors so prevalent in alcoholic systems as embedded in their roles as wives and mothers. The near exclusive involvement of women in the care of children creates a psychological legacy for both men and women. She located the etiology of gender differences in separation and individuation in the oedipal period. While pre-oedipal girls tend to surpass boys with respect to their cognitive and perceptual capacities, they fall short of boys in the degree to which they separate, indicating that something has overtaken their initial advantage (Elise, 1991). Elise suggested that there might even be a genetic or hormonal influence that plays a part in varying levels of separation between the sexes.
In an attempt to provide an answer, Chodorow (1978) described the process differences experienced by both genders during the oedipal period. She postulated that males learn to repress their early identifications with mothers and the associated dependencies in exchange for the masculine rights and privileges of entitlement associated with fathers. Females, on the other hand, are required to give up infantile attachments to mothers without any such compensating right to patriarchal power. So long as women mother, it can be expected that a girl's pre-oedipal period will be longer than that of a boy because a girl must separate from and later identify with the same gender. For that reason, women, more than men, will be more concerned and preoccupied with those relational qualities that go into mothering, such as primary identification and lack of separateness or differentiation (Chodorow, 1978).

Thus, a woman's identity is forged within a feminine context. Gender theorists have argued that this formative female bonding creates the conditions for a woman's empathic orientation and also for her difficulties in separating herself from relationships. Given this perspective, men and women seek in one another the capacities each has lost, leading to complementarities that can be problematic in couples (Goldner, Penn, Sheinberg, & Walker, 1990). These gender conflicts are deeply embedded in the politics of family relations and, like other passionately held beliefs, create binds and paradoxes across generations, which become internalized within the psyche. Goldner (1988) saw gender as fundamental in creating family life. Family-therapy theorists she believed minimize gender differences and ignore the power issues inherent in gender differences.
Banister and Peavy (1994) applied much of the politics of gender to alcoholic relationships. In an ethnographic study they found some commonalities among women living with alcoholism that can be associated with feminist issues of power and lack of self. Goldner et al. (1990), saw women in relationships as characterized by a disparity of power that had become a distorted form of exploitation. They attributed this to societally sanctioned messages of inferiority and vulnerability. Women learn to take on a victim mentality and in situations of vulnerability are often targets of blame. This dynamic of blame is present in alcohol-centered relationships (Banister & Peavy, 1994).

Gilligan (1982) would view the problems of enabling so common in alcoholic relationships as consistent with gender differences in psychological development. She maintained that females are perhaps developing differently than males, and took issue especially with moral development. Gilligan questioned the assumptions of Freud, Piaget, and Kohlberg that a woman’s sense of justice or moral judgment is deficient because it lacks the blind impartiality found in men. Unlike males whose tendency is to act autonomously, females, who identify more closely with mothers, are more likely than males to act to preserve relationship. They may experience moral conflict in situations where they fail to provide nurturance or to maintain relationship. Rather than being governed by logic, rules, or blind justice in resolving conflict, Gilligan (1982) found that girls were more likely to make moral decisions based on the value of care. Thus, she argued, psychological theories that focus on individuation, and which equate maturity with personal autonomy, imply that concern for relationships is a weakness of women, rather than a human strength. The
caretaking that is inherent in codependency may be an attempt by a woman to follow her prescribed female role and part of her moral imperative to maintain relationship at all costs.

Siegel (1988) also took issue with the "androcentric value system" (p. 113) connoting independence as a highly valued commodity, and dependency as pathological. She maintained that emotional dependency and independence represent the core of feminine stereotypes and are culturally internalized. Women have been taught to focus their energies on others, to live through others, and to find value in their relationships, such that most women experience a loss of identity when not in a heterosexual relationship. Siegel maintained that this holds true for women who are independent and successful in other areas as well.

Some have rejected the notion that those married to alcoholics exhibit pathology (Van Warner, 1989). Codependency has become another in a long line of concepts such as hysteria, histrionic personality, and masochism that have been used to categorize the problems of women. In the case of alcoholism, the concept of codependency was viewed as a way to blame the victim. Lederer and Brown (1991) would agree, and stated that societal and family messages have trained women from birth that it is incumbent on them to take responsibility for their family's problems and emotional well-being. For the wife of an alcoholic to be less responsible for her husband's drinking behavior, she must go against her personal belief system about her role, as defined by the larger culture. Lederer and Brown (1991) referred to entitlement, or the right to expect more for oneself, and described it as taking a position on an issue and maintaining that position despite the response. That
description echoes differentiation, which has been described as the ability to maintain a sense of self or separateness in the face of attachment to a person or relational pattern (Fagan-Pyros & Haber, 1992).

Gender Differences in Adolescence

Gender differences have been noted in various studies pertaining to the processes of separation and individuation in adolescence. Palladino-Schultheiss and Blustein (1994) demonstrated a relationship between the conjoint variance of psychological separation and parental attachment, and college-student adjustment for women, but not for men. In a study by Kenny and Donaldson (1991), results suggested that, for college women, close parental attachments were adaptive when combined with a family structure that supported individuation. In another study by Enright, Lapsley, Drivas and Fehr (1980), gender proved to be the most crucial variable mediating autonomy. Males had higher autonomy scores than females, and this was attributed to differential sex-role socialization in that males are encouraged to be assertive and autonomous while females are expected to be passive and dependent.

According to Josephs, Markus and Tafarodi (1992) differences between men and women are likely to be reflected in what they come to believe about relationships between the self and others and the degree to which they see themselves as separate or connected to others. Self-esteem in both men and women seemed to be related to successful achievement of culturally-mandated, gender-appropriate norms. For women this meant that feeling good about oneself was contingent upon being interdependent with others and fulfilling culturally prescribed norms. These authors
made the point that, although men and women may not differ on levels of self-esteem, the basis of that self-esteem may be markedly different.

Lopez, Campbell, and Watkins (1988) discovered differences in the way that males and females separate. Their results implied that men were more likely to be functionally and emotionally separated from their parents, but to undergo angry, conflicted separation, while women experienced less functional and emotional independence making their separation pattern one of angry-dependence. Moore (1987) also discovered gender differences with respect to separation. Females who attained disengagement, an important correlate of separation, identified more associated positive characteristics such as less loneliness, and greater self-esteem, life satisfaction, and ego-identity achievement than males. This study seemed to validate that males and females experience this process differently, especially when the separation issues involve freedom and detachment from parents. Males may have more difficulty maintaining positive parental ties through renegotiation of parental relationships in order to achieve greater autonomy in adulthood.

Gender Differences in Differentiation

The possibility of different processes for women in the developmental phases of separation, individuation, and identity development leads to speculation about differences in women’s levels of differentiation. If a family’s level of differentiation facilitates individual development, and, if women experience themselves differently with respect to separation and attachment within a family, then perhaps there are gender differences in the ways in which they differentiate from their families of origin. Perhaps, women’s separation occurs while maintaining positive attachments to
parents. Romig and Bakked (1992) obtained a gender differential in the relationship between the family dynamics of cohesion and intimacy development. This suggests that what is important to females for their emotional health may not be true for males.

Franz and White (1985) argued that women are essentially subsumed in Erikson’s developmental theory with its exclusive focus on separation and assumption that separation represents health. They suggested instead a second pathway of development focused more on the tasks of attachment as more reflective of women’s experiences. Women may be more likely to be identified as codependent because of their more attached ways of relating and the more complex process of differentiation from families-of-origin. That level of differentiation may, by virtue of intergenerational transmission, be impacting current family dynamics.

Hogg and Frank (1992) described gender differences in relationships as well. They created a model of codependence and contradependence, with each representing dysfunctional strategies of relating. At one pole codependence is an extreme form of affiliation while, at the other, contradependence is an extreme form of separation. “In our society, the strategy of giving up one’s personhood to achieve love and security is associated with stereotypically feminine gender roles” (p. 372). Because of this, women may find it difficult to assert their own wills in meeting emotional needs. It is, they postulated, this “undervaluation and powerlessness of women in a patriarchal social structure” that lies at the heart of codependency (p. 373).

From a feminist perspective it can be argued that codependent behavior is a natural consequence of the power imbalance between men and women. It is a reflection of the inequality within the family structure (Miller, 1994). Cowan and
Warren (1994) tried to demonstrate that gender differences were not related to codependency. They disagreed with those who would see codependency as culturally prescribed for women. What they found was that male and female participants in their study scored similarly on most scales. They did, however, find a relationship between codependency and socially undesirable traits stereotypically associated with women, but these traits were not associated with gender in their study.

Therefore, while it seems evident that there are differences among men and women with respect to the individuation process, those differences seem to be related to how they experience the process rather than whether they individuate. The differences also seem to have more to do with socially attributed roles and stereotypes than with actual gender differences, in that certain traits associated with a particular gender role might not break down by gender. The research is mixed, suggesting that gender differences cannot be assumed or ignored. Goldner's (1988) claim that gender should be an "irreducible category of clinical observation and theorizing" and that gender is one of the "two fundamental, organizing principles of family life" (p. 18) is certainly recognition of that fact.

Definition of Terms

Codependency

While many definitions of codependency have been described in the codependency literature (Cermak, 1986; Subby, 1984; Beattie, 1987; Whitfield, 1989; Schaeff, 1986), the definition applied in this study will be the one offered by Spans & Fischer (1990), which highlights the interpersonal dynamics, but which describes it in terms of characteristics of persons. That definition is as follows:
Psychosocial condition that is manifested through a dysfunctional pattern of relating to others. This pattern is characterized by: extreme focus outside of self, lack of open expression of feelings, and, attempts to derive a sense of purpose through relationships.

(p. 27)

While acknowledging that codependency entails both intrapersonal and interpersonal components, the intent of this study is to address the relational aspect of codependency while holding the intrapersonal element constant.

Differentiation

Differentiation has been conceptualized as the ability to become one's self with a minimum of reactivity to the positions of others, or the ability to keep one's emotional balance through the interactions with others. As described by Bowen, differentiation involves being clear about one's own values, and taking responsibility for one's own emotional being rather than blaming others (Friedman, 1991). In this study differentiation will be used to describe a family-level variable. According to Anderson and Sabatelli (1992) differentiation is considered to be:

A family-level variable involving interactions that enable individuals to maintain both a sense of ongoing emotional connectedness (support, involvement, personal relationship) and a sense of separateness (autonomy, uniqueness, freedom of personal expression) within the context of their family of origin. (p. 77)

Multigenerational Transmission

This concept is taken directly from Bowen's theory and refers not simply to the influence of the past, but the actually passing down of emotional responses from generation to generation. Multigenerational transmission implies that the past and
present impinge on one another such that it is difficult to tell when the past ended or the present began. This conceptualization is part of Bowen’s larger notion that all generations are part of a continuous natural process (Friedman, 1991). The idea of multigenerational transmission is salient here because of the belief that both alcoholism and codependency are transmitted from generation to generation.

Alcoholic Relationship

While Alanon would not make distinctions among various types of alcoholic relationships, it will be necessary to create some parameters in order to study codependency. Because we are looking at the levels of differentiation in a family of origin among a father, mother and child, it seems reasonable to limit the alcoholic relationship to a parent, spouse or child. While siblings who might be alcoholic could be considered, it seems that closer relationships would most often be those with parents, spouses or children.

Healthy Family of Origin

Although there are many potential ways to define a healthy family of origin, the characteristics of interest here are the abilities of a family of origin to foster both capacities for intimacy and for self-esteem. This notion is supported by Minuchin (1974), Framo (1976), and Bowen (1978).

Research Questions

Several questions emerge as the result of a review of the relevant literature on codependency (Mendenhall, 1989; Cermak, 1991; O’Brien & Gaborit, 1992).
Question 1

Are those who have been in close relationships with alcoholics more codependent than those who have not?

An assumption is often made that individuals who have a close relationship with an alcoholic are, by definition, codependent. Are they a unique population? Some disagreement exists as to whether codependency results from living with an active alcoholic, and, therefore, signifies a patterned response in relationship, or whether it represents a pre-existing set of personality characteristics (Wright & Wright, 1999; Cernak, 1991).

Question 2

Do those who are codependent come from more dysfunctional families of origin than those who are not?

One theory about codependency implies that it originates in the dysfunctional patterns of a family of origin (Friel & Friel, 1988). This leads to speculation about whether those individuals who are codependent report more unhealthy families of origin than those who are not. The current study will attempt to discover whether early family dysfunction, thought to be a component in the etiology of codependency, is more prevalent in codependent individuals than in non-codependent individuals.

The Family-of-Origin Scale will be used to obtain a global measure based on whether the family possesses those characteristics believed to facilitate intimacy and autonomy.
Question 3

Will those who are codependent be less differentiated from their families of origin than those who are not?

From the literature review, it can also be inferred that the degree to which an individual effectively differentiates from a family of origin constitutes a component of family health (Teyber, 1983; Sabatelli & Mazar, 1985) Bowen’s (1978) theory, as it pertains to differentiation, is especially cogent here. While the more global measure, the Family-of-Origin Scale, reflects family health from the standpoint of how well a family facilitates both intimacy and autonomy, scores on the DIFS will reflect actual levels of differentiation in the family. Therefore, the study questions the specific type of family dysfunction believed to lead to codependency.

Question 4

Do group differences exist between men and women on levels of codependency, and on levels of differentiation from a family of origin?

Consistent with feminist theory (Giligan, 1982; Chodorow, 1978; Goldner, 1988), it is also the intention of this study to consider the gender assumptions inherent in codependency literature (Whitfield, 1987; Mendenhall, 1989) as well as assumptions of developmental theorists (Erikson, 1980; Mahler et al., 1975) that women’s experiences in families are equivalent to men’s experiences. In speculating about the parameters of codependency, one cannot help but notice distinctly feminine stereotypes embedded in the definition. Issues of care-taking, maintaining an external focus, and deriving identity through relationship are often associated with women’s social roles. Are the disproportionate numbers of women in codependency support
groups indicate the existence of gender differences in codependency, or reflective of gender differences around some other variable? Are women more likely than men to be identified as codependent, or does codependency exist in both men and women to a similar degree?

Gender differences may be apparent in how children mature in families, specifically in how they differentiate. Because differentiation seems to be a key in the development of a secure identity, and because identity rooted in relationships is characteristic of codependency, one might question whether women and men are experiencing different separation processes in families of origin. Differences between men and women on measures of differentiation would lend support to the feminist argument that women experience family interactions differently. If so, gender differences in differentiation may be associated with whether one becomes codependent.

Hypotheses

In light of the review of the literature, many relationships can be expected among the variables. To begin with, codependency would be more likely to occur in a group of individuals who have a close relationship with an alcoholic. That relationship is defined, for purposes of this study, as a current relationship with a parent, spouse or child who is alcoholic. Individuals who are members of this group would be more likely to obtain scores indicating the presence of codependency on a measure of codependency than individuals who have no close association with an alcoholic.
Given the dual nature of codependency, representing both inherent personality characteristics (endogenous) and relationship patterns (exogenous), a case can be made for the presence of both in a codependent population. In this study the use of both the Spann-Fischer Codependency Scale (Fischer, Spann, & Crawford, 1991) and the Codependent Acquaintance Description Form (Wright, 1998) will ensure that the potential for the presence of both the intrapersonal and interpersonal characteristics of codependency in both groups will be captured. The Spann-Fischer instrument is focused on the internal characteristics of codependency, while the Codependent Acquaintance Description Form is oriented toward the relational aspects of codependency.

In the main analysis of the current study the Spann-Fischer Codependency Scale (Spann & Fischer, 1990) will be used as a covariate to factor out the variance between groups due to codependent personality traits. According to Wright and Wright (1991), the Spann-Fischer Codependency Scale demonstrated promise as a measure of a codependent personality syndrome by conceptualizing codependency in terms of internal, individual characteristics. Since codependency is thought to be a combination of intrapsychic and interpersonal dynamics, the Spann-Fischer will be used to address one part of the dialectic, that element of codependency that precedes a difficult relationship and has more to do with personality. As a covariate it will reduce the error variance associated with the dispositional aspects of codependency thereby enhancing the differences between groups pertaining to the relational aspects of codependency. In a separate analysis the Spann-Fischer will be used as a dependent variable.
A significant portion of the study will address how family-of-origin factors impact codependency. Codependents will be more likely than non-codependents to come from dysfunctional families of origin, with dysfunction defined as an inability to foster intimacy and autonomy. Dysfunction occurs when exclusively one or the other or neither characterizes family functioning. Too much closeness becomes earningsment, and too much autonomy results in disengagement. The distortions around intimacy and separation which are hallmarks of codependency may be the result of family dynamics at these extreme ends of the spectrum. A healthy family of origin would be one in which both intimacy and autonomy are fostered in a balanced way.

Some individuals may have failed to establish a clear sense of identity outside of family, leaving them vulnerable to losing themselves in relationship as a means to gaining an identity. The alcoholic process takes advantage of this predisposition, leaving the codependent susceptible to denial, over-functioning, and control in his or her efforts to maintain a relationship. The part of codependency that is marked by a lack of self or identity is suggestive of a lack of differentiation from a family of origin. The ability to stand in the face of powerful family dynamics and to maintain a sense of self represents a cornerstone of identity. The process of developing that identity is contingent upon one's level of differentiation from one's original family. Given that this seems to be a weakness of codependent individuals, it would be expected that codependents would also be significantly less differentiated from their families of origin than non-codependents.
If these expectations are realized, some confirmation for the validity of codependency as a construct will be achieved. Professionals in the addiction field have long assumed that codependency is a factor in any alcoholic system. The term, however, has never been clarified as to whether relationship to alcoholism is a sufficient indicator or whether codependency is related to other elements of family functioning. Other correlates besides relationship with an alcoholic have not been established with respect to codependency.

Miauchin's theory that family dysfunction stems from either too much togetherness or too much separateness would also gain some validation in data showing codependents coming from unhealthy families of origin. Family health, defined globally as the capacity to equally facilitate intimacy and autonomy, would be expected to be lower among codependents than among non-codependents.

Bowen's (1978) theory of family functioning implies the crux of the human dialectic-the movement between being connected and being separate. Demonstrating that codependents are specifically less differentiated from their families of origin than non-codependents, would give credence to Bowen's conceptualization of differentiation as necessary for optimal functioning.

Feminist theorists have maintained that much of what is viewed as dysfunctional in codependency involves qualities that characterize feminine behavior in U.S. culture (VanWormer, 1989). Thus, differences between men and women on both scales of codependency, and on scales showing degree of differentiation from a family of origin may be reflective of gender differences in patterns of relating and in early experiences in a family of origin. As can be ascertained through the literature
review, women more than men are valued for codependent-like qualities of taking care of others, focusing on others to the exclusion of self, and dependency (Uhle, 1994). Additionally, differences have been noted along gender lines in how individuation and differentiation occur in families (Miller, 1994; Cowan & Warren, 1994). The expectation is that women will score higher on measures of codependency and achieve scores indicating less differentiation from a family of origin than will men.

The following hypotheses are posited in this study:

Hypothesis 1

There will be differences in the level of codependency between those who have a close relationship with an alcoholic and those who have not, such that those who have a close relationship with an alcoholic will more frequently obtain scores indicating the presence of codependency on a measure of codependency than those who have not.

Operationalization 1. Scores on the Codependent Acquaintance Description Form will represent the level of codependency.

Hypothesis 2

There will be significant differences between codependents and non-codependents with respect to the degree of health in a family of origin, such that those who are codependent will reflect less healthy families of origin than those who are not.

Operationalization 2. Scores on the Codependent Acquaintance Description Form will represent the independent variable, codependency. Scores on the Family of
Origin Scale will indicate the degree of health in a family of origin. The Spann-Fischer Codependency Scale will serve as a covariate and will be positively related to the degree of health in a family of origin.

Hypothesis 3

There will be significant group differences between codependents and non-codependents with respect to the level of differentiation in the marital subsystem of a family of origin, such that those who are codependent will reflect less differentiation in the marital subsystem of a family of origin than those who are not.

Operationalization 3. Scores on the Codependent Acquaintance Description Form will represent the independent variable, codependency. Combined scores for the husband/wife and wife/husband dyad on the Differentiation-in-the-Family-System Scale will indicate the level of differentiation in the marital subsystem. The Spann-Fischer Codependency Scale will serve as a covariate, and will be positively related to the degree of differentiation in the marital dyad.

Hypothesis 4

There will be significant group differences between codependents and non-codependents with respect to the level of differentiation in the mother/child subsystem of a family of origin, such that those who are codependent will reveal less differentiation in the mother/child dyad of a family of origin than those who are not.

Operationalization 4. Scores on the Codependent Acquaintance Description Form will represent the independent variable, codependency. Combined scores for the mother/child and child/mother dyad on the Differentiation-in-the-Family-System Scale will indicate the level of differentiation in the mother/child subsystem. The
Spann-Fischer Codependency Scale will serve as a covariate and will be positively related to the degree of differentiation in the mother/child dyad.

**Hypothesis 5**

There will be significant group differences between codependents and non-codependents with respect to the level of differentiation in the father/child subsystem of a family of origin, such that those who are codependent will reveal less differentiation in the father/child dyad of a family of origin than those who are not.

**Operationalization 5.** Scores on the Codependent Acquaintance Description Form will represent the independent variable, codependency. Combined scores for the father/child and child/father dyad on the Differentiation-in-the-Family-System Scale will indicate the level of differentiation in the father/child subsystem. The Spann-Fischer Codependency Scale will serve as a covariate and will be positively related to the degree of differentiation in the father/child dyad.

**Hypothesis 6**

There will be significant differences between men and women on measures of codependency and on measures of differentiation from a family of origin.

**Operationalization 6.** Scores on the Spann-Fischer Codependency Scale will reflect the dependent variable, codependency. Each of the dyadic subsystem scores on the Differentiation-in-the-Family-System Scale, the husband/wife dyad, the father/child dyad, and the mother/child dyad, will represent the dependent variable degree of differentiation in the marital, father/child, and mother/child dyads.
CHAPTER III

METHODS

Participants

To ensure a population of individuals with close associations with alcoholics, participants were recruited from a list of Alanon groups in Northern New Jersey. Those attending Alanon meetings participate because of their association with an alcoholic. The researcher attempted to recruit participants from a sample of several Alanon groups. Since the functioning of these groups is based on anonymity, it was necessary to assure potential respondents that their involvement would not abridge that anonymity. Participants were told that they will be participating in a study that would provide better understanding of the family interactions and dynamics surrounding codependency, and shed light on how it develops in families where drinking is a problem.

In an attempt to provide some randomization, every other meeting on the list was selected for recruitment. Individuals at each selected meeting were advised that participation in the study is optional, and assurances were given that responses will be completely anonymous. The concept of anonymity in Alanon groups can create certain difficulties in that some of the traditions of the program discourage involvement in anything not directly related to the groups themselves. This insistence on protecting anonymity, and the resistance to any involvement outside the group, in combination with geography may have confined the codependent group to a self-
selected homogenous group of educated, middle-class, mostly white individuals. This, of course, may have affected generalizability of the results.

In addition to recruitment at Alanon groups, participants were also drawn from the employee rosters of two large community mental health centers. They were given the same instructions. The demographic sheet included a question about any close relationships with an alcoholic, and, if answered in the affirmative, asked respondents whether that relationship is a parent, child or spouse.

Procedures

Individuals received a packet containing a demographic page and the following questionnaires: 1) the 16-item Spann-Fischer Codependency Scale; 2) the 40-item Family-of-Origin Scale; 3) the 85-item Codependent Acquaintance Description Form; and 4) six copies of the 11-item Differentiation-in-the-Family-System Scale (See Appendices B-E). Before responding to the questionnaires all participants were instructed to read a cover letter explaining the intent of the study and sign a letter of informed consent (see Appendix F). All questionnaires given to respondents at Alanon meetings were either completed there or returned to the researcher in self-addressed stamped envelopes. Returning a completed packet was evidence of consent to participate. Questionnaires given to employees at the two mental health centers were returned to the researcher in self-addressed, stamped envelopes.

In the case of the Family-of-Origin Scale, respondents were instructed to complete the questionnaire based on their perceptions of their families of origin. They were to complete the Differentiation-in-the-Family-system Scale for each
dyadic relationship between a mother, a father, and a child. In other words, their responses represented their perceptions of mother's relationship with father, father's relationship with mother, a mother's relationship with a child, a child's relationship with a mother, a father's relationship with a child, and a child's relationship with a father.

In the interest of controlling for group differences, participants were asked to answer questions about family of origin from the standpoint of their perceptions of family dynamics as a young person of sixteen. This age represents a time when most individuals are still at home and are able to observe family dynamics. In addition, it is a time when the processes of separation and differentiation are just beginning as individuals approach adulthood.

Instruments

There are three major variables being tested in the proposed study. These include degree of codependency, level of health in a family-of-origin, and degree of differentiation in a family-of-origin. Because of the complexity of each of these variables, operationalization is difficult. The instrumentation used in this study for the measurement of these variables need to have good reliability and validity, and should provide an acceptable operationalization of each term.

The Spann Fischer Codependency Scale

In attempting to bring some rigor to the concept of codependency, Spann and Fischer (1990) had to take into account multiple characteristics from many definitions. The characteristics represented contributions of systems and interpersonal dynamics, as well as personality attributes. A pilot instrument
developed from a 1990 definition of codependency that had been reviewed by experts in the field (Spaun & Fischer, 1990) was administered on two occasions to 40 undergraduate students. Corrected-item correlations were examined and those with item-total below .30 were eliminated from the scale. The result was a 15-item scale called the Spaun Fischer Codependency Scale (SFCS).

To test the instrument the researchers gave the test to samples representing three groups of non-codependent students (Student Group A, n=192; Student Group B, n=228; Student Group C, n=214) who described themselves on intrapersonal measures and who also described perceptions of their families of origin. Two other groups were representative of those in recovery or participating in Alateen (Recovering Group, n=30), and of those self-identified as codependents with limited time in recovery (Codependent Group, n=14).

A Principal Components factor analysis of the scale using student or non-codependent, recovering, and codependent group responses was done. All but one item (85) loaded at .30 or better on the first unrotated factor, suggesting that the scale was unidimensional. In an effort to ensure that the definitional aspects of codependency were present the rotated factor loadings were examined. In a varimax rotation four significant orthogonal factors were first extracted by eigenvalues greater than 1.00. Eigenvalues represent variance so that factors with variance of more than 1 are important as observed variables. Factors were also extracted by the scree test, a plot of eigenvalues against factors, also designed to determine the number of factors.

The factors in this analysis captured the areas expected to characterize codependency. The first and second factors were indicative of the first part of the
definition of codependency, putting the focus outside of self and identified
caretaking activities. The third factor described the lack of open expression of
feelings, and the fourth captured purpose through relationships with others. These
descriptors represented the second and third parts of the definition of codependency
(Fischer et al., 1991). A sixteenth item, added later, was factored in, producing results
nearly identical to the 15-item scale. This suggests that the 16-item scale can be used
without sacrificing validity. The scale is scored such that higher scores represent
greater codependency.

With respect to reliability, the Spahn-Fischer Codependency Scale was given
to one student group, a recovering group, and a codependent group yielding a
Cronbach's alpha of .77. The scale was given to two other student groups, with
resulting Cronbach's alphas of .73 and .86 respectively. The means across student
groups were not significantly different, at 52.12, 51.55, and 51.99 respectively,
indicating that the scale's reliability held across samples.

Fischer et al. (1991) tested the validity of the measure through a variety of
studied comparisons. Content validity was achieved through a review by experts in
the field, and through a factor analysis that revealed support for the definition on
which the scale was based. Additionally, the scale was found to have concurrent
validity in that known groups of non-codependents and codependents differed
significantly. Those in the recovery and codependent groups scored higher on the
measure than did those in the student control groups. Recovering members were
expected to score lower than codependents, and this prediction was supported.
In order to assess convergent and discriminant validity of a scale, it should relate significantly with measures with which it should be related, and should be significantly unrelated to measures with which it should not be associated. To establish convergent validity it was hypothesized that constructs such as depression, anxiety, and external locus of control would be positive correlates of codependency. Similarly, self-esteem would be expected to be negatively associated. Because codependency appears to be associated with gender roles, it was predicted that there would be a positive correlation between codependency and femininity, and a negative correlation between codependency and masculinity. Correlations obtained for 236 participants indicated that codependency was indeed significantly related in the expected directions, to depression (.42, p< .001), anxiety (.47, p< .001), external locus of control (.19, p< .01), self-esteem (-.54, p< .001), and masculinity (-.30, p<.001). Interestingly, femininity was not significantly related to codependency.

To establish discriminant validity variables thought to be unrelated to codependency including age, occupation, income, and intactness of family of origin were tested. The relationship between age and codependency was considered non-significant at .10 for Student Group A (n=192). Income and race for Student Group A were also non-significant at -.02 and -.43 respectively. Occupations of the same student group, the Recovering Group and the Codependent Group were compared in a one-way ANOVA, arriving at a nonsignificant result. In Student Group C (n=218) intactness of family of origin was unrelated to codependency. Based on literature that suggests that dysfunctional families of origin are conducive to the development of codependency, Fischer et al. (1991) predicted that perceptions of parent-child
communication, satisfaction, and support would be negatively related to
codependency. Parental control and extent of leisure activities with parents reflecting
greater enhancement should be positively related. Significant correlations followed
predictions with greater control and leisure activities, and less support,
communication, and satisfaction associated with higher codependency.

"Codependent" Acquaintance Description Form

The Codependent Acquaintance Description Form (ADF-CS) developed by
Wright and Wright (1998) represented the independent variable in this study.
Codependency in contrast to the Spann-Fischer Codependency Scale, Wright (1990)
advocated for a focus on the relationship dynamics of codependents rather than on
their internal traits. While willing to acknowledge that some individuals may be
predisposed to establish and maintain codependent relationships, he suggested that
perhaps some people develop codependent ways of relating in response to problems
associated with a partner’s substance abuse.

The Acquaintance Description Form (Wright, 1985) is a multivariate
technique for measuring the intensity and quality of a personal relationship. The
instrument is a self-report technique designed to measure various aspects of a
respondent's relationship with a particular person. Scales were added over several
versions to assess dysfunctional ways of relating, specifically those ascribed to
codependents (Wright & Wright, 1990; 1991, 1995). The result is the current version
of the Codependent Acquaintance Description Form (ADF-CS), which consists of 85
statements divided into 28 scales relevant to the respondent’s relationship with a
designated Target Person (TP). The instrument yields scores ranging from 0-18,
based on a respondent's score on a 0-6 point continuum, of the frequency or probability of occurrence of each of three statements about that target person. Preliminary studies revealed that five of the seven scales differed clearly between codependent and comparison subjects, and loaded significantly on a codependency factor.


With respect to reliability, the goal was to achieve alpha coefficients of .60 or above for each of the scales. For women, 24 of the 28 alphas ranged from .60 to .87. Four ranged from .56 to .59. For men, 21 of the alphas ranged from .62 to .81, with seven ranging from .47 to .59. Wright and Wright (1999) were not as concerned with
high internal consistency gives so few items per scale, and they relied instead on the 
alphas and test-retest measured by the Spann-Fischer Codependency Scale.

Using the most current version of the Codependent Acquaintance Description 
Form, the ADI-C5, several Principal Components analyses utilizing varimax rotations 
were performed. They yielded a three-factor structure that was stable across samples. 
Only minor differences between men and women were detected. No single factor 
yielded significant loadings on all or most of the codependency scales. Some of the 
scales loaded significantly on Factor I, others on Factors II and III. Factor I 
represented a Positive, Rewarding Relationship (PRR); Factor II, Defensive and 
Overprotective Care-taking (DOPCT); and Factor III, Commitment/Involvement 
(Con/Inv). The factor structure confirmed the previous versions of the instrument. 
According to Wright and Wright (1999) the structure which emerged parallels the 
clinical definition of a codependent as one who is in a relationship with low reward 
and personal fulfillment (PRR), who has a high degree of defensive and 
overprotective care-taking (DOPCT), and who has a high degree of commitment and 
involvement in a relationship (Con/Inv).

Initially, a respondent was classified as codependent only if he or she 
exhibited the full pattern of codependent relating. In terms of the Codependent 
Acquaintance Description Form, this would be an individual with a three-point profile 
indicating high scores on Factors II and III and a low score on Factor I. The ADF-C5 
differentiated between codependent and control groups (Wright & Wright, 1999), in 
that identified codependency was significantly related to a combination of low 
positive reward in relationships (PRR) and a high degree of defensive and
overprotective caretaking (DOPCT). Factor II, however, Commitment/Involvement in a relationship, reflecting enmeshment, proved to be non-diagnostic in identifying clinical codependents.

In their attempt to identify and measure the characteristics of codependent relating, Wright and Wright (1990) believed that subsequent versions could be refined to provide information concerning the ways in which individuals do or do not express codependent behaviors and attitudes. They advocated for considering two conceptualizations of codependency (endogenous and exogenous) as complementary. Both encompass intrapersonal and interpersonal elements. In order to determine which cases of codependent relating involve an underlying personality syndrome and which do not, they suggested that the Codependent Acquaintance Description Form be administered along with Spann-Fischer Codependency Scale (Wright & Wright, 1991).

By utilizing both the Spann-Fischer Codependency Scale and the Codependent Acquaintance Description Form, Wright and Wright (1999) began to revise their original perspective that codependency was strictly a relational process. To examine the relationship between the Spann Fischer and the ADF-CS, the factors of Positive and Rewarding Relationship, Defensive and Overprotective Care-taking and Commitment/Involvement were used as predictors, with Spann-Fischer scores as the criterion variable. For both men and women, high scores on the Spann-Fischer Codependency Scale were significantly related to low scores on Factor I (Positive and Rewarding Relationship) in combination with high scores on Factor II (Defensive and Overprotective Care-taking, and Factor III (Commitment/Involvement).
Wright and Wright (1999) attempted to give greater weight to dispositional influences, and to address the difference in the value of the Commitment/Involvement factor by restating, and by expanding the concepts of endogenous and exogenous codependency. In their schema an individual is considered a codependent relative, or exogenous codependent, when there is a high level of defensive and overprotective care-taking (Factor II) and a low level of reward and personal fulfillment in relationship (Factor I). While Commitment/Involvement (Factor III) is not necessarily diagnostic, many respondents classified as exogenous codependents might show low or moderate scores on this factor. Those scoring low on the Positive and Rewarding Relationship factor, and high on both the Defensive and Overprotective Care-taking, and Commitment/Involvement factors would be classified as endogenous codependents.

From the standpoint of measurement, the results seem to support the consensus that there is a personality syndrome adding up to a predisposition to form and maintain codependent relationships. The total findings, however, suggest more complexity than a simple personality trait for codependent relating. Many of those clinically defined as codependent did not achieve measurement indicative of a codependency trait, and, while many of those clinically defined codependents do tend to function as enablers for unrewarding partners, they do not necessarily organize their lives around those partners. What Wright and Wright (1999) postulated with regard to codependency is that there may be two types of "personal proneness giving rise to similar, but not identical, patterns of codependent relating" (p. 539).
Wright and Wright (1999) defined endogenous codependency as corresponding to the personality trait view of a syndrome of characteristics of the kind tapped by the Spann-Fischer Codependency Scale. These endogenous codependents are vulnerable to becoming codependent relaters, and are likely to gravitate toward codependent relationships, and to become enmeshed in them. Exogenous codependents are described as essentially normal individuals who have been socialized to value attributes like compassion, cooperativeness, care giving, and concern for others. Unlike others who possess these qualities, exogenous codependents if involved with exploitative partners may be susceptible to turning those qualities into enabling, overprotective caretaking, or self-denial.

While Wright and Wright (1999) made a case for codependency encompassing both intrapersonal and interpersonal elements, the goal in this study was to determine the effects of early family relationships on codependency. To accomplish this the Spann-Fischer Codependency Scale was used as a covariate to adjust the dependent variables for any variance caused by the intrapersonal component of codependency. This allowed the Codependent Acquaintance Description Form to elicit variance between groups more clearly attributed to codependent relating. Both instruments were found to be valid for distinguishing between codependents and non-codependents. Additionally, the Spann-Fischer Codependency Scale was used as a dependent variable in assessing differences between males and females, and as an independent variable in an additional analysis. In two separate analyses, the goal was to discover whether the degree of
codependency is responsible for group differences among those in and not in relationships with alcoholics, and males and females, respectively.

The Family-of-Origin Scale

The Family-of-Origin-Scale (FOS) (Hovestadt et al., 1985) is based on the theoretical perspective that differentiation represents the key to achieving individuation and identity. Differentiation is fostered in families who facilitate the capacity for autonomous functioning while maintaining a capacity for intimacy (Framo, 1976). Since it is believed that codependency has its roots in family dysfunction (Friel & Priel, 1988), the Family-of-Origin Scale may provide a measure of the health of a respondent's family of origin in terms of autonomy and intimacy, with health being represented by capacities for both processes (Hovestadt et al., 1985).

The FOS was based on five family qualities, developed by Lewis, Beavers, Gossett and Phillips (1976), which were deemed important for developing capable, adaptive individuals. Those characteristics included power structure, family individuation, acceptance of separation and loss, perception of reality, and affect. The scale was focused on autonomy and intimacy as essential and interwoven concepts in the lives of healthy families. According to this paradigm, healthy families develop autonomy by promoting clarity of expression, personal responsibility, and respect for other family members, and by dealing openly with separation and loss. At the same time, healthy families facilitate intimacy by encouraging the expression of a wide range of feelings, by creating a warm
atmosphere at home, by dealing with conflicts with little stress, and by promoting sensitivity in family members (Hovestadt, et al., 1985).

The FOS, therefore, was constructed by taking the key concepts of both autonomy and intimacy, and developing scoreable items and subscales to arrive at a total score that indicates the degree of perceived health in a family of origin. The scale consists of 48 items on a 5-point Likert-type scale with the healthiest response, a five, and the least healthy response a one. The highest possible score would be 200, the lowest possible score would be 40.

Originally, 89 items were generated, each one being an example of one of the 16 core constructs. Then, 29 items were screened out as being deficient in upping the desired variables. A panel of six nationally recognized family therapists rated the remaining 60 items, and the two positive and two negative items having the highest ratings in each of the 16 constructs were used in the final scale. Five constructs representing autonomy were defined as Clarity of Expression, Responsibility, Respect for Others, Openness to Others, and Acceptance of Separation and Loss. Constructs representing intimacy were described as Range of Feelings, Mood and Tone, Conflict Resolution, Empathy, and Trust (Hovestadt et al., 1985).

With respect to the reliability of the FOS, a test-retest reliability coefficient of .97 for the entire test was achieved over an interval of two weeks. Test-retest coefficients for the autonomy items ranged from .39 to .88, with a median of .77. Similarly, test-retest coefficients for the intimacy items ranged from .46 to .87 with a median of .73. In an independent study with 116 respondents, a Cronbach’s alpha of .75 was obtained for the entire scale, as well as a standardized item alpha of .97.
Based on these scores, it would seem that the FOS has an adequate level of reliability. The authors concede, however, that there are some subjectivity issues with respect to anyone's perception of a family of origin, and with respect to whether these constructs constitute a complete picture of the health of a family (Hovestadt, et al., 1985).

The FOS scale was related to perceptions of marriage, in that significantly different perceptions of marriage were found among respondents having high, medium, and low scores on the FOS. This seems to suggest that the scale has validity, since one would expect a relationship between those who perceived their families of origin as being healthy and positive perceptions of marriage, given the Bowenian concept of intergenerational transmission. In addition, there was a relationship between scores on the FOS and scores on the Healthy-Family-Functioning Scale (Sennott, 1981), a measure of health in one's current family. High scores on the FOS, indicating high-perceived health in a family of origin, were positively correlated to high scores on the Healthy-Family-Functioning Scale, connoting high-perceived health in a current family (Hovestadt, et al., 1985).

Since, in the current study, there is a question about whether codependency is related to dysfunctional experiences in a family of origin, and since codependency is believed to be related to one's level of differentiation from that family, the FOS was to provide information as to how one's family of origin promoted and facilitated both intimacy and autonomy. It might be expected that an individual from an unhealthy family of origin would score high on measures of codependency. Tolerance for individuality and intimacy has been assessed to be an indicator of family-system
differentiation (Bowen, 1996). Therefore, those with unhealthy families of origin would most likely be undifferentiated from those families.

**Differentiation in the Family System Scale**

The ability to assess the patterns and dynamics of family interaction is essential if researchers are to understand the influence of family environment on individual and family development. To that end, Anderson and Sabatelli (1992) developed a self-report measure in an attempt to address family differentiation. Differentiation is conceptualized as a family-level variable related to distance and closeness. The patterns of interaction found within well-differentiated families enable individuals to maintain both a sense of continuous emotional connectedness (support, involvement, personal relationship) and a sense of separateness (autonomy, uniqueness, freedom of personal expression). The scale consists of eleven items, and uses a circular questioning (Penn, 1982) method of obtaining an individual's perception of the interaction patterns in his or her family-of-origin (Anderson & Sabatelli, 1992).

Differentiation is reflected in a system’s interactional patterns for maintaining interpersonal distance. By measuring the responses of family members in terms of behaviors, more verifiable accounts of the interactions that characterize a family’s functioning can be obtained. In this study the units of assessment were reciprocal dyads, so as to more clearly capture the concept of differentiation. Operationalizing differentiation by having family members report on interactions between various pairs is consistent with the concept of “circular questioning” (Penn, 1982), and may provide insight into how the entire family functions (Anderson & Sabatelli, 1992).
More than one dyad was measured to ensure that erroneous assumptions are not made about the family based on a single dyad. Additionally, it may be more productive to obtain information about individual members' behaviors rather than a collection of abstract opinions about family functioning (Sabatelli & Bartle, 1995).

The theoretical basis for the instrument is related to Bowen's construct of differentiation (1978). In poorly differentiated families there is low tolerance for individualization or intimacy among members, boundaries are regulated through enmeshment or cut-offs, and there is intrusiveness representative of a blurring of personal boundaries. Therefore, the higher the level of differentiation, the more comfortable family members will be in expressing their individualities, and the better able they will be to simultaneously remain intimately connected. According to Anderson and Sabatelli (1992) well-differentiated families are characterized by patterns of interaction, which encourage an age-appropriate balance between separateness and connectedness for individual members.

The unit of measure for the DIFS utilizes the dyad, with reciprocal dyads measured to obtain the patterns between pairs of family members. More than one reciprocal dyad was considered to provide information about how an entire family functions. Consistent with the definition of differentiation, all scale items reflected respondents' perception of others' relationships with others, others' relationships with self, and self's relationship with others. In this way, the researchers hoped to avoid a problem identified by Cole and Jordan (1989) in assessing family cohesion and adaptability. Some components of a family may be more cohesive or adaptable than others, and, in fact, Cole and Jordan found that the degree of reported cohesion
and adaptability varied from one family dyad to another. By using reciprocal dyads Anderson and Sabstelli (1992) avoided this somewhat by providing information about all dyads.

The scale is behaviorally focused, so that interactional patterns can be emphasized. To be behaviorally focused each scale item must assess behavioral patterns that either confirm or disconfirm the individual, that is, the behaviors reflect personal boundaries, respect for the person, and the degree of support and caring experienced within the dyadic relationship. According to Sabstelli and Burtle (1995) a behaviorally focused measure of family functioning requires prior assumptions about which behaviors will be associated with low levels of family functioning. Those behaviors must be theoretically and empirically tied to negative consequences to be indicators of family functioning. The Differentiation-in-the-Family-System measure utilizes this behavioral approach, and is consistent with communications (Bateson, 1972) and family therapy theory (Bowen, 1976; Satir, 1988). Respondents are asked, for instance, how often family members intrude on them by speaking for them. That behavior is presumed to be an indicator of family functioning because such intrusions represent interactions which have a negative effect on individual members in that "they inhibit age appropriate individuation of offspring, resulting in anxiety and emotional reactivity" (p. 1032).

A panel of eight family specialists originally came up with 29 items, which consistently rated high among all evaluators. The 20-item pilot was then pre-tested with 278 students. It was decided to reduce the number of items because each item would be responded to for multiple dyadic relationships. Factor and internal
consistency analyses were used to minimize the number of scale items while seeking high internal consistency. At this point 13 items were retained. Following another review, two additional items were omitted without compromising internal consistency or content validity. Thus, the final instrument is an 11-item scale on which respondents rate all items for each dyadic relationship. Each interaction item is rated on a 5-point Likert-type scale, with responses ranging from never to always. A higher score connotes more differentiation.

Within the Sabatelli and Anderson (1991) study intercorrelations between reciprocal dyadic scores demonstrated that dyadic scores could be combined into meaningful composite scores. For example, the respondents’ perceptions of their parents’ interactions with one another correlated at .52. Similarly, adolescents’ ratings of the reciprocal relationships between self and mother correlated at .70, while their ratings of the reciprocal relationships between self and father correlated at .71. For this reason the authors suggested combining the ratings of dyads to form measures of the levels of differentiation found within various reciprocal subsystems. By using multiplicative rather than additive scores, these composite scores more truly represented differentiation. For example, scores of 30 and 30, or 50 and 10, representing the reciprocal relationship between a husband and wife, both equal 60 when added. When the dyad scores are multiplied together the results, 900 and 500, more accurately reflect the differences in the level of differentiation between the two sets of scores. Marital subsystem scores were obtained by combining husband/wife and wife/husband subscales, father/child subsystem scores by combining father/child
and child/father subscales, and, finally, mother/child subsystem scores by combining mother/child and child/mother subscales.

Reliability for the entire scale was evidenced by alphas ranging from .84 to .94 across three studies. Construct validity for the DIFS was supported by significant correlations between differentiation scores and measures of family conflict, identity status, and negative consequences from using alcohol. In addition, higher DIFS scores were related to higher measures of family and peer support, and lower DIFS scores were associated with higher levels of depression and anxiety. Concurrent validity was demonstrated through the instrument’s ability to discriminate between bulimics and a control group (Anderson & Sabatelli, 1992).

The Differentiation-in-the-Family-System Scale was selected for use in this study because it seems to capture the complexity of family interactions. Since the instrument focuses on reciprocal dyads, each person’s interactions with others is specifically measured, and less likely to become lost in the whole of family-system functioning. Cole and Jordan (1989) would agree stating that “(T)reating the family as the unit of analysis, instead of regarding carefully its component relationships, may gloss over critical family characteristics” (p. 456). The concept of reciprocity in interactions relates to the theoretical constructs of individuation and differentiation, in that both require the response of some other to establish separateness.

Data Analysis

Three separate analyses of the data were employed to answer the hypotheses. A simple chi-square distribution was used to address the group differences in the first hypothesis on the level of codependency. For the remaining hypotheses a
MANCOVA and a MANOVA analysis were used. Both of these analyses evaluate differences among central tendencies for a set of dependent variables when there are two or more independent variables. A MANCOVA analysis, however, identifies whether there are statistically reliable mean differences among groups after adjusting the dependent variables for differences on a covariate (Tabachnick & Fidell, 1989).

In both MANOVA and MANCOVA a series of F ratios are produced and are used to answer the hypotheses by establishing critical values for F to determine significance. With MANCOVA this is done after statistically adjusting the dependent variables for differences on one or more covariates. Use of a MANCOVA is helpful in the sense that it removes variance associated with the covariate from error variance. Smaller error variance provides a more powerful test of mean differences among groups.

Because in both MANOVA and MANCOVA dependent variables are considered in combination, there is protection against inflated Type I error attributable to multiple tests.

The first analysis addresses the first hypothesis, and involves comparing groups on levels of codependency, with groups representing those who are in a relationship with an alcoholic and those who are not. If the null hypothesis, that codependency occurs equally in those in relationship with an alcoholic and those not in relationship with an alcoholic, is disproved, then codependency will occur with greater frequency in those individuals in relationship with an alcoholic. This provided some validity for the connection of codependency to alcoholism. Chi-square was used for this first analysis because of the nominal nature of the variables.
The Codependent Acquaintance Description Form produced scores indicating the presence or absence of codependency.

The second analysis addressed hypotheses two through five and involved four dependent variables— the degree of health in a family of origin, the level of differentiation in a family-of-origin marital dyad, the level of differentiation in a family-of-origin mother/child dyad, and the level of differentiation in a family-of-origin father/child dyad. The degree of health in a family-of-origin was a single score representing global family functioning around the ability of a family to facilitate both intimacy and autonomy. Each of the three scores of differentiation represent the level of differentiation in each of three subsystems. Groups now identified as codependent and not codependent were the independent variables, and were hypothesized to differ significantly, based on the effects of the four dependent variables, with codependent personality characteristics accounted for as a covariate. Here a MANCOVA was used to detect group differences.

A MANOVA was used to test the sixth hypothesis. This analysis assessed group differences between males and females on codependency, and degree of differentiation in a family of origin. Gender groups were the independent variables in this instance. The dependent variables were the three subsystem differentiation scores and the scores on the Spann-Fischer Codependency Scale. The Spann-Fischer Codependency Scale was employed here as a dependent variable because it is continuous, and because the goal was to discover inherent differences between genders.
MANOVA, and MANCOVA are designed to discover group differences. In the first analysis, the Chi-square did not produce statistical significance of group differences, but is rather a comparison of observed and expected frequencies of the occurrence of codependency in each group, those in and not in relationship with an alcoholic.

In the second analysis a MANCOVA was performed to ascertain overall significant group differences between codependents and non-codependents on each of the four dependent variables simultaneously. An overall F ratio, or test of main effects, is the form of a Wilk's Lambda demonstrated this overall difference. If a critical value for F is obtained indicating a significant main effect, the next question is what proportion of variance of the linear combination of dependent variable scores does each dependent variable contribute to the main effect. Post-hoc univariate ANCOVA's were to provide information in the form of an F ratio about the degree of significant variance that each dependent variable contributed to group differences, after adjustments for the covariate are made. Thus, an ANCOVA was done for each of the hypotheses one through five, as part of MANCOVA, to determine whether the group differences in codependency were significant for degree of family-of-origin health, and level of differentiation in a marital, father/child, and mother/child subsystem in a family of origin, after controlling for a covariate. Those that produced a significant F disproved the null hypothesis that there are no differences between groups.

The MANCOVA produces the overall F statistic while adjusting for the contribution of a covariate. The Spann-Fischer was to be the covariate in this instance.
in order to adjust for the contribution of codependent personality characteristics in the overall variance. By using this scale as a covariate, it was hoped that error variance associated with a codependent personality would be adjusted for, thereby increasing the sensitivity of the study to detect differences pertaining to codependent relating. Since the dependent variables being investigated pertain to family relationships, it was believed that codependent personality characteristics may mute differences between groups in the area of codependent relating, measured by the Codependent Acquaintance Description Form.

The Codependent Acquaintance Description Form is a measure that focuses on the relational aspect of codependency. In his investigative research on developing a measure for codependency, Wright (1998) discovered that Factor III representing commitment and involvement in a relationship was not diagnostic in identifying codependents. A low or moderate score on this factor became the only distinction between a codependent personality and a codependent relater. For the purpose of this study, therefore, an individual will be considered codependent with a high level of defensive and overprotective caretaking in combination with a low level of personal reward and fulfillment in a relationship. Scores on Factor III were indicative of either codependent relating or of a codependent personality, but did not preclude the presence of codependency in general. It was hoped that by using the Spann-Fischer, a measure aimed primarily at uncovering dispositional factors of codependency, as a covariate the personality characteristics component of codependency could be adjusted for on the dependent variables.
In order for a covariate to make an adjustment to the dependent variable, it must relate to that dependent variable. That association is part of the MANCOVA itself. When the same scores are analyzed in MANCOVA, a regression line is first elicited that relates the dependent variable to the covariate. The unique relationship between the covariate, the Spann-Fischer Codependency Scale, and the dependent variables is assessed first. Dependent variable scores and means are then adjusted to remove the linear effects of the covariate before the analysis of variance is performed on the adjusted values. In the current study, differences attributable to personality characteristics were accounted for through the covariate.

The third analysis involves testing for gender differences. To accomplish this a MANOVA was done to assess group differences on three family-differentiation variables and on degree of codependency, measured by the subsystem scores on the Differentiation in the Family System Scale and the Spann-Fischer Codependency Scale. Males and females were the independent variable. As with the MANCOVA, a significant F ratio indicated an overall main effect. Post hoc ANOVA’s, part of the MANOVA, identified how much variance each variable contributed to group differences. The Spann-Fischer Codependency Scale was used here as a dependent variable because it is a continuous variable and because gender differences may be inherent. Proving or disproving this hypothesis was contingent upon getting nearly equal numbers of males and females. Sampling efforts to get equal numbers avoided problems with the equal variances and normality assumptions.

A general rule of thumb in determining population size for a study, according to Stevens (1996), is a 20:1 ratio of participants to variables. Thus, given the four
dependent variables, one independent variable, and one covariate for the largest analysis, a minimum sample size would be 120 (6 variables x 20 participants) for the entire study. More than 120 would be better since power increases as sample size increases. The resulting sample size of 243 fulfilled all of these requirements. Additionally, to ensure power an F test must be obtained without violation of the equal variances assumption. For this reason, it was necessary to make sure that equal numbers of individuals in and not in relationship with an alcoholic, equal numbers of codependents and non-codependents, as well as equal numbers of men and women are obtained. An ideal sampling would consist of 66 each of individuals in and not in relationship with an alcoholic, and 60 each of codependents and non-codependents. In order to do a separate MANOVA for gender differences 50 males and 60 females was necessary since there would be four dependent variables and 2 independent variables is that particular test as well.

Limitations or Methodological Problems

To ensure the greatest possible number of codependents, members of Al anon were selected to participate in the study. This posed some minor problems. Because of sampling procedures, the population of members of Al anon meetings covered only a small portion of New Jersey. If they are of similar socio-economic and cultural make up, results may not be easily generalized to other populations. In addition, attendance at Al anon meetings might have affected one’s level of codependency, and this was not accounted for in the design. Gender presents another problem with respect to homogeneity of the sample, since most Al anon meetings are predominately female in make-up. Because the levels of codependency were determined by scores
on the two codependent measures and not strictly limited by Alano

on membership, this problem may have been neutralized somewhat. Male respondents drawn from the mental health center population may also have had a close relationship with an alcoholic, or may measure high on the codependent measures. It was necessary, however, to collect data until an equal number of males and females for both groups have been obtained.

Whenever one attempts to measure variables as complex as differentiation or family-of-origin health, there is a danger of not capturing sufficient information. Respondents to the Family-of-Origin Scale and the Differentiation-in-the-Family-System Scale answered questions based solely on their perceptions of various family relationships. The fact that only one family member responded may provide a partial picture, and one that relies on memory of what one’s family-of-origin was like, perception that can change over time. Asking respondents to answer questions from the perspective and with the awareness of a sixteen year old may have neutralized that difficulty to some degree. Not only does this age anchor the time for the perceptions of one’s family of origin, it also represents a time when most individuals are at home, and on the cusp of adulthood. In addition, only three main dyadic relationships were covered, thereby losing some data among other sibling relationships in the family. The age of respondents may also be pertinent since individuals in their late teens or early adulthood may be reflecting only the fact that the process of differentiation from their families of origin is less finished or complete than older adults.

One of the limitations of the design used here is the fact that three separate analyses were done. This made it impossible to establish a connection between the
impacts of family variables on codependency in alcoholism. The effects of family variables applied only to codependency in general and not specifically to codependency in alcoholism. If no group differences are obtained on the first analysis, then groups of individuals in and not in relationship with an alcoholic, and groups of codependents and non-codependents could be considered to be equivalent groups. In that case the null hypothesis would be proven, and would allow connections between family variables, codependency and alcoholism to be made in the second analyses.

The prediction is, however, that codependency exists with greater frequency in those in relationship with an alcoholic, indicating that the two groups are not identical. Group differences would have made it impossible to connect alcoholism to the family variables. Because hypotheses two through five pertained to codependents and non-codependents, and because the groups were identified as those living in relationship with an alcoholic and those not, the only other way to study relationships between alcoholism, codependency and family variables in the same analysis would have been to utilize four groups. This would have created sampling difficulties.

Despite these limitations of design, sampling, and the complexity of the variables, it is hoped that, in the end, this study will elicit useful information about the nature and correlates of codependency.
CHAPTER IV
RESULTS

This chapter will present the results of the statistical analysis used in this study. Frequency distribution tables are presented to clarify the nature of the sample population. Next the results of each of the six hypotheses are detailed. Additionally, because the Codependent Acquaintance Description Form was able to differentiate only a very small number of codependents, thereby creating groups of extremely unequal numbers, some further analyses were done to clarify and validate results obtained from that measure.

Results of the Frequency Distribution of the Demographic Variables

As part of the study participants were asked to fill out a demographic sheet to obtain pertinent information regarding age, gender and relationship with an alcoholic. Other variables such as race, socio-economic level, and occupation have been previously shown to be unrelated to codependency (Fischer, Spann & Crawford, 1991), and, for that reason, were omitted from the demographic sheet. Although the ages of participants were obtained to ensure that no one under the age of 18 was a participant, age was also found to be unrelated to codependency (Fischer, et al., 1991). Tables 1 and 2 indicate a broad age range of from 18 to over 60 for both males and females with the majority being between 18 and 29.

The study included 243 respondents, 81 of who were male, and 162 of who were females. For the 81 males, 23 were married, and 58 were not married. Of the
Table 1

Demographic Characteristics of Male Participant Sample (Age)

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (N=81)</td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>53</td>
</tr>
<tr>
<td>30-39</td>
<td>5</td>
</tr>
<tr>
<td>40-49</td>
<td>5</td>
</tr>
<tr>
<td>50-59</td>
<td>15</td>
</tr>
<tr>
<td>60-69</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 2

Demographic Characteristics of Females Participant Sample (Age)

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (N=162)</td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>106</td>
</tr>
<tr>
<td>30-39</td>
<td>13</td>
</tr>
<tr>
<td>40-49</td>
<td>12</td>
</tr>
<tr>
<td>50-58</td>
<td>23</td>
</tr>
<tr>
<td>60-67</td>
<td>8</td>
</tr>
</tbody>
</table>
81 male participants were determined to be codependent on the Codependent Acquaintance Description Form while 70 measured non-codependent. Additionally, 50 males indicated that they were in a relationship with an alcoholic, with 71 stating that they were not in relationship with an alcoholic. For the female participants, 48 were married, and 114 were not married. Of the 162, 27 could be considered codependent, and 135 non-codependent. A total of 42 revealed that they were in a current relationship with an alcoholic, while 120 said that they were not in a relationship with an alcoholic (see Table 3). Of the 243 responses returned, 74 participants were Al anon members, 47 participants were employees of a large community mental health center in Northern New Jersey, and 122 participants were undergraduate students at a northeastern university.

Hypothesis Testing

Hypothesis 1

Individuals determined to be codependent by their scores on the Codependent Acquaintance Description Form were hypothesized to be more likely to be in a relationship with an alcoholic than those who were determined to be non-codependent on the same scale. The null hypothesis was that relationship with an alcoholic would be independent of codependency as identified by the Codependent Acquaintance Description Form, such that those identified as codependent would be no more likely to be in relationship with an alcoholic than those identified as non-codependent.

In order to determine if the results supported the first hypothesis, a chi square test for independence was done. The results supported the null hypothesis. The chi-
<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
</tr>
<tr>
<td>Source - Alamon</td>
<td>10</td>
</tr>
<tr>
<td>Source - Care Plus, N.J.</td>
<td>14</td>
</tr>
<tr>
<td>Source - Seton Hall University</td>
<td>57</td>
</tr>
<tr>
<td>Married</td>
<td>23</td>
</tr>
<tr>
<td>Not Married</td>
<td>58</td>
</tr>
<tr>
<td>Codependent</td>
<td>11</td>
</tr>
<tr>
<td>Not Codependent</td>
<td>70</td>
</tr>
<tr>
<td>In Relationship with an Alcoholic</td>
<td>10</td>
</tr>
<tr>
<td>Not in Relationship with an Alcoholic</td>
<td>71</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
</tr>
<tr>
<td>Source - Alamon</td>
<td>64</td>
</tr>
<tr>
<td>Source - Care Plus, N.J.</td>
<td>33</td>
</tr>
<tr>
<td>Source - Seton Hall University</td>
<td>65</td>
</tr>
<tr>
<td>Married</td>
<td>48</td>
</tr>
<tr>
<td>Not Married</td>
<td>114</td>
</tr>
<tr>
<td>Codependent</td>
<td>27</td>
</tr>
<tr>
<td>Not Codependent</td>
<td>135</td>
</tr>
<tr>
<td>In Relationship with an Alcoholic</td>
<td>42</td>
</tr>
<tr>
<td>Not in Relationship with an Alcoholic</td>
<td>120</td>
</tr>
</tbody>
</table>
square test for group (in a relationship with an alcoholic/ not in a relationship with an alcoholic) by level of codependency was non-significant (p < .08) indicating that codependency was independent of being in a relationship with an alcoholic. Thus, there was no demonstrated tendency for codependents to be in relationships with alcoholics.

Table 4 reveals that 11.5% of those in relationship with an alcoholic were identified as codependent, while 16.8% of those not in relationship with an alcoholic were identified as codependent. Similarly, essentially equal percentages of those in relationship with an alcoholic and those not in relationship with an alcoholic were non-codependent (88.5% and 83.2% respectively).

Hypothesis 2

Differences were hypothesized to exist between groups of codependents and non-codependents with respect to the degree of health in a family of origin. Scores on the Codependent Acquaintance Description Form were again used to determine codependents and non-codependents. Scores on the Family-of-Origin Scale were used to reflect the degree of health in a family of origin. Scores on the Spann-Fischer Codependency represented the covariate, and were indicative of the level of codependency.

For the second hypothesis, a MANCOVA was performed to ascertain differences between groups on the four dependent variables (degree of health in a family of origin, level of differentiation in a marital subsystem, level of differentiation in a mother/child subsystem, and level of differentiation in a
Table 4
Chi-Square Distribution for Group by Codependency Using the Codependent

<table>
<thead>
<tr>
<th>Acquaintance Description Form</th>
<th>Codependency</th>
<th>Non-Codep.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Codep.</td>
<td>Non-Codep.</td>
<td></td>
</tr>
<tr>
<td>Not in Relationship with Alcoholic</td>
<td>32</td>
<td>159</td>
<td>191</td>
</tr>
<tr>
<td>Count</td>
<td>16.8%</td>
<td>83.2%</td>
<td>100%</td>
</tr>
<tr>
<td>% within Group</td>
<td>84.2%</td>
<td>77.6%</td>
<td>78.6%</td>
</tr>
<tr>
<td>% within Codependency</td>
<td>13.2%</td>
<td>65.4%</td>
<td>78.6%</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Relationship with Alcoholic</td>
<td>6</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Count</td>
<td>11.5%</td>
<td>88.5%</td>
<td>100%</td>
</tr>
<tr>
<td>% within Group</td>
<td>15.8%</td>
<td>22.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>% within Codependency</td>
<td>2.5%</td>
<td>18.9%</td>
<td>21.4%</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>205</td>
<td>243</td>
</tr>
<tr>
<td>% within Group</td>
<td>15.6%</td>
<td>84.4%</td>
<td>100%</td>
</tr>
<tr>
<td>% within Codependency</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% of Total</td>
<td>15.6%</td>
<td>84.4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

father/child subsystem) with scores on the Spann-Fischer Codependency Scale used as the covariate. Because the groups were unequal aad skewed there was some question as to whether the assumption of equal variance was violated. A Box’s M test of equality of covariance was done to ensure that the unequal groups did not represent a violation of that assumption. The F statistic of 1.79 was non-significant (p < .06), thereby validating the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups. Thus, there is no violation of the assumption of equal covariance.
A Wilks' Lambda of .87 with a significance level of .001 was obtained demonstrating that the overall effect of the covariate was significant. When adjustment is made for the variance attributed to the covariate, however, there is no significant variance for the Codependent Acquaintance Description Form grouping variable. The Wilks' Lambda for the grouping variable was .983 with a significance level of .41.

Because overall differences were found to be significant for the covariate--the Spann-Fischer Codependency Scale--univariate tests were done on each dependent variable in isolation (see Table 5). The differences between groups were significant for family-of-origin health processes (F = 34.22, p < .001) for the Spann-Fischer.

Table 6 reflects that mean scores for codependent individuals (M = 129.53) were lower than the mean scores for non-codependent individuals (M = 141.94) suggesting that codependents do in fact come from less-healthy families of origin. There appears to be more of a relationship between codependency as measured by the covariate, the Spann-Fischer Codependency Scale, and the dependent variable of family-of-origin health, than a relationship between one's group status as a codependent as measured by the Codependent Acquaintance Description Form and family-of-origin health. The effect of group as defined by the Codependent Acquaintance Description Form was not significant (p = .34) for the level of family-of-origin health. There is some support for the hypothesis that family-of-origin health is related to level of codependency when measured by the Spann-Fischer Codependency Scale.
Table 5

Univariate Tests of Significance for Levels of Family-of-Origin Health and Differentiation Using the Codependent Acquaintance Description Form as the Independent Variable and the Spunt-Fischer Codependency Scale as Covariate

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family-of-Origin Health</td>
<td>37395.49</td>
<td>1</td>
<td>37395.49</td>
<td>34.22</td>
<td>.001</td>
</tr>
<tr>
<td>Marital Diff.</td>
<td>3498129.25</td>
<td>1</td>
<td>3498129.25</td>
<td>7.32</td>
<td>.01</td>
</tr>
<tr>
<td>Mother/Child Diff.</td>
<td>6215887.65</td>
<td>1</td>
<td>6215887.65</td>
<td>13.45</td>
<td>.001</td>
</tr>
<tr>
<td>Father/Child Diff</td>
<td>4360116.03</td>
<td>1</td>
<td>4360116.03</td>
<td>9.93</td>
<td>.001</td>
</tr>
</tbody>
</table>

Covariate-Level of Codependency

<table>
<thead>
<tr>
<th>Independent Variable/Group</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fam.-of-Origin Health</td>
<td>1007.90</td>
<td>1</td>
<td>1007.90</td>
<td>.92</td>
<td>.34</td>
</tr>
<tr>
<td>Marital Diff.</td>
<td>1453490.80</td>
<td>1</td>
<td>1453490.80</td>
<td>3.04</td>
<td>.08</td>
</tr>
<tr>
<td>Mother/Child Diff.</td>
<td>775421.40</td>
<td>1</td>
<td>775421.40</td>
<td>1.68</td>
<td>.20</td>
</tr>
<tr>
<td>Father/Child Diff</td>
<td>181839.91</td>
<td>1</td>
<td>181839.91</td>
<td>.40</td>
<td>.53</td>
</tr>
</tbody>
</table>

Error

<table>
<thead>
<tr>
<th>Category</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family-of-Origin Health</td>
<td>262284.59</td>
<td>240</td>
<td>1092.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Diff</td>
<td>114774883.3</td>
<td>240</td>
<td>478277.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/Child Diff</td>
<td>110953730.2</td>
<td>240</td>
<td>462307.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father/Child Diff</td>
<td>110246311.5</td>
<td>240</td>
<td>459359.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Maximum score for Family-of-Origin Health = 200. Maximum score for Differentiation = 3025.
Table 6

Multivariate Mean Differences Between Groups of Codependents and Non-Codependents Identified by the Codependent Acquaintance Description Form on Levels of Family-of-Origin Health and Differentiation

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family-of-Origin Health</td>
<td>Codep.</td>
<td>129.53</td>
<td>27.08</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>141.04</td>
<td>36.55</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>139.24</td>
<td>35.44</td>
<td>243</td>
</tr>
<tr>
<td>Marital Diff.</td>
<td>Codep.</td>
<td>1559.05</td>
<td>613.44</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>1831.44</td>
<td>714.27</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1788.85</td>
<td>706.09</td>
<td>243</td>
</tr>
<tr>
<td>Mother/Child Diff.</td>
<td>Codep.</td>
<td>1793.95</td>
<td>714.12</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>2026.38</td>
<td>694.17</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1990.45</td>
<td>700.97</td>
<td>243</td>
</tr>
<tr>
<td>Father/Child Diff.</td>
<td>Codep.</td>
<td>1776.13</td>
<td>621.49</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>1910.91</td>
<td>701.94</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1886.89</td>
<td>690.68</td>
<td>243</td>
</tr>
</tbody>
</table>

Note: Maximum score on Family-of-Origin Health = 200. Maximum score for Differentiation = 3025.
Hypothesis 3

This hypothesis predicted significant differences between groups of codependents and non-codependents with respect to the level of perceived differentiation in the marital subsystem of a family of origin. It further predicted that those classified as codependent would reflect less differentiation in the marital subsystem of a family of origin. Once again the grouping variable of codependent or non-codependent was based on scores obtained on the Codependent Acquaintance Description Form. The combined scores for the husband/wife and wife/husband dyad on the Differentiation-in-the-Family-System Scale determined the degree of perceived differentiation in the marital dyad of a family of origin. Scores on the Spann-Fischer Codependency Scale were used as the covariate, and represented level of codependency.

The level of differentiation in the marital dyad was one of four variables tested by MANCOVA in relation to codependency. Overall significance was achieved for the covariate, the Spann-Fischer Codependency Scale (Wilks' Lambda = .87, p < .001). The Wilks' Lambda was non-significant, (F = .983, p < .41) for the grouping variable, the Codependent Acquaintance Description Form.

As with the variable for family-of-origin health a univariate test was performed to determine whether any group differences could be attributed to the dependent variable, differentiation of the marital subsystem. Here, as in the overall results, significant group differences on the level of differentiation in the marital subsystem for the covariate, the Spann-Fischer Codependency Scale were obtained (F = 7.32, p < .01). In Table 5 it can be seen that no significance was found for the
grouping variable, the Codependent Acquaintance Description Form, on marital subsystem differentiation (F = 3.04, p < .08). There is support, therefore, for the hypothesis that codependent individuals would come from families with less-differentiated marital subsystems when the Spann-Fischer Codependency Scale measures codependency. As the statistics in Table 6 indicate, the mean for codependents (M = 1559.05) was lower for this variable than that of non-codependents (M = 1831.44). In addition to the differences observed in the means, the F of 7.32 (p < .01) for the covariate corroborates the significance of those differences.

Hypothesis 4

The fourth hypothesis is a continuation of the theme of differentiation in a family of origin. Group differences are believed to exist between groups of codependents and non-codependents with respect to the mother/child dyad in a family of origin, such that those in the codependent group will demonstrate less differentiation in the mother/child dyad of a family of origin. An individual's score on the Codependent Acquaintance Description Form was used to determine group, and the combined scores on the Differentiation-in-the-Family-System Scale for the mother/child and child/mother dyad in a family of origin were employed to determine the level of mother/child subsystem differentiation. Again, scores on the Spann-Fischer Codependency Scale were used as the covariate, and represented the level of codependency.

This was one of four dependent variables, which, when considered together in the same MANCOVA, manifested group differences between codependents and non-
codependents for the covariate, but not for the grouping variable. The Wilks Lambda of .87 (p < .001) was significant for the covariate, but was not significant (Wilks Lambda = .98, p < .41) for the grouping variable. Follow-up univariate tests revealed that there were significant differences between codependents and non-codependents for the dependent variable, level of differentiation in a mother/child subsystem on the covariate, the Spann-Fischer Codependency Scale (F = 13.45, p < .001). Again, as shown in Table 6, the means differed in the expected direction in that codependents had lower means (M = 1793.95) than non-codependents (M = 2026). The significant group differences for the mother/child dependent variable around the covariate, the Spann-Fischer Codependency Scale, lend support to the hypothesis that codependents would be more likely to come from families with a less-differentiated mother/child subsystem. Since there are no significant group differences between codependents and non-codependents on the degree of differentiation in the mother/child dyad, when the grouping variable, the Codependent Acquaintance Description Form, is used to determine group membership, the grouping variable is not related to the dependent variable. The covariate, the Spann-Fischer Codependency Scale, however, is significantly related to the dependent variable.

**Hypothesis 5**

As part of the overall attempt to demonstrate differences in the level of differentiation in a family, this hypothesis represents an attempt to predict the differences between groups of codependent and non-codependent individuals on levels of differentiation in the father/child subsystem in a family of origin. Scores on
the Codependent Acquaintance Description Form were used to determine group, and the combined scores on the Differentiation-in-the-Family-System Scale for the father/child and child/father dyad were used to determine the level of differentiation in the father/child subsystem. Scores on the Spann-Fischer Codependency Scale were used as the covariate and represented level of codependency.

The measure of father/child differentiation was one of four dependent variables in a MANCOVA that revealed no significant group differences or main effects (Wilks' Lambda .98, p < .41) for the grouping variable, the Codependent Acquaintance Description Form. However, the covariate, the Spann-Fischer Codependency Scale, produced a significant Wilks' Lambda of .87 (p < .001).

This was further corroborated when univariate tests were performed to determine the individual significance of each variable. As with the other three dependent variables, group differences were only significant for the covariate, the Spann-Fischer Codependency Scale. For the father/child subsystem the test produced a significant F of 9.93 (p < .001). As shown in Table 5, for the Codependent Acquaintance Description Form, the grouping variable used, there was no significant difference between groups (F = 4.0, p < .53). The mean differences between codependents and non-codependents (M = 1770.13 and M = 1910.90 respectively) on the variable of father/child subsystem differentiation were found to be in the expected direction, with codependents obtaining scores that indicated less differentiated father/child subsystems (See Table 6).
Significant group differences were found to exist on levels of codependency, as measured by the Spann-Fischer Codependency Scale, in relation to the dependent variable, the father/child subsystem, lending support to the hypothesis that codependents would be more likely to come from families in which there is a less-differentiated father/child subsystem. Thus, codependency, as measured by the Spann-Fischer Codependency Scale, is significantly related to the dependent variable—father/child differentiation. There is no significance of the grouping variable, the Codependent Acquaintance Description Form, for the father/child differentiation variable.

Hypothesis 5

It was postulated that significant differences would exist between men and women on measures of codependency and on the three subsystem measures of differentiation in a family of origin. In order to test this hypothesis, a separate MANOVA was done using gender as the group or independent variable. The dependent variables were the level of codependency, as measured by the Spann-Fischer Codependency Scale, and the three subsystem scores (marital, mother/child, father/child) from the Differentiation-in-the-Family-System Scale, measuring the levels of subsystem differentiation in a family of origin. The MANOVA provides a test of differences between groups, in this case males and females, on the four dependent variables simultaneously. A Wilks Lambda for over-all variance achieved an F of .99 (p < .07) indicating that the differences are not significant. The information provided in Table 7 attests to the fact that there are very slight to negligible mean differences between males and females on the four dependent
Table 7

Multivariate Mean Differences Between Groups of Males and Females on Levels of Codependency and Differentiation in a Family of Origin

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Group</th>
<th>Mean</th>
<th>Sd. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spann-Fischer Codependency Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46.04</td>
<td>14.13</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>48.57</td>
<td>13.58</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>47.73</td>
<td>13.79</td>
<td>243</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marital Diff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1858.05</td>
<td>672.25</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1754.25</td>
<td>721.96</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1788.85</td>
<td>706.09</td>
<td>243</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother/Child Diff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2079.05</td>
<td>654.77</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1946.15</td>
<td>720.84</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1990.45</td>
<td>700.97</td>
<td>243</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Father/Child Diff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1888.20</td>
<td>662.56</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1889.24</td>
<td>706.33</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1888.89</td>
<td>690.68</td>
<td>243</td>
<td></td>
</tr>
</tbody>
</table>

Note: Maximum score on Codependency = 96. Maximum score on Differentiation = 3025

variables. These results bear out the null hypothesis that there are no significant differences between men and women on the degree of codependency, and on the degree of differentiation in a family of origin as represented by three subsystem scores for the marital dyad, the mother/child dyad, and the father/child dyad.
Further Analyses

The Codependent Acquaintance Description Form was used to determine whether an individual was to be considered codependent or non-codependent in Hypothesis 1. A chi-square was then performed to assess whether those individuals identified as codependent or non-codependent were more likely to be in relationship with an alcoholic. In this instance, because only a small number of codependents were identified using the Codependent Acquaintance Description Form, a second chi-square was done using the Spann-Fischer Codependency Scale to determine codependent groups. The Spann-Fischer produced a single continuous score of codependency. Fischer, Spann, and Crawford (1991) were successful in producing some norms for high and low scores. Therefore, to identify groups of codependents, it was necessary to use their norms to construct a cut-off point in the Spann-Fischer Codependency Scale, such that individuals scoring higher than the cut-off would be considered codependent, and those scoring lower would be considered non-codependent. To accomplish this, an average of high and low scores from their data was taken, providing a mean score of 52.3 (Fischer, Spann & Crawford, 1991). Therefore, an individual scoring 53 or higher was considered codependent.

The chi-square using the Spann-Fischer Codependency Scale revealed in Table 8 that roughly equal percentages of those “in” relationships with alcoholics and “not in” relationships with alcoholics were codependent (40.4% and 32.5%) as were non-codependent (59.6% and 67.5%) Because the Spann-Fischer is a continuous variable that was made into a categorical one, some information may have been lost. To rectify this, an ANOVA was run using the Spann-Fischer Codependency Scale as
Table 8
Chi Square Distribution for Group by Codependency Using the Spahn- Fischer Codependency Scale

<table>
<thead>
<tr>
<th>Group</th>
<th>Codependency</th>
<th>Non-Codep.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Codep.</td>
<td>Non-Codep.</td>
<td></td>
</tr>
<tr>
<td>Not in Relationship with Alcoholic</td>
<td>62</td>
<td>129</td>
<td>191</td>
</tr>
<tr>
<td>Count</td>
<td>32.5%</td>
<td>67.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% within Group</td>
<td>74.7%</td>
<td>80.6%</td>
<td>78.6%</td>
</tr>
<tr>
<td>% within Codependency</td>
<td>25.5%</td>
<td>53.1%</td>
<td>78.6%</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Relationship with Alcoholic</td>
<td>21</td>
<td>31</td>
<td>52</td>
</tr>
<tr>
<td>Count</td>
<td>40.4%</td>
<td>59.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% within Group</td>
<td>25.3%</td>
<td>19.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>% within Codependency</td>
<td>8.6%</td>
<td>12.8%</td>
<td>21.4%</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>160</td>
<td>243</td>
</tr>
<tr>
<td>Count</td>
<td>34.2%</td>
<td>65.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% within Group</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% within Codependency</td>
<td>34.2%</td>
<td>65.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

the dependent variable with those in relationship with an alcoholic, and not in relationship with an alcoholic as the groups or independent variables.

Table 9 shows that those in relationship with an alcoholic had a mean of 50.8 while those not in relationship with an alcoholic had a mean of 46.9. However, because the group size was unequal and skewed it was necessary to test for homogeneity of variance before any inferences could be made. Differences attributed to the effects of the dependent variable rest on the assumption that the groups are
Table 9

Mean Differences Between Groups of Individuals "In" and "Not in" Relationship with an Alcoholic on Level of Codependency Measured by the Spann-Fischer Codependency Scale

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Std Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in Relationship W/Alcoholic</td>
<td>191</td>
<td>46.90</td>
<td>13.49</td>
</tr>
<tr>
<td>In Relationship W/Alcoholic</td>
<td>52</td>
<td>50.79</td>
<td>14.55</td>
</tr>
<tr>
<td>Total</td>
<td>243</td>
<td>47.73</td>
<td>13.79</td>
</tr>
</tbody>
</table>

Note. Maximum score for codependency = 96

Equivalent in other aspects. Unequal groups increase the possibility that differences elicited by the test will be attributable to group size and not to the variable. This increases the potential for Type I error and makes the results ambiguous. The homogeneity of variance assumption must be tested to ensure that the group size is not in violation of that assumption. This was done with a Levene statistic. The null hypothesis being tested is that there is homogeneity of variance despite the unequal group size. The Levene generated an F of 1.20, which was not significant (p < .28). This result supported the null hypothesis indicating that the assumption of homogeneity was not violated, thereby making it possible to make inferences from the data.

Table 10 indicates that the ANOVA that was run did not yield significant differences (F = 3.29, p < .07). This would seem to imply that even when using the Spann-Fischer Codependency Scale as a continuous variable, those in relationships
Table 10

Univariate Analysis of Variance Between Groups of Individuals “In” and “Not in” Relationship With an Alcoholic and the Degree if Codependency as Measured by the Spann-Fischer Codependency Scale

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Sq.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>619.50</td>
<td>1</td>
<td>619.56</td>
<td>3.3</td>
<td>.97</td>
</tr>
<tr>
<td>Within Groups</td>
<td>45386.58</td>
<td>241</td>
<td>188.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46006.07</td>
<td>242</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

with alcoholics are no more likely to obtain a high score on the Spann-Fischer than are those not in relationships with alcoholics. This, in turn, seems to verify the chi-square, which found that those classified as codependents were not more likely to be in relationships with alcoholics that those classified as not codependent.

The MANCOVA run to determine differences between codependents and non-codependents demonstrated no appreciable significance when the Codependent Acquaintance Description Form was used to identify codependents. That analysis revealed, however, that there seemed to be significant differences on all the dependent variables for the covariate, the Spann-Fischer Codependency Scale. Since the Spann-Fischer is also an instrument designed to distinguish between codependents and non-codependents, but focuses on eliciting the internal characteristics of codependency, it seemed reasonable to evaluate whether that significance was maintained if the Spann-Fischer were used to determine groups of codependents and non-codependents.
In a MANOVA using the scores on the Sufn-Fischer as the independent variable and the scores on the Family-of-Origin Scale and the Differentiation-in-the Family-System Scale for the family-of-origin health processes, and the marital, mother/child, and father/child levels of differentiation as dependent variables, significant differences were elicited on all four dependent variables when considered simultaneously. The multivariate test of family-of-origin health, marital differentiation, mother/child differentiation, and father/child differentiation by group (codependent or non-codependent) was significant (Wilks' Lambda = .921, p < .001).

When univariate tests were applied to each dependent variable in isolation (See Table 11), F statistics were achieved that demonstrated differences between groups that were significant for family-of-origin health ($F = 19.20, p < .001$), for marital differentiation ($F = 3.81, p < .05$), for mother/child differentiation ($F = 7.22, p < .01$), and for father/child differentiation ($F = 5.91, p < .02$). The mean scores for codependents were lower than non-codependents on the Family-of-Origin Scale with scores of 125.90 and 146.21 respectively (see Table 12). The mean for codependents on the level of differentiation in the marital subsystem was 1666.76 compared to the mean for non-codependents of 1852.18. Similarly, lower means were obtained for codependents and non-codependents on mother/child differentiation ($M = 1824.80$ vs. $M = 2076.39$), and on father/child differentiation ($M = 1740.84$ vs. $M = 1965.69$) (see Table 12).

In an effort to determine whether any of the factors on the Codependent Acquaintance Description Form were related to any of the dependent variables, a correlation matrix was developed. None of the three factors taken individually
Table 11

Univariate Tests of Significance for Levels of Family-of-Origin Health and Differentiation by Group Using the Spann-Fischer Codependency Scale

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codependency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family-of-Origin Health</td>
<td>22429.67</td>
<td>1</td>
<td>22429.67</td>
<td>19.20</td>
<td>.001</td>
</tr>
<tr>
<td>Marital Diff</td>
<td>1878950.44</td>
<td>1</td>
<td>1878950.44</td>
<td>3.81</td>
<td>.05</td>
</tr>
<tr>
<td>Mother/Child-Diff</td>
<td>3459286.71</td>
<td>1</td>
<td>3459286.71</td>
<td>7.22</td>
<td>.01</td>
</tr>
<tr>
<td>Father/Child-Diff</td>
<td>2762988.26</td>
<td>1</td>
<td>2762988.26</td>
<td>5.91</td>
<td>.02</td>
</tr>
<tr>
<td>Error</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family-of-Origin Health</td>
<td>281503.00</td>
<td>241</td>
<td>1168.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Diff</td>
<td>118772340.9</td>
<td>241</td>
<td>492831.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/Child-Diff</td>
<td>115449671.5</td>
<td>241</td>
<td>479044.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father/Child Diff</td>
<td>112678751.0</td>
<td>241</td>
<td>467546.68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Maximum score on Family-of-Origin Health = 200. Maximum score on Differentiation = 3025
Table 12

Multivariate Mean Differences Between Groups of Codependents and Non-Codependents Identified by the Spanz-Fischer Codependency Scale on Levels of Family-of-Origin Health and Differentiation

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family-of-Origin Health</td>
<td>Codep.</td>
<td>125.90</td>
<td>33.72</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>146.16</td>
<td>34.41</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>139.24</td>
<td>35.44</td>
<td>243</td>
</tr>
<tr>
<td>Marital Diff.</td>
<td>Codep.</td>
<td>1666.76</td>
<td>669.26</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>1852.18</td>
<td>718.33</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1788.85</td>
<td>706.69</td>
<td>243</td>
</tr>
<tr>
<td>Mother/Child Diff.</td>
<td>Codep.</td>
<td>1824.80</td>
<td>715.89</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>2076.39</td>
<td>679.55</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1990.45</td>
<td>700.97</td>
<td>243</td>
</tr>
<tr>
<td>Father/Child Diff.</td>
<td>Codep.</td>
<td>1740.84</td>
<td>692.15</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>N/Codep.</td>
<td>1965.69</td>
<td>679.42</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1888.89</td>
<td>690.68</td>
<td>243</td>
</tr>
</tbody>
</table>

Note: Maximum score for Family-of-Origin Health = 200. Maximum score for Differentiation = 3025.
produced any statistically significant correlation with any of the dependent variables.

As can be seen in Table 13 the only possible exception to this was a weak, but
significant correlation of Factor I, a Positive and Rewarding Relationship, with all of
the dependent variables.

That same correlation matrix did show, however, a very strong, significant
relationship between the scores on the Family-of-Origin Scale and each of the three
differentiation scores of the Differentiation-in-the-Family-System Scale (see Table
13). This would seem to validate the theoretical assumption that health in a family of
origin is related to how differentiated family members are from each other.

Table 13

Pearson Product-Moment Correlation Matrix Between Factor 1 of the
Codependent Acquaintance Description Form and the Dependent Variables
of Level of Family-of-Origin Health and Differentiation

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADF-C5 - Factor I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Rewarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family-of-Origin</td>
<td>.326**</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation-</td>
<td>.267**</td>
<td>.650**</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Marital Subsystem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation-</td>
<td>.284**</td>
<td>.733**</td>
<td>.640**</td>
<td>--</td>
<td>.578**</td>
</tr>
<tr>
<td>Mother/Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation-</td>
<td>.234**</td>
<td>.661**</td>
<td>.727*</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Father/Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. **p < .01 (2-tailed)
CHAPTER V

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Restatement of the Problem

The goal of this research study was to attempt to facilitate an increased understanding of the etiology and nature of codependency. The lack of a clear definition, combined with an almost messianic grassroots acceptance of codependency as a construct, has spawned a debate among professionals as to the legitimacy of codependency as a problem (Peele, 1985; Cormak, 1991; Wright & Wright, 1991; VanWormer, 1989). While clearly a significant part of self-help programs associated with alcoholism, codependency became a “buzzword” to describe an ever-widening variety of behaviors, attitudes, and emotional reactions. This has rendered the term virtually useless as a tool for understanding it as a specific problem.

In order to remove codependency from its exclusive relationship with alcoholism, and to eliminate some of the mystique surrounding the term, the focus of this study involved an attempt to identify some of the correlates of codependency as a psychological construct. This process required the researcher to investigate and identify, based on prior research, these variables that seemed most relevant to codependency. The process also required exploring codependency from the standpoint of established psychological and family dynamic theories. Through a review of the literature, four factors emerged as relevant to codependency: the
relationship of an individual with an alcoholic, the degree of health in a family of origin, the level of differentiation in a family of origin, and gender.

In an effort to incorporate these factors into a study, several separate designs were used. A frequency distribution was employed to discover the accuracy of the assumption that association with an alcoholic was sufficient to define codependency. This was accomplished by establishing a measure for determining codependency and soliciting responses on the demographics sheet about one’s relationship with an alcoholic. The second part of the study entailed assessing the potential relationship between codependency and various family-of-origin variables to explore the impact of families of origin in the development of codependency. This was accomplished by soliciting responses from participants about their perceptions of the patterns of relating in a family of origin. By obtaining responses about reciprocal dyadic relationships, a more complete picture of the family emerged. Comparing codependents with non-codependents allowed the researcher to identify differences in the nature of the family relationships of both groups.

Lastly, the impact of gender was studied. Anecdotally and in the literature, it made sense that there might be differences between males and females on levels of codependency and on how differentiation occurred. The goal was to assess the contribution of the gender variable to levels of codependency and levels of differentiation in a family of origin.

While the findings tend to support some of the theoretical assumptions articulated in Chapter 1 as well as the findings of previous research, there were several areas in which those assumptions were not validated. One of the instruments
used was not as effective as expected in differentiating codependents from non-

A chapter is devoted to a discussion of the results of the study, its

Overview of Sample and Measurements

The sample for this study was comprised of 81 males and 162 females

recruited from the membership of Alanon meetings (74 participants), the staff of a

local community mental health agency (47 participants), and the undergraduate

students of a four-year coeducational university in Northern New Jersey (122

participants). Responses were obtained to four questionnaires: (a) the Spann-Fischer

Codependency Scale (Spann & Fischer, 1990), (b) the Codependent Acquaintance

Description Form (Wright & Wright, 1998), (c) the Family-of-Origin Scale

(Hovestadt, et al., 1985), (d) the Differentiation-in-the-Family-System Scale

(Anderson & Sabatelli, 1992). Completion of these instruments provided the data

needed to explore the relationship between codependency and alcoholism, between

codependency and family-of-origin health and differentiation, and between

codependency, early family-of-origin dynamics and gender.

Discussion of Hypothesis 1

The first hypothesis involved predicting that those in relationships with

alcoholics would score higher on a measure of codependency. This was based on the

literature review findings that understanding codependency grew out of the Twelve-

Step program of Alcoholics Anonymous, and assumed that an association with an
alcoholic qualified one as codependent (Steinglass et al., 1987). This premise was based on the recognition that family members involved with alcoholics began to exhibit similar dysfunctional behaviors in response to the progression of the disease of alcoholism. As use of the term codependency was applied beyond an association with alcoholics into areas such as gambling, eating, and sex, however, questions arose as to its relationship to other factors. Recognition of the fact that individuals in a variety of situations behaved in ways that could be considered codependent suggested that codependency might exist independently from a relationship with an alcoholic (Edwards, Harvey & Whitehead, 1973). Popular belief as well as research originating out of Twelve-Step programs would assume that codependents would be more likely to be those in a relationship with an alcoholic (Cermak, 1991). The findings of this study, however, did not support that contention. The chi-square test for independence found that those identified as codependent were no more likely than non-codependents to be in relationships with alcoholics. Thus, the null hypothesis, that there are no differences in the degree of codependency among those in relationship with an alcoholic, and those not in relationship with an alcoholic, is supported.

The Codependent Acquaintance Description Form (ADF-C5) was used to classify codependent and non-codependent individuals. This instrument was able to identify only 38 codependents making the resulting groups unequal and skewed. Although the homogeneity of variance was maintained as evidenced by the Levene statistic, the frequency distributions may have been affected by the disparity in numbers in some groups.
In this instance, because the data are nominal, the chi-square in which the degree of association between a dichotomous group variable and a dichotomous dependent variable was used. Here, it is employed to compare groups of codependents and non-codependents on the frequency of being in a relationship with an alcoholic. The chi-square test for this set of data did not support the hypothesis that group differences would exist, but instead supported the null hypothesis that no differences between groups would be found. For this population sample, relationship with an alcoholic was independent of level of codependency, or codependents were not more likely to gravitate to a relationship with an alcoholic. This result, while casting doubt on the assumptions of popular knowledge regarding codependency’s relationship to alcoholism, provides some support for the expansion of codependency as a potentially useful construct related to other variables.

Because the chi-square is a non-parametric test, its ability to detect meaningful relationships is limited. An additional analysis was done using the Spann-Fischer, which was able to identify a larger group of codependents, to attempt to corroborate the results of the chi-square using the Codependent Acquaintance Description Form. The results were essentially the same, with frequencies of 46.4% and 32.5% for codependents “in” and “not in” relationship with an alcoholic, respectively, and with frequencies of 59.6% and 67.5% for non-codependents “in” and “not in” relationship with an alcoholic, respectively. Potential information about codependency that might have been gained from the Spann-Fischer was lost in the categorical nature of the chi-square. In order to capture more of the continuous data of the scale, an analysis of variance (ANOVA) was used to determine if there were
group differences among those in relationship with an alcoholic and those not in relationship with an alcoholic. This too failed to detect significant differences in levels of codependency between the two groups, seemingly adding credibility to the non-parametric test.

In addition to difficulties with the nonparametric nature of the chi-square test, there are other factors that may have negatively affected the outcome of this particular test, making it difficult to draw conclusions. The first involves the nature of codependency itself. In order to designate an individual a member of the codependent group, it was necessary to establish a cut-off point in the scores on the Spann-Fischer Codependency Scale. The Spann-Fischer Codependency Scale is a continuous measure with higher scores reflecting greater codependency. Using ranges provided by the authors of the test, a score of 53 or higher was used to decide membership in the codependent group. This inexact process may have created grouping difficulties by excluding some in relationship with an alcoholic or by including some not in relationship with an alcoholic. In addition, the arbitrary delineation of a cut-off point for determining codependency, regardless of how theoretically sound, essentially treats a continuous variable as a categorical one.

While the authors of the test have used the Spann-Fischer Codependency Scale to determine groups of codependents and non-codependents, the line between the two groups is somewhat fluid, and therefore conclusions drawn from its use limited (Fischer, Spann & Crawford, 1991).

Some of those in relationship with an alcoholic may have scored too low on codependency measures because the qualifying alcoholic may have been a more
distant relationship than a spouse, parent or child. In addition, individuals were asked
if they were in a current relationship with an alcoholic. Some of those scoring high
on the codependency measure may have been in a relationship with an alcoholic in
the past, such as a parent, but are not now. Some participants were recruited from
Alanon meetings. As a result, the process of the Alanon Twelve-Step program may
in fact have reduced the level of codependency in these individuals, causing them to
be included in the non-codependent group despite the fact that they are in a
relationship with an alcoholic.

Because of these difficulties, the results must be viewed with some
skepticism. At the very least, however, despite these limitations, the results of the
testing of the first hypothesis cast some doubt as to the exclusive association of
codependency with alcoholism. The popular belief that being in a relationship with
an alcoholic is sufficient for codependency cannot be assumed. These results also
imply the presence of other variables related to codependency.

Discussion of Hypothesis 2

The second hypothesis was part of an attempt to demonstrate the relationship
of codependency to elements of family-of-origin dynamics. The literature review
revealed similarities between elements of codependency and the processes of
separation/individuation and differentiation—two theoretical concepts from ego
psychology and family-systems theory respectively (Whitfield, 1989; Morgan, 1991).
This precipitated an investigation into the possibility that family-of-origin dynamics
instrumental in facilitating those two processes might be related to the development
of codependency. Some of the literature alluded to the fact that codependency
probably originates in a dysfunctional family-of-origin (Friel & Friel, 1988), but the specifics of that dysfunction were not detailed. This seemed a productive avenue to consider since multigenerational transmission is part of the popular culture surrounding codependency in Alarcon. A recognized anecdotal pattern in alcoholic families is the notion that many who grew up with alcoholic parents eventually married alcoholics themselves. In addition, the very nature of codependency, as defined by Cernak (1991) and others, connotes a disturbance in the process of separation, attachment, and subsequently differentiation.

To test the second hypothesis the Codependent Acquaintance Description Form was the independent variable with the Spann-Fischer Codependency Scale used as a covariate in a MANCOVA analysis. While the Codependent Acquaintance Description Form was able to distinguish only 38 codependents from the population sample, this was enough of a sample to maintain equality of covariance according to the Box’s M statistic, which was not significant. The results of the MANCOVA revealed there were no significant overall group differences on the dependent variables for the grouping variable, the Codependent Acquaintance Description Form. There were, however, significant overall differences related to the scores on the covariate, the Spann-Fischer Codependency Scale. The Spann-Fischer was believed to discern the more internal characteristics of codependency. What this finding seems to reflect is a possible relationship between internal qualities of codependency and family-of-origin health, and family-of-origin levels of differentiation. The Codependent Acquaintance Description Form was not significant on any of the
dependent variables. Follow-up univariate tests revealed significance for the covariate or the family-of-origin health dependent variable specifically.

A subsequent analysis using the Spann-Fischer Codependency Scale to identify codependents was also performed in an effort to clarify the sensitivity of the Spann-Fischer’s relationship to the dependent variables. In this analysis, a MANOVA was done. When the Spann-Fischer Codependency Scale was used as the independent variable, significant differences were found between codependents and non-codependents on the degree of health in a family of origin. The Family-of-Origin Scale was designed to capture how well a family fosters and encourages the development of both intimacy and autonomy in its members. This was a way to define family health and dysfunction in terms of the degree of separation and attachment.

This view is theoretically congruent with both ego psychology (Mahler, Pine & Bergman, 1975) and Bowen’s family theory (Bowen, 1961). In theory, ego psychologists have maintained that successful accomplishment of the tasks of separation and attachment set the stage for an individual’s eventual ability to become more differentiated from a family (Colarusso, 1990). Bowen (1961) theorized that the family system’s tolerance for autonomy and intimacy was conceptually related to its level of differentiation. The Family-of-Origin Scale provides some validation for those theories in that it measures family health as a function of the ability to build capacities for intimacy and autonomy. The results tend to confirm a dysfunction in a family of origin for codependents that is related to the ability to separate and attach, and to the subsequent capacity for autonomy and intimacy.
The second hypothesis predicted that groups would differ with codependents scoring lower on the Family-of-Origin Scale. The hypothesis was supported with significantly lower means for codependents than non-codependents. However, only the Spann-Fischer Codependency Scale, in a follow-up F test, was shown to support the hypothesis by obtaining significance for the family-of-origin health variable. In the original MANCOVA, the group differences were significant for the Spann-Fischer as the covariate, but not for the grouping variable. The implication here is that the Spann-Fischer Codependency Scale, as an instrument, is very sensitive to all four dependent variables. It may also mean that the internal characteristics of codependency, believed to be measured by the Spann-Fischer Codependency Scale, are what are related to the various dependent variables. While only one measure was able to elicit differences, the demonstrated reliability and validity of the Spann-Fischer Codependency Scale, as well as its high correlation to the Codependent Acquaintance Description Form (Wright & Wright, 1999) suggest that the failure of the Codependent Acquaintance Description Form to elicit the same differences may have had more to do with the instrument itself. This result lends credibility to the notion that codependency is a measurable construct, and that it is related to variables other than an association with an alcoholic. In addition, the results validate the belief that codependency is related to some dysfunction in a family of origin, and provides some specifics as to the type of dysfunction implicated in the development of codependency.

Several factors may have impacted the responses of participants with respect to the Family-of-Origin Scale. Because of the extensive age range of participants,
perceptions of a family of origin may be colored by age, not only with respect to memory, but also with respect to where one is in the differentiation process from a family of origin. For example, a participant 18 years of age may be still fairly tied to a family of origin, and may, therefore, answer questions from a more attached perspective than a participant 40 years of age.

The responses of older individuals may have been affected by their current contact with a family of origin, and long-term memory. Even though participants were asked to answer questions based on their perceptions at age sixteen, an individual aged forty may have a less accurate memory of the family as a sixteen year old. Additionally, the forty-year-old participant may not be able to separate perceptions at age sixteen from the influence of current perceptions of the family at age sixteen. There is also a legitimate question as to how differentiated a sixteen-year-old individual is with regard to a family of origin since developmentally sixteen could be considered the beginning of a process that extends over many years.

Additionally, the grouping difficulties inherent in using the Spann-Fischer Codependency Scale as a categorical variable must be considered here as possibly impacting outcomes. The authors of the scale (Fischer, Spann, & Crawford, 1991) did use the instrument to distinguish between codependents and non-codependents by establishing what they considered high and low scores, so there is some precedent for using the instrument in this way. They also provided some parameters for what could be considered high and low scores. Nevertheless, the establishment of a cut-off point is somewhat arbitrary and may have affected how the groups were formed.
These factors notwithstanding, the significant differences in the mean scores between the two groups around the Spann-Fischer Codependency Scale, whether used as a covariate or an independent variable, provided some validation for codependency as a measurable construct, and support the notion that it seems to have some relationship to the characteristics of a family of origin.

Discussion of Hypothesis 3

The third hypothesis was based on the prediction codependents and non-codependents would differ in mean scores on a measure of differentiation in the marital subsystem of a family of origin. These scores are part of a larger measure of differentiation in a family system. The Differentiation-in-the-Family-System Scale concerns family differentiation through dyads. For instance, the level of differentiation in the marital subsystem would be the combined scores of a husband’s relationship to his wife and a wife’s relationship to her husband. This structure allows for individual differences in differentiation to be expressed within a relationship, and to be captured in the score. Thus, a husband might be more differentiated from his wife than she is from him. Since the scores are combined, the total score reflects their different levels of differentiation vis-a-vis each other. The fact that the family is not taken as a whole but is broken down into dyads increases the possibility that the differentiation score will be accurate. This echoes Minuchin’s (Minuchin & Fishman, 1981) concept of a holon since each unit, a dyad, is a whole and a part of a whole at the same time.

The essence of differentiation is the ability to be separate from the emotional field of the family, yet still maintain an attachment to it (Friedman, 1991). In that
sense, the Differentiation-in-the Family-System Scale provides a validation of sorts for the Family of Origin Scale since it would seem reasonable that if a family of origin were able to foster both autonomy and intimacy, it would also reflect differentiation among its members. Some support for this can be found in significant robust correlations between the scores on the Family-of-Origin Scale and the three levels of differentiation of the Differentiation-in-the-Family-System Scale (See Table 13).

The results for this portion of the study are reflected in three separate differentiation scores, covering the three most important dyadic relationships in a family for a participant, the marital subsystem, the mother/child subsystem, and the father/child subsystem. The third hypothesis implies that group means will differ significantly on the differentiation scores for the marital subsystem, and that codependents will have significantly lower means than non-codependents. This hypothesis was confirmed in the MANCOVA analyses, and in the follow-up univariate tests, in that the observed mean differences between groups (see Table 5) show codependents with lower mean scores, and in the significance found on the covariate, the Spann-Fischer Codependency Scale, for the marital subsystem differentiation variable. The Spann-Fischer was responsible for a significant amount of the variance on all four dependent variables, implying some relationship between codependency as measured by the Spann-Fischer and the family-of-origin and differentiation variables. In a subsequent MANOVA the Spann-Fischer, which was used as the independent variable, was again able to elicit significant differences on the family-of-origin and differentiation variables.
This result suggests some confirmation of the direction of the investigation on codependency, demonstrating a strong association with family-of-origin variables and more specifically, those variables relating to differentiation. According to the theory of multigenerational transmission (Framo, 1976), relational patterns are learned and passed down through the generations, and, in this instance, marital subsystems that do not reflect high levels of differentiation tend to pass those levels of differentiation on to their children. It, therefore, makes a certain amount of sense that an individual with a high level of codependency would have observed an undifferentiated marital relationship.

Discussion of Hypothesis 4

The fourth hypothesis was focused on the mother/child dyad in predicting that codependents would also score lower on the measure of differentiation in the mother/child relationship than would non-codependents. This set of responses involves the participant as the child in the dyad, and, as a result, may be more representative of the patterns learned from a particular family. Again, the results of the MANCOVA and of the follow-up univariate tests produced no significant groups differences for the grouping variable, the Codependent Acquaintance Description Form, but significance for the covariate, the Spann-Fischer Codependency Scale. When a subsequent MANOVA was done using the Spann-Fischer Codependency Scale to create the groups of codependents and non-codependent individuals, significant differences were disclosed that appear to bear out the hypothesis that codependents will have a less-differentiated mother/child relationship in a family of origin. For this dyad, codependents also obtained significantly lower mean scores
than did non-codependents. Again, the Spann-Fischer as reflective of the internal characteristics of codependency (Wright & Wright, 1999) seems to be related to the dependent variable ($F = 7.22, p < .01$).

The score on the Differentiation-in-the-Family-System Scale reflects an individual's perception of his or her own level of differentiation with respect to a mother indicating that differentiation is both observed and experienced. Of course all of the previously mentioned problems relating to the reliability of perceptions hold true for this measure as well. What is interesting is that individuals who were codependent observed less-differentiated relationships in their families of origin, and were a part of less-differentiated relationships in that family of origin.

Discussion of Hypothesis 5

This hypothesis is the counterpart of hypothesis four in that it addresses the relationship between the participant and his or her father. Again the scale is picking up perceptions about a relationship that was experienced rather than observed, and again the results are consistent with results obtained in the other three dependent variables. In the MANCOVA analysis, and in univariate tests, significance was achieved for the covariate, the Spann-Fischer Codependency Scale, on the dependent variable of father/child differentiation, but not for the grouping variable, the Codependent Acquaintance Description Form.

Allowing for the potential of distortion inherent in relying on perceptions of a past experience, these results are consistent with the other two measures of differentiation in a family of origin. Also similar to the previous dependent variables and their ability to affect the independent variables, the overall effect of first analysis
was not significant. The covariate did generate some significant differences, however, suggesting that the Spann-Fischer Codependency Scale may be related to the family-of-origin and differentiation variables.

The same problems occur here as with the other dependent variables, with respect to the two measures of codependency. The Codependent Acquaintance Description Form, while a categorical measure and, therefore, better able to determine groups, did not yield enough codependents to provide a large enough sample. Although statistically the group of codependents was not in violation of the equal-variance assumption, the numbers are so skewed as to allow some question about the results. That having been said, the instrument was not successful in detecting any variance between groups on any of the dependent variables. This was perhaps because of the small group size. The Codependent Acquaintance Description Form was intended to elicit the relational characteristics of codependency. It is possible that what the data show is that the relational characteristics of codependency are not affected by the family-of-origin-dependent variables.

The Spann-Fischer Codependency Scale, while sensitive to the dependent variables poses difficulties in grouping because it is a continuous measure, and does not entirely lend itself to use as a grouping factor. The ANOVA that was done using the Spann-Fischer Codependency Scale as a continuous variable, however, did elicit the same results as when that instrument was used as a categorical variable, with respect to codependency's connection to a relationship with an alcoholic, implying that it could distinguish between codependents and non-codependents. Additionally, it is a measure purported to pick up the internal characteristics of codependency, and,
as such, may be that which is ultimately related to the family-of-origin variables. As with the other dependent variables, the Spann-Fischer, when used as an independent variable in a follow-up analysis, was shown to be significantly affected by all four of the dependent variables (see Table 10).

The fact that all three measures representing differentiation in different dyads in a family were significantly different for codependents, when the Spann-Fischer Codependency Scale determined codependency, provides some credibility for the total findings regarding differentiation in a whole family of origin. It appears that codependency is related to the level of differentiation of the family as a whole. The results for the main thrust of the study, that is the relationship of the independent or grouping variable to the dependent family-of-origin variables, tend to disconfirm the assumptions about the relationship of codependency to family-of-origin variables, but this may be more related to the instrument than to codependency itself.

Discussion of Hypothesis 6

Evidence in the literature as well as observed attendance at Alanon meetings led the researcher to question the implications of gender on codependency. Feminist criticism of some of the separation and attachment theories (Gilligaa, 1982; Franz & White, 1982), as well as rejection of the pathologizing of feminine attributes in the popularized codependency literature (VanWormer, 1989), fostered an inquiry into whether those assumptions could be measured in some way. The third portion of the study was another MANOVA to explore group differences between men and women on levels of codependency and on levels of differentiation. Is the reason there are so few men in codependency recovery because there are few men who are codependent,
or are other variables at work? Do men tend to be more differentiated from families of origin than women? Some of the literature denoted that codependency was related to the ways in which women are socially trained to relate (Ukle, 1994; Haaken, 1990). There was some evidence of differences between men and women with respect to the process of separation/individuation (Lopez, Campbell & Watkins, 1988; Moore, 1987). The assumption was made that there might be differences in the degree to which men were differentiated from families of origin as well since differentiation was linked in some of the literature to those processes (Romig & Bukken, 1992).

The results of this portion of the study did not meet the expectations of the hypothesis. There were no significant differences between men and women on either the degree of codependency, or on any of the three measures of differentiation in a family of origin. Because there were no gender differences on any of the three differentiation dyads, no information is obtained, and no speculation can be made about differentiation from the same-sex or opposite-sex parent. The expectation was that women would measure as more-codependent and less-differentiated from a family of origin. The fact that this was not confirmed by the results creates questions about whether other variables may be creating the impression of gender differences.

There are several explanations possible for this outcome. For one, the statistical reality that there are more reported male alcoholics than female ensures that most of those seeking help for coping with an alcoholic will be women (U.S. Department of Health and Human Services, 1995). This premise relies on the assumption that codependency is related to alcoholism. The results of this study,
however, suggest that having a relationship with an alcoholic is independent of codependency, so the assumption that, because there are fewer men in relationships with alcoholics, there will be fewer male codependents may be erroneous. Despite some evidence in the literature review that gender differences exist (Lopez, Campbell, & Watkins, 1988), when it comes to codependency many of these are speculative and theoretical in nature. It seems likely that the observed skew in attendance at Twelve-Step meetings for codependency is related to other variables. Two studies responsible for the development of instruments for measuring codependency are some of the only examples of actual scientific research applied to codependency. These researchers reported slight or non-significant gender differences with respect to codependency (Spans, Fischer, & Crawford, 1991; Wright & Wright, 1990).

Differences cited in the literature between males and females around individuation and separation (Kenny & Donaldson, 1991; Moore, 1987) may not hold true when associated with codependency. While those gender differences related to separation/individuation could be hypothesized to relate to differentiation because of the connection between the processes, many of the differences were around very specific elements of the separation process that might, therefore, not impact separation as a whole and, ultimately, differentiation (Josepts, Markas & Taficodi, 1992; Lopez et al., 1988). The differentiation measure may not necessarily be picking up the same information as the various separation measures.

Most of the cited studies involved participants within a narrow age range, that of a college student. The population sampled for the current study, while it included
college-age students, also involved a significant number of older adults. Gender differences in the area of separation/individuation and differentiation may be affected by age and maturity, with younger adults not-yet-individuated manifesting differences based on gender. Perhaps age, while it has no association with codependency (Fischer, Spann & Crawford, 1991), is related to separation/individuation and differentiation since both are processes that occur over time.

Conclusions

The goal of this study was mostly to expand and legitimize some of what is popularly accepted as codependency. The willingness of professionals to use the term as a label, and to make assumptions about its meaning without providing a solid research base, has the potential to misdirect treatment. It is hoped that some new ideas about codependency, including a clearer definition of the term and how it relates to areas outside substance abuse and addiction, have been initiated. Given the limitations of even the most rigorous research effort, the myriad of variables surrounding any social-science question make it virtually impossible to draw any direct cause-and-effect conclusions from a set of data. Having said that, however, this study does offer a different perspective regarding codependency.

The long-held belief that being in a relationship with an alcoholic is sufficient to determine codependency is challenged. The previous researchers (Cermak, 1991; Spann & Fischer, 1990; Wright & Wright, 1988) who specified the parameters of codependency by providing a definition of the term, and who developed a means to measure codependency based on those definitions, made it possible to attempt to discern whether the assumed connection to alcoholism could be quantified in some
way. Whether using a non-parametric chi-square to test the independence of codependency, or whether using ANOVA to test the degree of codependency against groups of individuals in and not-in relationship with an alcoholic, there was no evidence to suggest a specific relationship of codependency with alcoholism.

The Codependent Acquaintance Description Form identified surprisingly small numbers of codependents in this sample. The Codependent Acquaintance Description Form is an instrument that attempts to urge codependent patterns-of-relating, while the Spann-Fischer Codependency Scale ostensibly marks those who are considered to have codependent personality traits. It is not clear whether that distinction accounts for the fact that, although both are designed to identify codependents, one was able to classify greater numbers of codependents than the other, or for why significance was obtained for one and not the other in the analyses. Using the Spann-Fischer to determine codependency produced 83 codependents, while the Codependent Acquaintance Description form yielded only 38. The Spann-Fischer seemed to be more sensitive to detecting a relationship with the four dependent variables than did the Codependent Acquaintance Description Form. This suggests at least some differences between the two in terms of what they are measuring. The consistent significant findings associated with the Spann-Fischer Codependency Scale lead to speculation about the instrument’s sensitivity in evoking internal codependent characteristics, and whether it is that capability that is creating the largest effect on the dependent variables.

The Codependent Acquaintance Description Form and the Spann-Fischer Codependency Scale have demonstrated a high correlation with each other (Wright &
Wright, 1999), so that the results with the Spann-Fischer should be at least as accurate at identifying codependency. The results of the study, however, cast doubt on this previously held assumption. One possible explanation for the differing capabilities of the two instruments to distinguish between codependents and non-codependents may have to do with the instruments themselves, specifically, the rather stringent process of the Codependent Acquaintance Description Form for categorizing codependency. In order for an individual to be classified as codependent a particular profile of scores on three distinct factors has to be achieved. This is a far more complex procedure, and may have made it harder for an individual to meet the criteria necessary for identification as a codependent. Additionally, it may be that what is related to the family-of-origin variables are the internal personality characteristics of codependency since that is the main focus of the Spann-Fischer Codependency Scale.

When codependency is removed from the strict realm of addiction and Twelve-Step recovery, it becomes a useful framework for understanding patterns of over-functioning and abuse in relationships as well as other dysfunctional behaviors. Moreover, these results reinforce the suspicion that codependency may be linked conceptually to other theoretical tenets, and may comprise a combination of such elements. What can be safely said is that codependency is a real construct, and one that appears to be not strictly associated with alcoholism.

The second statistical test in the study to assess hypotheses two, three, four and five, was an effort to be specific about what some of the other correlates of codependency might be. The overall test of these hypotheses was non-significant for the Codependent Acquaintance Description Form as the grouping variable for
codependents and non-codependents, but significant for the covariate, the Spann-Fischer Codependency Scale. When used as a covariate, the latter instrument demonstrates significant differences on all four dependent variables. In a follow-up MANOVA when the Spann-Fischer was used to delineate groups and was the independent variable, significance was also found in relation to all four dependent variables. The degree to which the Spann-Fischer is able to identify codependents suggests that families of origin are pivotal in the etiology of codependency, especially in the areas of individual development of capacities for separation and attachment, and, ultimately, in an individual’s ability to be differentiated from a family of origin. Codependency may reflect a disruption in that process. In each of three relationships within a family of origin, those individuals who scored as codependent on the Spann-Fischer Codependency Scale characterized those family relationships as less differentiated than non-codependents, implying an inability in the families of origin to facilitate autonomy and intimacy, and to encourage differentiation.

In the last analysis, gender differences were found to be not significant. Certainly this last hypothesis held promise based on clinical observation and the literature. These results caused a reconsideration of gender as a factor. Perhaps males are no less likely to be codependent than females in terms of personality characteristics, but they behave in ways that mask it in relationships. The observed attendance of primarily females at Twelve-Step recovery meetings cannot be attributed to men being less codependent than women. This is an assumption that is often made in seeing codependency as a women’s issue, as was done in early
literature (Whalen, 1953; Jackson, 1954). That is a perception that is not borne out by this data and points to the need for and the value of research.

There were also no differences between males and females on the various differentiation variables, which suggest that differentiation in a family of origin may be a quality of the family as a whole irrespective of the gender of the child. These results held true for each dyad, so no specific conclusion can be drawn about certain dyads. It might be more understandable if a male had a more-or-less-differentiated relationship with a father or mother, or viewed the marital dyad as more or less differentiated. But, in fact, the data reveal that both males and females perceived the differentiation in a family of origin similarly across all three dyads.

Differences, then, in previous studies on separation and attachment between males and females must be affected by other variables or factors. Here, for this sample, at least, males and females were not significantly different either in levels of codependency or in levels of differentiation.

The fact that an assumption of codependency cannot be made based on an individual’s association with an alcoholic challenges accepted knowledge about alcoholism, codependency and addiction in general. Perhaps this study has begun to deconstruct the language around codependency by demonstrating that it does not occur solely in the context of an alcoholic relationship, and is not necessarily more prevalent in women than in men. By attempting to wed the more grass roots knowledge base of Twelve-Step programs with scientific research, the study represents initial steps in disputing some of the accepted tenets of codependency, but
has, at the same time, demonstrated its validity in the apparent relationship to psychological concepts of individuation and differentiation.

In addition, the results of this study can provide direction and focus for treatment both in alcohol programs and family therapy. Long ignored in substance-abuse treatment, the families of alcoholics provide powerful alternatives for change. By identifying codependent characteristics in relationships, family members can be helped to break dysfunctional patterns by changing behaviors. Perhaps, in demonstrating the validity of codependency as a psychological construct, therapists will be more willing to work with families where alcohol is a problem, instead of referring family members to specialists.

Some in the therapeutic community have at times viewed Twelve-Step programs as spurious, and, as a result, have missed the underlying problem of alcohol operating in a family. This is a disservice to clients, and has resulted in the tendency of Twelve-Step programs to discount psychotherapy as a means to help those struggling with alcoholism in a family member. By deconstructing codependency somewhat, this study can perhaps foster increased awareness of the value of some grassroots psychology movements by subjecting the concepts to measurement, and increased value of psychological treatment for alcoholism and codependency by relating them to other established constructs. Perhaps this will facilitate a better relationship between professional psychology and grassroots self-help programs. Each is in a position to help the other.

Information on the association of codependency and family-of-origin dynamics such as individuation and differentiation can prove helpful to family
therapist in working with an adolescent population. Much of the conflict between parents and children at this age represents working out those processes. Being able to help parents see their role in individuation and differentiation, and helping them to change their responses to adolescent children are ways in which therapists can help families make this transition successfully. As parents and children change their patterns of relating, there is hope for larger change within the family as a whole.

Using codependency as a framework for understanding a family's dysfunctional patterns and how they might be affecting an adolescent's eventual ability to function independently can provide the family with a basis for understanding their own conflicts.

Suggestions for Future Research

The results of this study have provided a useful stepping-stone to further delineation of other correlates of codependency, with respect to early family dynamics. Other research (Schofield, 1995) has focused on various aspects of the separation/individuation process in young adults, including factors related to family-of-origin health. The current study could be expanded to explore the relationship of codependency to psychological separation as well as the relationship of psychological separation to differentiation.

The Codependent Acquaintance Description Form was able to differentiate between codependents and non-codependents in this data set, but was able to identify only 38 codependents. The inability of the Codependent Acquaintance Description Form to detect differences in the MANCOVA analysis, combined with the relative sensitivity of the Spann-Fischer to do so, points to the desirability of research into the
differences in these two measures purported to be mutually validating. It may be that the concepts of endogenous and exogenous codependency hold promise as a rationale for the observed differences in the capacity of both instruments to elicit significance on the family-of-origin variables. This may have been operative in the first hypothesis, wherein the researcher was unable to demonstrate a relationship between codependency and alcoholism. It may be that the Spann-Fischer Codependency Scale, which measures internal characteristics, was unable to pick up the relational aspects of codependency that may have been present in those who identified themselves as being in a close relationship with an alcoholic. Further, it may be that using Alano meetings as a source of participants made it less likely that relational codependency, or what Wright and Wright (1999) would have considered exogenous codependency, could be measured. The distinction between internal personality characteristics and external behavior patterns might be important for treatment in that interventions could be selected that were directed toward changing outward behavior or internal qualities.

Other research around the success of programs like Alano would be helpful. The existence of Twelve-Step programs, and the claims of members about the programs’ abilities to help make change suggest new directions for professionals working with families in which alcohol is a problem. Evidence that those in Alano for any length of time score lower on a codependency measure than do those who are in a relationship with an alcoholic and are not in a program has been demonstrated by Fischer, Spann and Crawford (1991). Trying to understand what elements make these programs successful would allow that success to be duplicated in other treatment
programs. One question that comes up is whether those alcoholics whose significant others are in recovery themselves fare better in terms of long-term abstinence.

Research on codependency might achieve more definitive outcomes and avoid some of the pitfalls of the current study in several ways. Partializing some of the elements in the current study might facilitate greater sensitivity to group differences. For example, a study that involved exploration of specific kinds of relationships with alcoholics for levels of codependency might support or negate the current findings regarding the relationship of codependency to alcoholism. Another study might be based on some of the variables around codependency such as length of time in Al anon, and past versus current relationships with alcoholics. It seems likely that addressing the complexity of variance in the population by breaking down the sampling into more distinct groups, would elicit more information.

Research using the Codependent Acquaintance Description Form would be more effective with a focus on elements of the instrument beyond its use as a means of creating groups of codependents and non-codependents. It represents a complex instrument with potential for providing more detailed information about codependency provided sampling is done with greater randomness and diversity. Although it did not allow for detection of the nameses between endogenous and exogenous codependents for this particular population, those concepts hold promise for future exploration.

The disappointing results of the MANOVA revealing no gender differences in codependency or differentiation seem counterintuitive. Perhaps codependency is more related to issues of power in relationships, which for women are tied to
economics. Future research to discover relationships between gender and power would have relevance for codependency in that power is often a factor in alcoholic relationships.

Future research into the ongoing nature of the separation/individuation and differentiation processes would expand the knowledge base around adult development. The notion that psychological development stops at adolescence does not help to direct the treatment of adults, and in some ways takes away the hope for change that is so crucial in treatment. How individuals traverse the pathways of adulthood can have an impact on their abilities to continue to grow toward intimacy and generativity (Erikson, 1980). Because of multigenerational transmission, their choices can have an impact on their children’s courses of development as well. What facilitates or hinders differentiation from a family of origin? What role does culture play in deciding how close or distant one will be to a family of origin? Is differentiation a developmental process, and, if so, how do therapists help families cope with that process? These are some of questions that research could be instrumental in answering. In addition, research into the contributions of the various dyads in a family with respect to the ultimate health or dysfunction of individual members should be expanded. The struggle for differentiation is, I believe, instrumental to a family’s emotional health and well-being, and is the vehicle for the health of its future generations.

Limitations of the Study

The two major limitations of the study surround the sample population and the instrumentation. While the results obtained are significant in many ways, caution
must be exercised in drawing conclusions about codependents. Difficulties in sample selection and problems with the instrumentation prevent absolute statements about the nature of codependency.

The population sample for this study made it difficult to generalize the results to other populations. Because socio-economic and cultural differences were not relevant to codependency according to the literature, that information was not collected in the demographics. For this reason, no real statement can be made as to the make up of the sample with respect to economic and cultural factors. While the participants came from essentially the same geographic area, only anecdotal observations can be made. By observation, the sample seemed to represent an essentially middle-class, Caucasian population, despite some few participants of other cultural and ethnic backgrounds. While assumedly not affecting levels of codependency, cultural, educational, and socio-economic factors may have been responsible for differences in family-of-origin variables. This would be especially true in assessing the degree of health in a family of origin since many cultures place a very different value on levels of closeness and differentiation. In addition, those individuals coming from lower socio-economic groups may have more difficulty in our culture establishing functional independence from a family of origin. This could, in turn, affect scores on both the level of family-of-origin health and levels of differentiation in a family of origin. These kinds of demographic elements, while not necessarily related to codependency, would have been important in reducing the potential for group differences attributable to those variables, and for increasing the potential for generalizing the results.
Those participants who were recruited from the Alanon meetings posed a special problem in that their involvement in a recovery program may have influenced their level of codependency. Selecting participants from Alanon meetings was done to ensure that a certain number of responses would be from individuals in relationships with alcoholics, but in so doing, it is unclear whether the population was skewed in favor of higher codependency scores than in the general population. Using Alanon members may also have skewed the population in favor of women since two-thirds of the responses from Alanon meetings were female. Interestingly, results for hypotheses where relationship to alcoholic or gender were involved supported the null hypotheses, implying that neither aspect of Alanon membership had the expected effect.

Other limitations of the sampling are associated with age. The measures of family-of-origin health and of differentiation tend to be developmental in nature. Approximately half of the participants (122 out of 243) came from the undergraduate student population of a coeducational university in New Jersey. This would mean that a large proportion of the responses came from individuals between the ages of 18 and 22 years of age. While codependency was not believed to be related to age, the same cannot be said of perceptions of a family of origin. The study requires that an eighteen year old make an assessment of a family's level of differentiation when that process may only just have begun. Other problems associated with the age of a large number of respondents have to do with the maturity of the relationships of individuals between the ages of 18 and 22. While the instruments asked questions pertaining to close or married relationships, answers by those in that age range may reflect age-
related views on roles and closeness in relationships. This may have affected their responses to the questionnaires, and, as a result, may have impacted the data outcomes. It is not simply the fact that there are younger participants, but that they represent about half of the total responses, which colors the conclusions of the study.

In addition to limitations of the population sample, the Codependent Acquaintance Description Form posed several problems that may have contributed to the variance between groups. The instrument was fairly complex to answer, and there were some problems with scoring. Because of this and the fact that comparatively few codependents were identified using the instrument, a question could be raised as to the accuracy of the defined groups. The Spann-Fischer codependency Scale was easier to use to identify codependents, but using that instrument required that an arbitrary cut-off point be assigned to define codependency. A question could also be raised with respect to the Spann-Fischer Codependency Scale about the accuracy of a designation of codependent.

There is also a question as to whether the nature of the alcoholic relationship is related to the level of codependency. While the study did specify that a relationship with an alcoholic be current, it was inclusive of any close relationship with an alcoholic. Those relationships that might be considered the most important, such as spouse, parent or child, were included as well as extended family members, and even friends. It may be that those who are in current relationships with an alcoholic spouse, or those who have alcoholic children represent individuals more engaged in the dynamics of alcoholism, and with higher levels of codependency. By
including all close relationships, the degree of codependency may have been diluted. The importance or intensity of the relationship may have been a factor.

It is also not clear that the degree of codependency is not impacted by whether a relationship with an alcoholic is current or is part of an individual’s past. If an individual had a close relationship with an alcoholic in the past, this study was unable to determine if that would have affected the level of codependency. In this instance, the Codependent Acquaintance Description Form would have been helpful if it had been able to distinguish an endogenous or exogenous codependent. Perhaps, since exogenous codependency has more to do with relationship patterns, a measure of exogenous codependency might have been able to demonstrate an association to alcoholism. Because that instrument was not able to identify large numbers of codependents, it was unable to provide that information. While this study did not find that individuals scoring high on a measure of codependency were more likely to be in relationships with alcoholics, the measure used captured internal characteristics that might be, theoretically, more likely to exist whether or not an individual were in a relationship with an alcoholic.

Lastly, the study rests on the perceptions of individuals of various ages. It requires that they remember relationships in a family of origin. The differentiation scale would have been a more powerful tool in discerning that capacity in a family if other family members had also participated. In that way, a more complete picture of a particular family would have been obtained. Perceptions are also subject to age differences, which have been previously discussed. The perceptions of a family of
origin may look very different to a twenty-year-old than to a forty-year-old. A myriad of other variables could also have potentially affected those perceptions.

Ultimately, as good as any instrument is, no psychological instrument is so good that it can absolutely measure the presence or absence of any characteristic. It is important to note, therefore, that achieving high or low scores on any of these measures may not reflect true levels of codependency, family of origin health or differentiation in a family of origin.

Summary Statement

This study has been an exploration designed to clarify the concept, and identify the correlates of codependency, which has become, in recent years, a " cottage industry" in the marketplace of self-help. On the positive side, the rise of codependency as a real process, and the resulting focus of attention on the families of those suffering with alcoholism have provided legitimate help for many. What began, however, as a way to recognize and support the struggle of those living with addicted persons became an all-inclusive designation that could be applied to virtually anyone experiencing a problem in living.

The premise of this study has been that, conceptually, codependency represents a quality or way of being that is real and definable, and, as such, ought to be related to other accepted psychological theoretical formulations. The question being asked here was whether codependency was larger than previously defined by parameters related to alcoholism, and whether it represented a particular psychological constellation of perceptions and behaviors. Ultimately, the hope was that some specifics could be highlighted as related to codependency giving it some
scientific validity, and, further, that it could be removed from the exclusive domain of Twelve-Step programs.

I believe that the results of the study validate the perception that there is more to codependency than originally assumed. The results seem to indicate that, indeed, codependency has relevance as a psychological construct that is not necessarily exclusive to addiction. As a way of behaving in relationship, or as a complex combination of personality characteristics, codependency seems to be related to family-of-origin variables pertaining to separation and attachment that may be inherent in all families, not simply those in which addiction is present.

If research is to truly guide treatment, then the implications of this study are that understanding codependency may have application to working with all families, not just those organized around alcoholism. In particular, professionals working with adolescents for whom the process of separation is just beginning may benefit by using codependency as a framework from which to view family dynamics. The larger issues of autonomy, differentiation and intimacy present in all families are critical to the eventual health of the individual, and, subsequently, to each individual’s ability to create his or her own healthy family. Better understanding of codependency and its etiology could facilitate changing families in ways that might improve their capacities for healthy separation and attachment, the bases of differentiation.
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Appendix A

Letters of Permission for Use of Instruments
TO WHOM IT MAY CONCERN:

If you need written permission to use the Spann-Fischer Codependency Scale, please consider this letter as conferring such consent. Permission to use the scale in no way invalidates the copyright.

We are pleased to learn of your interest in our research on codependency. Because this is a topic of ongoing study for us, would you be so kind as to send to us a copy of your paper or thesis/dissertation abstract when you are finished with your research?

Best of luck with your research.

Sincerely,

[Signature]

Judith L. Fischer, Ph. D.
Professor

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"Thanks for writing!
I notice you are from Ridge Wood. I grew up in Lomeda!"
September 1, 2000

Barbara Yearing, LCSW
350 Graydon Terrace
Ridgewood, NJ 07450

Dear Ms. Graydon:

You have my wholehearted and unqualified permission to use the ADF-C5 in your dissertation research. I am gratified that you are finding it useful. At this time, I see no need for other information from you. However, I would consider it a favor if you would inform me of the outcome of your research when it is completed. Meantime, if you have any questions about the ADF-C5 or its use, please contact me.

Sincerely,

[Signature]
Paul H. Wright, Ph. D.
Professor Emeritus
Ms. Barbara Yaring, LCW  
350 Graydon Terrace  
Ridgewood, NJ 07450

Dear Barbara,

By copy of this letter I am granting permission to use the original FOS (1985) and/or the newly revised Family of Origin Expressive Atmosphere Scale (July, 2000, JMFT) in your doctoral dissertation research at Seton Hall University. Your dissertation topic sounds very interesting and I hope you’ll send me a copy of your findings after completing your doctorate.

Sincerely,

[Signature]
Alan J. Hovestadt, Professor of Counseling Psychology

Email: Hovestadt@wmich.edu
Barbara Yarting
350 Graydon Terrace
Ridgewood, NJ 07450

Dear Barbara:

Of course you can use the DIFS in your study. Good luck with your work and feel free to contact me with any questions or concerns (it is probably easiest to communicate with me via e-mail: Reaha@econ.wvu.edu).

Regards,

Ronald M. Sabatelli, Ph.D.
Professor, Faculty Studies
Appendix B

The Spann Fischer Codependency Scale
The Spann-Fischer Codependency Scale

Please answer all items to the best of your ability. Incomplete data cannot be used.

Read the following statements and circle the answer that best describes you according to the following list: 1 - Strongly Disagree; 2 - Moderately Disagree; 3 - Slightly Disagree; 4 - Slightly Agree; 5 - Moderately Agree; 6 - Strongly Agree.

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is hard for me to make decisions.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2. It is hard for me to say &quot;no&quot;.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3. It is hard for me to accept compliments graciously.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4. Sometimes I almost feel bored or empty if I don't have problems to focus on.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5. I usually do not do things for other people that they are capable of doing for themselves.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6. When I do something nice for myself I usually feel guilty.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>7. I do not worry very much.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>8. I tell myself that things will get better when the people in my life change what they are doing.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>9. I seem to have relationships where I am always there for them but they are rarely there for me.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>10. Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>11. I seem to get into relationships that are painful for me.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>12. I don't usually let others see the &quot;real&quot; me.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>13. When someone upsets me I will hold it in for a long time, but once in a while I explode.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>14. I will usually go to any lengths to avoid open conflict.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>15. I often have a sense of dread or impending doom.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>16. I often put the needs of others ahead of my own.</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
Appendix C

The Codependent Acquaintance Description Form
ACQUAINTANCE DESCRIPTION FORM (ADF-C5)

This form lists 85 statements about your reactions to a designated partner, whom we will call the Target Person (TP). Each statement is followed by a scale ranging from 6 down to 0. Please decide which of the scale numbers best describes your reaction to that statement, and record your choice by circling that number.

You will notice that some of the statements are best answered in terms of "how often" and some are best answered in terms of "how likely." This will not be confusing. Simply read the following codes carefully and use them as guides in marking your choices.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Always; Invariably; Without Exception</td>
</tr>
<tr>
<td>5</td>
<td>Almost Always</td>
</tr>
<tr>
<td>4</td>
<td>Usually</td>
</tr>
<tr>
<td>3</td>
<td>About Half the Time</td>
</tr>
<tr>
<td>2</td>
<td>Seldom</td>
</tr>
<tr>
<td>1</td>
<td>Almost Never</td>
</tr>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>-or-</td>
</tr>
<tr>
<td>6</td>
<td>Definitely; No Doubt About It</td>
</tr>
<tr>
<td>5</td>
<td>Extremely Likely; Almost Certain About It</td>
</tr>
<tr>
<td>4</td>
<td>Probably</td>
</tr>
<tr>
<td>3</td>
<td>Perhaps</td>
</tr>
<tr>
<td>2</td>
<td>Probably Not</td>
</tr>
<tr>
<td>1</td>
<td>Extremely Unlikely</td>
</tr>
<tr>
<td>0</td>
<td>Definitely Not</td>
</tr>
</tbody>
</table>

NOTE: Please try to respond to all items.

### Statements

1. TP can come up with thoughts and ideas that give me new and different things to think about.
   - Score: 6 5 4 3 2 1 0

2. If I were short of time or faced with an emergency, I could count on TP to help with chores and errands to make things as convenient for me as possible.
   - Score: 6 5 4 3 2 1 0

3. TP makes it easy for me to express my most important qualities in my everyday life.
   - Score: 6 5 4 3 2 1 0

4. When it is necessary, I quietly set things up to get TP to agree with me without letting her/him know I am influencing her/him.
   - Score: 6 5 4 3 2 1 0

5. Because my relationship with TP is not the kind people ordinarily get jealous about, I would consider it perfectly all right if TP were to have the same basic type of relationship with another person or persons.
   - Score: 6 5 4 3 2 1 0

6. TP's ways of dealing with people make her/him rather difficult to get along with.
   - Score: 6 5 4 3 2 1 0

7. If I accomplished something that makes me look especially competent or skillful, I can count on TP to notice it and appreciate my ability.
   - Score: 6 5 4 3 2 1 0

8. TP needs the kind of relationship (s)he has with me to keep her/his life from "going down the drain."
   - Score: 6 5 4 3 2 1 0

9. When I get together with TP, my emotional reactions are strong enough that I am definitely aware of them.
   - Score: 6 5 4 3 2 1 0

10. Whether TP leads a wholesome or productive life depends upon my being careful to be the kind of partner (s)he wants and needs.
    - Score: 6 5 4 3 2 1 0
11. I can converse comfortably and freely with TP without worrying about being teased or criticized if I unthinkingly say something pointless, inappropriate, or just plain silly.

12. If I were asked to list a few people that I thought represented the very best in "human nature," TP is one of the persons I would name.

13. If I hadn't heard from TP for several days without knowing why, I would make it a point to contact her/him just for the sake of keeping in touch.

14. I feel very uneasy when I have too little influence over the things that go on in my relationship with TP.

15. The kinds of things TP does and says make me confident that (s)he will never abandon our relationship and leave me to face life without her/him.

16. If I thought TP had a low opinion of me, I would feel like an utter failure.

17. I try to do and say the kinds of things that will encourage TP to give up her/his bad habits and traits, and develop good ones.

18. If my relationship with TP were to break up for some reason, it would create personal problems for me that I would never completely recover from.

19. If I thought realistically about it, I would conclude that at least half the things TP and I do together are necessary because of people's expectations and other social pressures that have nothing to do with the really personal aspects of our relationship.

20. TP expresses so many personal qualities I like that I think of her/him as being "one of a kind," a truly unique person.

21. TP has the discouraging kind of life history that makes her/his faults easy to understand and put up with.

22. I become resentful when TP gets involved in really good relationships with people other than me.

23. It is difficult for me to stay interested in activities unless TP is interested in them also.

24. Because of circumstances neither TP nor I can do anything about, there is quite a bit of tension and strain in our relationship.

25. Some of TP's actions and attitudes create situations so difficult that they are almost impossible for me to deal with.

26. When TP behaves in thoughtless or irresponsible ways that could lead to problems, I find a certain amount of challenge and excitement is trying to keep things under control.

27. The kinds of things TP has been doing and saying lately convince me that (s)he is determined to make our relationship better for both of us.
28. If my relationship with TP became too dissatisfying to be worth the trouble, I could call it off or ease out of it with little difficulty.

29. When we discuss beliefs, attitudes and opinions, TP introduces viewpoints that help me see things in a new light.

30. TP is willing to spend time and energy to help me succeed at my own personal tasks and projects, even if (s)he is not directly involved.

31. TP treats me in ways that encourage me to be my “true self.”

32. When I want to influence the way TP treats me or behaves in our relationship, I am especially careful to do things I know (s)he wants me to do.

33. Considering the kind of relationship we have, there are certain kinds of things TP and I do together that I would consider inappropriate for either of us to do with anyone else.

34. I can count on having to go out of my way to do things that will keep my relationship with TP from “falling apart.”

35. If I have some success or good fortune, I can count on TP to be happy and congratulatory about it.

36. My relationship with TP has helped save her/him from some very self-defeating attitudes and characteristics.

37. When TP and I get together, we spend a certain amount of time talking about the good feelings and emotions that are associated with our relationship.

38. I need to be careful about what I do or say, because my own mistakes and shortcomings can easily create problems or unhappiness for TP.

39. TP is the kind of person who likes to “put me down” or embarrass me with seemingly harmless little jokes or comments.

40. TP has the kind of personal qualities that would make almost anyone admire her/him if they got to know her/him well.

41. If TP and I could arrange our schedules so we each had a free day, I would try to arrange my schedule so that I had the same free day as TP.

42. When I think that TP is having too much influence over the things that take place in our relationship, it makes me feel very uneasy.

43. I am bothered by the possibility that TP may some day just “walk away” from our relationship.
<p>| | | | | | | | | | | |</p>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>Always. Invariably; Without Exception</td>
<td>-or-</td>
<td>6</td>
<td>Definitely; No Doubt About It</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Almost Always</td>
<td>5</td>
<td>Extremely Likely; Almost No Doubt About It</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td>Usually</td>
<td>4</td>
<td>Probably</td>
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<td></td>
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<tr>
<td>3</td>
<td>About Half the Time</td>
<td>3</td>
<td>Perhaps</td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td>Seldom</td>
<td>2</td>
<td>Probably Not</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Almost Never</td>
<td>1</td>
<td>Extremely Unlikely</td>
<td></td>
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<td></td>
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<tr>
<td>0</td>
<td>Never</td>
<td>0</td>
<td>Definitely Not</td>
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</table>

44. When TP disapproves of things I do or say, I have a hard time feeling good about myself.  

45. My most important role in my relationship with TP is helping her/him become a better person.  

46. If my relationship with TP were in serious trouble for any reason whatsoever, I would do anything in my power to keep it from breaking up.  

47. The kinds of things that TP and I do together are strongly influenced by definite social obligations that go along with the kind of relationship we have.  

48. TP is the kind of person I would miss very much if anything happened to interfere with our acquaintanceship.  

49. TP lives with so much stress and personal pressure that I find it easy to react with acceptance and understanding when he/she says things that could otherwise create problems in our relationship.  

50. It is perfectly okay with me when TP forms close, friendly relationships with other people.  

51. I find it easy to get involved in activities I think will be interesting or worthwhile, even if TP does not share my enthusiasm.  

52. Through no fault of our own, TP and I have to work hard for keep our relationship from falling apart.  

53. Any difficulties that come up in my relationship with TP are due to little "everyday" problems that are easy to resolve.  

54. Some of the most troublesome things about my relationship with TP are also the most stimulating, because they challenge me and keep me "on my toes."  

55. Because TP is so set in some of her/his negative and unwholesome ways, there will always be serious trouble spots in our relationship.  

56. If something happened so that my relationship with TP were no longer satisfying, I would keep on with it anyway for legal, moral, or ethical reasons.  

57. When we get together to work on a task or project, TP can stimulate me to think of new ways to approach jobs and solve problems.  

58. TP seems to really enjoy helping me out and doing favors for me.  

59. TP understands the personal goals and ideals that are most important to me and encourages me to pursue them.
6 = Always. Invariably; Without Exception or
5 = Almost Always
4 = Usually
3 = About Half the Time
2 = Seldom
1 = Almost Never
0 = Never

6 = Definitely; No Doubt About It
5 = Extremely Likely; Almost No Doubt About It
4 = Probably
3 = Perhaps
2 = Probably Not
1 = Extremely unlikely
0 = Definitely Not

60. Although TP is not necessarily aware of it, I do and say the kinds of things that keep me pretty much in control of what goes on between us.

61. Because I regard my relationship with TP to be a "one and only" arrangement, I would be very disappointed if I found out that TP had developed the same basic type of relationship with anyone else.

62. I have to be very careful about what I say if I try to talk to TP about topics that (s)he considers controversial or touchy.

63. TP has a way of making me feel like a really worthwhile person, even when I do not seem to be very competent or skillful at my more important activities.

64. The kinds of things I do and say in my relationship with TP help keep her/him from going back to an unwholesome and ineffective way of life.

65. If I were to list the most important aspects of my relationship with TP, positive emotional experiences are among the things I would include.

66. When TP does things that lead to problems for her/himself, it is because I have failed to be the kind of partner (s)he wants and needs.

67. TP is quick to point out anything (s)he sees as a flaw in my character.

68. It is easy to think of favorable things to say about TP.

69. When I plan for leisure time activities, I make it a point to get in touch with TP to see if we can arrange to do things together.

70. When TP seems to be more in charge of what goes on between us than I am, it bothers me quite a bit.

71. TP is the kind of person who would stick with me even if our relationship ran into serious difficulty.

72. I could never see myself as a completely worthwhile person as long as P saw anything about me to dislike or criticize.

73. I make an effort to say and do things I know will influence TP to change her/his attitudes and life style for the better.

74. If something happened to bring my relationship with TP to an end, my life would lose most of its meaning and purpose.

75. If I thought about it really objectively, I would conclude that society has quite a few rules about the kind of relationship I have with TP.

"False sincerity" and "phoniness" are the kinds of terms that occur to me when I think honestly about my impressions of TP.
77. When TP behaves in ways that make things difficult for those around her/him, it is because of unfortunate circumstances in her/his life for which (s)he cannot be blamed.

78. If TP were to get involved in a satisfying friendly relationship with someone else, I would be fearful that it might take something important away from the relationship (s)he has with me.

79. I have a hard time getting involved in things TP does not think are very important.

80. Because our different roles and responsibilities create competition and conflict between us, TP and I experience quite a bit of strain in our relationship.

81. Even though TP has her/his share of human failings, we have what most people would consider a trouble-free relationship.

82. If TP were to behave in ways that were too steady and reliable, our relationship would lose some of its fascination and excitement.

83. I look forward to a bright and rewarding future in my relationship with TP.

84. I consider my relationship with TP so permanent that if (s)he had to move to a distant city for some reason, I would move to the same city to keep the relationship going.

85. TP takes our relationship too much for granted.
Appendix D

The Family-of-Origin Scale
The Family-of-Origin Scale

The family of origin is the family with which you spent most or all of your childhood years. This scale is designed to help you recall how your family of origin functioned. Each family is unique and has its own ways of doing things. Thus, there are no right or wrong choices in this scale. What is important is that you respond as honestly as you can. In reading the following statements, apply them to your family of origin, as you remember it. Using the following scale, circle the appropriate number. Please respond to each statement. Please answer these questions based on your perceptions at age 16.

Key:
5 (SA) Strongly agree that it describes my family of origin
4 (A) Agree that it describes my family of origin
3 (N) Neutral
2 (D) Disagree that it describes my family of origin
1 (SD) Strongly disagree that it describes my family of origin

1. In my family, it was normal to show both positive and negative feelings. 5 4 3 2 1
2. The atmosphere is my family usually was unpleasant. 5 4 3 2 1
3. In my family, we encouraged one another to develop new friendships. 5 4 3 2 1
4. Differences of opinion in my family were discouraged. 5 4 3 2 1
5. People in my family often made excuses for their mistakes. 5 4 3 2 1
6. My parents encouraged family members to listen to one another. 5 4 3 2 1
7. Conflicts in my family never got resolved. 5 4 3 2 1
8. My family taught me that people were basically good. 5 4 3 2 1
9. I found it difficult to understand what other family members said and how they felt. 5 4 3 2 1
10. We talked about our sadness when a relative or family friend died. 5 4 3 2 1
11. My parents openly admitted it when they were wrong. 5 4 3 2 1
12. In my family, I expressed just about any feeling I had. 5 4 3 2 1
13. Resolving conflicts in my family was a very stressful experience. 5 4 3 2 1
14. My family was receptive to the different ways various family members viewed life. 5 4 3 2 1
15. My parents encouraged me to express my views openly. 5 4 3 2 1
16. I often had to guess as to what other family members thought or how they felt. 5 4 3 2 1
17. My attitudes and my feelings frequently were ignored or criticized in my family. 5 4 3 2 1
18. My family members rarely expressed responsibility for their actions. 5 4 3 2 1
19. In my family, I felt free to express my own 5 4 3 2 1
options.
20. We never talked about our grief when a relative 54321
21. Sometimes in my family, I did not have to say 54321
   anything, but I felt understood.
22. The atmosphere in my family was cold and negative. 54321
23. The members of my family were not very receptive 54321
   to one another's views.
24. I found it easy to understand what other family 54321
   members said and how they felt.
25. If a family friend moved away, we never 54321
   discussed our feelings of sadness.
26. In my family, I learned to be suspicious of 54321
   others.
27. In my family, I felt that I could talk things out 54321
   and settle conflicts.
28. I found it difficult to express my own opinions 54321
   in my family.
29. Mealtime in my home usually were friendly 54321
   and pleasant.
30. In my family, no one cared about the feelings of 54321
   other family members.
31. We were usually able to work out conflicts in my 54321
   family.
32. In my family, certain feelings were not allowed 54321
   to be expressed.
33. My family believed that people usually took 54321
   advantage of you.
34. I found it easy in my family to express what I 54321
   thought and how I felt.
35. My family members usually were sensitive to one 54321
   another's feelings.
36. When someone important to us moved away, our 54321
   family discussed our feelings of loss.
37. My parents discouraged us from expressing views 54321
   different from theirs.
38. In my family, people took responsibility for what 54321
   they did.
39. My family had an unwritten rule: Don't express 54321
   your feelings.
40. I remember my family as being warm and supportive. 54321
Appendix E

The Differentiation-in-the-Family-System Scale
**Differentiation in the Family System Scale**

*Answer the following questions based on your perceptions at age 16 of your father’s relationship with your mother. Please answer all items.*

<table>
<thead>
<tr>
<th>Never 1</th>
<th>Almost Never 2</th>
<th>Sometimes 3</th>
<th>Almost Always 4</th>
<th>Always 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My father shows respect for my mother’s viewpoints even when they differ from his own.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father responds to my mother’s feelings as if they have no value.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father demonstrates respect for my mother’s privacy.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father tells my mother what she should be thinking.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father responds to my mother’s feelings in an understanding way.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father tells my mother that she doesn’t mean what she is saying.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father shows a lack of concern for my mother’s feelings.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father encourages my mother to express her feelings, bad or good.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father discounts my mother’s thoughts and opinions.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father shows understanding when my mother doesn’t wish to share her feelings.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My father allows my mother to speak for herself.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>
Differentiation in the Family System Scale

*Answer the following questions based on your perceptions at age 16 of your mother's relationship with your father. Please answer all items.*

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My mother shows respect for my father’s viewpoints even when they differ from her own.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My mother responds to my father’s feelings as if they have no value.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My mother demonstrates respect for my father’s privacy.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My mother tells my father what he should be thinking.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My mother responds to my father’s feelings in an understanding way.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My mother tells my father that he doesn’t mean what he is saying.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My mother shows a lack of concern for my father’s feelings.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>My mother encourages my father to express his feelings, bad or good.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>My mother discounts my father’s thoughts and opinions.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>My mother shows understanding when my father doesn’t wish to share his feelings.</td>
<td>1 2 3 4 5</td>
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<td>My mother allows my father to speak for himself.</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Differentiation in the Family System Scale

*Answer the following questions based on your perceptions at age 16 of your mother’s relationship with you. Please answer all items.*

<table>
<thead>
<tr>
<th></th>
<th>Never 1</th>
<th>Almost Never 2</th>
<th>Sometimes 3</th>
<th>Almost Always 4</th>
<th>Always 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My mother shows respect for my viewpoints even when they differ from her own.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>My mother responds to my feelings as if they have no value.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>My mother demonstrates respect for my privacy.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>My mother tells me what I should be thinking.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>My mother responds to my feelings in an understanding way.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>My mother tells me that I don’t mean what I am saying.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>My mother shows a lack of concern for my feelings.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>My mother encourages me to express my feelings, bad or good.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>My mother discounts my thoughts and opinions.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>My mother shows understanding when I don’t wish to share my feelings.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>My mother allows me to speak for myself.</td>
<td>1 2 3 4 5</td>
<td></td>
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<td></td>
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**Differentiation in the Family System Scale**

*Answer the following questions based on your perceptions at age 16 of your relationship with your mother. Please answer all items.*

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<th></th>
<th>Never 1</th>
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<td>I show respect for my mother’s viewpoints even when they differ from my own.</td>
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<td>I demonstrate respect for my mother’s privacy.</td>
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<tr>
<td>I tell my mother what she should be thinking.</td>
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<td>I encourage my mother to express her feelings, bad or good.</td>
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<td>I discount my mother’s thoughts and opinions.</td>
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<tr>
<td>I allow my mother to speak for herself.</td>
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Differentiation in the Family System Scale

Answer the following questions based on your perceptions at age 16 of your father’s relationship with you. Please answer all items.

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<th>Almost Never</th>
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<th>Almost Always</th>
<th>Always</th>
</tr>
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<td>My father shows respect for my viewpoints even when they differ from his own.</td>
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Differentiation in the Family System Scale

*Answer the following questions based on your perceptions at age 16 of your relationship with your father. Please answer all items.*

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<tr>
<th></th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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1. I show respect for my father’s viewpoints even when they differ from my own.
2. I respond to my father’s feelings as if they have no value.
3. I demonstrate respect for my father’s privacy.
4. I tell my father what he should be thinking.
5. I respond to my father’s feelings in an understanding way.
6. I tell my father that he doesn’t mean what he is saying.
7. I show a lack of concern for my father’s feelings.
8. I encourage my father to express his feelings, bad or good.
9. I discount my father’s thoughts and opinions.
10. I show understanding when my father doesn’t wish to share his feelings.
11. I allow my father to speak for himself.
Appendix F

Letter of Informed Consent
INFORMED CONSENT FORM

Affiliation:
My name is Barbara Yearing and I am a PhD candidate at Seton Hall University in the school of Professional Psychology and Family Therapy.

Purpose of the Research:
The study in which you have been asked to participate represents an attempt to better understand codependency, and how it relates to alcoholism and relationships in a family of origin. Your participation will help identify some of the correlates of codependency and shed light on how it develops in families.

Procedures:
You will be asked to complete a demographic sheet and four paper-and-pencil questionnaires that should take approximately 45 minutes. Two of the questionnaires, the Spann-Fischer Codependency Scale and the Codependent Acquaintance Description Form, are instruments that are intended to determine levels of codependency. The other two questionnaires, the Family-of-Origin Scale and the Differentiation in the Family System Scale, are designed to reveal relationship patterns in a family of origin. Upon completion, you will be asked to return the materials directly to the researcher by mailing them in the enclosed stamped, self-addressed envelope.

Voluntary Nature of the Study:
Your participation in this study is completely voluntary. There is no penalty for not participating, and you may discontinue without penalty at any time. Return of completed packets will be considered your consent to participate in the study.

Anonymity:
Individual subjects will not be identified or associated with completed data, thus preserving anonymity.

Storage of Data:
Data records will be stored in a locked file cabinet in the researcher’s office.

Access to Data and Confidentiality:
The researcher will have sole access to data and research records thereby preserving confidentiality. Raw data will not be reviewed by any individual other than the researcher.

Risks:
Participation poses no foreseeable risk to subjects.

College of Education and Human Services
Department of Professional Psychology and Family Therapy
400 South Orange Avenue • South Orange, New Jersey 07079-2685
Benefits:
There are no specific benefits to participating in this study. No compensation is to be provided those who agree to participate.

More than Minimal Risk:
There are no anticipated risks from participation in this study.

Alternative Procedures:
Should you experience any discomfort, however, as a result of answering these questions, please contact the Counseling Center at Seton Hall University at 973-761-9500 for a referral to counseling services.

Contact:
Should you have pertinent questions about the research or your rights as a subject you may contact the office of Barbara Yearyg, LCSW by phone at (201)-689-1218, or by mail to 65 North Maple Avenue, Ridgewood, N.J. 07450.

Audio/Video Tapes:
No audio or videotapes were used in this study.

Note:
If you are under the age of 18 you are excluded from participation in this study.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973) 275-2974.

I have read the material above and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

APPROVED

CCT 18 2001
IRB
SETON HALL UNIVERSITY